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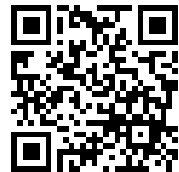
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Children's Department.

ATROPHY OF THE LYMPHATICS IN CHILDREN.

BY T. C. DUNCAN, M. D., CHICAGO.

Read before the Indiana Institute of Homœopathy.

This is a condition of the absorbent system that has not attracted much attention; in fact, you will find nothing on it in any work on Diseases of Children.

Congenital Atrophy.—We have seen that the lymphatic system is dependent for its functional activity by the overflow of serum and white blood from the blood-vessels among the tissues. When this is great, this system is active, and all the glands in that part of the body take on increased size. But the opposite condition of scanty serum will be followed by a decrease in the size and functional activity of this absorbent system. We can then comprehend how, if during intra-uterine life the infant is supplied with a blood poor in white corpuscles and containing little serum, that at birth the lymphatic system will be feebly developed. The amnion is provided as a safeguard in such cases, but when it is scanty, as it often is in this class of cases, we have as a result, a child with feeble absorbent powers. The nervous supply to this system must also be scanty from lack of development. Under such circumstances we can explain congenital atrophy of the lymphatic system and its serious after consequences.

Acquired Atrophy.—This may be brought about in two ways: First, by improper food; and, second, by disease. We have seen in studying the functions of the lymphatic system that the albuminates and liquid

portions of the food are absorbed by the blood-vessels, and that even starchy food may find its way through the capillaries into the blood current. The lacteals take up chiefly the emulsified fat with its albuminous or fibrinous envelopes. Now we can understand that if the milk of the mother is poor in fat but sweet and watery, that the globules will be so broken up that absorption be accomplished largely through the capillaries. The child will be apt to be colicky, but if "soothing syrups" are resorted to, the stupid intestines will take up enough to nourish the child some. In such cases the bowels are usually loose, or "just natural," as the attendants will express it, notwithstanding the opiate. If the feces are examined, they will be found to be shreddy and possibly oily. We might suspect that the trouble was in the pancreas, but a careful study of the case would soon convince one otherwise. The same condition may be brought about if the child is fed on food poor in fats and hard to digest. The lymphatic system takes up only what is poured out, the overflow. In cases of difficult digestion, the capillaries of the mucous membrane are all distended with blood from their partial congestion, and are therefore in a better condition to absorb, and thus in time rob the lymphatics of the work they were made for. This substitutive work will in time produce atrophy of the lymphatics.

All diseases interfere with the function of this system. Digestion is arrested and consequently absorption. Among all the diseases there is not one that robs this system of its normal function, like chronic gastritis during childhood. Few children escape this form of derangement of the stomach. They eat little and drink little. Their craving is for sour things, or food easily soured, like sweets.

The *symptoms* of atrophy of the lymphatics are very few and very plain. The child is thin in flesh, pale, or else red or blue if very young. It has much colic; fat food disagrees; the stools are shreddy, the child is very wakeful and grows but little. During the hot months the symptoms may assume those of entero-colitis, due to the irritating presence of unabsorbed, decomposing food.

The *diagnosis* cannot readily be confounded with anything else. That omnibus word "indigestion" may mask the case and satisfy the friends for a time, but as the child does not improve, they will grow impatient. This form of trouble may be confounded with derangement of the liver, pancreas, or stomach, but a simple glance at the child, and a brief inquiry into its digestive powers, ought to settle the diagnosis. The marked case referred to that could not take milk and lived in the Chicago Foundlings' Home for nearly a year on "cracker-water," was the most striking case of congenital atrophy of the lymphatics, that has come under our notice.

The *prognosis* is grave, for it is always a question whether the child can survive the great demands of the system, until the absorbents are dietetically and therapeutically developed. If not corrected in infancy, about puberty it will be apt to assume the grave form of progressive pernicious anemia.

Pathology.—Complete anæmia of the tissues, is the most striking post-mortem appearance. The whole system seems atrophied. The lymph glands are few and very small. In the lungs they may have taken on the degenerate inflammatory form of “miliary tubercle.”

The *treatment* of atrophy of the lymphatic system is hygienic and therapeutic. The hygienic means consist of proper ablutions. Such a child has little vitality and should be washed very seldom, and then never with soap nor cold water. It should be bathed with warm water before a warm fire, and then oiled with sweet almond or olive oil. Fresh lard or butter will do. It may be oiled every night as that will ensure sleep, and at the same time more thorough absorption of the oil. If it is restless and hungry after oiling, then choose the morning. The superficial lymphatics are usually the best developed, and therefore the oil is best introduced into the circulation by the way of the skin. The air of the room should be slightly moist. Such children should be kept as quiet as possible, and all constricting garments loosened. The food should be the most easily absorbed that we can find (Vol. I. Infants and Children). It may be necessary to remove the casein by giving whey, and thus ensure capillary absorption. The food question will need to be studied for each case. The preparations of arrowroot or rice water with milk (or whey) and warm water will usually prove the most bland and readily absorbed diet we can find. Intestinal irritation must be avoided.

The remedies indicated are those that help tissue development. In these cases we have to deal with imperfect development of the lymphatic and vegetative systems.

The remedies that stand in the front rank here are *Sulphur*, *Calcarea* and *Phosphorus*. If we can see the mother before birth and give her *Sulphur* one day and *Calcarea phosphorica* the next, we may insure a full development of this system. Should there be no other remedies indicated, *Sulphur* may be given the child one day, and *Calcarea phos.* the next day. These had better be given in powder at about the sixth attenuation. If this does not help them the third may be given. We are now selecting remedies that will quicken the vegetative system to its highest functional activity. As the child improves the remedies should be given less frequently. If there are symptoms due to indigestion, then the similar remedy should be carefully selected for the totality of the symptoms. Such a remedy, be it *Arsenicum Lycopodium*, *China*, *Mercurius*, *Chamomilla*, *Belladonna*, *Nux vomica*, *Hepar*, *Iodine*, *Silicea*, *Dulcamara* or *Baryta carb.* will be more efficient than any stereotyped prescription. (See General Therapeutics.)

The older the child, the less prompt will be the change, and the more persistent should be the treatment. It is often difficult to get the friends to understand the nature of the trouble, and they may object to this “constant doctoring.” They must be made to comprehend the serious nature of this malformation.—*From Part IV. Infants and Children.*

ON THE PROPHYLACTIC AND CURATIVE TREATMENT OF SCARLATINA.

In the February 1st number of this journal, Dr. T. C. Duncan pronounces his opinion about prophylaxis and therapeutics of scarlet fever somewhat in a manner which I wish to contradict and refute for the subsequent reasons. He says that *Aconite* and more recently *Veratrum viride* are supposed to take precedence of *Belladonna*, and deems this a grave pathological error, because remedies that produce anæsthesia of the peripheral nerves, as do both *Aconite* and *Veratrum vir.*, are not remedies for capillary congestion and peripheral hyperæsthesia, as we find in *scarlatina*. Why, I would ask, does *Aconite* not produce by its physiological action painful sensitiveness of the body and especially of the suffering parts to touch, combined with dry, burning heat of the skin, and burning, red and inflamed sorts of rash? Do not these symptoms correspond exactly to those mostly presented in *scarlatina*, while the general excitement of the nervous and vascular system simultaneously agrees in the physiological provings of *Aconite* with the morbid appearances of most cases? Nay, *Aconite* is even indispensable as a *prophylactic* as well as a *therapeutical* remedy, wherever the exanthema resembles more or less the so-termed *scarlatina miliaris*. The deceased and celebrated Dr. Arthur Lutze, of Coethen, declares explicitly in his text-book of Homeopathy that when scarlet fever occurs in complication with a *miliary rash*, *Aconite* must invariably be given in alternation with *Belladonna* as a prophylactic. That hero of the very largest practice, that any physician ever commanded perhaps since the creation of the world, had probably oftentimes experienced the necessity of such a practice and theory. The omission of this rule, which has been practiced too frequently already, may account by itself for the imperfect success have ing attended thus far the exclusive administration of *Belladonna* as a means of prophylaxis. And if *Aconite* cannot be dispensed with as a *prophylactic* in such epidemics of a *miliary* character, it certainly cannot be omitted as a *therapeutical* agent either. Moreover, *Aconite* has a specific *physiological* and *therapeutical* relation to the *arterial capillary vessels*, while *Belladonna* has to the *venous capillaries*, so that both medicines may co-operate and favorably support each other in their action. Grauvogl is of the same opinion, saying that there is no objection to be raised against the alternate use of both remedies, whenever they are indicated. That *two* remedies administered alternately are oftentimes more successful than *one* alone, was the firm belief and doctrine of the famous Arthur Lutze, and if he had not had such a splendid success in his practice, the sick people of Germany would surely not have applied to him for relief in such immense numbers. But aside from this, my own practice and beyond doubt also that of many other colleagues teaches the very same result of a

proper combination of *two* remedies, where the whole group of symptoms would require them.

As to *Veratrum viride*, I have no personal experience with it yet, but do not see any reason why it should not be employed in cases where the symptoms indicate it. It has among its symptoms not only a *cold, clammy and insensible skin*, but also a *hot, burning and sensitive* one according to Hale's new remedies. Besides that, we always ought to bear in mind that epidemics of scarlatina are changing their character from time to time, as to concomitant essential symptoms just as much as other epidemics, so that a *therapeutical* remedy being principally indicated by a leading symptom in one epidemic, may be entirely useless in another, and *vice versa*. May not the same rule hold good alike of all *prophylactic* medicines?

Belladonna is only indicated in the *smooth* scarlet rash, while in the *scarlatina miliaris, stricte sic dicta*, the *Aconite* covers this prominent symptom fully up, and with *Belladonna* alternated, in most cases of this kind, the rest of the symptoms.

Apis is also another great remedy, especially in oedematous, puffiness of the skin, and the absence of any rash — the so-called *scarlatina larvata*. *Bryonia* also plays quite an important part in some cases of suppressed and difficult eruption. *Ammonium carbonicum, Arsenicum, Mercurius, Phosphorus, Rhus toxicodendron* and *Sulphur* may be required occasionally by characteristic morbid symptoms as main therapeutical agents.

Further investigations and observations will have to prove, if *Belladonna* will really always be the principal *prophylactic* and *curative* remedy, which I for one doubt very much. One point deserves special attention in the prophylactic treatment of scarlatina as much as in the disease itself, that is the keeping of a very strict regimen in regard to the use of coffee, tea, spice, etc. This rule is not unfrequently violated, as some of our colleagues are careless in prescribing and the persons placed under their care neglectful in observing the same. Coffee, tea and spices, being strong medicinal substances themselves, exert more or less an antidotal effect upon any medicines in Homœopathic doses, irrespective of their directly injurious action on the organism in many disorders. There is too much coffee and tea used altogether in this country, to mention it by the way, and at least one-half of all individuals, who use those beverages every day are more or less suffering from their poisonous effects, as I happened to experience in my practice. Children ought not to touch it, nor tender nervous persons either.

This is a plausible theory *a priori* already, if we consider that the caffeine, the alkaloid of coffee, is possessed of such poisonous properties, that about a *teaspoonful at a dose* is sufficient to send a strong man over the dark river, and a cup of strong coffee contains more than, or at least, *one grain* of that substance. The active principle of tea, the thein, is, as the chemists assert, next to identical with the caffeine. I have met even cases in my own practice that were noth-

ing else but cases of *chronic poisoning* by coffee or tea, getting well almost without medicine by a strict abstinence therefrom. Therefore, we cannot lay too much stress upon scrupulously avoiding those agents, whenever we have to deal with sick persons as attending physicians.

SHEBOYGAN, Wis.

J. B. BRAUN.

[Hering says *Aconite* is "contra-indicated in fevers which bring out eruptions, or are otherwise salutary, unless there is agonizing tossing with dry skin." *Aconite* is an antidote to *Belladonna*, but *Bell.* follows well after *Aconite*.—ED.]

Eye and Ear Department.

SOME ERRORS OF REFRACTION AND ACCOMMODATION WITH SUGGESTIONS IN TREATMENT.

BY J. D. M'GUIRE, M. D., OF THE COLLEGE OF PHYSICIANS AND
SURGEONS OF DETROIT, MICH.

(Continued from Vol. IX., No. 11, page 489.)

HYPERMETROPIA.

As previously stated in the ideal or emmetropic eye, parallel rays derived from an object infinitely remote, are united on the layer of rods and cones. We have considered one form of eye in which a departure or deviation from this form took place, viz., myopia, a condition which having long been observed has also been much studied; while hypermetropia generally as it occurs has until comparatively recently, been overlooked; at least its nature and results were not recognized. But when once discovered and understood, we were in possession of the key to a number of phenomena, which until then were enigmatical. The cause of asthenopia, and strabismus convergens being found in this anomaly. This form of eye is one in which the point which has its image on the retina, is not a true point, but an ideal or virtual one situated behind the retina.

Now as from each point of an infinitely remote object, rays take a *diverging*, or at most a parallel course; never a *converging* one, and the hypermetropic eye being adjusted for converging rays, only; it follows that there are in nature no points corresponding to the requirements of such an eye.

In emmetropia the far point is infinitely remote, but in hypermetropia the far point is removed from an infinite to a negative dis-

tance, hence in an eye of the latter formation, when the organ is at rest, there is no such thing as distinct vision, the retinal image being formed from rays before they are united to a focus. Each point of the image being surrounded by circles of diffusion, and those from different points overlapping. This you may illustrate by holding a lens (convex) at its proper focal distance from a screen, sheet of paper or other object, and allowing rays from the gasflame to pass through it, being thus accurately united on that body. If you approach the screen nearer to the lens, diffusion *will* be the result, the effect being readily perceived; if any object is attempted to be defined in this way, the image becoming gradually indistinct. Hypermetropia is divided into *original* and *acquired*.

The acquired variety has been already described as presbyopia, or that condition in which owing to senile changes in the eye, its refractive power is reduced, this loss of power increasing with the advance of years. Original hypermetropia is either congenital or due to disease of cornea resulting in flattening of that body, or to an arrest of development of globe at an early period of the existence of the individual.

Original hypermetropia is divided into manifest and latent hypermetropia. Manifest hypermetropia being that amount of the defect which exhibits itself to ordinary tests, and is corrected by suitable convex glasses, but the eye so fitted may in a short time require and bear a stronger number.

This latter fact led Donders to enquire what the refractive condition of such hypermetropic eyes would be, when by the instillation of a solution of atropia the power of accommodation should be paralyzed. He was surprised to find that not unfrequently in the trials with glasses, the greater part of the hypermetropia remained suppressed or latent.

In mild cases of myopia and in emmetropia the accommodation in distant vision is almost wholly relaxed, so that it appears to be a peculiarity of hypermetropia, that with the act of vision, tension of accommodation is associated, thus concealing a part of the defect. But it is also a fact (as was early suspected) that in youthful and vigorous accommodation the whole of the hypermetropia will sometimes remain latent, and even not discover itself to tests long after the resultant asthenopia has made its appearance.

Manifest hypermetropia is further divided into facultative, relative and absolute. The former represents that form of eye in which distant objects may by aid of the accommodation be distinctly seen. Relative hypermetropia being that form in which convergens of the visual axis must be added to the refractive and accommodative powers in order to produce distinct vision. And when the accommodation aided by the strongest possible convergence is not sufficient to bring parallel rays to a focus on the retina, the hypermetropia becomes absolute.

The preceding definition of hypermetropia is made from the dioptric

standpoint; we will now consider the anatomical deviation on which this anomaly of refraction depends. Some exceptional varieties of hypermetropia are met with, as cases of aphakia, absence of the lens, diseases of the cornea, such as central ulcer, resulting in flattening of central portion. In commencing glaucoma also the eye appears to incline to hypermetropia. Finally protrusion of the retina through choroidal exudation may give rise to it temporarily. The rule being, however, that hypermetropia is dependent upon a peculiar typical structure of the eye. The hypermetropically formed eye is a small eye, being less in all its dimensions than the emmetropic eye, but especially so in the antero-posterior diameter or the visual axis. The appearance of the eye anteriorly and immediately around the cornea being peculiarly flat.

When speaking of myopia we took occasion to say that the myopic eye was a diseased eye, we now have to say of the hypermetropic eye that it is an imperfectly developed eye. For if the dimensions of all the axes are less, the expansion of the retina is less, to which a slighter optic nerve and a less number of its fibres correspond. The *symmetry* in the different meridians of this eye is as a rule greater than in the emmetropic. These circumstances explain in part at least, the fact of the depression in the acuity of vision so often met with in high degrees of hypermetropia. The hypermetropic structure is also believed to be hereditary, and when you find a parent hypermetropic you may confidentially expect to find it also in some of the offspring. Donders says it is sometimes seen in several brothers and sisters when neither parents are hypermetrops. How far it is congenital I am not able to state. Von Jæger in his investigations having found that most eyes of the newly born were slightly myopic. Still, while hypermetropia may in the majority of cases be the result of imperfect development of eye after birth, I incline to the opinion that the anomaly is also congenital. The very early appearance of strabismus convergens being my principal reason for such belief, appearing as it does sometimes in the early months of babyhood in children otherwise perfectly healthy. Aside from the malformed ball or globe it has been conjectured that as the anterior chamber was comparatively shallow, and the cornea small, that in the different refractive power of the different media we would find an explanation for the defective state of the refraction; and not to attempt to discuss these points at all, as having but little interest to us, and at this present time I will say that the cornea can probably, in true hypermetropia, be excluded entirely as a factor in the production of this anomaly although there are those who somewhat strongly insist on a flatter crystalline lens in hypermetropia, yet I doubt if such will be found to be the case. "Therefore in the absence of decisive determinations we will assume the cardinal points in the dioptric system of the hypermetropic eye to be the same as in the emmetropic.

In hypermetropia the visual line cuts the cornea at a greater distance from its zenith, thus making the angle inclosed between the

visual line and the ocular axis greater than in the emmetropic eye. The position of the centre of rotation in the hypermetropic eye is relatively moved farther backward, on the shortened ocular axis; this change together with the oval form of the smaller eyeball, from the flattening of the posterior part renders a less amount of muscular contraction necessary to produce equal exertions of the eye, from its primary position, while at the same time its movements are less regular than in the emmetropic eye also owing to this fact of the visual axis cutting the cornea farther within its zenith, a less degree of convergence of the long corneal axis is necessary in binocular vision. On account of this fact, in high grades of hypermetropia to an observer the eyes seem to be fixed on an object further off than the one on which they are really fixed. Also it gives to such an eye the appearance of diverging squint.

The diagnosis of hypermetropic is really not attended with difficulty and a systematic examination of the refractive state of every ophthalmic patient will prevent any case from being overlooked, however mistakes are too frequently made, probably occurring in cases where considerable spasm of the accommodation existed, so that the case simulated one of myopia, still this should not be excusable in any one who has given the subject sufficient attention to justify him in his own estimate of himself for making a permanent prescription of glasses.

The suggestions of the kind of defect from the peculiar physiognomy of the eye, are numerous, as has already been hinted at, for instance, the flat anterior surface of the sclerotic, the strong curvations of its meridians in the region of the equator, the apparent divergent strabismus, also in the form of face we find owing probably to the shallowness of the orbits. The margins of the sockets flatter, the whole face flatter, with little relief, cheeks but slightly rounded, nose not at all prominent, eyelids broad and flat. But these appearances are not a constant guide by any means, for sometimes quite the opposite obtains and yet hypertrophy exists. But these appearances associated, in a young person, with the symptoms of fatigue on close use and inability to continue long at such work, will hardly fail to direct us aright. However all this must only be suggestive and we must farther satisfy ourselves of the refractive state by careful and systematic trials with glasses. This process I will briefly illustrate to you.

Nevertheless with these aids we are still liable to error. For as has been already stated the hypermetropia may be latent, this is especially true of young persons, for after the twenty-fifth year, even in slight degrees a part will become manifest.

Also some persons having a fancy for the smaller size of the letter occurring under the use of a concave glass will declare that they see better with such glasses when in fact they do not. Under these circumstances the ophthalmoscope is invaluable, as the character of the defect will be in this way revealed with great certainty.

Also in cases of suspected hypermetropic, the mydriatic may be called into use, if doubt still exists after the application of the other tests. I may here mention that the frequent occurrence of astigmatism and asthenopia in hypermetropia presents still further and great complication in determining the exact state of the refraction with reference to the prescription of the proper corrective glasses in this form of eye. These conditions must, however, be left for consideration in future lectures. The vision of the hypermetrope is often very much diminished in acuteness, generally in slight degrees it is not observed, while in the higher degrees it is rare to find vision up to the normal. In these cases it is evident that by the use of *convex* glasses the nodal point is moved farther forward than when by effort of the accommodation the lens is made more convex, thus bringing rays to a focus on the retina, and the retinal image consequently made greater; but even with this increase in size, in high degrees vision is not distinct. The explanation of this may be sought in the structure of the eye; the shorter distance between nodal point and retina, than in the emmetropic eye, the small size of its optic nerve, its less retinal surface, and its greater liability to asymmetry; this latter will be more fully considered when we come to treat astigmatism, and further it may be remarked that in high degrees of hypermetropia when the retinal image may be said to have attained its normal size, in point of acuteness it is below; the cause of this I cannot explain.

We have also in addition to the above diminished acuity where one eye being highly hypermetropic the psychological suppression of the image takes place, also where strabismus exists in one eye. This latter may if taken while patient is still able to fix an object with this eye, be improved by proper exercise with convex glasses.

The proper characteristic of the hypermetrope is the abnormal refractive condition requiring an unnatural use of the accommodation. While the emmetrope relaxes that power as much as possible, and then sees acutely at infinite distance, and converges and accommodates for finite objects up to within a few inches of the eye without recognized effort. The hypermetropic person who begins his accommodation with a deficit must at once and continually bring this power into action, thus through tension of the accommodation eye in slight degree we have developed premature presbyopia, with asthenopia. The vision of such persons is very unfortunate as properly speaking it is never accurate for either near or far objects. They are always seeking that distance at which they see relatively well, consequently the book is held first further off then nearer to the eyes, and must soon end by throwing the volume aside, on account of indistinctness of vision and possibly pain in and around the eyes. Bright light, by rendering small the pupil and thus diminishing the diffusion circles is an advantage to such individuals. The hypermetrope quite generally also acquires the habit of the myope for shutting out these rays, by narrowing the space between the lids. In the lighter grades of hypermetropia the suggestion of its existence frequently and chiefly comes

through the developed asthenopia, the most frequent and important result of hypermetropia. We have then as the usual results of hypermetropia.

"*Asthenopia* which is defined to be the want of sufficient potential muscular energy, to maintain, for a length of time the adjustment of the dioptric apparatus required for near vision, and strabismus convergens.

TREATMENT.

In the treatment of this anomaly it will be but proper to consider it in reference to asthenopia. In the early history of this trouble, and while it was supposed to be dependent upon an enfeebled state of the accommodation, it was sought by rest and systematic treatment to cure the condition, also on the theory that the retina was somewhat involved, it was recommended that the convex glasses should be blue. The treatment on these different theories was, however, found unsatisfactory or devoid of results entirely, and the condition finally regarded as one hopeless of relief. The unfortunate sufferer, frequently being told that his only hope for relief was in the abandonment of all literary pursuits or avocations requiring the close use of eyes.

But when it was discovered that the asthenopia was dependent upon a malformation of the eye, and consequently a permanently defective state of the refraction, also that convex glasses would correct that state, the ophthalmic surgeon was able to give to this class of sufferers an entirely different and hopeful prognosis. In practice we cannot in the prescription of glasses correct the whole of the hypermetropia. As previously stated, a part only of the hypermetropia becomes manifest, while the remainder remains latent and the rule of practice is, first to give that glass with which the manifest portion is corrected; after a time another degree will become manifest which is to be corrected with still stronger glasses, and so on until finally nearly, if not the whole of the latent portion becomes manifest. This then once corrected, the organ will need no further attention until the inevitable senile changes come on. Generally in the beginning the use of glasses in this condition, can be worn only from ten to twenty minutes, when both they and the work must be laid aside, at least this must be the practice usually, except where our remedies come to our relief, which is not infrequently. Except in high degrees the glasses need only be worn for near use, as remote objects are seen sufficiently well. In the exceptionally high degrees where in order to distinct vision glasses must be worn for distant objects, two pairs will be required one for near the other for distant vision.

The great frequency in occurrence of hypermetropia and the resulting asthenopia, causing to the patient suffering from the latter state so much anxiety, together many times with loss of valuable time, and submission to the torments of all sorts of treatment based on a misunderstanding of his affliction, makes it peculiarly necessary that in

this defect, the general practitioner have at least a fair knowledge of the condition. It is by no means an infrequent occurrence in the practice of the oculist to find patients, who suffering from asthenopia have had the diagnosis of retinitis or inflammation of the optic nerve made, and who in consequence have lived for months or even years with the fear constantly before them that ultimate blindness awaited them; and also many are found who in order to avoid the suffering occasioned by the use of their eyes for years abstained from all close use of them, at a great sacrifice to their ambitions and tastes, when the simple use of the proper convex glass would have overcome the whole difficulty.

(To be continued.)

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

PORTLAND, Oregon.—Dr. W. T. Thatcher (THE INVESTIGATOR 9-465) says he has verified the symptom "During hard coughing, small round lumps size of a pea fly out of the mouth," having given *Kali carb.*; but he says his patient had "suffocative attacks during the night," awaking in a fright. Lippe gives under *Kali carb.* "arrest of breathing wakes him at night." Jahr gives under *Agaricus muscarius*, "*Expectoration of small balls of mucus, almost without coughing.*" Prof. H. N. Martin in one of his admirable clinics, Philadelphia, 1868-9, gave this indication for *Agaricus*, saying little about the violence of the cough, but leaving the impression with me that there is not much cough. I remember one case, having precisely the symptoms as given by Jahr, which I think was promptly cured by *Agaricus*. It seems to me the doctor's case verifies the other symptoms for *Kali carb.* Our afflictions are summed up in ague, rheumatism, diphtheria, catarrh, scarlet fever, and miscellaneous diseases. Our little state society numbers not quite a dozen. Meets in July. Hope to send you a good report.

O. B. BIRD.

AMITY, Oregon, June 3.—Prevailing diseases at this time in this county are: Whooping cough and bronchitis among infants and children, one case of the acute form of bronchial inflammation proved fatal through complication with whooping cough and of a leucophlegmatic temperament, age three years. *Aconite*, *Bryonia*, *Arnica*, *Cina*, *Calcarea carb.*, *Drosera*, have been the remedies indicated. *Drosera*

has proved a very great remedy when child is worse after twelve at night, high fever, violent spasmodic paroxysm of coughing, bleeding at nose and mouth, it relieved the suffocative spells where *Arsenicum failed*, used from the 3x to 6x. Herpes has made its appearance on several of my patients in the form of herpes-zona. Pleurodynia very marked. *Ars.* and *Rhus* 3x does good work in neuralgia and in debilitated constitutions. *Zinc* and *Graph.*, often indicated.

For the benefit of E. Z. Cole, M. D., I will state in answer to queries in a letter to me from him, that from the symptoms spoken of would indicate non-ulcerated cancer of the uterus. page 571, Ludlam on Diseases of Women very plainly diagnoses his case. The doctor will find the treatment for the diseases of children in Duncan's work on Diseases of Infants and Children. I have found his work a great help to me. Dr. D., please let me hear from the cancer case spoken of.

A. E. SANDERS.

CHICAGO, June 25.—The prevailing diseases are gastritis in adults, and gastro-enteritis in children. *Arsenicum* is the chief remedy. The rapid alternations of heat and cold seems to be the predisposing cause, while the exciting cause is usually an error in diet. Dr. Williamson's adage to watch the children in June, has been pregnant with wisdom. Many have been neglected through house cleaning, etc., and the alarming vomiting summons the physician. The high fever and diarrhoea that follows with or without delirium and convulsions are often puzzling to manage. *Belladonna*, *Arsenicum*, *China*, and several other remedies have been indicated in the score or more of cases that have come under our notice the last few days. The greatest care is needed in the selection of the food. In one bad case the new almond food worked splendidly. We think our friends will find help from a careful study of the articles on gastritis, entero-colitis and foods, in Diseases of Infants and Children.

T. C. D.

ARCADE, N. Y., May 29.—Not much sickness here at present. A few cases of "bad cold" characterized by stoppage of the nose with profuse watery excoriating discharge, burning of mouth and throat, soreness of lungs with dry spasmodic cough, relieved very quickly by *Arum try*. In children some cases of diarrhoea preceded by sour vomiting, stools profuse, watery, generally whitish, strong or sour smell, little or no pain or tenesmus, very little prostration, heat and sweat of head and neck. *Calcarea carb.* cures very quickly.

E. W. EARLE.

TRICHINIASIS.

Dr. Slaughter asks for reports on trichina, INVESTIGATOR, Vol. 9, p. 436. The following account may perhaps interest or benefit some one. In February last, eight persons at Monroe, Oregon, ate raw bacon.

This was from the last ham, the other portions of the hog having been eaten cooked. The symptoms were first diarrhoea with pain in the bowels, which in some cases persisted for several weeks. After four to six weeks of diarrhoea, dropsical swelling of the face appeared, and was soon followed by the same condition of the legs, feet, hands and forearms. In the second week began contraction of all muscles, especially posterior of lower limbs, causing patient to stand on tip toes with knees bent, arms also bent. Attempts to straighten caused torturing pain. This lasted from six to twelve weeks, in six cases which recovered, continuing, of course, in two fatal ones, mother and son, aged fourteen. In all cases, tolerably high, continued fever existed between the second and fifth weeks, then almost entirely subsided. Upon the termination of the fever, all but the mother experienced the most ravenous appetite. This and great general debility, continued for a time after the muscular contractions had ceased. The mother "succumbed to a complication by hypostatic pneumonia, being obliged to occupy one position, and the son to a complicating catarrhal bronchitis from taking cold." These cases were attended by Dr. L. F. Shipley (not Homœopathic) whose report I am copying and abridging. He gives no details of treatment, but says he followed Ziemssen—control fever, keep up strength, guard against complications. He had no microscope, and the only available bit of the meat was lost in the mails. After the boy died, he procured an instrument and found fourteen well developed worms in two grains weight of the biceps, 50,000 to the pound. Dr. Shipley intimates that these are the first cases in this region. May they long be the last.

O. B. BIRD.

HYGIENE AT THE SOUTH.

I find quite an increase of chest disease here. It seems to me the southern people do not live as well as they ought. Give their attention too much to cotton, consequently neglect their gardens, the growing of stock, and the comfort of enjoying healthful food and houses. The principal diet is bacon and corn bread with greens. I notice the negroes are rapidly becoming subject to lung diseases. I think many cases are from contagion. They live in small cabins, as many as eight or twelve sleeping in a cabin sixteen by eighteen feet, often one in bed with a patient in the last stage. The greatest cause I think, is they crowd together in a cabin meeting house. There they sing and shout until they are exhausted, when they come out in the damp night air and take cold, when their systems are relaxed. Then the lungs generally are inflamed. By the time they look for treatment it is too late. They die much quicker than white people. The sunny south needs lots of reform. The little Plump came duly to hand. I will try and introduce them. They may be the cause of better living

among our people, although the ladies get plump once in a while anyway. Please find enclosed \$1.00. Mail me Illustrated Repertory of Chest Symptoms, by R. R. Gregg.

JOHN HERTZLER.

WEATHER PROVING AND DISEASE TENDENCY.

BY BUSHROD W. JAMES, A. M., M. D., PHILADELPHIA, MAY 1879.

Meteorological summary by C. A. Smith, Sergeant Signal Corps U. S. A. observer. "Highest barometer 30.508 (10th). Lowest barometer 29.722 (5th). Average barometer 30.084. Monthly range of barometer 0.586 inches. Highest temperature, 91 (31th). Lowest temperature, 42 (3rd). Average temperature 63.6. Monthly range of temperature 39. Greatest daily range of temperature 30 (11th). Least daily range of temperature 5 (17th). Mean of maximum temperature 72.3. Mean of minimum temperature 54.3. Mean daily range of temperature 18.0. Total rainfall 1.22 inches. Prevailing direction of the winds, south-west. Total movement of winds 6,965 miles. Maximum velocity of winds 27 (N. 28th). Number of foggy days, none. Number of clear days 316. Number of fair days, 10. Number of cloudy days on which rain fell, 4. Number of cloudy days on which no rain fell, 1. Total number of days on which rain fell 7. An aurora was observed on the night of the 21st, and on the morning of the 22d."

No frosts are known to have occurred during the month.

COMPARATIVE TEMPERATURE.

May,	1871,	63.5 inches.	
"	1872,	61.5 "	
"	1873,	59.6 "	
"	1874,	59.9 "	Average for {
"	1875,	61.4 "	nine years. } 61.5.
"	1876,	60.9 "	
"	1877,	60.7 "	
"	1878,	61.0 "	
"	1879,	63.6 "	

COMPARATIVE PRECIPITATION.

April,	1871,	3.38 inches.	
"	1872,	3.15 "	
"	1873,	3.83 "	
"	1874,	2.75 "	Average for {
"	1875,	1.36 "	nine years. } 2.05.
"	1876,	4.45 "	
"	1877,	1.10 "	
"	1878,	3.29 "	
"	1879,	1.22 "	

DISEASE TENDENCY.

Usually the month of May in this locality is mild, and the foliage is rich with bloom, the air balmy and fragrant, and spring life is jubilant with joy and cheerfulness, and the city and country air comparatively

free from severe form of disease. In fact it is one of the healthiest and most enjoyable months of the year, but it has not proved itself up to the standard this season, for rheumatism, cerebral diseases, bronchial catarrhs, pertussis, parotitis, diphtheritic angina tonsillaris, neuralgias, diarrhœa and typhoid tendency, have prevailed throughout the month.

The cerebral diseases that were quite severe in the latter part of April have extended into the early part of this month. The week ending on the third and taking in the last four days of April footed up forty-six (46) deaths from brain diseases, and in addition there were two murders, two suicides by hanging, and two by drowning. There was during that period, and a day or two subsequently, a great tendency to depression of spirits and tired feelings.

About the fifth a tendency to diphtheritic sore throat prevailed; then an increase of rheumatism, headache and neuralgia. On the eighth, the wind was in the northeast and remaining in that quarter and easterly, for two or three days.

This seems to have induced a great many catarrhal attacks and a tendency to cholera infantum, pains in various parts of the chest and distress in the hepatic region. Then followed a disposition to epistaxis and other hæmorrhages also an increase of nervous sufferings.

About the twelfth, chest pains, and distress in the region of the spleen were uncommonly marked. After this, during a period of four or five days cases improved. Following this about the seventeenth we had a renewal of the local and the flying rheumatic, and neuralgic pains in different parts of the body.

Odontalgia and dental abscess, occurred more frequently; then followed a disposition to congestion of the lungs, and inflammation of the stomach and bowels.

Subsequent to this we had peritonitis, sudden attacks of influenza, erysipelas, and general debility. Then came an increase of typhoid fever, pneumonia, rheumatism, hæmorrhages and hæmorrhoids, urticaria, sore throat and pains again about the chest, and subsequently depression of spirits and diarrhœa.

The month passed with a tendency to enteralgia and gastralgia, rheumatism, congestion of the lungs, headache and general prostration.

REMEDIES.

The principal remedies for the month and those apparently mostly indicated were *Rhus tox.* and *Belladonna*. The *Rhus tox.* corresponds to many of the rheumatic cases, the pains being more severe at night as a rule, the ankles and feet being swollen in most cases and other joints generally before the end of the attack frequently the fingers and toes were the parts affected with more or less redness of the skin, and great proneness to an itching and redness or milliary form of rash on the skin in different parts of the body.

In the early part of the month the tendency to suicide and inclination to be low spirited, with more or less vertigo and giddiness seemed

to indicate the *Rhus tox.*, it also met the typhoid tendency. In some of the cerebral diseases of a more inflammatory character, *Belladonna* was called for. The pulmonary congestions and solidifications, the sore throats and erysipelas cases and hæmorrhoids, were generally of the *Belladonna* type. Parotitis was met by *Pulsatilla*. Whooping cough with *Hyoscyamus*. Bronchial catarrh with *Tartar emetic*, and the tendency to peritonitis and uterine inflammations with *Aconite*.

ULCERATED SORE THROAT.

BY L. HOOPES, M. D., DOWNINGTOWN, PA.

A child aged two and one-half years, dark complexion, slight build. suffered for nearly a week with ulcerated sore throat. The tonsils were swollen, red and ulcerated deeply, tongue coated yellowish white; child very fretful and restless, as though it suffered pain; refused to eat or drink; could not sleep. After trying *Bell.* 30 for two days without improvement, I gave one dose of *Merc. iod.* cm, dry on the tongue, to be followed by *Placebo* in water. In fifteen minutes after taking the dose the child fell into quiet sleep and slept about three hours, which it had not done for three or four days, and waked up bright and lively and went to playing; this was followed by a good night's rest. Next morning the inflammation had subsided and the child seemed nearly well, but the ulcers still remained, though they disappeared in two days without a repetition. The *Merc. iod.* was a graft made from a powder sent me by Dr. F. L. Preston, being some of the same with which he made his cures reported at our last meeting.

A NEW FOOD.

In a severe case of gastro-enteritis where everything was rejected, either vomited or passed undigested, an old lady suggested Almond milk. It was tried with the most happy results. It is prepared from the Almond nuts scalded, skinned, cut and pounded to a pulp in a wedgewood mortar. This is carefully strained, repeating till all the juice is extracted and all the particles of pulp rejected. Water is added and then warmed for use by plunging the bottle into hot water. It should be given in small quantities. In this case an ounce was given every hour. As the child improved Neave's food was added.

"Almonds are either bitter or sweet. The bitter appear to be the original kind and the sweet improved by cultivation. The sweet Almonds contain a large quantity of a very bland fixed oil, emulsion,

gum and mucilage sugar, are of a very agreeable taste and very nutritious, and are used in dessert, in confectionary and medicinally in an emulsion, which forms a pleasant, cooling, dilutant drink." The bitter contains the same with the addition of a substance called *amygdalm*, from which is obtained the deadly *Hydrocyanic* or *Prussic acid*. Both are used in preparing Almond oil, and both kinds of nuts are sold. It will be seen that here as elsewhere great care must be taken to select fresh and *sweet* nuts, and to prepare them just right, or fatal results may be hastened instead of averted. The nuts are scarce and expensive at this time of year, and may not be procurable at the moment wanted.

DIAGNOSIS OF HYSTERIA.

BY E. G. H. MEISSLER, M. D., CHICAGO.

Translated from the International Homeopathic Press.

A new pathognomonic symptom of hysteria is, according to the investigations of Dr. Charion, the insensibility of the epiglottis. According to Dr. Charion's statement, the epiglottis may be touched with the finger, yes, may even be scratched with the finger nail, without causing in the least, nausea and vomiting. Wherever this symptom is met with, there is always present congestion of one or both ovaries, if one is affected only, it is generally on the left side.

Consultation Department.

"WHAT WILL CURE?"

In answer to the question put in by W., on page 522, "What will cure," we reply *Bryonia*, and if it was our case would give the cm potency night and morning for four days in water, and then wait.

C. C. S.

CRANIAL FRACTURES.

In May 15th INVESTIGATOR, Dr. Everhart, (Hanover, Pa.,) relates a case of extensive fracture and depression of parietal and frontal bones of a boy aged thirteen years, treated with *Aconite* 1x and *Arnica* 3x, result a good recovery and a spontaneous return of the depressed portion to a normal position, and the doctor asks if the result is due to

the medicines used. I would suggest that it was due to the age of the patient, dependent upon the mobility of the cranial bones and pulsations of the brain. I have recently treated a case of extensive fracture and depression of the left frontal eminence in a child about seven years of age, same favorable results.

HYPERTROPHY OF THE HEART.

Dr. T. C. Duncan speaks in the same number of *THE INVESTIGATOR* of his own case and the use of *Arnica* in this obstinate malady. During the last ten months I have treated successfully with *Arnica* 3, a hypertrophy of many years standing and the patient has returned to active work in a rolling mill (where he contracted the disease) after being a helpless invalid for three years from it. Some symptoms remain, but he says he can work as well as ever. E. H. PECK.

EXTRACTING STUBS OF NEEDLES.

In May 15th number of *THE INVESTIGATOR*, I see that A. F. Randall, wants suggestions as to the best method of extracting stubs of needles. My course in such cases (perhaps not the best) has been to apply *Caustic potash* at the point of entrance, and continue the application long enough to form a deep slough, then apply emollient poultices until the slough is cast off, usually from six to ten days, when the point of the needle can be got hold of, and easily removed. Have succeeded in this way in some cases of several months standing. Use none but good *Potassa fusa*; the pain is quite severe, but the patient will consent, when the knife would be objected to.

J. A. WAKEMAN.

CAN ERYSIPELAS BE ARRESTED?

In reply to the question will relate the following bit of experience:

Mrs. —, a large fleshy woman, has had repeated attacks of erysipelas of the face. The disease commences on the nose and spreads over the face and head. Her head which is large, swells to the size of a pail, so that her friends cannot recognize her. Was taken while out riding in the wind, with pain and heat of the face. She drove hurriedly home, went to bed and sent for me. I found the nose swollen, red, and painful, she in alarm. Prescribed a lotion of *Glycerine* one part to water two parts, and *Arseucum* 6x, and *Rhus* 3x in alternation every hour. Next day there was no progress, in fact the disease was arrested. She was delighted and I was surprised. This is not an isolated case.

T. C. D.

CASE FOR CONSULTATION.

Mr. N., aged thirty-five, married, has been troubled six years with terrible cramps in region of navel. "Feels as though some one grasped his intestines and tried to twist them up, and out," with pain

darting across to left side, up the side into the shoulder, and down the arm to the end of the fingers, with trembling and numbness of hand and arm at times; terrible pain day and night. The cramps may quiet down for thirty to sixty minutes, then return with severity; food does not disagree; bowels constipated at times; no passage for three and four days. No position seems to give relief for any length of time; about five years ago food disagreed, with nausea and vomiting; ten years ago received a heavy blow in stomach. About a year ago vomited up a large quantity of blood. Blood black, in clots and chunks, with some bright red spots in it. No vomiting since then. During cramps, "feels as though he could tear himself and everybody else to pieces." At times sweats very much during cramps, "the pain is so terrible." Cannot bear to have anything tight around him, with some bloating of abdomen. The man is a great sufferer. Has been treated by some fifteen different doctors without relief; been to several large cities for treatment (Allopathic); is discouraged; cannot work at his trade (shoemaking). What is the trouble, and what is the treatment? What can Homeopathy do for him? H. P. M.

A CASE OF EPILEPSY.

Any advice as to what course of treatment to pursue in the following case of epilepsy will be gratefully received. Edgar, aged seven very nervous, excitable. When two and a half years old was taken with a slight spasm, fell suddenly backwards, stiffened for a moment only; three days afterwards had a similar attack, and then two or three every day. The tenth day had a severe fit, followed by slight spasms, and fits of a few minutes duration, leaving him very weak and unable to speak or swallow for hours afterwards. Continued to have these attacks at longer or shorter intervals, until a year and a half ago; was unable to walk without staggering, mouth open, tongue partially protruding, excessive drooling. One year ago last November was taken to a hospital, where the principal remedy given was *Bromide of Potassium*. Marked improvement in every respect was the result, having only one fit in ten months, and that very slight. But three months before applying to me for treatment, (January) the *Bromide of Potassium*, having lost its influence, the patient relapsed into his former condition. Now has fits every few nights, usually occurring in the last part of the night while asleep. Seldom has a severe attack during the day, but often falls without any warning. Sometimes shrieks on going into the fit, is unconscious a few minutes, clonic spasms, involuntary passages of urine, no discoloration of the face, little if any frothing at the mouth. Before an attack, breath very offensive, is headstrong and excessively mischievous afterwards, peevish, staggering gait, feet cold and damp. Physically, is as well developed as any child of his age. *Nux vom.* benefitted him very much at first, since which we have tried several remedies in potencies from third to one-thousandth, with only temporary benefit. Is now taking *Calc. carb.* high.

W. H. S.

CASE FOR COUNSEL.

I have a curious case, at least I think so, for I cannot find any medical work that makes any mention of such a case.

Mr. P., is forty-nine years of age, has always been healthy and never uses any alcohol, but chews tobacco, about a quarter of pound a week. About the first of November he was troubled with a sore throat; thought it would soon wear away, but it gradually grew worse; he kept on doctoring himself until about the middle of January, and then he came in the office. My brother and myself then examined him; the only thing that could be seen abnormal was a slight redness of the fauces; his tongue was coated yellow; he said he felt well as usual and could breathe as well as he ever could. But he could not swallow anything that had the least resemblance to a solid. He had to have his beef tea or anything he ate strained before he could swallow it, and then he would cough and choke some.

He has coughed up these tough exudations since the first of January, from one to three a day; as soon as one is coughed up there seems to be one to take its place. He most generally coughs them up about 9 P. M. There is no hæmorrhage when they come up; he says he does not believe he has lost a teaspoonful of blood in all his sickness. He has lost some flesh and strength, but is able to be around.

Have examined his throat with a laryngoscope, and this exudation seems to form on the rim of the epiglottis.

I have given him *Calc. carb.*, *Caust.*, *Argent. nit.*, *Ars.*, *Bell.*, *Kali bich.*, *Merc. prot. iod.*, *Merc. iod.*, *Kali iod.*, and he is not so well. The case is causing some notice in the village, the Allopaths are eager to get the patient. Now can you help me, and what shall I give.

JOHN PEARSALL.

TO "WIDE WEST."

I would advise the doctor not to bother his brain about primary and secondary symptoms in treating the sick. After he has carefully selected the drug in a given case, let him give it in a high potency, and the symptoms will vanish. There is no truth in the theory that if you have primary symptoms to treat, give a high attenuation, and if secondary symptoms, prescribe the medicine in a low potency. In regard to tobacco chewers, we instruct them to wash the mouth out thoroughly each time the dose is taken, as a matter of cleanliness, but it matters little whether they obey or not, for the high potencies have no affinity for such nastiness, experience teaching that the tiny globules freighted with the em. do their work promptly and satisfactorily. This I have proved in my college clinics over and over again by placing the one dose on tongues saturated with tobacco and whisky, and these cases got well just as quickly as those whose mouths were perfectly pure.

In cases poisoned with *Rhus tox.* we use mostly *Cuntharides*, provided we have nothing but the objective symptoms presenting, viz., the

usual blebby eruption on the skin. If, however, we find the poison has been carried completely through the system, and other *Rhus* symptoms arise which are more deeply seated, such as the rheumatic stiffness of the joints and nightly restlessness, we give *Rhus tox.* very high. The doctor has made a mistake in asking "what was the remedy" after citing a case of intermittent cured Homœopathically, for we do not treat diseases, but individuals, according to the characteristic symptoms presenting. But all this and much more our friend will learn in due time as he becomes more intimately acquainted with Hahnemann's teachings. For one, I am glad that the doctor had the courage, and the good sense also, to come over to our side, and we would like to take him by the hand and speak to him words of encouragement. We wish him God-speed.

PHILADELPHIA.

C. C. S.

Surgical Department.

STRICTURE OF THE COLON AND RECTUM.

BY PROF. C. H. VON TAGEN, M. D., CHICAGO, ILL.

In the March 1, 1879 issue, number 233, page 163, of THE UNITED STATES MEDICAL INVESTIGATOR, appears the first of a series of reports of intestinal derangements and diseases, which the writer intends from time to time, as they appear and come under his observation, to give to the profession.

The two cases which we intend to report, in the present issue, were undergoing treatment at the time the case above referred to was reported, which was entitled, "A Case of Tuberculosis, Complicated with Chronic Intestinal Obstruction," which are of the form known as stricture of the bowel. Heretofore it has been deemed necessary by authorities in this class of diseases, to resort to a very formidable surgical operation, (*viz. Gastrotomy*) for the purpose of obtaining permanent relief. This being the fact it was very fortunate for humanity at large, that cases of stricture high up in the bowels, *viz.*, above the *sigmoid flexure*, are rarely met with, and yet there is no doubt that many more cases of stricture have existed, resulting from ulceration as a sequence of typhoid fever, dysentery, chronic diarrhœa, scirrhus, and malarial infections of the general system, etc., than the medical profession at large are aware of. Like many other hidden organic diseases, have been overlooked, especially in fatal issues, the cause of death being attributed to other than the real one. It has on numbers of occasions fallen to the experience of the writer to perform autopsy upon those

who have died (as was proved by examination subsequently), from stricture of the bowels, which in some cases amounted to almost entire occlusion. Independent of this condition and in the same subject, numbers of Ridge's such like deposits, of a pathological order, could be traced along the course of the implicated portion of bowel, either way in a direction from the stricture; each one of these partial changes seemed to originate from what had formerly been a series of ulcerations. Again, each one of them could be traced in turn, seeming to take their start from what appeared an illy conditioned cicatrix not entirely healed what had been yet. The normal secretions of these invaded portions, were found much changed from the natural mucus to that of ill conditioned in character, being of a pasty, dry or inspissated secretion. The connective bowel tissue, located between the sub-mucous and muscular coats, was found infiltrated throughout the implicated portions, but much more prominent and annular shaped at the points where other strictures were evidently forming.

These pathological changes, are the results of a deposit of plasma like lymph, that is the result of a previous acute inflammatory action, succeeded by a chronic condition of the same; as a consequence we have altered secretions which take on from time to time, the pathological conditions and changes herein described, essentially the same as occurs in any other mucous canal or other tube in the body, viz., the *urethra*, *oesophagus*, *cystic duct*, *pancreatic duct*, *ureters*, *eustachian tubes*, etc. To comprehend and understand the force, importance, as well as a knowledge of, and to be able to recognize this class of invasions of these hidden structures, one must have a thorough knowledge not only of *physiology*, *anatomy*, *ætiology*, (or causes), *semiology*, (diseased condition), *symptomatology* (symptoms present), *pathological changes*, but also be prepared to meet and treat successfully in their early changes, when the occasion is offered, and when called upon, with remedial agents internally administered, or when called upon to meet and combat the more advanced and grave pathological changes, all of which may be accomplished at the present, by milder, safer and equally expeditious measures, than that which the knife presents.

The condition known as ulceration, takes on the same form in this locality as any other portion of the living organism, and also much the same varieties are found here as elsewhere, inflammation is the initiative stage passing on to a sub-acute or chronic form, from which the tissues undergo an alteration from the normal to a condition of softening, followed by disintegration (breaking down), of the molecular bodies, into first, a muco-pus, followed with a discharge of pus proper. In some instances these ulcers destroy only the mucous, sub-mucous and cellular coats, implicating more or less the muscular, and here are limited; or complete perforation of the muscular and *peritoneal* coat, which give away, ending in perforation of the bowel into the *peritoneal* cavity, thus terminating fatally.

Death is not always the result, however, in these destructive forms of ulcers, for nature sometimes provides a barrier in the form or shape

of adhesions, that take place between the serous coat of the bowel, and the lining membrane of the peritoneal cavity, which prevents and limits, for a while, at least, any further destruction of life or the parts. This will much depend, however, upon the general condition of the patient's system and recuperative energies, also the absence of constitutional taints. We trust our readers will not think us too profuse in our remarks, in dwelling somewhat at length on pathology, which hardly belongs to clinical reports, but judging others by ourselves, we are rather fond of having a dish of this kind served up occasionally with a clinical case, as it saves time often for the busy practitioner, and relieves him of the trouble of looking up his pathology on the special subject of the case. We will now proceed to narrate the history of the cases, herein referred to.

(To be continued.)

Chemical Department.

EXPERT TESTIMONY BY CHEMISTS.

BY CLIFFORD MITCHELL, M. D., LECTURER ON CHEMISTRY IN THE
CHICAGO HOMOEOPATHIC COLLEGE.

Read before the Illinois State Homoeopathic Medical Association.

When a person dies under so-called "suspicious circumstances" it is the fashion of the present day not only to make a post-mortem examination of the body but to send certain of the viscera and their contents to a chemist or chemists to be "analyzed" as the term is for a "poison." The chemist makes the analysis, finds a "poison." Whereupon somebody is arrested and as the chemist testifies that he finds in the body some fifty-three milligrams of something, one milligram of which if placed upon the tongue of a rabbit will cause the animal to die in fifty-three seconds; three milligrams of which if placed upon the tongue of a dog will throw him into tetanic and satanic convulsions—necessarily then somebody gave the late deceased this poison with malice aforethought and he died; not through any accident was it administered, was not an ingredient of adulterated food, nor was it formed in the system either in life or after death, though the body may have been months in the grave.

No indeed, the chemist, an "expert" found a deadly poison in the liver, in amount fifty-three milligrams, one milligram of which if placed upon the tongue of a rabbit will cause that animal to take no further interest in cabbage, three milligrams of which if injected sub-

cutaneously into the system of a dog, will cause the canine to tie himself up into muscular knots and twist himself through 'imaginary hoops until death relieves his suffering, therefore it is clear to all, the jury included, that John Smith has murdered Tom Jones, and accordingly John Smith, the fiend in human form is sentenced to be hung by the neck until he has gone to meet the rabbit, the dog, and his victim; the law and everybody else is satisfied. Great glory accrues to the chemist and his pocket-book is filled with cash, he looks eagerly around for another John Smith who will considerably poison another Tom Jones that he may make another "analysis" and find another "poison" one milligram of which if placed upon the tongue of a rabbit, etc.

Let us consider, however, what the chances are that our chemist's poison was ever bought at a drug store, in fact ever was a poison at all before the late lamented Tom Jones swallowed it. It is indeed necessary for a science in order to approach toward exactness, to have a theory as a basis, built upon which the practice of the science may tower toward perfection; the foundation must not be in one lot and the building in another. Nor must the foundation be composed of such materials that it cannot support the weight of the super-imposed building. The atomic theory is the only theory of the present time which the so-called "advanced thinkers" in chemistry recognized. It may be likened unto a foundation too light to support the building of practice, in other words a theory insufficient to account for the facts of the practice of the science of chemistry.

Inasmuch as the existence of atoms is wholly imaginary and philosophical, rather than ascertained and mathematical, the statement just made above in regard to the inability of the theory to account for certain facts, is by no means extravagant. That the writer is not the only person sceptical concerning the existence of atoms and the correctness and practical value of the only theory which chemistry can boast of, a few quotations from standard authors in chemistry may show.

Fownes, late Professor of Practical Chemistry at University College, London, says in his well known text-book, speaking of the existence of atoms (page 230), "we have absolutely no means at our disposal for deciding such a question, (i. e., whether there are or are not atoms) which remains at the present day in the same state as when it first engaged the attention of the Greek philosophers." This is strange! Our chemist who analyzed Tom Jones stomach is as sure that there are atoms as he is that there are mules or telegraph poles. Professor Roscoe, of Owens College, Manchester, England, is not so certain about the infallibility of the atomic theory. He says (Lessons in Elementary Chemistry, p. 60). "The Law of Multiple proportion. being founded on experimental facts stands as a fixed bulwark of the science which must ever remain true; whereas the atomic theory by which we now explain this great law may possibly in time give place to one more perfectly suited to the explanation of *new facts*." This is

odd! It never occurred to our chemist that his pet theory was a matter entirely of the imagination and not at all suited to the explanation of certain hard facts! Other views of the atomic theory either as a whole or of sections of it.

Professor Bloxam, of Kings College, London, in his excellent "Chemistry" (page 287), speaking of the "Binary Theory of the Constitution of Salts," an excrescence which has grown out from the atomic theory, says: "A serious objection to this view is that it overlooks radicals now existing, and substitutes others which are not known to exist." Again, (page 288) he says: "It must, however, be acknowledged that no theory of the constitution of acids and salts, has yet been advanced which is thoroughly supported on all sides by experimental evidence."

A much bolder assertion is that of a writer in the *Popular Science Review* that the only thing we are absolutely certain of in chemistry is that we know of *no means* of representing the true constitution of salts.

Tilden in his little manual on the Theory of Chemistry, says, in relation to the formula for *Ammonium chloride*, "In this we have another unfortunate instance of the inadequateness of the present theory to account for the formation of certain compounds, notably the ammonium salts. The views of some of the leading American authorities do not tend to inspire us with profound belief in the practical workings of the atomic theory."

Professor J. P. Cooke, of Harvard College, in his "New Chemistry," (page 75), says: "Our theory I grant may be all wrong, and there may be no such things as molecules." Again, (page 141) he says: "Of course we are far from believing that the ideas now prevailing are necessarily true, and it is perhaps to be expected that our modern school will share the same fate as that which preceded it."

Eliot & Storer in their *Manual of Inorganic Chemistry* (page 605) sum up the whole question of atoms and molecules as follows: "In the midst of the doubts and discussions which to-day envelope chemical theories the student will do well to remember that all these questions lie without the sphere of fact. They do not affect the actual composition or properties of a single element or compound; they are questions of interpretation, classification, and definition, the existence of atoms is itself an hypothesis and *not a probable* one; all speculations based on this hypothesis, all names which have grown up with it; all ideas which would be dead without it, should be accepted by the student provisionally and cautiously as being matter for belief, but not for knowledge. *All dogmatic assertions upon such points is to be regarded with distrust.*" Other quotations from eminent authorities might be given upon this subject, but enough has been said to show that chemistry sadly lacks a theory which will represent even the constitution of *Oil of Vitriol* or *Sal ammoniac*! But what has this to do with "expert testimony by chemists?"

The question is asked the expert :

Q. Did you examine the stomach, etc., of Tom Jones ?

A. I did.

Q. Did you find evidences of the presence of a poison in the stomach, etc., of Tom Jones ?

A. I did.

Q. What poison did you find evidences of ?

A. *Strychnia*.

Q. How do you know it was *Strychnia* ?

A. Because it dissolved in *Sulphuric acid* without coloration, but on the addition of *Potassium bichromate* certain colors were obtained, first this, then that, then the other, etc. (and he goes on to describe the appearance of the reaction).

The question then is asked :

Q. Is there any other substance besides *Strychnia* which will give the same coloration when first dissolved in *Sulphuric acid* and treated with *Potassium bich.* ?

A. No.

That is sufficient.

The witness is dismissed. There is not the slightest particle of doubt but that John Smith gave Tom Jones *Strychnine* to kill him. Suppose, however, we should take up the examination of the witness where the sapient lawyers left off, what should we ask him ?

Q. First. How do you know that no other substance found in the human body after death will not yield the same reactions and colors with *Sulphuric acid* and *Potassium bichromate* as *Strychnia* ?

A. Because Rogers & Girdwood examined hundreds of human bodies but never obtained the test for *Strychnia* unless *Strychnia* had been given the person.

Q. Have you no theory which can tell you that nothing but *Strychnia* ever can give the same reactions and colors ?

A. Nothing but *Strychnia* ever has given such colors and reactions.

Q. Very true. Up to a certain year nothing but sailing vessels had ever crossed the Atlantic, but now we have steamships. Have you no theory which can tell you whether anything ever can give the same reactions and colors as *Strychnia*, and if so, why ?

The witness hesitates ; he knows of no theory which enables him to decide this question, but says with an air of confidence :

A. Rogers & Girdwood examined hundreds of human bodies, so and so examined a hundred more and so on, but no one has ever found any substance in the human body after death giving the same reactions and colors as *Strychnia*.

Q. Very true. Hundreds of attempts perhaps have been made to reach the north pole ; no one has ever yet found any such a place, yet we are able to demonstrate mathematically its situation and know that in time it will be discovered. Have you any theory in chemistry that will enable you to demonstrate mathematically the existence somewhere in nature of a substance which will respond to the same tests as *Strychnia* in the course of time or not ?

A. No.

Q. Theory cannot prove then the presence or absence of a substance other than *Strychnia* which will give the well-known reactions with *Sulphuric acid* and *Potassium bichromate*?

A. (Reluctantly). No.

Q. Therefore, for all you or I or anybody knows, such a substance may be formed in the body and may be discovered by somebody who examines thousands of bodies instead of hundreds, or millions instead of thousands, just in the same way that alizarin was made from coal tar, when for years it had been obtained only from vegetable madder, in fact just as anything is discovered. That is sufficient, we dismiss the witness. From thus questioning and reasoning it is evident that the present theory of chemistry though useful for systematizing the science is powerless to give us information in regard to whether a substance may not be discovered which is not *Strychnia* and yet gives the same colors with reagents as *Strychnia*, (in the same manner in which a substance is now claimed to be found in beer which cannot be distinguished from the poison *Colchicin*.)

The matter then rests either upon the development of a new and perfect theory which now we have not, or upon experiment; it is claimed by many chemists that sufficient experiments *have* been made upon the human body to settle everything effectually, yet some of the greatest minds in England agree that little is known about poisons and their action, and less about the workings of the human body. In a recent number of one of Crooke's journals, the editor says frankly, that we can no longer attempt to *define* the term "poison." Roscoe, of Manchester College, England, (*Elementary Chemistry*, p. 435), says: "Animal chemistry is a most important branch of chemical science, and one which unfortunately is but very slightly advanced; our knowledge of the composition and chemical constitution of the substances contained in the human body is very incomplete, and concerning many of the chemical changes which occur in the different parts of the animal we are almost entirely ignorant."

The great danger then is not that when *Strychnia* has been actually given a person that it will not be detected; for experiment has shown us that both *Strychnia* and *Morphia* go through the system as such without any great change, (the tendency seeming to be a preservation within the body of these alkaloids rather than a destruction of them) but that from the food and tissues a substance may be formed either (a) identical with *Strychnia*, or *Morphia*, or *Conia*, or (b) giving the same tests, colors, reactions, etc.

The alkaloids are not simple substances like *Arsenic* and the metallic poisons; they are compounds about which as yet we know little but concerning which it is safe to predict that astonishing discoveries will some day be made. Organic poisons are composed of oxygen, hydrogen, carbon, and nitrogen chiefly. So is the body; so are our foods.

Now theory can not tell us whether or not organic poisons may or

may not be made within the body which will or will not give the same reactions as *Strychnia*, *Morphia*, *Conia*, *Nicotia* and other powerful so-called alkaloids, organic poisons all of them. Let us look first at the living body; in this we find: 1, heat; 2, acids; 3, alkalies; 4, the principal non-metallic elements; 5, water; 6, ferment. I might mention other workmen than these in the factory of the body, but already we have enough. It is well known that these six agents in a laboratory will turn an organic substance into almost anything you please; will make a lump of sugar out of a paper collar.

Q. What will heat do?

A. Heat will transform the acid of lemon juice into the acid of *Aconite*, *Citric acid* into *Aconitic acid*. It will work in the human body myriads of changes as wonderful all of them as this.

Q. What will acids do?

A. *Nitric acid* will transform molasses into *Oxalic acid*, a deadly poison. We have acids in the human body.

Q. What will alkalies do?

A. *Potash* will slowly convert *Chloral hydrate* into *Chloroform*. It has been ascertained by experiment that this happens actually in the human body, when *Chloral* is given a patient.

Q. Of what use or avail are the more common elements?

A. Oxygen will convert cotton into *gun cotton*; *Glycerine* the harmless into *nitro-glycerine* the explosive; fresh, raw wines or whisky into the so-called "old" wines or old whisky; oxygen in the human body causes *Benzol* to appear in the urine as *Carbolic acid*. Nitrogen it is well known will convert by its presence a harmless substance or compound into a deadly alkaloid. It is in fact the characteristic ingredient of the alkaloids. Volumes could be written upon the province of carbon in the animal economy of hydrogen, both of which are found in abundance in the body, and both of which exert a marked influence upon every substance with which they are connected.

Q. What can water do?

A. Water is the best solvent occurring in nature. In the human body by bringing substances into a state of solution it facilitates chemical union or exchange; aids in other words the formation of the various compounds which spring into being within the body.

Q. What can ferments do?

A. It would perhaps be better to ask the question, what can ferments not do? Fermentation can convert sugar the harmless into *Carbonic acid* the noxious, and *alcohol* the intoxicating. If the urine be retained, ferment changes the urea into ammonium carbonate; converts the healthy fluid into putrid, offensive, ammoniacal scum.

(To be continued.)

Society Proceedings.

SEMI-ANNUAL MEETING OF THE HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE, AND MONTGOMERY COUNTIES, PENNSYLVANIA.

The regular semi-annual meeting of the Homœopathic Medical Society of Chester, Delaware and Montgomery counties was held at the La Pierre House, Philadelphia, April 10, 1879, at 11:30 A. M. The president being absent, Dr. J. B. Wood was elected president *pro tem*.

Members present: Drs. C. Preston, M. Preston, J. W. Pratt, J. B. Wood, A. Williams, J. H. Way, C. M. Brooks, D. H. Bradley, C. M. Perkins, J. E. Jones, T. Pratt, I. D. Johnson, and L. Hoopes, and by invitation, Drs. S. Long, J. C. Morgan and two or three students.

Minutes of last meeting read and approved. On motion the physicians present not members of the society were invited to take part in the proceedings.

Dr. M. Preston reported a case of gastric disorder of long standing, which had resisted all treatment, until *Carbo veg.* 4m, was given, which produced happy results after lower potencies of the same remedy had failed. This was another evidence of the superiority of high over low attenuations, in some cases at least.

Dr. Morgan remarked that white fur on the tongue studded with little islands or red patches is a characteristic indication for *Petr.*, which is also an excellent remedy in chronic diarrhœa. He also remarked that in cases in which much pus has been discharged, and where there is chronic diarrhœa and albuminuria, especially if there is a syphilitic taint, we have strong reason to suspect amyloid degeneration of the liver.

The secretary reported a case of ulcerated sore throat cured by a single dose of *Merc. iod. flav.* cm. Also a case of biliary calculi, in which 418 stones were found in the gall-bladder after death.

Dr. M. Preston reported a case of syphilitic ulceration of the front of the leg, which was at times very painful, in which the pain was relieved by *Merc. bijod.* 30m.

Dr. Jones reported three cases cured by the persistent use of *Calc. phos.* 2x. First, was a bad case of curvature of the lower extremities cured by the medicine alone. Second, was a case of Pott's disease with spinal curvature; the disease was cured although the curvature remained. Third, was a burn in which the flesh was entirely burned from the back of the fingers, also the periosteum; a scale of bone came off and the flesh was renewed all over the fingers, but the two joints were ankylosed. A poultice was first applied to the parts, after which oil and *Carb. ac.* lotion.

Dr. Perkins reported a case in which the muscles of the arm were entirely torn off by machinery; it was dressed with equal parts of *Calendula* and *Cosmoline*, and *Arn.* followed *Calc.* given internally. The flesh was restored.

On motion of Dr. C. Preston, Dr. Samuel Long, of New Brunswick, N. J., was elected to membership under suspension of the rules.

Dr. J. B. Wood read a paper entitled 'Homœopath' which was received, and he directed to have it published in one of the daily papers of West Chester, at the expense of the society, five hundred copies of which were to be distributed among the members *pro rata*, for the benefit of their patrons and others who do not take the paper.

Dr. C. Preston reported a radical cure of hæmorrhoids of twelve years standing, with *Graph.* 200 and 3,000.

The secretary related a case of skin disease of ten or twelve years standing, cured with a few doses of *Sulph.* cm, in the course of three or four months, illustrating the efficient use of high potencies.

Drs. J. E. Jones and M. Preston were appointed delegates to the American Institute of Homœopathy.

Adjourned to meet at the Charter House, Media, Delaware County, Pa., on the first Tuesday in July, 1879. L. HOOPES, Sec'y.

THE WESTERN CONVENTION.

REPORT OF BUREAUX.

(Continued from Vol. IX., No. 11, page 515.)

The next thing in the programme was the report of the Bureau of Sanitary Science, Climatology and Hygiene, but none of the gentlemen being ready, further time was granted, and Dr. J. T. Boyd, of Indianapolis, allowed to present the report of the Bureau of Obstetrics. He chose for his subject *Ergot* in Menorrhagia. He reported two cases caused by *Ergot*, and added a highly poetical and imaginary one, which he represented to have treated himself, and which caused the whole assemblage to laugh in the most lavish way. The case was that of a dog which the doctor treated Allopathically with generous injections of turpentine. His description of the dog "before taking" and "after taking" was rollickingly funny, and Dr. Boyd was at once made responsible for putting an assemblage of grave, and some of them gray, men of medicine into one of the best of humors imaginable. The doctor showed that the use of iron and chalybeate waters for menorrhagia was strictly Homœopathic.

Dr. A. E. Higbee, of Minneapolis, suggested postural treatment at the month and cautious dilatation of the canal. If due to overdose of *Ergot* they are hard to cure. For the hæmorrhage he thought that *Nitric acid* 1st took the first rank as a remedy.

Dr. M. M. Eaton, of Cincinnati, thought we should be positive in

diagnosis and know whether we have menorrhœa or hæmorrhage. These cases need nourishment and rest. If the patient is plethoric an excessive flow would not be alarming, so what would be a hæmorrhage in one case might not be in another.

Dr. Boyd stated that he only wanted to call attention to one cause of uterine hæmorrhage, and that was the effect of *Ergot*.

The Bureau of Physiological Medicine, Anatomy and Physiology reported several papers through Dr. Pennoyer. Dr. Kershaw delivered a very interesting talk upon spinal and cerebral diseases, the various subdivisions of his subject being presented in drawings of persons suffering in the manner meant to be indicated. The drawings were not much, considered from an artistic standpoint, but they were regarded with as much attention as if they were better done. The doctor's lecture included such attractive topics as pseudo-hypertrophic muscular paralysis, progressive muscular atrophy, spinal meningitis, glosso-labio-laryngeal paralysis, tumors of the spinal cord, and spinal irritation and congestion. In speaking of ataxia, the doctor gave several illustrations in which persons were unable to feel the pricking of a pin for several minutes after they had been wounded, and were equally unable to determine the locality of the wound. The meeting then took a recess until 2 P. M.

AFTERNOON SESSION.

W. L. Hedges, of Warrensburg, Mo., and P. B. Hoyt, of Paris, Ill., were admitted to membership on recommendation of the Board of Censors, when the convention assembled for afternoon session at two o'clock.

Dr. N. A. Pennoyer, Chairman of the Western Academy of the Bureau of Physiological Medicine, Anatomy and Physiology, read a paper on the value of quiet and rest in nervous diseases.

The tendency of nervous persons, he said, was to take too much exercise. When a person could not lie in bed, but felt like continually moving about, it was the best evidence that he ought to be in bed. He pointed out that mental rest was essential to perfect physical rest. Cares and responsibilities must be removed. The value of sympathy in rendering relief from morbid nervous fancies was urged. Dark rooms for nervous diseases were advised. The summary of the paper was as follows:

1. That rest is essential to perfect nutrition in those cases of asthenia, with excitability or exhaustion, in which marked disturbances of the circulation occur, such as coldness of any organ or part or congestion of another.
2. That nutrition and consequent retention or gain in tissue does not depend in so great a degree upon motion or exertion as has been believed, but upon the supply of blood to the tissues, and that such supply can be best attained by restoring a proper equilibrium of the nervous system.
3. That the regular influence of darkness or subdued light is many

times necessary to perfect rest, and, we may add, may be persisted in until the object for its use is obtained.

4. That the attainment of self-control must be the result of revolution or growth; certain conditions must be engendered for its proper support, and when, by watchfulness and systematic exercise of the will, such habits of thought and feeling may be insensibly "formed" as will be consistent with a sound body and well-balanced brain, and

5. That many mental conditions may be best controlled by the personal influence of the physician; by the power of ready sympathy, and of inspiring the patients with hopefulness, making them feel that their cares and burdens will be relieved, and that everything will be managed for their best good. When such control has been realized, rest will be rewarded with peace and contentment, functional disturbances will be removed, and the patient will always remember with full significance the proverb, "Pleasant words are as honeycomb, sweet to the soul and health to the bones."

Dr. T. C. Duncan, of Chicago, was deeply interested in the paper just read. He thought more attention should be given to the progressive development of the nervous system. In acid children the brain was so stimulated that it developed out of all proportion to the rest of the body. These cases suffering from dyspepsia or chronic gastritis often began away back in infancy by the indulgence of the mother, feeding at all hours, etc. He said that the stomach as well as the rest of the body needed rest. There should be regular hours of feeding and a free indulgence of water between meals. If the food distressed, after eating an hour or so, a drink of hot water soothes the trouble and completes digestion nicely. He cited a case of this kind of a young lady who suffered with a neglected chronic gastritis from infancy. The nervous system including the sympathetic was well developed. All her life she suffered from attacks of enteralgia, colic. Just after graduating she broke down and passed the rounds of the doctors without much of any relief. Recognizing it as a case of systemic starvation, he began the process of feeding. Mitchell's directions to put those cases on milk could not be followed in this case for there was so much acidity that the fatty acids even were liberated, giving rise to a worse condition of acidity from lactic and butyric acids than existed before. The dextrine foods were given with benefit, gradually a little milk and cream were added. That was her diet for months. She became quite fleshy and is gradually gaining confidence in her bodily powers. Dr. P. spoke of sympathy. These cases need to be carefully managed on that point. Too much sympathy and attention makes them anxious and nervous. A little wholesome neglect does these cases good. In six months more he expected that this young lady will have confidence enough in herself to be about some, but it will take years to develop her immature muscular system. Colic is the leading symptom in these cases and like neuralgia elsewhere -- is the cry of the system for food that should be heeded.

CARIES OF THE VERTEBRÆ. COLIC.

Dr. J. Martine Kershaw delivered an interesting address on nervous symptoms of Caries of the Vertebræ, illustrated by diagrams. He referred to colic as a characteristic and persistent symptom.

Dr. Duncan.— Was very thankful to Dr. K. for emphasizing that word colic. He had just spoken of colic as a symptom of enteric starvation, and now Dr. K. shows it is a leading symptom of caries. Colic is too much neglected. It means an irritation that will give rise to serious reflex phenomena. It may be due to food as we have seen, or it may be of more grave import. In either case colic demands careful attention.

Dr. Eaton asked, How we should give these cases careful attention?

Dr. D.— Regulate the diet and treat colic with the serious attention we would any disease. Mothers frequently say the child has colic. Colic after eating; colic at night, finally cry with colic all the time. This means grave intestinal irritation. We must regulate diet of both mother and child. The remedies he had found chiefly indicated, were *Belladonna* and *China*.

Dr. J. Harts Miller.— Would call attention to one remedy for colic. He related a case that cried all the time; was a chronic case of crying. Was worse in the afternoon and at night. He gave *Lycopodium* 200 and made no change in its diet, and the child got well.

Dr. D.— Wished to call attention to the cause of caries of the vertebræ, tabes of the cranial bones, and other forms of osseous destruction. We want to get at the cause to prevent these cases. It is very generally believed now that it is the lactic acid in excess that dissolves the lime out of the bones. He had seen cases of hydrocephalus where the cranial bones were as soft as paper. Acids you know will dissolve the calcareous matter out of the bones, rendering them soft and pliable. In these cases the acidity precedes the caries a long time. This acidity irritates the lymphatic system, preventing abortion and accounts for the green stools in so-called cholera infantum.

Dr. L. Sherman, of Milwaukee.— Would like to know what is meant by acidity? Does he mean that the blood is acid? It should have alkaline reaction.

Dr. D. replied that the chief acid was lactic acid which dissolved the lime salts out of the blood. The whole system seemed permeated. Cow's milk contains free lactic acid. To correct this preponderance of acid he has added dextrine (cooked starchy) food. The fatty acids may be liberated also, this is readily detected by the odor of old cheese. He believed there might be so much acidity as even to change the reaction of the blood as was evident in sudden prostration, or so-called cholera infantum, from sour milk, where the whole child smells sour.

Dr. S. inquired if all the secretions were not acid, *e. g.*, gastric juice, saliva, urine perspiration, etc.?

Dr. D. replied that saliva had an alkaline reaction, but there was

very little secreted until after six months of age. The gastric juice was acid of course to dissolve the cell-walls, but the largest secretion, the bile, the chief digestive or emulsifying agent was alkaline in reaction. Its twin the pancreatic juice was also alkaline. The bile may be neutral, or the bile acids liberated when the soda base was deficient. In such cases there was nothing to prevent the whole child becoming acid.

Dr. Eaton asked if Dr. Duncan would tell how to change this acid condition of system.

Dr. D.—One way was to hasten the digestion of the food, increase the alkalinity of the bile and pancreatic juice. The food question is a most important one, so he thought, when he devoted fifty odd pages to this subject in his work on Diseases of Infants and Children. For these cases of colic he selected the most infantile food, *e. g.*, arrow root well boiled, to which is added dilute milk. He found this very readily absorbed and passes down rapidly. The food in these cases must be hurried on down.

Dr. Eaton.—In these cases of irritation of the stomach the food passes too fast, we have diarrhoea and vomiting, I do not understand what Dr. D. means.

Dr. D.—The food does not pass out of the stomach fast enough when it is vomited. The trouble commences with sluggish digestion.

Dr. E.—I want to know how to get the system into an alkaline condition. Milk is the most infantile food I know of. In these cases when it is vomited sour and the stools sour, don't you give an alkali right out to neutralize it.

Dr. D.—Change the food and give appropriate remedies, but this will be referred to in my report.

Further discussion of this topic was by President Miller deferred to the report of the Bureau of Pædology.

Book Department.

All books for review must be sent to the Publishers.

NERVE STRETCHING. BY W. TOD. HELMUTH, M. D. Boston: Otis, Clapp & Son. 8vo, 23 pp.; 10cts.

This pamphlet contains three cases of nerve stretching, *e. g.*, sciatica, and inferior dental, and the literature on this important operation. This production will repay perusal.

DIPHTHERIA. BY W. MORGAN, M. D. London: Homœopathic Publishing Company. Second edition. 16mo., 148 pp.; \$1.00.

This was originally an article contributed to the British Homœopathic Society, and issued in separate form. This edition was called out "by the sudden and untimely death of a beloved princess" from diphtheria. The work is semi-popular in form and is well written. Some might take exceptions to the local use of dilute *Hydrochloric acid* to the throat. The book as a whole deserves a wide circulation.

DISEASES OF INFANTS AND CHILDREN WITH THEIR HOMŒOPATHIC TREATMENT. BY T. C. DUNCAN, M. D., assisted by various physicians and surgeons. Chicago: Duncan Bros. Vol. II. Part I. Price, \$1.00.

Part IV. of this exhaustive work treats of the glands and their diseases, including the infantile liver and its diseases, the pancreas, supra-renal capsules, thyroid and thymus glands, and the lymphatics. The circulation and its derangements are exhaustively considered, and the respiratory diseases entered upon. This is a timely and very practical part. The lymphatics and their diseases will repay careful perusal. This chapter forms a systematic treatise on this important system.

Medical News.

G. E. Coggswell, M. D., of Cedar Rapids, Iowa, has been appointed on the Board of Health in that city. The first recognition of Homœopathy there during the present century. The world moves.

Suppositories are convenient to administer certain remedies, especially in rectal diseases. Chronic constipation has been cured by this method of treatment; also, prolapsus ani, piles, fissure, etc. Gelatine seems to be superceding cocoa butter in their manufactory. Those made by The Anglo American Suppository Co. are neat and give good satisfaction.

The American Institute meeting was well attended. The most of the time was spent in sight-seeing, for at the close of the third day there were seven bureaux still to report! They slighted the invitation from the State of Illinois, and will meet in Milwaukee next year. The following officers were elected: Dr. T. P. Wilson, of Cincinnati, President; Dr. G. A. Hall, of Chicago, Vice President; Dr. J. C. Burgher, of Pittsburg, Secretary, and Dr. E. M. Kellogg (President of the Homœopathic Mutual Life Insurance Company), treasurer. Dr. McClatchey resigned on account of ill health, and the Secretary's salary was reduced to \$500. The dues remain the same. The west was represented by about a dozen physicians.

Panell's Typhoid Fever in India.—Rev. A. Norton, a lone missionary at Chikulda, East Bera, India, writes under date of March 18, 1879: "My Dear Doctor Shipman—I received a postal card from you about a year ago, and also your Panell's Typhoid fever. I think your sending *the latter was the means of saving my life.* Last year the principal crops of the Koorcoos and others living among the Satporee mountains of Western Central India failed, and famine with all its horrors was precipitated on the people. In answer to prayer, God sent me nearly fifteen hundred dollars for their relief. Most of it came from various parts of this country, some from England and Scotland and America. In distributing this amount to the starving, to their best advantage, much severe labor and exposure to burning heat, and afterwards to the torrents of the monsoon, had to be endured. As a consequence, Miss Frow, my wife, and self, who had gone into the hill jungles to distribute relief, were in a few weeks prostrated with severe malarious fever, sixty miles away from the nearest physician, that *Panell's rules and hints on hygiene and diet were of much value to me.* All our lives were mercifully spared."

The Volta Electric Belt.—The difficulties experienced in the medical use of electricity are: 1. The high price of batteries containing a sufficient number of cells to give a current of the requisite tension. 2. The current generated by strong acids varies in the space of a few minutes; indeed, operations requiring an unvarying current have been suspended because the rapid chemical action in the battery has too soon exhausted the available material and the current has become weak or nil. The Volta Electric Belt is offered as an appliance which combines the advantages of a mild, continuous, unvarying galvanic current with ease and simplicity of application. It consists of a number (from twelve to twenty) of zinc copper cells in which every requisite for a galvanic battery is fulfilled. The strength and intensity are easily regulated. It gives a current which does not vary practically for ten or twelve hours. This point is of especial interest as it is from such a current only that a reliable curative effect can be obtained. The current may be applied for hours to the smallest possible portion of the human body, or it may be passed through the entire system from head to foot, thus adapting it equally to the treatment of local neuralgias and to those diseases that have their seat in the central and sympathetic nervous systems. The apparatus is neat, compact, and well constructed of good material.

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Eye and Ear Department.

SOME ERRORS OF REFRACTION AND ACCOMMODATION
WITH SUGGESTIONS IN TREATMENT.

BY J. D. M'GUIRE, M. D., OF THE COLLEGE OF PHYSICIANS AND
SURGEONS OF DETROIT, MICH.

(Concluded from page 28.)

ASTHENOPIA.

The condition which we are to consider to-night has already been referred to in our lecture on hypermetropia, it being inseparably connected with the treatment of that anomaly, and is the one result of hypermetropia which so frequently leads the general practitioner to make the diagnosis of some inflammatory disease of the fundus, or by failing to recognize and correct the anomaly on which it is dependent, dooms the patient to a life of comparative uselessness, he being unable to follow any pursuit requiring the close use of the eyes. And also being but a few years since Donders gave the true indications for treatment it has been comparatively a very short time since the specialists could give to this class of sufferers much encouragement. Now, also, thanks to our law of *therapeutics*, we can go still further in the treatment of a certain number of these cases, than they who are obliged to rely alone on the mechanical management of them.

The phenomena composing this disease are very characteristic. The eye has a normal appearance, its movements not interfered with, no difficulty in the convergence of the visual lines, the power of vision may be usually acute, and yet in reading, writing or other close work

more particularly by artificial or imperfect illumination, the objects soon become blurred or indistinct, fatigue and a sense of tension in and above the eyes is developed, necessitating a suspension of work for a time, and after closing eyes, and involuntarily as he surely will, rubbing and pressing the organ for a longer or shorter time, will be able to resume work again, to be interrupted sooner or later by a recurrence of same symptoms; the time during which he is able to use eyes becoming shorter, as the potential muscular energy, by the repeated states of tension, grows less. The further and persistent use of them in a state of tension will lead, also to the development of pain, although pain in the balls themselves is not of such frequent occurrence as would at first be supposed.

Asthenopia may be defined to be the want of sufficient muscular energy to maintain for a length of time, the adjustment of the dioptric apparatus or the visual axis required for near vision, and the nervous and vascular excitement resulting from the effort." (Fenner). This condition was at first considered to be a sort of amblyopia. Then the cause was gradually sought for in the muscles of accommodation, first in the external then in the internal. Also it was thought that excessive tension of accommodation was a satisfactory explanation for the symptoms, and relief looked for in rest; although this last theory was opposed by the fact, that of the many who subjected their accommodation to a like state of tension, only a comparative few were sufferers from this condition. This, however, was disposed of in the convenient manner, so often resorted to by physicians, by taking refuge in a supposed "*peculiar predisposition*."

The causes of asthenopia are original or predisposing and exciting. The predisponent of asthenopia will be found in the form of the eye, and this in the typical form of "*asthenopia accommodativa*" is always due to hypermetropia, in fact as Donders says, "the hypermetropia is more than predisposition in this condition. For every hypermetropia with a diminished range of accommodation is also asthenopia."

The exciting cause is the tension necessary in looking at near objects. The asthenopia not being the fatigue itself, but the *want* of potential power through which the fatigue occurs. In the absence of hypermetropia, *presbyopia* is developed with complaint of *defective* vision only, probably first noticed by artificial light, but *no* symptoms of fatigue. As we have here diminished range of accommodation also, we will naturally ask why we have not the fatigue. The explanation will probably be found in the fact, that vision in presbyopia for small objects is simply impossible, except as objects are removed beyond a distance of eight inches from the eye, when it again becomes distinct without any special exertion on the part of accommodative bodies, so that correction is seen to be necessary. While in hypermetropia vision for near objects may at *first* be acute; and the need of glasses for rendering objects at any distance distinct, overlooked. In this difference between presbyopia and hypermetropia, the *relative* range of accommodation of the normal eye with the more rapid

increase of its positive part in incipient presbyopia sufficiently accounts. This supposes that in the same eye, for traversing equal parts of the range of accommodation equal muscular exertion is required, which is, however, inconceivable, but the position will be sufficiently accurate for our present purpose. The conditions necessary for the development of asthenopia may then be said to be insufficient range of accommodation. This insufficiency being in general due to *hypermetropia*, but also proceeding from a lack of energy. This occurs frequently after debilitating diseases, as child-bed sickness, and diphtheria being much more likely to develop where hypermetropia exists. Again there is a very annoying class of cases in which asthenopia exists to a very troublesome degree, from quite early life, say the twelfth or thirteenth year, in whom no degree of hypermetropia is manifest until after the twenty-fifth year of age, persons of good general physique, and in whom all other functions are well performed. Not many of this class of patients have come under my observation, but enough to suggest that probably much of what has been written under the head of *muscular insufficiency*, will have to be re-written before the indications in treatment will be sufficiently accurate to enable us always satisfactorily to meet these cases. And until this work is accomplished, we as followers of the "law of similars" will I believe in a practical, therapeutical way meet with satisfactory results by the careful selection of the suitable remedy, chosen either on general or special indications, as the case in hand may permit, never, of course, neglecting the proper correction by glasses in suitable cases of emmetropia; neither overlooking those cases of hypermetropia in which the degree is so slight as to have been hitherto overcome by energetic accommodation.

Now you will naturally wish to know how the cases of asthenopia in which correction by glasses, of the existing emmetropia will be sufficient for the relief of all the troublesome symptoms, are to be distinguished from those in which more or less relief may be given by remedies. Here I must refer you to what I have already given you in the determination of the different forms of emmetropia which we have tried to describe to you, in other words that all the measures used for determining the different states of refraction, together with some which I still expect to give you for use in determining the state of the accommodation. But I will further try to formulate some of the symptoms, as they appear in the pure variety (in hypermetropia) as well as those appearing in the non-typical forms. In the former variety, we have, as subjective symptoms, *blurring* of the page in reading, worse by candlelight, sense of tension across the forehead and weariness in eyes, with probably pain *around* eyes and through temples, rarely any pain *in* eyes, the indistinctness of vision after the first few moments of use being the prominent feature as compared with the condition as met with in cases of myopia where the vision remains distinct and work is only suspended on account of the pain thus being in the eyeball itself, and probably always continuous, being

present in the morning after sleep, and only *increased* by use, while in hypermetropia the eye will be perfectly easy after sleep.

Then there are forms of hyperæsthesia retinæ, with possibly some symptoms of congestion occurring *frequently* but not *always* in myopes, and generally in females, who are in more or less delicate health, where after close use the eye becomes red, tearful, and so painful that no further use of them can be endured for that day.

For the binocular *near* point the hypermetropic eye is of necessity always asthenopic. Also in hypermetropia where there is necessity for accommodation for *distant* objects, for a long time uninterruptedly, asthenopia will show itself, this may be used in diagnosis, or at least as suggestive of the character of the existing defect, for much fatigue is entirely inconsistent with emmetropia.

We have now described two forms of asthenopia. The typical variety called accommodative asthenopia, being found in hypermetropia, and due to simple extension of an elastic muscle in a state of contraction. The familiar instance by which this is illustrated being that of the fore-arm flexed at a right angle to the arm, supporting a weight in a fixed position, when the weight was first placed in the hand, some actual energy on the part of the muscle was required to be exerted, in order to keep the arm flexed to the proper degree, and the longer the weight is supported the more is this actual energy or chemical action drawn upon until this action is converted into potential energy, and as the muscles become more fatigued, its extensibility increases until greater and still greater contraction is called for, until the fatigue is so great that the effort can no longer be maintained. We are now, I think, able to see that the phenomena of asthenopia are entirely due to fatigue of the muscular system of accommodation.

TREATMENT.

In the treatment of asthenopia I can add but little to what I have already said in the treatment of hypermetropia. Up to the time of the discovery by Donders that asthenopia was dependent upon the existence of hypermetropia. The treatment of asthenopia was unsatisfactory being based on erroneous hypothesis, such as location of the cause in the retina.

Considering it also as an early stage of amblyopia, and finally with no correct idea of the function of accommodation, locating the trouble in the external muscles, this theory leading to the division of their tendons under the supposition of pressure from too great tension, this being a dark page in the history of the surgery of the eye, although some boldly claimed brilliant results. We have to recognize in treatment, the two series of cases marked out by Donders: (*a*). Those which, with normal range of accommodation, are exclusively dependent upon hypermetropia; (*b*), those where diminution of the range of accommodation or want of energy plays an important part.

In the former the correction previously described, by convex glasses will be sufficient. But in the latter class greater difficulty will be

encountered. In these cases where the range of accommodation is diminished, we are generally consulted, for relief from the painfulness of all efforts to see distinctly near objects, occurring usually in persons who use the eyes more or less continuously for near work, the pain becomes an alarming symptom, giving rise to the suspicion of inflammatory trouble of the fundus. This may occur in very slight degrees of hypermetropia or even in myopia, and in conditions of debility even in emmetropia.

Tests with glasses will in these cases fail to reveal the state of the refraction, and in consequence, artificial paralysis must be resorted to, by this means we will arrive at a knowledge of the exact state of the refraction and the glasses which will be necessary to correct it, but we may even then be obliged to continue the mydriatic for some time before, owing to the state of spasm, the use of the eyes can again be resumed even by the aid of the glasses. The action of *Physostigma* gives us a very accurate picture of this anomaly of the accommodation, and it, along with *Ruta* and others assist us to a very great degree in controlling the condition.

Where a state of paresis exists, from whatever, of course that cause must be sought out if possible, and the case managed on general principles especially where none or only very slight defect in the refraction exists. This class is, however, comparatively small as a rule, but may be increased as pointed out by Donders in some epidemics, especially of diptheria.

Chemical Department.

EXPERT TESTIMONY BY CHEMISTS.

BY CLIFFORD MITCHELL, M. D., LECTURER ON CHEMISTRY IN THE
CHICAGO HOMŒOPATHIC COLLEGE.

Read before the Illinois State Homœopathic Medical Association.

(Concluded from page 45.)

It will thus be seen that the possibilities of the living body in the way of manufacture from the tissues and food of various organic substances, both poisonous and non-poisonous, are gigantic. Experiment and laborious research alone will reveal these changes, and until the world is several centuries older, and thousands upon thousands of experiments have been made, let no one dare to say, "this thing can *not* happen because it never *has* happened."

So much in regard to the living body and the examination of viscera from a person recently dead; if the "analysis" be made after

putrefaction has set in, what then? Ammonia is one of the products of the putrefaction of complex organic matter; late research has proved that ammonia is the type of at least the greater number of organic bases (Bloxam) including a large majority of the alkaloids; it has been proved again and again that putrefaction furnishes us with many of the organic bases formed from the type of ammonia; the discovery then of the formation of the more common alkaloids such as *Strychnia*, *Conia*, *Morphia*, (themselves formed from the ammonia type) during the putrefaction of animal matter may be only a question of time; this would certainly be not a whit more remarkable than that the putrefying roe of herrings should yield trimethylamine — the latter being a demonstrated fact. Trimethylamine is an organic base resembling somewhat nicotine, inasmuch as all of the hydrogen of ammonia in each has been replaced.

We are indebted to Prof. Selmi, of Italy, for research in this department. In the *Moniteur Scientifique Quesneville*, May, 1878, appears an account of the professor's labors, to this effect. From bodies of persons who had died *naturally*, Prof. Selmi obtained alkaloids, some fixed, others volatile. These alkaloids were derived from the spontaneous decomposition of *the cadaveric matter*; the fixed alkaloids gave precipitates with almost all general re-agents. Often *color tests* were obtained. As for instance with *Sulphuric acid* (not very concentrated) a red violet coloration, with *Hydrochloric acid* and *Sulphuric acid* added hot, a red violet coloration, with *Nitric acid* gently heated and followed by *Potassa* a beautiful golden yellow. The compounds formed harmless substances in some cases, but on the other hand others were formed which were deadly poisons, producing the following symptoms: 1. Transient dilation of the pupils. 2. Slackening and irregularity in the pulsations of the heart. 3. Convulsions. 4. Death. After death the heart was found to be contracted and void of blood.

Now does it follow that after the body of Tom Jones had putrified for a fortnight and our chemists "found" alkaloids in it which when treated with various re-agents gave the same colors and precipitates as in the case of *Conia* or *Nicotia*, does it follow, I say, that John Smith gave Tom Jones *Conia* or *Nicotia* for the purpose of killing the said Tom Jones? Now to leave the consideration of the body altogether, not only have alkaloids resembling closely *Conia*, *Nicotia*, etc., been found in the human body after putrefaction, but certain substances have been found in certain articles of diet which cannot be distinguished chemically from certain alkaloids. Take the case of *Colchicin* for instance the alkaloid of *Colchicum* about which so little is known; in the last supplement to Watt's Chemical Dictionary there is an interesting paragraph concerning a controversy now going on between two eminent German authorities upon the subject of *Colchicin*.

One of them maintains that he has obtained a substance from beer which he cannot distinguish chemically from *Colchicin*! If the long named distinguished German cannot differentiate between this substance and *Colchicin*, does it behoove our chemist to examine the

stomach of a beer drinker and find *Colchicin*, and nothing but *Colchicin*, and does it follow, therefore, that John Smith gave Tom Jones *Colchicin* to kill him? Moreover would it be possible to find *Colchicin*, as such after death, if the best authorities on the subject are correct in saying that the influence of acids and alkalies (both of which we have in the body) tend to convert *Colchicin* into *Colchiceine*? In fact we are in such a muddle about something concerning which nobody knows anything that we are quite willing—to change the subject!

What is needed then in medico-legal investigations is a *wholesome distrust* of the testimony of chemists in regard to *organic* poisons found in the human body after death, and especially the alkaloids and more especially the rarer alkaloids like *Colchicin* or *Colchicein*. A second need in such investigations is the establishment of a board of chemists five or six in number, and not the submittal of the viscera of a diseased individual to *one* chemist for examination, or to two chemists of rival schools or nationalities. A chemist is but a man, if he is of sanguine temperament he will accept theory for fact, isolated results for well known occurrences; will see a heavy precipitate in a test tube where there is but a light one and in nine cases out of ten will find whatever he is looking for.

If he is of a bilious, despondent temperament he will see comparatively little, find but little, believe in but little, and have merely negative opinions. Take another view of it; the tests for the poisonous alkaloids depend upon the development of certain colors; now what is red to one man is green to another, and as a chemist is but a man, is he not liable to the same errors as mankind in general? According to Van Boeck, the evidence of the presence of *Colchicin* rests chiefly on the yellow color it gives with *Sulphuric acid*, and the violet color passing to blue then yellow, with *Nitric acid*.

Might I ask if it is customary in courts of justice to have an "expert" oculist to test the eyesight of the expert "chemist"? Not at all; the testimony of the expert chemist is received as if it were law and gospel. The subject then may be summed up as follows:

1. The theory of chemistry cannot tell us whether substances may not be found in the human body after death, giving the same reactions and colors with re-agents as the various organic poisons; therefore, the matter depends upon the development of a new and improved theory which we do not now possess, or else upon experiment; all claims, that sufficient experiments *have* been made to settle beyond question the fact that nothing but certain alkaloids can give certain reactions, and that the body can *not* do this, that and the other, are ridiculous at a time when animal chemistry is in its infancy and the best authorities admit that we know little or nothing concerning the chemical changes which take place in different parts of the body.

2. The human body possesses every requisite for changing harmless substances into poisons; *i. e.*, for manufacturing organic poisons; in certain perverted and pathological conditions it is not at all improbable that it does so.

Since writing the above, an article has been sent to me concerning the discovery by an eminent scientific man of *Carbolic acid* in the system which, being classed in the category of organic poisons when taken internally, the following extract is of great value :

PHENOL SECRETED FROM THE BLOOD IN SEPTIC DISEASES, BY DR. BOJANUS.

“Dr. L. Brieger reports in the *Centralblatt f. med. Wissenschaften*, July 1878, on excretions of phenol in diseases, showing that *idiopathic morbid states give us products*, identical with those brought about by *artificial experiments on putrefaction*. He found, *e. g.* in peritonitis from parametric exudation, 0.3018 gr., in two cases of peritonitis 0.138 gr. In infectious diseases the results were still more frequent, thus the urine passed in twenty-four hours from a child suffering from diphtheritis contained, 0.015 gr. phenol, the daily urine of a young man suffering from tetanus in consequence of a foul smelling ichorous empyema with a pleuritic fistula, high fever and foul smelling pus gave 0.3112 gr. phenol, on the third day after the cessation of the fever, and the pus was nearly odorless, the urine contained 0.6309 gr. phenol, on the fifth day, no fever nor smell, phenol 0.0226 gr. In a case of phlegmon the daily urine contained 0.0594 gr. phenol. He finds it remarkable that the same substance so extensively used to eradicate putrefaction, exists in large quantities in septic states.”

3. Hence dogmatic assertions from chemists on the witness stand in regard to the impossibility of any organic poison, but a certain one giving certain reactions and tests, and any reasoning therefrom that such a poison must have been administered should be received by a jury with distrust.

4. The writer earnestly recommends all analyses of viscera from persons supposed to be poisoned to be made before, or by a board of not less than five chemists, in order that dependence may not be placed upon the judgement and skill of one man as infallible, however, great the “reputation” of such a man be as an “expert chemist.”

[NOTE.—In the trial of one Reofandd. in the State of Nebraska, for murder, the counsel for the defendant having obtained a copy of the paper on “expert testimony,” was enabled to rebut the strong presumptive evidence raised by the chemist, who found it is alleged a so-called organic poison in the viscera of a deceased individual, and the defendant was acquitted.—C. M.]

The *British Medical Journal* gives room to detail a case in which a whole stick of celery had been eaten, followed during that night and the next day by “a most obstinate retention of urine which could only be relieved by the catheter.”

Surgical Department.

STRICTURE OF THE COLON AND RECTUM.

BY PROF. C. H. VON TAGEN, M. D., CHICAGO, ILL.

(Continued from page 40.)

CASE II. W. H., aged forty-three, of bilious temperament, English birth, applied for treatment January 15, 1879, complaining of the following symptoms: Pain and great distress in the left *iliac* region, extending up into the left hypochondriac regions. Pressure upon the first-named region seemed to give temporary relief, when the flat of the hand was pressed upon that space. Great amount of *borborygmus* to the right of the umbilicus, thence extending down into the right pelvic fossa, which caused considerable amount of tumefaction, with more or less swelling and hardness; the latter condition seemed to be caused from an impacted colon. The stomach was also distended and the patient was troubled with raising wind from this organ more or less all the time, especially after taking food and when the stomach was empty. Patient had been subject to costiveness for twenty seven years past, which no amount of cathartic or purgative medicines, that the patient took throughout this period seemed to give him any relief. He complained of a feeling also of *insufficiency* after each effort at stool, ever since he was first taken with this "stoppage," as he termed it; the stools amounting only to small fragmentary dry pieces, and at times tape-like, "except after taking physic," when the passages were somewhat freer only for the time being. No amount of straining would give him any relief, but would aggravate the pains already described, very much, compelling him to throw himself upon the floor, doubling up and pressing upon the left iliac and lumbar regions with both hands.

Thus he would lay and groan for an hour at a time. More or less prolapsus of the rectum followed these violent efforts; at times the blood would ooze from the exposed rectal mucous surfaces, severe tenesmus and burning at the anal margin, which added to his distress. A further examination revealed a large inguinal hernia in the left groin, which was very much enlarged in its volume, from the efforts he made.

Supposing this latter disability had much to do with the trouble, he complained of, it was reduced and kept in *situ* by a suitable truss. This, however, only tended to palliate this condition, as his sufferings still continued, notwithstanding a judicious use of appropriate remedies. He likewise complained during these severe spells, of a distress in the bladder, with strangury at the neck of this organ. He was obliged to be very careful with his diet for many years past, almost everything he ate caused distress in the stomach and bowels, filling and distending these organs with gases. The patient had lost consid-

erable flesh, upwards of sixty pounds, was growing weak, and latterly has had cold sweats during his attacks.

The following remedies were given, but only with partial relief. *Carbo veg.* 30th, *trit.* for the *borborygmus* of the bowels and wind in the stomach. *Nux vom.* 30, *trit.*, was administered for the indigestion and sour stomach. *Colocynth* 30th *trit.* for a *pinching colic* which he was suddenly attacked with at various times, while in our hands. *Merc. dulc.* 1st *trit.*, for a jaundiced condition and enlargement of the liver, also costiveness, and bitter, pasty, dry taste in the mouth, with occasional vomiting of bile. *Ars. alb.* 30th *trit.*, for a burning thirst and dryness about the mouth; drank only small quantities at a time. All these remedies seemed to give some relief as indicated; other remedies were tried without any effect. Suspicions were entertained by the writer when the patient first came under his care, of a stricture high up in the colon; this opinion being given to the patient he expressed his willingness to undergo an exploration of the bowel, to settle the question. Placing the patient on his right side upon a reclining couch, head and shoulders low, hips and lower extremities raised, thighs flexed upon the abdomen, and the legs upon the thighs. The *colon tube** was now introduced, first being prepared with a proper cerate.

We will here take occasion to state, that for want of space and to avoid lengthiness of our former communication, we did not describe nor specify the "minutiae" of the treatment of strictures of the colon; for it will be remembered by those who have perused the same, the case in point was not one of stricture, but obstruction of the bowel, and which was described in the March 1st number of THE UNITED STATES MEDICAL INVESTIGATOR, viz., to give a description of the hood attachment a very necessary feature in the treatment of *strictures alone*. This portion of the apparatus consists of a blind tapering hood, which is slipped over the end of the colon tube, that is introduced up into the bowel. The length of the hood is eight inches, five of which is made to envelop by slipping it over the tube, leaving the projecting blind or closed end, overlapping the colon tube three inches. This done, the hood is secured to the tube by means of a double, heavy silk ligature, wrapped tightly and tied securely, so as to prevent it from slipping off; when this is properly done, the tied ligature is counter-sunk, as it were, into the substance of the soft rubber, of which the colon tube is composed, thus gaining a purchase and preventing irritation of the mucous surface of the bowel, during its passage, upward from the presence of the ligature; a continuous, even surface, is therefore, thus obtained. After the introduction of the tube, the overlapping end of the fixed hood is passed through the structure until two inches of it has become engaged. Warm water is now forced up through the extruding end of the colon tube, which dilates or expands the engaged portion of the hood, thus bringing hydraulic pressure to bear upon the internal surface of the stricture, from within outwards. The degree of pressure must be gauged by the judgment of the operator and kept up for a

* A cut of this tube may be seen in this journal of March 1, 1879, page 165.

period of fifteen or twenty minutes to a half hour, as the case progresses toward complete dilatation. When the treatment has terminated, the pressure is removed from the engaged end of the hood by allowing the water to escape. By this means it relaxes, the hood contracts, and the tube is then readily removed.

To facilitate its introduction, it was then passed slowly up the rectum to the *sigmoid flexure*; here it always meets with some opposition, but was made to pass onward by gentle, firm, upward and outward pressure, due regard being given to the anatomical curves, when it was urged further on and passed upward to the *splenic curve*, thence onward it passed transversely, until it almost reached a point corresponding to the umbilicus. Here the patient evinced signs of acute pain, and exclaimed, "the sore place is reached!" The tube would pass no further; the tapering point of the attached hood was now engaged within a stricture, which was determined from the fact that it could be distinctly felt through the abdominal walls, by pressure made with the finger ends of the operator, and when traction was made, at the protruding end of the tube; a sense of grasping and resistance could be distinctly felt with the other hand.

One quart of warm medicated water, suitably prepared, was slowly thrown up into the transverse colon, beyond the seat of the stricture, and along the course of the impacted portions, as far down as the ascending colon, to the *cæcal pouch*, which had the effect of distending the bowel considerably. After the lapse of twenty minutes, the tube was slowly and carefully withdrawn; the instant the point became disengaged from the stricture, it glided out of its own free impetus; none of the fluid escaped. The patient arose and dressed himself, sat down and rested an hour, went to the water closet, and passed a small quantity of broken stool mixed with about a teacupful of water. He then went home, riding two miles in a horse car, went to bed, passed a comfortable night, arose at six in the morning, went to stool, and passed what he supposed to be about a pint of water, feeling much better as he stated. Examination of the stool, which was passed into a vessel, (according to order) and a considerable quantity of fœcal matter was found in small broken fragments, covering the bottom of the receptacle.

January 20th, patient returned for a second treatment, which was conducted in the same manner as heretofore described, and same quantity of fluid was passed up into the bowel. Patient returned to his home, retired for the night, retaining the injection all throughout the night. The following morning had another stool, much the same as last, only containing more fœcal matter, same as already described. Patient returned January 25th, feeling relieved. Third treatment was given, only increasing the period for treatment to thirty minutes, which he bore very well, after which the fluid mixture was again introduced, and with like result, as before described.

Ten treatments were thus conducted at intervals of from five to seven days, improvement being manifested after each one, when he

pronounced his bowels entirely relieved of any obstruction, "*having the ability to go to stool like other heal thy men.*" We do not consider this a thorough cure of the stricture, notwithstanding all the bad feelings, have seemingly disappeared, and have advised our patient to return at least, once a month to undergo the *dilation* treatment with the tube, for a period of six months.

CASE III. Mrs. C. H., a lady thirty-five years of age, American, nervo-bilious temperament, dark, dusky complexion, with liver spots upon the face, neck and hands, and at various points located over the body, as the patient stated. She also remarked that she had been more or less suffering from disturbed liver for many years, and had tried cathartic purgatives and other remedies, but all to no purpose; these rather increased her troubles than otherwise. During the past nine years she had been troubled with alternate attacks of diarrhoea, dysentery and costiveness, the last ailment causing much distress and pain at a point corresponding to the splenic curve of the colon. This she described as a dull, heavy, aching, more or less constant burning pain, always worse when the bowels were costive, constant, yet not so severe when the bowels were loose. When either condition was present, there was always a feeling of *insufficiency* after every passage, but this was much more marked in the costive than the loose condition of the bowels. She was affected at times, with considerable flatus above the point of pain, when it sometimes passed into the lower bowel, and escaped through the rectum; at other times, the bowel above the seat of pain and distress for a considerable distance was much distended with gas, and seemed to be arrested from passing at the seat of pain, when she would suffer severe attacks of colic, induced by the imprisoned flatus. The same tape-like and fragmentary pieces, so common, and, I might add, ever present when stricture occurs, and firm stools are passed, described as fragmentary and tape-like, and are only passed in small quantities. This patient also suffered from a pain in the right ovary, with sense of fullness in that region. Patient had indifferent appetite, digestion much impaired at times, vomiting of bile, again of acrid, sour eructations from the stomach, headache, pain in the back, which pressure seemed to relieve for the while. Urine turbid, depositing considerable sediment, like brick dust intermixed with mucus. She could not lie upon that side, for fear of aggravating her sufferings; during her menstrual periods she suffered more than at any other time, and she was obliged to go to bed during these periods, which lasted five or six days. She applied for treatment early in February, having concluded to try the plan for relief afforded by the *colon tube*, hearing of it before.

Placing the patient in the same position already described, passed the *colon tube* properly annointed, and reached the sigmoid flexure, when the patient experienced considerable pain. This was relieved, however, by the use of the warm water mixture passed through the tube, which opened up the way for the onward passage of the tube, an obstruction was met, she complaining again of pain. We desisted from making any further entrance, being satisfied that a stricture

had been encountered. Allowing the tube thus engaged to remain about twenty minutes, during this time two pints or more of the warm water mixture was slowly passed beyond into the transverse and ascending colon. The tube was now withdrawn slowly and steadily, the same grasping force was felt as already described in CASE II, which verified the presence of a stricture.

February 12th, patient has called and reports herself better, desiring another treatment which she underwent, being administered same as CASE II., viz., with addition of the hood attachment. She states that her paroxysms of pain and distress were not so severe as before, neither was there so much tumefaction and hardness along the colon, this condition having given place to a more pliable and softer state of the parts. She had passed quite a large quantity of semi-liquid stool, intermixed with fragments of broken down fæces and mucus.

February 18th, another course of treatment as before, the patient reporting herself each time improving, rests and sleeps better, stomach still troublesome, for which *Nux vom.* 30 trit. was given four times daily.

February 23d, patient still improving, all signs of impaction gone, also the swelling; patient feels better as regards the stomach; begins to enjoy her food a little. Urinary symptoms have subsided, for which *Berb. vulgaris* 30 trit. was given, having the desired effect. The patient being anxious to be relieved of her liver spots. *Podophyllum* 1st trit. was given for a month, morning and night, which seemed to clear up, though not entirely remove them.

Twelve treatments more, varying in length from twenty to thirty-five minutes each, with five to six days between, when the patient was so much relieved and the bowel yielded so readily under the expansion of the tube, with so little pain, that the patient was dismissed with the caution to return and report in sixty days. A note very recently received (May 16th) from this source, states that she has "taken a new lease of life and is doing well."

Correction.—In the number of this journal for July 1, 1879, Vol. X., page 39, after eleventh word, ninth line, insert word *yet*. Erase following on 10th line viz., *what had been yet*; likewise on 12th line after word *of*, add on; discard on same line word *in*. The portion corrected, should read as follows:

Again, each one of them could be traced in turn, seeming to take their start from what appeared an illy conditioned cicatrix not yet entirely healed. The normal sections of these invaded portions, were found much changed from the natural mucus to that of an ill conditioned character, being of a pasty, dry or inspissated secretion. These errors were due to faulty inter-polations of our amenuensis.

Society Proceedings.

Transactions of the Clinical Society of the Hahnemann Hospital, Chicago.

REPORTED BY E. S. BAILEY, M. D., GENERAL SECRETARY.

At the July meeting of the Clinical Society the following cases were presented for discussion and advice as to further management. Dr. W. A. Shepard, an Associate Member of the Society sends the following :

CASE I. Miss —, aged eighteen, light complexion, rather spare, delicate build. Had been very healthy as a girl. Commenced menstruating at fourteen. Very little difficulty occurred in the regular and healthy establishment of the menstrual function, and all went well for about one year, when she was exposed to a draft while heated by ironing, during the period, which was suddenly stopped in consequence. Various domestic means were employed to "bring her around," and at the next two periods when the menses were due, but without result. During the third month after taking this cold, she was thrown from a wagon while the horses were running, striking squarely upon the buttocks. She immediately experienced a severe pain in the sacral region, and "across her" which was followed by a few days of fever with constant pain in the pelvis. No hæmorrhage occurred. Since that time the periods have been very irregular, and painful, and up to about a year ago when I first saw her, they had been very scanty, lasting not more than five or six hours, with labor-like pains before and during the time. Constipation has been a constant source of trouble ever since her first illness. Digital examination made about four months since, revealed the following condition : Uterus lying low down and across the pelvis, the cervix irritating the urethra, and the fundus pressing the rectum. The organ was somewhat enlarged ; the canal of the cervix somewhat patulous ; and the internal surface considerably ulcerated and very sore, especially at the fundus. The fundus was firmly attached to its bed, so that no amount of lifting with my fingers could move it. I found the rectum for some distance above where the fundus lay, ulcerated and throwing off a discharge two or three times a day. There was a slight but almost constant leucorrhœal discharge. Frequent micturition with pain were very troublesome symptoms. The treatment of the case so far is very unsatisfactory to me, although the patient and friends are pleased. Since she has been relieved of the pain in her lungs, with the cough, pain about the heart, with occasional palpitation, distress in her stomach, etc. She is more fleshy ; the bowels are regular ; but how to heal all of this ulceration and break up those uterine attach-

ments, so that the uterus can be put into its place, are the questions that puzzle me, and questions that I would like the Society to answer. There has been ever since her fall a good deal of irritation in the spine, which at times extends up between her shoulders, at other times a distressing, irritating pain in the coccyx, but there is no luxation that is discoverable.

In the discussion following, the question of lodgement and possible adhesions, holding the fundus of the uterus, was critically considered. The general opinion prevailed that, with a restoration of the tone of the organ it could be made to take its normal position and to remain in situ.

Dr. Hawkes considered the traumatism a prominent feature in the history of the case, and believes that *Arnica*, or *Rhus tox.* were the remedies that were called for in its treatment.

Dr. R. Ludlam said there were several clinical points in the case that deserved consideration. In this respect it was a typical case, for uterine diseases are more complicated than any others. If we go back to the starting point, it is very probable that the first symptoms were due to a repelled eruption; in consequence, there may have been endometritis, or membranous dysmenorrhœa, or both. The displacement, the patient being unmarried, probably came from the fall. The ulceration of the rectum is attributable to the pressure of the fundus. As for the anchorage of the uterus, excepting in those who have been pregnant; and who have had either pelvic-peritonitis, or cellulitis, or who have some malignant disease within the pelvis, he believed its existence, in point of fact, to be extremely rare.

The indications are to reposit the womb, and relieve the local inflammation and ulceration. He would begin with hot water vaginal injections; and after they had been used freely for a few days, would bring the uterus into position. It might need to be replaced quite often. *Collinsonia* internally would probably be of service; but remedies should be chosen for the lesion of the uterine structures, and the menstrual disorder especially.

CASE II. Miss Y., aged twenty-eight, black hair and eyes, dark complexion, sallow, lips and gums white, nervous, irritable. When about seven years of age commenced having a leucorrhœal discharge which she does not trace to any injury. In the absence of any such probability, I am inclined to lay the beginning of this leucorrhœa to the generally scrofulous condition of the family, especially of the mother. At the age of sixteen her menses commenced, and were quite regular up to two years ago, though quite profuse. At this time they became irregular, too often, and still more profuse. For about seven years she has been under Allopathic treatment for liver complaint, etc.; she had gradually grown worse and unable to take their medicine any longer, she came as a last resort to try the "little pills." Upon careful examination, I found the abdominal walls hard and tender to the touch. The liver and stomach were doing their part very well in spite of their drugging, but the uterus was in bad shape.

It was lying low down in the right iliac fossa, and in what might be called a semi-circular form, its os externum and fundus looking as nearly down as was possible, with the fundus anteriorly. The whole organ was swollen or enlarged and very tender, presenting to the bi-manual touch the appearance of a tumor in the right iliac region. The cervix is very patulous, admitting the finger easily, and discharging a thick, white, albuminous fluid. The cervix is very large, and there are abrasions, of its surface and also of the surfaces upon which it has so long rested. The organ is movable, but it cannot be moved entirely into its position in the centre of the pelvis. Nor can I succeed in straightening it, although it can be brought into position so that the cervix will come imperfectly into the field of the speculum. It at first occurred to me that a tumor must be crowding it into this position, but I have after the most careful exploration failed to find anything of the kind. There is a great deal of pain in the right iliac region with occasional severe pain in the back; at times the pain will leave her back and go to her head. Since using the Homœopathic remedies she has developed a very satisfactory appetite, and the bowels move regularly. How shall I heal up this uterus and get it into its position? Perhaps I have not succeeded in making these cases sufficiently clear. If not, shall be ready to be criticised plainly. A great many cases of uterine trouble have come into my hands within the past two years most of which were for a long time treated after the most heroic plan by our scientific brethren for "dumb ague," etc. Some of these are calling themselves well while they sound the praises of Homœopathy, and others like this one present themselves with such an array of symptoms, and with such almost hopeless pathological conditions, that I am forcibly reminded of how little I know, and how imperfect our very voluminous literature is upon this subject.

This report from the same source, elicited a spirited discussion. Drs. von Tagen, Hawkes, Wisner and others thought the case amenable to Homœopathic treatment, and *Calc. carb.* was advised. The 6m was recommended by Dr. von Tagen, as probably the best.

Dr. A. E. Small suggested *Causticum* as a very excellent remedy, and one in which he would have great confidence in the management of such a case.

THE BUREAU OF OBSTETRICS.

The regular report of the evening was made through the chairman of the bureau of obstetrics, Dr. S. Leavitt, who exhibited a new pair of obstetric forceps, made according to the suggestion of a Dr. Hobbs of this city. The especial feature is in the increased backward curve of the shank of the blade, and in the application of a third handle which may be readily adjusted, after the forceps have been applied. The design is to furnish a handle with which traction may be applied directly in a line with the axis of the superior strait. These forceps are the only pair yet manufactured and are undergoing a critical test as to their special

adaptability in cases where it is necessary to use them above the superior strait. They resemble Tarnier's forceps.

After a very practical talk upon this topic, Dr. R. Ludlam made a verbal report of a case of ovariectomy, and submitted the tumor for examination by the members.

MULTILOCLAR CYST, WITH LARGE GELATINOUS SOLID PORTION ;
OVIARTOMY ; WEIGHT OF TUMOR FIFTY POUNDS ; RECOVERY.

Dr. Ludlam stated that he had performed ovariectomy in Peoria, Ill., June 19th, upon a patient of Dr. D. A. Cheever, aged fifty-two. There were present Drs. Cheever, E. M. Colburn, E. Perkins, J. W. Coyner, and H. N. Baldwin. One of the sacs had been tapped the day before, and twenty pounds of a very dense fluid withdrawn. The patient had been tapped in the same way *fifteen* times during the past year. The adhesions were very extensive, firm and vascular. The omentum was glued over almost the whole surface of the tumor behind ; and in front at the site of the tapplings, it was almost impossible to separate the wall of the cyst. The operation lasted two hours. The patient reacted well, but vomited very often. Under the excellent care of Dr. Cheever, she has reached the twelfth day safely, with every prospect of a speedy recovery. Dr. L. then submitted the following report of the after-treatment of the case, prepared by Dr. Cheever :

First day, evening ; temperature, 99 ; pulse, 104 ; nausea and vomiting. *Ipecac* 3. Beef-tea, whisky, one dose *Morphine* at 5 P. M. Urine drawn off at 11 P. M.

Second day, morning ; temperature, 99½ ; pulse, 90 ; evening, temperature, 101½ ; pulse, 100 ; nausea and vomiting through the night ; urine drawn at 6 A. M. Tongue yellow, red toward tip. *Aconite*, *Arnica*, *Ipecac*, *Arsenicum* 3 ; very green spitting.

Third day, morning ; temperature, 101 1-5 ; pulse, 103 ; evening ; 100½ ; pulse, 100 ; urine drawn at 6 A. M., eight ounces ; flatus passed freely. No nausea but *burning* and spitting green and watery. Tongue clean, moist. Passed urine naturally at 12 M.

Fourth day, morning ; temperature, 99½ ; pulse, 95 ; evening ; temperature, 101 ; pulse, 100 ; night restless, cause startled, but slept some. Passes urine naturally. Hot day, 85°. Discharge from the wound at 10.30 A. M. *Aconite* and *Ars.* 3, one hour.

Fifth day, morning ; temperature, 99½ ; pulse, 92 ; evening ; temperature, 100½ ; pulse, 100 ; slept well. Tongue slightly coated yellow. Very comfortable day. Removed five upper sutures. Increased nourishment. Beef-tea, milk, whisky.

Sixth day, morning ; temperature, 99½ ; pulse, 93 ; evening ; temperature, 100 ; pulse, 90 ; very good night, slept well. Distention much less. Removed three remaining sutures. Ulcerating. *Aconite* two hours. Discharge continuing.

Seventh day, morning ; temperature, 99½ ; pulse, 95 ; evening ; temperature, 99½ ; pulse, 90 ; hot night preventing rest. Good appetite.

Tongue coated some and reddish toward tip, gets dry and hard, not much thirst. Urinates from every four to seven hours; hot burning. *Ars.* 3, one and one-half to three hours.

Eighth day, morning; temperature, 99½; pulse, 95; evening; temperature, 99½; pulse, 95; had the best night's rest yet. Comfortable day. Tongue coated, more white, not so red. *Aconite* and *Ars.* 3, two hours, and two doses *Sil.* 3.

Ninth day, morning; temperature, 98½; pulse, 92; evening, temperature, 99½; pulse, 98; very good night. Tongue a little better. Some shooting pains in the region of uterus. *Ars.* two hours. Two doses *Sil.* 3.

Tenth day, morning; temperature, 99½; pulse, 87; evening, temperature, 99½; pulse, 100; good night, two small stools, natural, easy, a third stool during day larger, mushy. Tongue clean and more moist. Discharge diminishing. Increased nourishment.

Eleventh day, morning; temperature, 99½; pulse, 98; evening; temperature, 99½; pulse, 100; slept well, small stool. Tongue white and dry, and coating up. Right arm swollen from lying on it. *Ham. lac.* *Sil.* 3, two hours.

Twelfth day, morning; temperature, 99½; pulse, 100; evening; temperature, 100; pulse, 100; slept well, two hours at a time, small stool. Pain and burning at orifice of the urethra. *Gels.* two hours. Tongue much better, cleaning. *Sil.* 3, three powders.*

A NEW NIPPLE-SHIELD.

Dr. Bailey called attention to a new nipple-shield, especially useful in cases of retracted and sore nipples. It is known as "Kent's metallic nipple-shield and caoutchouc teat," and in Dr. B.'s opinion far surpasses anything yet offered for use in such cases. It is wonderfully simple; is free from rubber tubing; is very easily cleaned inside and out; becomes firmly adherent to the breast, without causing constriction of the nipple or of the lactiferous ducts. In this case this little shield allowed the child to nurse where the nipple was so retracted that at a previous lactation the greatest trouble with the breast followed, and the child had a perilous time, being fed artificially.

LYMPHANGITIS OF THE FINGER.

Dr. C. H. von Tagen presented the report of a case of lymphangitis. This case of a child two and one-half years old, in which the index finger of the right hand had been abnormally large since it was three months old; had been under treatment by several physicians without benefit. A year ago the case came to the doctor, a diagnosis and a rubber roller bandage was applied to the finger, with a view of promoting absorption. Under this treatment and the internal use of *Jodium* 30x, the size of the finger was somewhat reduced. Painting the finger with *Iodine* failed of accomplishing much, if any good.

*NOTE.—The clamp came off on the 17th day, before which there was some suppurative fever. This patient has now passed the fourth week, and is practically well again.—R. L.

The case was carefully watched and good attention given the child by its parents, who, in the meantime, were becoming fearful that the deformity and disease would never be cured. A few days ago a subcutaneous injection of *Iodine* by means of the hypodermic syringe, worked wonders in this case. The size of the finger was very much reduced and a second hypodermic injection at the end of a week has brought it almost to the natural size.

N. B.— At the next monthly meeting of the Society, the Bureau for the Diseases of Children will report through its chairman, Prof. H. P. Cole.

THE WESTERN CONVENTION.

Continued from page 51.

BUREAU OF PHARMACY.

Dr. J. W. Harris, of St. Louis, read an interesting paper on the Medical Flora and the time to gather them.

Dr. Cummings suggested that as nearly every plant was soluble in *Glycerine* that that agent be added to alcohol. He thought in that way a uniform tincture would be secured.

A paper from Dr. T. D. Williams, of Chicago, was read by the secretary containing the following charges :

First, that there is not one single specific rule, law, or regulation governing Homœopathic drug manipulation.

Second, that the school of Homœopathy does not possess one single standard formula, book of formulas or pharmacopœia.

Third, (as a result), that 266 druggists and five Homœopathic pharmacists, or a total of 271 representative chemists in Chicago are engaged in preparing the remedial agents alleged to belong to our school, *possibly* in 271 different ways ; and, certain it is that each claims superiority for the strength and purity of their several Homœopathic (?) preparations.

Fourth, that several Homœopathic practitioners in Chicago, of whom three or more are professors in our two Homœopathic Medical Colleges, do invariably purchase their own remedies and send their patrons that they also may obtain theirs from the Allopathic drug stores.

Fifth, and finally, that *any* school of pharmacy or medicine that will allow as a possibility, the use of 271 or more different formulas for the scientific (?) preparation of one single tincture and its subsequent dilution is an unmitigated *humbug*.

The paper was severe and created a lively breeze.

Dr. T. P. Wilson, of Cincinnati, said he was astonished at the character of the report. The author made statements without proof, even

in reference to Chicago. He would not indorse the paper, and looked upon it as a very grave indiscretion, and he moved that the paper be referred to a committee of three, two of whom are to be citizens of Chicago. The motion was carried, and Dr. Vilas, Dr. Roby, and Dr. Wilson were appointed as such committee.

Dr. R. F. Baker of Davenport, Iowa, wanted to know who this Dr. Williams was, and was answered that he used to be a pharmacist, and joined the association in 1877. He sent in a paper last year at the meeting in Cincinnati, to be read by proxy, which was of an entirely different tone from the present paper.

Dr. J. T. Boyd, of Indianapolis, hoped there would be no more such papers read, and that if presented they be laid on the table. He thought that it was a good thing that Allopathic druggists were stocking up with Homœopathic remedies. They had a fine drug store in his city that kept our remedies, and they were being inquired for by Allopathic physicians.

Dr. P. B. Hoyt, of Paris, Ill., said that he went into said store and asked for *Nux vomica* tincture. They proceeded to give him a muddy tincture labelled *Nux*. He happened to know how tincture of *Nux* ought to look, and told them he did not want any such preparation.

Dr. W. L. Hedges, of Warrenburg, Mo., said that the druggist bought a stock of Homœopathic remedies in vials, and when they were empty filled them from his own stock.

Dr. C. R. Jarabee, of Missouri, said a druggist asked how we prepared the third, *e. g.*, "Fill the vial one-third full of the remedy and two-thirds of alcohol?" [Laughter].

Dr. Duncan said that one of his patients bought some *Mercurius* and *Belladonna* from a druggist that must have been prepared in that way. They were marked "3" but the first contained quicksilver and the latter was a colored tincture! The case was severely poisoned. He discountenanced his patients buying from the common drug stores.

Dr. H. W. Roby, of Topeka, Kansas, said that the only way to stop this buying from drug stores was for each Homœopathic physician to have a full stock of carefully prepared, reliable Homœopathic medicines and sell to their families. If physicians were themselves better posted on the appearance of Homœopathic tinctures they would be less imposed upon. The United States Homœopathic Pharmacopœia was especially valuable on this point. He advised every physician to get a copy of this recent work, and make and keep a full line of remedies.

Several others spoke in the same strain, but condemned the sweeping assertions of the paper.

BUREAU OF MATERIA MEDICA.

Papers were read by title from Prof. A. C. Cowperthwaite, of Iowa City, on *The Mercurius*, and from Dr. F. Duncan, of Osage, Iowa, on *Indigenous Remedies for Indigenous forms of Disease*.

Prof. Uhlemeyer read a paper on *Lappa major*, referring to its value in ague.

Dr. Higbee wanted to know the type of the chill where *Lappa* was indicated.

Dr. U. replied, quotidian and any time of day.

Dr. T. D. Abell, Secretary of the Missouri Institute of Homœopathy, read an interesting paper on the Floral Wealth of our Southern and Western States.

A communication was received from the Woman's National Suffrage Association, inviting the members of the convention to attend their meetings, etc., signed by Susan B. Anthony.

Some members objected to giving this convention any recognition but others thought the Academy ought not to be outdone in courtesy, and the thanks of the Academy were extended to the ladies for their invitation — not without some expressions of opposition, which were at once overwhelmingly smothered.

Dr. Wilson from the committee on the president's address made a report, and desired to discuss that portion alluding to the treatment of yellow fever. Coming from this source it should be spread before the public. The matter was postponed until the morning, when it is to be taken up.

A communication was read, stating that Dr. Enno Sander had presented an autograph letter of Dr. Hahnemann, the founder of Homœopathy, which was at the Loan Exhibition, and would be sold for the benefit of the School of Design.

The following were appointed a committee to examine the yellow fever germs, as displayed under the microscope by Dr. Bailey, of New Orleans, viz: Drs. Wilson, Walker, Campbell, Gerland and Sherman.

The convention adjourned.

EVENING SESSION. PROGRESS OF HOMŒOPATHY.

The convention considered the report of the Bureau of Registration and Statistics. This bureau was in charge of Dr. P. G. Valentine, of St. Louis. Twenty or more physicians made reports of the condition of the Homœopathic colleges, hospitals and practice in Illinois, Indiana, Minnesota, Michigan, Ohio, Iowa, Missouri, Indian Territory, Kansas, Tennessee, and Wisconsin. The tenor of the reports were that Homœopathy was progressing in recognition; was receiving large patronage among the cultured and respectable classes of people, and was advancing in official recognition in state and city institutions.

Dr. James A. Campbell of St. Louis, a delegate to the French congress of Homœopathic physicians, held at Paris, France, August 14, 15 and 16, 1878, reported that a unanimous vote of the congress entitled him, as a representative of the Western Academy of Homœopathy, to a seat of honor upon the platform, and every courtesy, social and conventional, was freely offered, and all sources for information were opened. There were 125 physicians present. Only three

Americans were present in a representative capacity, and they were Dr. C. H. Vilas of Chicago, Dr. W. H. Winslow of Pittsburgh and himself. The remarkable progress which Homœopathy has made in America was the subject of general and frequent comment, and the extent of the literature and of the development of the school in America was an increasing wonder. The example was stimulating them, causing renewed efforts, and awakening new activities. The congress made him the bearer of much good will and most friendly greeting to this convention. The report was received with prolonged applause.

The report of delegates from different parts of the west and south awoke the enthusiasm of all present.

Pending this interesting report the convention adjourned.

SECOND DAY.

The second day's session of the two Homœopathic bodies was called to order by President Miller at 9.30.

The interest has grown continuously since the beginning of the convention, and quite a large number of names were added to the roll.

Then followed a report by Dr. Eaton, giving a number of interesting facts and figures on the yellow fever epidemic.

The concluding report of the Bureau of Statistics, Registration, Legislation and Education was an exhaustive paper read by Dr. Philo G. Valentine. He described the wanderings of a committee from the Potomac to the Sacramento in search of facts and figures. The progress of Homœopathy during the past year was simply remarkable—Great improvement has been made in the Homœopathic colleges, and especially in the Missouri school, it being now 5.7 per cent. harder to graduate than it was last year. Many changes have been made in the college faculties. The old Masonic Hall, in St. Louis, on Tenth and Carr, had been transformed into a college, and a free dispensary at which from thirty to fifty poor people have been treated daily, has been established. There is beginning to be a general recognition of Homœopathic claims by the people. Many cases were instanced of this public appreciation.

BUREAU OF SURGERY.

The report of the Bureau of Surgery was then called, and it was ascertained that the chairman of the bureau, Dr. Hall, was absent. Dr. Foster took charge of the bureau and announced that he had several papers to present, putting Dr. Parsons forward first.

Dr. Parsons lifted a bright-looking little boy up on the stage and explained his disease being hare-lip that had been repeatedly operated on, and still a bad deformity remained, and asked the medical gentlemen present for advice. The general opinion was adverse to any further operations. The doctor then went on to lecture on the importance of "position" in surgical operations. There are two positions in use for operations on the respiratory tract, viz: Grace's, which

bends the neck over the padded end of a table; and Rose's, which lets the head hang at right angles to the body. Dr. Parsons was strongly in favor of these positions. Another interesting explanation made was that inflammation in a limb may be often eased by raising the member to an angle of 45° with the body. He gave the results of an experiment which he had made with his little daughter. He had exposed her to the atmosphere of an ordinary room for some time until her limbs had settled on a certain temperature. Mere elevation of the leg to an angle of 45° caused this temperature to fall several degrees in a few minutes. Dr. Parsons presented another report on the "Dangers of the Esmarch Bandage."

Dr. S. R. Beckwith, of Cincinnati, presented a paper on Stricture of the Oesophagus.

Dr. W. D. Foster, of Hannibal, Mo., read a treatise on "Meyo-Fibromatous Tumor of the Uterus," and another on "Traumatic Stricture of the Male Urethra," giving several interesting cases, and instancing one of a boy afflicted with cerebro-spinal meningitis, who, before being stricken with the disease, could read, write and cipher, but subsequent to it became ignorant as the day he was born. He must have had a terrible constitution to start in on as he had survived the treatment of two Allopathists, and was now wrestling with the ague.

Dr. Duncan thought that meningeal inflammation with effusion would explain this case and suggested *Gelsemium*, and particularly *Apis* and *Phos*.

Dr. Parsons thought the remedies suggested would not help the case. He thought the lesion more grave.

Dr. B. B. Andrews read a treatise on "Anchylolysis of the Knee-Joint," and exhibited a boy who had had his leg injured by a circular saw. Several diseases had set in in consequence, and, notwithstanding the boy was able to skate, his limb was in a most pitiable condition. The physicians present examined the boy's leg, and some discussion was elicited concerning the best method of treatment, and finally "passive motion" was advised.

All the papers called forth some debate of a more or less interesting nature, and all were referred for publication.

NEW MEMBERS.

The Board of Censors reported the following physicians for membership: Henry W. Roby, M. D., of Topeka, Kan.; Ambrose S. Everett, M. D., of St. Louis; E. A. De Cailhol, M. D., of St. Louis; J. M. Larrabee, M. D., Marysville, Mo.; Mrs. M. B. Pearman, M. D., St. Louis; L. A. Simons, M. D., Mt. Pleasant, Iowa; B. Bell Andrews, M. D., Astoria, Ill.; Stephen N. Sanders, M. D., Attica, Ind.; J. C. Cummings, M. D., St. Louis; D. V. Van Syckel, M. D., Canton, Mo.; J. P. Garvin, M. D., Alton, Ill. They were elected.

AFTERNOON SESSION.

At 2.30 o'clock the Convention reassembled, and business was resumed. The chair announced that the first order of business was the reading of papers from the Bureau of Gynæcology.

Dr. M. M. Eaton, the chairman of the bureau, stated that for various reasons the members of the bureau, except himself, had failed to prepare papers on the various diseases in the department of gynæcology. He had, however, a volunteer contribution from a lady physician, who had been admitted a member yesterday morning, and he would call on the lady to come forward and read her paper. Mrs. Dr. Mary B. Pearman then read a very interesting paper on the disorders of menstruation, or menorrhagia, and its treatment, arguing that, as a general rule, the usual treatment was difficult, if not improper, on account of the physician's inability to secure a proper diagnosis of the case under treatment. Mrs. Dr. Pearman's paper favored local application or injections, and considered *Belladonna* an effective remedy.

Dr. Eggert, of Indianapolis, complimented the lady very highly for her able effort, but took exceptions to the method of treatment. He thought that only one form of the obstructive needed mechanical treatment. He found that structure of the cervix will yield to *Belladonna*. He thought dysmenorrhœa only a symptom.

Dr. Eaton congratulated the society upon having in its membership such a learned lady.

Dr. Edmonds said that considering the thoroughness and completeness with which Mrs. Dr. Pearman had treated her subject, she would easily be taken for an "old stager."

[Laughter and applause].

Dr. Duncan, of Chicago, also eulogized the lady for the skillful manner in which she displayed her knowledge of the subject treated. He related his experience in a case of stricture after all sorts of methods of treatment had failed. The case was relieved with *Sepia* 3d and 6th. He thought that many of these cases were due to spinal irritation. Some cases due to being on the feet much, *Lyc.* 30 had relieved. He cited a case of congestive dysmenorrhœa that had been to the best physicians in New York. He relieved the case with *Belladonna*. Some of these cases were helped by sitz baths twice a week between the months. He directed that they get into tepid water, and then let the cold water run in, the whole bath not occupying more than five to eight minutes.

Dr. Higbee suggested that many cases of dysmenorrhœa were dependent upon constipation. He advised enemas of warm water for these cases. In neuralgic women it was only a symptom. In the congestive form local applications were necessary. The *Glyceroles* he had found valuable.

To be continued.

Hygiene Department.

WHAT MEANS WILL CONTRIBUTE TO THE PRESERVATION OF HEALTH?

BY G. W. BOWEN, M. D., FORT WAYNE, IND.

Read before the Indiana Institute of Homeopathy May 1, 1879.

By taking a survey of the motives that prompt to action those around us, we are better qualified to comprehend our own. Money or the getting of it, is mainly the most predominant, yet sometimes honor, fame and political prominence are seen to be the principal object sought for. While health remains, all may go well, and the seeker may enjoy a reasonable amount of transient happiness in his infatuated pursuit; but let some disease invade his system, and how vain are all the delusive promises the future may present. It matters not if he has cornered the market, or won his millions, those things cannot in the least mitigate his sufferings.

Happiness cannot exist except in the enjoyment of health, or, as some one has said "Health is the most essential ingredient of happiness." Prudence would decide that it were best to lock the door before the horse is stolen; so it would be best to make some provision for the preservation of health before it is lost.

It shall be my endeavor to give some general, and easily understood rules and suggestions, how to preserve health which is one of the greatest blessings possible for a human being to enjoy, but unfortunately it is one of those peculiar ones which is not properly or fully appreciated. But let some disease invade our household and rob us of some one with whom our lives have been closely, and dearly blended, then we can fully comprehend and feel, what was enjoyed, and what was lost.

Hence, some knowledge of means essentially necessary to guard against danger, to save not only ourselves, but those we love is of the utmost importance. Duty would bid us seek to preserve what is possessed, not to repine for what has been lost.

The three most important elements and constituents essential to the preservation (and even for its restoration when lost) of health are the absorption, and use of *pure air, pure water and sunlight*. They are all freely furnished from nature's wonderful laboratory in unlimited quantities, and must be had or used without stint or fear. No man has any justifiable right to place himself in any position or spot where he can, or will be deprived of their use. If he does so, he will violate one of the simplest, and best known laws of nature, and he will most surely have to pay the penalty for it.

Give one a reasonable amount of each, and it matters not so much what his food may be, but deprive him of these, and diet, even the best

will not even partially compensate for their loss. Pure air is of course the utmost importance, for nothing can be made to take its place to any extent as a substitute. Even the best selected drugs are of no avail to ward off disease or death, if that shall be deficient. He who builds a house with no provisions being made for the introduction of pure air, makes a very serious mistake, one which will tell against his own interest and well being. Even barns must have free and pure air in them if you care for the well fare of stock. Warmth is not so important as that of air.

Many a closed up, musty cellar has caused death to frequently visit a family, and no doctor could save them either. Those who live in poor or log houses where they have to struggle to keep fire enough for warmth, are among the healthiest, and the least liable to consumption. It is in city warm houses where diphtheria, consumption and other serious diseases make most havoc, and money for the medical men.

Sunshine comes next in its need to the system to secure the enjoyment of health. Its introduction to the house is absolutely necessary. Mould will not grow in the reach of the sun. Mould is a poison whether it occurs in the cellar or in your cheese. Some forms of it are more poisonous than others. When seen in the cellar and elsewhere it is a dangerous evidence of lack of ventilation, and had best be heeded at once. The morning sun has in its rays not only health but happiness, and they are to be pitied who do not admit it to their dwellings, for its purifying influences are of infinite importance in warding off disease, and in qualifying the system to resist its invasion. After nine or ten o'clock in the morning it can be prudently excluded, as it usually contains too much caloric or heat.

The protection of shade trees on the north, south and west is to be commended and advised, as they contribute much not only to health, but to happiness. Those on the south and west, break the rays of the scorching sun, and on the north, guard against the fury of the storms.

Those trees that have large leaves are best as they absorb noxious vapors (malaria) from the air, and leave the atmosphere better than it was before, or would be without them.

Sleeping rooms for summer should be eight or ten feet from the ground to escape the effect of evaporation, as the radiation of the ground which always has a large per cent of malaria, or vegetable matter in it, and of course *most* nearest the ground.

Cistern water is never safe to depend upon for drinking purposes for decomposed vegetable matter cannot be filtered from it by any known chemical means discovered. After it has been boiled then only is it safe to drink.

DIETETICS.

What we eat is of much importance, but not so much as that of air, water and sunshine.

A majority of the wealthy and idle eat far too much, but such is not often apt to be the case with those who perform manual labor in the

air, but of the two it is better not to eat enough than to overload the digestive organs by giving them too much to do.

It is too often the *quantity*, not the *quality* that plays the duce and impairs the whole machinery. Plain food is the most nutritive and easiest of digestion. If your cook gives you pie and cake every day be on your guard, for health or life is in danger. Old men are always plain livers, and such has usually been their habit through life.

The poorer classes are generally the healthiest—most so in the country where they get the benefit of air and sun to help out with their poor diet. That is their blessing; and it is one many might envy. My father lived to be ninety-five years of age; his father to one hundred; and his father to ninety-four—all were plain eaters, did not believe in any mixed dishes, and all the various concoctions of a French cook. All as far as I can learn were healthy, and I know the generation preceding me was happy and honest.

The Jews do not die with consumption, do not have dyspepsia nor humors on their skin. They do not eat *fresh pork*, and do not inherit or acquire scrofulous diseases. It is worth something to avoid these affections. Pork will have a tendency to produce these and kindred affections.

Meat must, and should be used by all who wish to enjoy health; but let it be beef, veal, mutton or fish—all make the red corpuscles for the blood, and they make muscle which in time makes strength.

Fruit does not make red blood, and does not make strength. Meat, beans, potatoes, eggs, bread, butter, milk and coffee, are by far the best articles of diet, and the list is large enough for any one to be healthy on, and all are safe to eat.

Potatoes do not produce diphtheria, and never did. The Irish do not have it half as much as others, neither here, nor in Ireland. Their main living is, and has been for years and years, potatoes. Stimulants in any shape or form are decidedly objectionable, and a detriment to the system, but more especially so is that of liquors. All the borrowed or fictitious strength extracted from their use will not compensate one for the prostration and loss of nervous energy that is sure to follow. Such a transaction is robbing Peter to pay Paul.

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BLATTA ORIENTALIS.—The Russian cockroach is being employed, and is attracting considerable attention, as a remedy for uric varieties of dropsy. Why is not *Blatta Americana* as good as his relative across the pond?

Obstetrical Department.

CASE FROM PRACTICE.

BY E. E. WILLIAMS, M. D., HUTCHINSON, KAN.

Mrs. H., aged thirty-seven, large, fleshy, of phlegmatic temperament. Health generally good. Came to me last November to consult in regard to loss of voice and œdema of the lower extremities. Upon examination, elicited the following: She was some six months pregnant, to which most of the trouble was attributed, could not speak above a whisper, and that with great effort. At the time was suffering with a severe cold which served to aggravate the aphonia. Had born several children, and had been affected once previous to this in a similar manner during gestation; she was then living in Boston, and under the best "Old School" treatment failed to receive any benefit whatever; growing worse until confinement, when she was taken with convulsions which lasted her several days, and in that unconscious condition was given up by all her physicians, but finally recovered, after which her voice soon returned. She frankly told me at the start that she had no hope of being cured, but if I thought that I could do anything to relieve her, would like for me to try, which I concluded to do, not though with the hope of so satisfactory a result. Thinking that the aphonia was more or less the result of the cold, and upon other indications I gave *Causl.*, until I could give the case a fuller examination, after which I decided that *Apis* was the remedy. On the following day, found her no better, gave *Apis* 3x, which surprised us both by greatly relieving the aphonia, and entirely removing the dropsical effusion from the lower limbs in one week's time, which was quite a victory, her feet being about double their natural size. Had to continue the remedy to prevent a return of the trouble, as one or two days without it would make a very perceptible difference (query, would *Apis* high have prevented a return?) Suffered a great deal with sciatic pains during the latter part of pregnancy, which was partially relieved by *Cimicifuga*. But one very unfavorable symptom, to me, yet remained. She had a constant fear of death, which made her gloomy and despondent; said she never expected to live through the confinement; even went so far as to make all necessary arrangements in case of her death, as to the children, etc. This fear was constantly being aggravated by the alarming fatality amongst women in the neighborhood, under "Old School" treatment, one physician having lost four women in two weeks.

About two and one-half weeks before confinement, I was called at midnight; found her suffering with nervous convulsions, coming on every five to ten minutes, increasing in intensity. No pain in par-

ticular; complained only of such a "queer feeling" in the head and region of the uterus. Very much depressed in mind by fear and anxiety as to the result of the attack. Gave *Aconite* 3x, and in fifteen minutes was much better, and in an hour or so passed off into a natural sleep which lasted until morning. I left some *Aconite* powders with directions for use in case she should have another such an attack. Her husband informed me that she was similarly taken several times after that, but a dose or two of *Aconite* always controlled it in ten to fifteen minutes. But the most remarkable effect was upon the mind. From the first administration of *Aconite* she was rarely ever heard to speak despondingly, or to express that fear of death as she had previously done, for she seldom ever spoke of her sickness without concluding with "if I get well." This seemed to be constantly on her mind, but after taking *Aconite* she appeared, as her husband said, like herself again, bright and cheerful. She went on to full term and had a natural and easy delivery and a good recovery. The after-pains which were of a sciatic nature were relieved with *Aconite* as by magic. I used the 3x and 200x; could see no difference in their action, unless it was that the effect of the 200x was more lasting.

POST-PARTUM BANDAGE.

BY R. W. NELSON, M. D., LANSING, MICH.

In your January 1st number there is a very interesting report on after-pains, by Prof. S. Leavitt. Among the questions answered by him to the Board of Obstetrics is the first very pertinent. "What are the conditions which cause (the so-called) after-pains following confinement?" In making a few remarks on that question it leads me to a very important matter in accouchments, the post-partum bandaging. I am well aware that it has become *fashionable* now-a-days to do away with the bandage, and indeed from the way I have seen it frequently applied, the non-application would be far more desirable; there are always two ways of doing everything, the right and the wrong, or more properly speaking, the careless and judicious; in the one case the patient will complain of it being uncomfortable, and forcing everything down; in the other she would speak of it as supporting her, removing that sensation of faintness that is frequently experienced, and preventing post-partum hæmorrhage. I will now speak of some additional facts which cause the after-pains.

The uterus is a strong muscular body containing within it the growth of the future species, until it is ready to come forth and live by the action of its own vital organs; as the foetus grows the uterus has to expand and its muscular power to increase developing, it is

therefore, as it were, constantly on the strain ; at last final action sets in, and the contractile force is put to its utmost to expel its contents ; having got rid of these, the same power is still continued to bring it to its normal state, and to close the mouths of the bloodvessels which nourished the fœtus. In what condition now are its fibres? They are exactly similar to any other over-wrought muscle, which though it may be able to sustain its tonicity, yet the support of a properly applied bandage will greatly aid it.

In paracentesis abdominis you would not think of operating without applying a bandage, because as the serum would flow, you might have a fatal syncope in consequence of the pressure being removed, which reason also holds good under the professor's words, " Pressure is here not only tolerable but grateful—though the patient may shrink from light touches—and sometimes serves to wholly relieve." He then states a case, where, in a primipara, five days after delivery, she was seized with violent pains in the abdomen, " she winced under a gentle touch, but deep and firm pressure at once relieved her." My experience with regard to long-continued pressure of the hand on the uterus after delivery is that of great discomfort to the patient, arising from the pressure principally of the tips of the fingers ; it is much better at once to apply a compress and bandage, and thus give your patient perfect rest. The bandage also aids in the expulsion of all clots, and prevents the occurrence of others, and the not-least benefit that is derived from it, is its power to reduce the size of the entire abdomen ; how often have I heard it expressed that Mrs. so and so, looked as if she were ready to be confined, because she never is bandaged, while Mrs. — looks as if she never had a baby, having been carefully attended to in that respect.

In the use of remedies in the after-treatment, I think there is more dependence to be placed in *Arnica*, and should too profuse a hæmorrhage occur, alternate it with *Hamamelis*. I do not like the action of *Ergot* as a post-partum remedy, it is too powerful on involuntary muscles, and though it may be useful in restraining hæmorrhage, it is more likely to induce after-pains than not. Besides a certain amount of flowing is necessary to empty the bloodvessels, removing congestion and tendency to inflammation.

Trillium is not to be depended on in post-partum, its effect in ante-partum hæmorrhage is perfect, but it cannot be compared with *Caulophyllum* in post-partum treatment. But as I have already stated, *Arnica* is the *sine qua non* either with or without *Hamamelis* in alternation as the case may be.

Medico-Legal Department.

HOMŒOPATHY IN SPAIN.

EDITOR INVESTIGATOR: I am in receipt of papers and letters from physicians in Spain, criticizing my note on "Homœopathy in Spain," published in your April number. As I refer to that note I see that I got the matter badly mixed. The article makes me state that "until 1875 only one Homœopathic work except Hahnemann's *Materia Medica* had been translated into Spanish." What I *intended* to say was this, that until 1875 no *American* or English Homœopathic work had been translated into Spanish. My allusion to Hahnemann's *Materia Medica* was made under the impression that it was translated *from the English* into Spanish.

I am not very sorry, however, that the error of pen or printer was made, because it has drawn out from Drs. Mani and Rino, such a history of the past and present condition of Homœopathy in Spain, as will please every American Homœopath. But I beg pardon of Spanish Homœopaths for the blunder—all the same. I am happy to be able to present to the readers of *THE INVESTIGATOR*, the following extracts from the letter of Dr. Mani of Valentia: He says

"I have not sent you the data you ask me in your last letter, because I have not been able to know the number of physicians practicing Homœopathy in this country, although I think they are about 500."

"Before 1875, have been translated in the Spanish language, without enumerating many manuals and pamphlets, the following Homœopathic works: *Hahnemann*, *Organon* (three editions); *Materia Medica*; *Tratado de Enfermedades Crónicas*. *Hartmann*, *Farmacopea Homeopática*; *Enfermedades de los niños*; *Tratamiento Homeopático de los Enfermedades Agudas y Crónicas*; *Bœnninghausen*, *Fiebres Intermitentes*; *Los Lados del Cuerpo*. *Jahr*, *Manual de Medicina Homeopática*, (four editions); *Nociones Elementales Acerca de la Homeopatia*; *Enfermedades de las Mujeres*; *Enfermedades Nerviosas*; *Weber*, *Materia Medica Pura*; *Simon (padre)*, *Lecciones de Homeopatia*. *Hering*, *Medicina Homeopática Domestica*, (three editions.) *Teste*, *Enfermedades de los Niños*; *Materia Medica*; *Mure*, *El Medico Homeopata de si Mismo*; *Patogenesia Bransitena*. *Gueyrard*, *Doctrina Medica Homeopática*. *Bigel*, *Manual Dietetico de la Homeopatia*. *Muller*, *Manual de Homeopatia*. *Croserio*, *Manual de Obstetricia*. *Haas*, *Manual del Medico Homeopata*. *Espanet*, *Materia Medica*; *Elementos de Homeopatia*. *Hirschel*, *Guia del Medico Homeopata*. *Humboldt*, *Enfermedades de los Ojos*. *Jahr y Cutellan*, *Farmacopea Homeopática*. *Parseval*, *Observaciones Practicas de Hahnemann*. *Rupou*, *Higiene Durante el Tratamiento Homeopatico*; *La Homeopatia*. *Sebe*, *Enfermedades de los Ojos*. *Simon (Hijo)*, *Enfermedades Venereas*. *Struch*, *Manual de Homeopatia*. *Chepmell*, *Ed. Ruoff*, *Guia del Homeopata*. *Fleury*, *La Homeopatia al Alcance de Todos*. *Bojanus*, *Cirugia Homeopática*. *Toussset*, *Tratamiento Homeopatico de las Enfermedades*.

In the same period there were published by Spanish authors, the following works: *Coll*, *Examen Critico de la Homeopatia y Allopatia*. *Cruzent*, *Cartas Sobre la Homeopatia*; *Diccionario Manual de Homeopatia*. *Garcia Lopez*, *El Paludismo*; *Lecciones de Homeopatia*. *Alvarez Araujo*, *Anuario de Medicina Homeopática*. *Nunez*, *Del Veneno de la Tarantula*. *Hysern*, *Apropiacion de las Dosis*.

After 1875 there were translated and published the following :

Hale, Enfermedades del Corazon; Distocia Funcional; Sterility, (in press). *Espanet*, Practica de la Homeopatia. *Ruddoch*, Enfermedades de los Niños. *Muller*, Indicador Caracteristico. *Hughes*, Manual de Terapeutica; Manual de Farmacodinamica. *Ozanam*, Pyretologia Homeopatica. *Hayward*, Los Resfriados. *Hartmann*, Tratamiento Homeopatico de la Sifilis y Enfermedades de la Piel. *Huckner*, Medicina Homeopatica. *Tuthill Massy*, Notas Sobre los "Neuvs Remedes." *Gilchrist*, Enfermedades Quirurgicas.

But Homœopathic works would be in this country very much more numerous, if the French language were not so well known in Spain.

Besides we have had the following periodical publications :

El Monitor Medico-Quirurgico, Madrid; *Los Archivos*, by Dr. Rino, Badajoz; *La Gaceta Homeopatica*, Madrid; *La Homeopatia*, Madrid; *El Boletin Oficial*, Madrid; *El Propagador*, Madrid; *La Reforma Medico*, Madrid; *El Duende Homeopatico*, Madrid; *El Centinela de la Homeopatia*, Madrid; *Los Anales*, Madrid; *La Decada*, Madrid; *El Debate Medico*, Madrid; *El Criterio*, Madrid; *El Castellano Homeopatico*, Valladolid; *El Progreso Medico*, Alcoy; *El Propagador Balear*, Palmo; *La Revista Homeopatica*, Barcelona; *El Boletin Medico*, Valencia.

For the present they publish the "Criterio," and the "Archivos."

There are also in Spain several Homœopathic pharmacies in the most important towns, and some Homœopathic societies, the most important one of them being the "Sociedad Hahnemaniana Matrintente."

In the same note I also stated that Dr. Nunez introduced Homœopathy into Madrid, and built the present hospital. This information I received from non-professional friends in Madrid, whom it seems were mistaken. Dr. Mana makes the following correction.

Homœopathy was not introduced in Spain by Dr. Nunez, although he was the best and more chief propagator of it. The hospital was made from public subscriptions, although the most important donation was from Dr. Nunez, who gave a quantity greater than \$30,000; but the government is not the proprietary of that foundation, but only give it a little annual subvention of \$2,000. Of 155 patients attended in this hospital in the last year, nine died. In the public dispensary of the same hospital were attended in the same year, 11,327 patients, giving 32,000 consultations.

Hoping that our Spanish friends will be satisfied with the above corrections, I am, yours sincerely,

E. M. HALE.

Since the above was in type the January number of the "*Archivos Medicina Homeopatica*" has been received, containing an answer to my unfortunate article. The writer, Dr. Petro Rino, (I make a free translation), says :

"This great scientific and literary nation," has not been backward in the knowledge and acceptance of the Homœopathic doctrine, as stated by the illustrious doctor of Chicago; neither was Madrid the city where Homœopathy was first promulgated. When the notable Dr. Nunez began at Madrid, his propaganda, Mr. (Dr.) Ramon Isaac Lopez Penciano, Mr. Manuel Rollen, Mr. Jose Sebastian Coll, and the celebrated Mr. Joaquin Hysem of Melleras, with several other professors (physicians) had already embraced Homœopathy. These were followed several years later by the young and enthusiastic physician, Roman Castillo, of Precia. Don Lius Slegel founded the first Homœopathic Pharmacy in Spain. But many years before Homœopathy was known of in Madrid, it was quite general in Toro, Valledo, Sid Grenada, Alcolaba Real, Cadiz, Sevilla and particularly so in the small

city of Badajoz, then capital of the old province of Estramadura, and to-day capital of the province of Badajoz situated on the border of the Guordiana river, and three miles from the Lusitanian frontier, and nine miles from its most important fortress, Elvas. There, in that dark corner of Spain, lived in the year 1832, a poor and humble man, sixty years old, a licentiate in medicine and surgery, and titular surgeon of the city, with a salary of 600 reals (\$300) loaded with family and cares, but rich, very rich in virtues, and in the holy enthusiasm for the cause of knowledge and humanity. He was surely the first one, who, in Spain, occupied himself with the study, practice, and diffusion of Homœopathy.

He was surely the first one who obtained those surprising results, which he communicated to Dr. Francisco Jose Rubialles and myself. There it was that the doctor of pharmacy, Juan Manuel Rubialles prepared the first medicines, whose proper administration gave such surprising results. It was there, in 1833, that *Camphora*, *Ipecac*, *Cuprum*, and *Veratrum alb.*, were first used against Asiatic cholera, which had then invaded the peninsula. It was from thence that a young physician of twenty-four, mentioned the subject to the Royal College of Physicians and Surgeons of Sevilla, Cordova, and Estramadura, in 1833. It was then that this beautiful reform in medicine was practiced in its Charity Hospital, St. Sebastian, in 1838 by the young physician above mentioned.

In the same place, two years later, was commenced the monthly publication of the "*Archivos de la Medicina Homeopatica*," and where it was issued from 1840 and 1842. In fact, it was in that city where the cradle of Spanish Homœopathy was rocked, and when it suffered its first tribulations, and began to suffer its indispensable martyrdom.

"On account of want of space, I cannot give this article the length it merits. The reader will find more complete accounts of the history of Homœopathy in Spain, by referring to the "*Historia de la Homeopatica en Ceuro, par Rapou*," in the two volumes of the "*Archivos*" before mentioned. Also in the "*Escomen de los Doctrinas Medicias*" by Dr. Jose Sebastian Coll, in 1844; and in the "*Lectiones de Medicina Homeopatica*" read at Salamanca by the eminent Dr. Anastasio Garcia Lopez, and printed in 1872.

The above is the most important portion of Dr. Rino's article, and I tender him my sincere thanks, in the name of American Homœopaths, for giving us such a graphic and interesting view of the early history of Homœopathy in Spain.

E. M. HALE.

Consultation Department.

ANSWER TO CASE.

For Dr. Pearsall's case, page 37, we would call his attention to the study of *Baptisia*. The remedy we think his patient needs.

C. C. S.

ÆTHUSA OPISTHOTONOS.

Infant one month old. Is fed from a bottle. Constant vomiting of the milk accompanied by opisthotonos to a degree as to bring the back of the head against the spine. Relieved promptly by *Æthusa cyn.* 30.

HOUGHTON.

FOR H. P. M.'S CASE.

H. P. M.'s case on page 35 of THE INVESTIGATOR for July 1, will be cured by *Colocynth*, in almost any dose, *providing* the patient uses neither tea, coffee nor tobacco in any form. J. F. WHITTLE.

A WORD PRIVATELY.

I hope you will not consider a few lines from this out-of-the-way country, out of the *right* way, so I wish to criticise a little of the Homœopathic practice reported in May 15 number, page 450, entitled Aphthous Septicæmia, and no doubt by the author intended to present a very marked contrast to the previous Allopathic practice and I grant that it *does* that very thing by showing to our Allopathic brethren that many so-called Homœopaths give no evidence of ever having been educated in the glorious principles enunciated so long ago by the *Immortal Master*, and that have had so many brilliant advocates in successful practice, for instance, Dunham, Hering, Beebe, Helmuth, Franklin, and I might go on and write all day the names of those who have made Homœopathy to assume in the world a position utterly unassailable by its Allopathic enemies. But listen to this man and see if he knows anything, or rather if he practices anything that could be, by any stretch of the imagination, called Homœopathy. First, he tells us his patient was but nine months old, and he then goes on to give us an inventory of quite a respectable stock of drugs moved into the child's stomach by the Allopaths, to develop their characteristic effects in conjunction with that of the disease and without stopping to give a single dose even that would antidote their baneful effects, he proceeds to call it dysenteric diarrhœa, whatever that may be, or at least gives that as one of the existing conditions, and based on a very few of the then most prominent objective symptoms, this would-be Homœopath proceeds to make a prescription. And oh ye gods listen, and all Homœopathic M. D.'s give ear, for ye have now a lesson to learn in *Homœopathic therapeutics!* *Hypo-sulphite of Soda*, one scruple in two-thirds of a glassful of water, one teaspoonful every hour. (Strange he did not scruple about giving such a remedy). Now the puzzle to me is where did he get his indication for that, to me, new remedy, as I have searched every respectable author on materia medica, and find no recorded proving. But, oh! Ah, I see the gentleman adds in parenthesis, the magic words (anti-zymotic). Shades of Hahnemann, why cannot our teachers think a little faster and shorten up our materia medica all round. Allen could then have been reduced to one very small volume, and the noted author himself have been saved many weary hours of toil. But he goes on to say that he returned on the 16th, and strange to relate, found his patient no better, but in order to make a sure thing this time, he prescribes *Arsenic* (anti-zymotic) 2x, trituration five grains in a glass two-thirds full of water, teaspoonful to be alternated every hour with the *Soda* (*E pluribus quantum sufficit*). The *shot-gun* is now loaded and one barrel after the other is being fired at the *heap*. Mercy! what a

stupendous lesson for the Homœopathic student, who having just begun to thread his way through the intricate mazes of our vast *materia medica*, and in fear and trembling thinks of stopping and turning back, but lo, he sees light at once, as he sees that the individualization of drugs may be dropped entirely and he still be a Homœopath in name if nothing else.

But this redoubtable gentleman comes again to the rescue of a little nine months patient from the merciless grasp of the Allopath. He drops out the soda and adds in its place *Calomel* (another anti-zymotic) and not content still gives a third remedy at the same time, a tincture of crude *Coffea*, the doses to be dogged in at the pleasure of the nurse, whose probable medical knowledge was quite limited at least. But he forgot to tell us why he gave the *Calomel*, but we guess (as he did) that the liver was *out of order*, a very common circumstance in Allopathic medication. But let us pay a little attention to the poor suffering child and see how these anti-zymotics operates. First we will suppose he gave the *Coffea* as a hypnotic; if so, it certainly failed most signally, as he failed to recognize the very familiar features of one of his anti-zymotic, in the great restlessness the poisonous doses of *Arsenic* were producing. But this betrays the gentleman, and shows plainly that he found himself among strangers, for a Homœopath would have recognized the symptoms at once, an aggravation from the toxic effect of *Arsenicum alb.* Next day finds his patient had passed a *very* restless night, and in order to make a sure thing, gives *Opium* tincture, five drops in two-thirds of a glass of water; where he got the indications for this he fails to state, certainly not in any of *Hahnemann's* provings, and falls back upon the superior judgment of the nurse as to the frequency of the repetition of dose; of course patient slept well; why not when well narcotized? But in order to more fully show the difference of practice and result of the two schools of medicine, this *Homœopath* comes once more to the rescue of his little patient with *Arsenic*, and to help the matter gives (all unknowingly of course) its antidote. But I will not urge that against the gentleman, of course, as he has plainly shown before that he knows nothing of the individualization of drugs by their pathogenetic effects, therefore *how* should he know that *Quinine* and *Arsenic* are antidotal each to the effects of the other. And now doctor allow me to enter an earnest protest against the publication of such reports under the assumed name of Homœopathy, for I see that valuable space is taken up by matter, that not only has not one particle of Homœopathy, or yet of practical, scientific truth in it. I claim that what we as Homœopaths want, is the report of cases illustrative of our *law* (if it be a law) in the closest possible individualization of the symptoms as presented by the patient, and the drug prescribed. No matter what the attenuation or the result. For if prescriptions made upon this basis are more certainly curative than those made at random by a sort of heterodox practice we desire to see it made a part of every true physician's living principles. If they are not so, then I say out upon such a sys-

tem of medicine which holds out false hopes it never can fulfill, and forces the physician to so many weary hours of study. Now we don't want this doctor to stop writing, but simply to write up his cases that have received *genuine Homœopathic treatment*, for the records of the Old School are full of just such stuff that they guess they have found out. So doctor, let it be emblazoned upon every material thing you possess, and indelibly stamped upon your mind that *similia similibus curantur* is the grand organic law of *Homœopathy* and its scientific application in medicine is due to that *brave old man and thinker*, Samuel Hahnemann, and may every one who claims to be his disciple strive to imitate all his virtues and scholastic attainments while they bury his faults in the grave where he reposes.

RAWDON ARNOLD.

Medical News.

Died.—June 26, 1879, of meningitis, Gracie M., only daughter of Dr. N. F. Canaday, of Hagerstown, Ind., aged eight years and nine months.

The New York Ophthalmic Hospital report for the month ending June 30, 1879: Number of prescriptions, 3,314; number of new patients, 380; number of patients resident in the hospital, 31; average daily attendance, 133; largest daily attendance, 203.
J. H. BUFFUM, M. D., Resident Surgeon.

Extreme Emaciation.—A child of seven years, neglected by his parents until emaciation was extreme and weighing but twenty-five pounds had his life saved by putting him at the breast.—*Dr. Louis Bauer.*

Lactopeptine.—Lactopeptine is a most important preparation, lately introduced to the notice of the profession. It contains the active agents of digestion, and has been endorsed by the leading practitioners in the United States and Great Britain as a valuable remedy in those diseases of the stomach in which its use is indicated.—*Canada Lancet, January, 1878.*

The third annual meeting of the American Homœopathic Ophthalmological and Otological Society, held recently at Lake George, was one of great interest and importance. The election of officers resulted as follows: PRESIDENT—W. H. Woodyatt, M. D., Chicago; VICE PRESIDENT—H. O. Houghton, M. D., New York. SECRETARY AND TREASURER—F. Park Lewis, M. D., Buffalo. CENSORS—W. A. Phillips, M. D., Cleveland; J. H. Buffum, M. D., New York; Geo. S. Norton, M. D., New York.

We are informed that Milwaukee was selected for the next meeting of the American Institute because it was supposed to be a suburb of Chicago, and in the State of Illinois, and a watering place—"for man and beast!" Would you believe that some eastern men did not know what state Indianapolis was in? Even the Bostonian president did not know that the great State of Iowa has a Homœopathic Department in her State University! Is it not about time the Institute brought some of its members "away out west?" We can quiet any fears of being scalped—"no Indians have been seen for some time!"

The Cedar Valley Homœopathic Medical Association will meet at Waterloo, Tuesday, August 5. The work of the session will begin at 10 A. M., at which time it is hoped you will be in attendance. If already a member, you are urged to encourage the Society and forward the cause by your presence; if not, you are cordially invited to come and have your name enrolled. In either case, a paper or other contribution to the interest of the meeting will be gratefully accepted. Do not forget the free surgical and medical clinic, which will be held in the forenoon, at which it is hoped you will present any case in your practice of peculiar interest. We will meet at Drs. Bickleys' office.

GEO. F. ROBERTS, M. D., Secretary.

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Consultation Department.

A CASE OF SEVERE INTERMITTENT FEVER.

A case of severe intermittent fever accompanied with sinking spells occurred in our city the other day, a very clairvoyant physician was called in and after throwing himself into a trance, he examined the case very minutely, and accounted for the sinking by stating that "the lower lobe of the heart" was enlarged; this being above the common ken, perhaps you will enlighten us on the subject; has it any connection with the abridged tail of Darwin? R. W. NELSON.

STOOD THEIR GROUND.

Not long since I saw (I think in the *Medical and Surgical Reporter of Philadelphia*), the assertion that neither the Homœopathic or Eclectic physicians of Memphis remained at their posts during the late yellow fever scourge, but left the field to the Allopathists. Was it so? can't you contradict the statement? J. I. HERRICK.

[The only Homœopath, we believe, in all the south who left his post was Dr. Morse, while convalescing from yellow fever.—ED.]

ANSWER TO "W.'S" CASE.

"W." don't speak (in June 15 number) of having tried *Apis*. It is possible it might do good. We never, or "hardly ever," expect to find all the symptoms a given drug may produce. We are often compelled to give a drug that has only clinical experience to back it. Hull's Jahr is full of such symptoms. *Equisetum* does nothing as

yet for us. Will get *Kreasote* and *Causticum* 200 in New York this week. Will report when done with the case. No sickness to speak of. What we have so far is of a malarial type. J. W. M.

ABOUT BILIOUS FEVERS.

In reply to the request made by the writer of the article in July 1st number of *THE INVESTIGATOR*, page 1, entitled "*On Bilious Fever*," we would ask the gentleman what he means by the term "*Bilious Fevers*," and what he includes in the range of that term? In conclusion, we would ask, where such a term can be found, *properly* applied to any one class of diseases; may they not be termed *legion*? We would advise the gentleman to consult the *materia medica* more thoroughly, and prescribe his remedies according to the symptoms presented by each individual case. It would require a text-book of no mean size to contain all the information he asks for — and yet he states he is "*very successful*"—why then ask for more?

A SUBSCRIBER.

ANSWER TO CASE.

For the case reported by H. P. M. on page 35, July 1, we would advise the use of *Arnica*. There are two prominent drugs that have the sensation of the intestines being grasped and twisted or clutched, viz., *Ipecac* and *Bell*. But in the case reported we have not the nausea and vomiting which belong to *Ipecac*, nor the sharply defined remittent pain of *Bell*, so peculiar to this remedy. *Arnica* has intolerable unendurable pain, which renders the patient almost beside himself and causes him to tear some one standing near or to tear himself, and even to scratch the walls of his room in his agony. As this patient exhibits in his sufferings this most agonizing pain, far exceeding in intensity that of either *Ipecac* or *Bell*, and taking into account also the traumatism, we would, as we have said, advise *Arnica* cm, one dose, and await patiently its action, moving very cautiously with regard to repetition. If the one dose brings about no improvement in seven or ten days, repeat the remedy and the potency in twelve teaspoonfuls of water, a spoonful night and morning for four days and then wait. We would like to know the result.

C. C. S.

FOR C. H. VIEKE.

The doctor wants information in regard to the treatment, etc., of the so-called *bilious fever*, saying he has never read anything upon the subject. As I have, I will give him through *THE INVESTIGATOR*, the benefit. Bilious fever may be either intermittent, remitting or typhoid. It may be known from the common intermittent fever by the disordered condition of the stomach, such as vertigo, nausea, vomiting of greenish-yellow matter, loss of appetite, yellow coating on the base of the tongue, disagreeable, bitter taste, or no taste at all,

high colored urine, deranged condition of the bowels, yellowness of the skin and white of the eyes, etc. Treatment, *Podophyllum* and *Merc. sol.* in alternation, should be given *during the paroxysm*, in cases of intermittents of this kind, *continuing* the remedies *night and morning* alternated for a week or two after all bilious conditions have ceased. During the chills and high febrile stage, if very acute, *Aconite* and *Baptisia* may be required. *Gelsemium* as well as *Nux vom.*, and *Phos. acid* may be beneficial. *Nux vom.* if there is constipation with ineffectual desire to defecate, or passing small quantities at a time, with a feeling that more remains, and especially if the patient has been taking pukes and physics. *Phos. acid* for the yellow condition of the white of the eye, when with other indications of *Phos. acid*.

HUNTER.

CASE FOR COUNSEL.

Young lady, aged twenty-five, dark eyes, dark hair, well formed, flesh hard, excitable temper, all functions regular; suffered for two years and a half with chronic catarrh of the nose and pharynx; has to hawk morning and evening to get up some tough, lumpy phlegm; constant itching, tingling sensation in the nose, excessive sneezing, especially in the morning after getting up, painful to witness, but no bloody discharge; discharges clear phlegm, burning hot; nose feels sore to touch; mucous membrane red and tumefied, but no ulcers visible. Lately she has had asthmatic attacks in the evening before going to bed. Has to pick in the nose with fingers, to rub and allay excessive irritation. Her mother died with consumption; but the young lady herself shows no other sign than occasional pain at the right lung, two inches below clavicle and one and a half inches from sternal edge. Examine lungs frequently; can hear wheezing and small crepitation; at times, no symptoms at all. Has good appetite, is plump and active in her habits, but irritable in temper. Was never sick but once with typhoid fever when a child twelve years old. I used *Alumina*, *Arsen.* *Aurum*, *Belladonna*, *Hepar sulph.*, *Kali bichrom.*, *Lachesis*, *Lycopod.*, *Psorinum*. What will help? If any of our kind brother physicians will suggest something better, please address the subscriber Havana, Ill., and I will thank and acknowledge in THE INVESTIGATOR. *Hepar* and *Kali bichrom.* seemed to help for fourteen days or more, but attacks of *excessive sneezing* comes again and again, and makes her desperate. Used high and low potencies, prepared them myself with greatest care up to 200, with no lasting amelioration.

JOHN MARENBERG.

WHAT DO YOU CALL IT?

We have been visited in parts of this country with a disease, since the departure of our epidemic diphtheria last spring. It comes on by slight intermittent fever at first; the dorsum of the tongue on each side of the raphe is covered with a thick, yellowish-white fungus looking coat; the centre line clear looks somewhat fiery; the papillæ

in parts project through the coat look fiery, look more like a strawberry than anything I can liken it unto; the outer edge about one-eighth of the surface of the tongue, clear of the fungus, looks like a regular scarlatina rash; fauces and uvula fiery red, as a rule not much swollen; tonsils swollen, fiery, also with sometimes one or both having a projection ordinarily the size of a small pea; on the head of the projection, death takes place in the mucous membrane; turning white, the balance of the mucous membrane is shriveled in irregular ridges of a dirty yellowish look; about the third day, the mucous membranes become injected with a yellowish fluid; at first after some little time, the fluid turns white and looks very much like a diphtherial deposit, without the fetor of the breath; when one of these gatherings break, the throat burns like fire; patients all complain of this; one or the other of the submaxillary glands swell a little, the areolar tissue of the neck swells or puffs up and goes down a number of times during the day and night; some patients complain of bone pains, others do not; some of a frontal headache, others do not; the eye as a rule retains its brilliancy until death. Stomach, bowels, and urinary organs not much affected; as a rule patients generally take some nourishment; from the umbilicus to the pubes in some patients, not all are covered with a dirty-looking rash; not unlike scarlet rash; some desquamate, others do not. The fever yields readily to *Aconite* and *Gels.*; *Bell.*, *Merc. protod.*, *Apis*, and *Phytolacca* have been the medicines that have done me the most good in this disease. Now tell us somebody, what the disease is?

DR. HULLINGER.

IS IT A CASE OF MANIA DEPENDENT ON PREGNANCY.

My partner (Dr. Todd) and myself were called in consultation with Dr. W. S. Todd, Jr., of Belfast, N. Y., two weeks ago. The patient is thirty-three years old, dark hair and eyes, medium height, and slender form. Has had two children before, the youngest being seven years old. She had always had good health until four months ago when she was taken with a desire to commit suicide which she has tried to do in all manners; hanging herself and being cut down; jumping out of a window head-foremost and being caught by the heels and pulled back; used a knife a number of times, and tried to choke herself both with a handkerchief and her hands. She has at several times started to kill her children but would "come to herself" before the actual attempt. Her lucid intervals are growing shorter, and during these periods she is very much ashamed of the way she acts during the "spells" and says she has to keep moving during "spells" to "keep up with, her head which continually keeps bobbing around." She thinks she is *enciente* and has tried to produce an abortion during the "spells" by use of sticks, and says she will be all right as soon as she is delivered. Her family relations are now and have always been pleasant, and she continually follows her husband around at his work on the farm (he being a farmer in good

circumstances). Her physical health is good now except her appetite is somewhat decreased. Examination with speculum shows the "os" with the appearance of being "about four months gone." She has had *Hyos., Bell., Puls., Can. sat.,* etc. We have contemplated premature delivery; would you think we were justifiable in such a proceeding, or should we wait until full time? Would there be any more hopes of her regaining her mind at "full time" than now? I forgot to state that at her regular monthly periods she has a slight show but not anything near like natural.

W. T. ROLSTON.

CASE FOR COUNSEL.

I will thank *most sincerely* any of my professional brethren who will help me, through the columns of your journal, to cure the following case. I have had it under my care for over a year, and although at times I have given much relief — almost cure — yet it seems to return again anew, until I feel baffled, and my patient almost discouraged. I give below the symptoms as correctly as I can:

Mrs. A. G., aged about thirty-nine, the mother of four children, all girls, two living and two dead. She is of sanguine-bilious temperament, black hair and ruddy face, naturally quite strong and robust, and is a very hard worker. She is of a rheumatic diathesis on both the father and mother's side. Her brother died of rheumatism of the heart, and her father of some disease of the bladder, though through life very rheumatic. Both died under Allopathic treatment. Her leading symptoms are as follows: She has some headache at times; has turns of vertigo approaching to syncope; it starts in "the open of her head; feels as if she *must* close her eyes, and put her open hand over her eyes and face; feels as if she could not stand up — as if she would fall forward, but does not." It passes off in a few minutes, and she feels all right till the next attack; she has catarrh of posterior nares, with much dropping of mucus into the throat; much hawking up and spitting of mucus; this is of long standing; has grinding of the teeth at night which wakes her up out of sleep; tries to repeat it when awake but cannot; teeth will feel sore; mouth often tastes bad and bitter; breath smells offensive often, as from fæces; tongue coated, the coating varying from white to a dirty yellow. Her chief trouble seems to be pain in the stomach. The pain commences about two hours after eating; is a "dull heavy aching or load," and often becomes very severe and unbearable; it must always compel her to eat to get relief. "I must eat and keep on eating to get ease," she says. The pain seems at times to be up about the middle of the *sternum*. Again it seems to reach down to the right hip and is as severe there as in the stomach; there is pain in the right hypochondria; the region of the gall-bladder and epigastrium both seem tender to the touch; at the same time there seems to be much wind in the upper part of the stomach, which comes up mouthful after mouthful, and it would seem as if it would give relief but it does not;" appetite is variable and bowels generally inclined to be costive. She has much pain in small of back and in kidneys, chiefly

the left ; it often wakes her up in the morning from its severity ; can hardly turn in bed ; has pain in spine between the kidneys ; is sore to the touch. This is much better from *Iodine* 1x trituration ; she has chills in small of back going down each limb, lasting from one-half to one hour ; the back parts of limbs feel cold to both sense and touch ; has pain in both groins, chiefly the left ; it streaks down the thigh often to the knee or foot ; urine is scant, somewhat frequent, sometimes hot and burning, with brick dust sediment ; menses scant and pale, somewhat irregular ; commencing about the third week has some show for one or two forenoons, then it ceases and will come on regularly the fourth week and last scantily for several days ; has often severe bearing down pains about two weeks after menses, with pain and dragging in the hips and loins ; has prolapsus at this time. By digital examination the os uteri feels quite open, so as to admit the finger, the edges irregular and sore as if ulcerated. She refuses to be examined by the speculum ; the neck of uterus feels larger than natural. Riding far in a carriage makes her worse either in her stomach or kidneys, uterus, etc., or both ; often comes home and feels as if she could never get up when she sits down ; her general health is fair, and few to look at her would take her to be such a sufferer ; she lost her father and brother about a year ago last spring, at nearly the same time, and had much care on her hands, and it was soon after this that her stomach began to trouble her so badly. Her kidneys had troubled her previously ; I have herein given her most prominent symptoms and will answer any inquiries any one wishes to make if I can. I have studied her case carefully and applied remedies, as best I could, sometimes with apparent good success, and again with failure. I think her hard work has much to do with her returning ailments. I have given her remedies high and low. I have found most success from *Pod.* 1x and 2x trituration. This for a time promised to cure her. Then *Arsen.* 6c trituration helped ; *Zereb.* and *Canth.* helped the kidneys some ; *Hydrastis* 2x trituration helped the nasal catarrh much for awhile ; *Lach.* 4c and 50m gave slight relief for a time ; *Graph.* 3x trituration made her worse and so I shall try it next time high. I have also used as symptoms indicated, *Lilium tig.*, *Senecio*, *Chelid.*, *Colch.*, *Nux vom.*, *Puls.*, *Natr. mur.*, *Kali hyd.*, *Bismuth* and some others, and have others in view. But I want help to hasten the cure, and will be more than grateful if any one will tell me what is the trouble and what will cure.

T. G.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

NEW ALBANY, Ind., July 18.—Since the latter part of June the weather is intensely hot with occasional rains. Diarrhœa, cholera

morbus and infantum of a severe and exhausting type are prevalent. Discharges of various colors, painless and painful, but always fetid; restlessness and anguish, thirst insatiable and followed by vomiting or disagreeable sense of weight at epigastrium, *Arsenicum* of course cures. Several fatal cases of cholera infantum have occurred, and a leading Old School physician has died from cholera morbus. The action of the indicated remedy leaves nothing to be desired. I use the 30th. There is but little dysentery. *Rhus tox.* which was the epidemic remedy last winter and spring, still meets the few cases of dysentery, and is sometimes indicated in intermittents. *Arsenicum* is the remedy for those intermittents not indicating *Rhus*. Allopathic treatment is frequently followed by a funeral. Have not lost a case during the heated term so far. Yesterday I had a terrible case of cholera morbus, rice water discharges, cramps on the legs and collapse, is out of danger to-day. A. MCNEIL.

COLUMBUS, O., July 25.—We are having very good health in the city at the present time. Complaints calling mostly for *Arsenicum*, *Aconite*, and some forms of *Mercurius*. R. D. CONNELL.

EUCALYPTUS FOR A COLD IN THE HEAD.

Prof Strambio, in a note in the *Gaz. Med. Ital. Lombard*, says that notwithstanding the failure of all the remedies hitherto recommended for the immediate cure of a cold, he found prolonged mastication and swallowing of a dried leaf or two of the *Eucalyptus glob.* almost immediately liberated him from all the effects of a severe cold.

GASTRALGIA ACCOMPANIED BY AN ERYTHEMATOUS ERUPTION CURED WITH COLOCYNTH.

BY J. MARTINE KERSHAW, M. D., ST. LOUIS.

The following case came under my observation some months ago: Mrs. L., an exceedingly nervous, excitable woman, very anæmic and debilitated from frequent and repeated uterine hæmorrhages, suffered for several days before each monthly period, from sharp, darting, paroxysmal pains in the stomach which caused her to bend forward and make pressure upon the painful part to obtain relief. Extreme nausea and vomiting, were also present while the pain lasted which quickly disappeared on the appearance of the menstrual flow. *On the last day of the menses, however, the pains returned with all the severity attending the period preceding the flow, and continued until within about a half hour before the cessation of the menses, when an eruption, erythematous in character, appeared over the seat of the pain, itched intensely for one-half hour, and then suddenly disappeared. With the development of the eruption the pains ceased entirely, nor did either the*

pain or eruption recur until the next month, when the same general symptoms appeared and passed off in the same way. She had been suffering for five months at the time she first called for relief. I prescribed *Colocynth* 200, which relieved some, but not entirely. The next month she began to feel badly, but the timely administration of the same remedy cut the attack short at once, nor did she have any trouble during the several months following that she was under observation.

EXPERIENCE IN THE TREATMENT OF BURNS.

BY O. J. LYON, M. D., HARRISON, OHIO.

Permit me to give your readers my experience in the treatment of burns. At the time of the gas explosion in our village (known as the Harrison Horror), I was suddenly startled by the report, or concussion of the exploding gas in the Hall building, over one block from my office, and soon the awful truth made itself known by the burning building, wails of anguish from the perishing victims, rushing of the mass of people to the rescue, etc., when I was summoned to attend a victim, a German of high social standing, and member of the council. This occurred on the eventful evening of March 8, 1878. I found the man in a fearful condition; face and hands burned badly, and particles peeling off and dropping on the floor. After some introductory preliminaries (for I had not been practicing in his family, and the Allopathic M. D. was present asserting his rights) and preparation, I applied cloths over the face entire, one thickness, and kept them moist with tincture *Cantharis*, as also the hands, and gave internally *Aconite* 1x in one-quarter glass of water, two teaspoonfuls every half hour for six or eight doses, then each hour.

March 9, 6 A. M., patient experiences the *Cantharis* urinary symptoms, but the pulse is better, the mind clear, and doing well; parts beginning to smell now, and I applied the carron oil (*Lime water with Sweet oil*) by painting the parts, and gave *Nux vom.* 2x, one dose, then *Aconite* 3x, each hour, and so continued till the suppurative stage began when I gave *China* and applied gasoline dressings. The patient improving gradually, the entire cuticle of hands, up to above wrists came off, with particles of meat; the nails came off; the cuticle of face entire came off, with a large crop of beard; but the man was restored to almost a faultless skin, with no loss of functional ability, and with a handsome new heavy beard on a face as soft and white as any lady's. For eye dressings I used *Argentum nit.* solutions pencilling the *Cantharis* twice per day. In thirty days he was discharged cured. All the faculty here pronounced him doomed; said he had no chance to get well, etc.

On April 12 I was called to treat a girl aged fourteen, victim of

explosion ; left arm burned from above elbow two inches down entire surface, except one-half inch on inner side of arm ; she had been treated by the Allopath four weeks, and he pronounced amputation as *the only hope*. I took the case, and having a poisoned system to contend with, beside one strongly charged with scrofula, I found the "gasoline" with ten gtt. of tincture of *Hydrastin* to $\frac{3}{4}$ the best local dressing ; through the patient's carelessness she allowed the flies to get in under the edge of dressing and I found the arm alive one morning with millions of small animalculæ (maggots) ; it angered me so I let them alone for one day, to teach her a lesson, when upon receipt of exchequer I applied *Carbolic acid* dilution, which soon raised the crust and exterminated the vermin. I gave this girl *Silicea* 30x and *Hepar* alternately twelve to fifteen hours. She recovered with scarcely any mark to show where the trouble was ; good functional use of arm. This case was buried four or five times by the Allopathic decisions, for the only reason that *she had no chance* for her life, but *amputation*.

HYDROGENOID.

BY E. STEVENSON, M. D., CHICO, CAL.

I am not one of those who call any man *master*. I notice this term habitually applied to the founder of Homœopathy. I will not concede the palm in admiration of his genius to any one. But Hahnemann and Homœopathy would have been unknown had he possessed the spirit which cries *master*. He interrogated no personal authority in working out his great problem. It is this blind following after authority, personal *authority* which has kept the world in ignorance, and mental slavery. Hahnemann interrogated nature, and I want to be referred to nature as the arbiter on all disputed questions of science.

But I have another in my mind whom I fear some look to as a master, with probably an increase of the number. I refer to Grauvogl. I am not going to question his erudition. I shall cite one of his conclusions, albeit I lay but little claim to logic so much insisted on by one of your correspondents in this connection. I have read "Mill's Elements of Logic." Grauvogl's theories I assume to be known. One of them refers to a constitution by him named *Hydrogenoid*.

Several years ago I appealed to the readers of THE UNITED STATES MEDICAL INVESTIGATOR, to help me cure a case of chronic urethral irritation under the heading of "Hydrogenoid" (?) I received advice from various quarters all in vain. The patient had all the symptoms given by Grauvogl as indicative of the so-called hydrogenoid constitution which was claimed to be the soil on which gonorrhœa flourished, and on which syphilis would not develop at all. The case had lasted seven years, during all of which time there was occasional discharge

from the urethra. Three years afterwards the disease continuing, I asked advice again, heading it "Urethral Irritation," in April 15th number, 1878, and signed it *El Medico*. Dr. Pearson told me to give *Psoricum* 10m. Some one else, *Sulph.* and *Opium* and electricity. All of these had been tried in the 200th attenuation and I have never succeeded with the Fincke preparations. But in the same number in which counsel was last asked, indirectly came the suggestion of the remedy which is *curing*. Under the title "*Improvements in Surgery*," by Dr. Adams of Chicago, reference was made to Dr. Otis of New York, and his discovery of the pathology of some cases of gleet. I had no sooner read "*stricture of large calibre*," than I felt I had a remedy for my ten year old. Who ever before thought of a stricture which did not constrict! With no variation in the stream. I bought the Otis dilator and cutter (No. 35), described in the article mentioned, and have been applying it for about six months. With the olive headed sound I could perceive three points at which it would go through with a jerk, particularly on withdrawal. One of these was about half way from the meatus to the bulb, the other two in the membranous part. I have both cut and dilated these *strictures* and my patient is improving continually. But another point. This patient has contracted syphilis *three times* within the last two years. First a hunterian chancre on the dorsum of the penis with psoriasis scrotalis, indurated ganglia and the usual secondary symptoms of throat and skin.

Under *Mercurius precep.* 2 and 3x, he so far recovered in one year, as to contract a "parchment" chancre, which was followed by a mild fresh attack, or aggravation of the old, I know not which; and three months ago he contracted another of the last variety altogether local in its effects.

I claim that this single case overturns Grauvogl's "Hydrogenoid" theory, completely, and casts suspicion on his other two "constitutions," "oxygenoid" and "*Carbo-nitrogenoid*." But then no one ever hinted to Grauvogl anything about stricture of *large calibre*, hence his big book. I would respectfully call the attention of Prof. J. C. Morgan, especially to this case as he maintained persistently two or three years ago that it illustrated the truthfulness of Grauvogl's theory. Not one of all the prescriptions did any good, including the vaunted *Natrum sulph.* and *Thuja*. (I may only except *Aconite* tincture and *Belladonna* 6-200 which would *palliate* the mental symptoms.)

Finally I may refer to the influence of this urethral trouble on the patient's mind. At times he was maniacal, which got him into very serious trouble once or twice, but he learned to keep away from sources of irritation for the time these attacks would last, keeping to his room. I doubt not many such cases are to-day in our asylums whom a dilator and cutter would cure, but on whom any other expedients are as useless as water in kindling a fire.



CASES OF SUN AND HEAT STROKE, WITH TREATMENT.

BY PROF. C. H. VON TAGEN, M. D., CHICAGO.

The term sun stroke, otherwise called "*coup de soleil*" by the French, is so well known and recognized by even passers-by on our public thoroughfares, especially during the heated terms, that it is hardly necessary for us to go into details on the subject. We will, however, refer herein for the information of the inexperienced and state that it is not absolutely necessary for one to be exposed to the hot rays of the sun in order to induce an attack.

Instances are numerous and many have been recorded of individuals, young and old, who have succumbed to the effects of heat induced by over-exertion, followed speedily with relaxation of the entire system, with more or less complete exhaustion. It has been noted, however, in the writer's experience, that the latter class of cases have not proved as fatal, in point of numbers as the former; or those who have been exposed to the burning rays of the sun.

Our attention has been recently called to several cases that occurred in a large traveling combination company, the performers of which were obliged to act their different parts under a large tent. They were traveling through the southern portion of this state, during the present heated term, and while performing after darkness, those of the troupe whose *forte* was to perform feats of great strength, fell insensible on the stage completely exhausted.

One of these, a woman, whose task was to display the power of her jaws by holding a cannon in mid-air suspended with a rope held between her teeth; and was overcome by the great heat, during the evening, and after sundown, succumbing to the great exertion made, (her strength giving out) she let go her hold unconsciously. The weight and force of the fall was so great that it caused the rope to glide so rapidly between her teeth, that the upper and lower incisors, canines and bi-cuspids, were torn from their bearings, some being broken off short. In addition we can recall many cases, especially during the summer of 1862, in the campaign of the army of the Potomac, when our sick calls were swelled to large numbers, after forced rapid marches and going into camp; when we were summoned to the men's quarters, we found them suffering from symptoms of prostration and exhaustion, for which the usual restoratives of Allopathic resources were the only means we had at hand. The men engaged in this summer campaign, officers and privates alike, were generally affected with loose, watery diarrhoeas, no doubt due to malarial and swampy surroundings, all of which may have been an inducing cause. *Quinine* and whiskey was the sovereign remedy among the majority of the surgeons of that army, but the writer sought relief for his patient in the use of only two remedies, that were used according to their indications; these we will speak of more fully in our

treatment of the two classes of cases before referred to; for while they bear a close resemblance to each other, they still differ essentially in the selection of their respective remedies. We will prelude our report of cases, by bearing witness to the unscientific and unskillful attempts that have been made by our brethren of the so-called "regular school," viz., ice, stimulants internally, and externally applied, *Opium*, etc. We rejected this method, having never seen any marked relief follow such treatment, but rather lessening the chances of the patient's recovery than otherwise. The following are selected from a large number of cases of both classes, in our own experience, viz., such as were stricken down by exposure of the heat of the sun, and by over-exertion and heat of the weather. In the latter class, we will also include some who came under our observation and treatment, from the combined effects of exposure to furnace blasts, during hot weather.

CASE I. E. C., aged eighty-two, light complexion, grey hair, spare habit, nervous temperament, regular habits, a resident of this city. He was brought into our office about 11 A. M., during the hottest day of last summer's heated term, having fallen in the street close by, from the overpowering heat of the sun; the thermometer then stood at 99°. He was unconscious, with excessive trembling and jactitation of the muscles, more or less throughout his entire body. His jaws were set, eyelids relaxed, pupils dilated, skin cold and clammy and covered with profuse perspiration from head to feet. He was pulseless at the wrists and ankles, with only a faint fluttering at the heart. Respirations were rapid and almost imperceptible; this was verified by means of a hand mirror placed before the mouth. The patient could not be made to respond to loud calls made near his ear, nor by gentle shaking, and there was a tendency to vomiting. Shortly after, he vomited bile and mucus, followed by an involuntary passage from the bowels, with escape of considerable flatus and contents of the bladder. *Glonoine* 200th, dilution, was administered in a few drops of water, by means of a spoon, the end of which had to be forced between his teeth and contents allowed to trickle along the surface of the tongue, as he could not swallow.

As soon as he was brought in, we enveloped him in warm woollen blankets, from head to toe, leaving sufficient breathing space only. The remedy was repeated in same manner as before, ten minutes later, and so continued until the patient breathed more freely; the skin becoming warmer and the pulse perceptible; all of which occurred after the fourth dose was given, viz., forty minutes from the first dose. He fell into a deep slumber, breathing regularly and full, remaining so for a period of five hours, when he awoke from sleep to consciousness. He was now taken in a conveyance to his home, in company with his wife, who was with him when attacked. The writer gave instructions to the latter, who was furnished with some powders prepared with the same remedy, to be given as directed, should he evince any ill-effects, or renewal of the previous symptoms.



She stated, she would send for me, if he grew any worse ; if she did not, might know he was doing all right. Some weeks later we casually learned through a personal friend, that the old Judge had fully recovered. We will here take occasion to state that our first experience with the remedy, *Glonoine*, was in 1866, in the treatment of this class of affections.

CASE II. In contradistinction to what is known as "*sun stroke*," we will briefly give what may be termed, a case of *heat stroke*. W. D., of Irish birth, aged twenty-seven, nervo-sanguine temperament, was in good health at the time, and employed as a *stoker* in a large rolling mill. During the month of July, 1872, while engaged in performing his usual duties, he was stricken down, becoming unconscious and lay panting and exhausted for breath. I was summoned to go speedily, and on reaching the place, found the patient lying upon his back, apparently in "*articulo mortis*." His skin was cold, covered with sweat all over ; pulse at the wrist and ankles could not be felt, scarcely perceptible pulsation over the region of the heart ; respirations "*non est*," jaws relaxed, eyes set, and there was evidence of there having been an involuntary emission of urine. No response could be obtained by loud calls or otherwise, his tongue lay relaxed toward the back of the throat and the roof of the mouth. Seizing this organ with a *tenaculum*, drew it forward and applied *Aqua ammonia* to the nostrils, (this I now entrusted to an assistant by-stander), and proceeded to make artificial respiration. I set others to work rubbing the limbs in this way for the space of about fifteen minutes ; these several exertions were combinedly made with no response other than a little increased warmth of the surface, but no respiration (normal) as yet, nor yet any increased action of the heart. Bethinking me of the hypodermic syringe, and fortunately having one with me, partly filling it with a solution of ten drops of the ordinary *Aqua ammonia* (of the shops), and adding this to sufficient warm water to fill the cylinder of the syringe, I passed the point of the needle into the median basilic vein of the arm, throwing in the contents slowly and gradually. There was not the least sign of any escape of blood at the seat of puncture, although the needle used was larger than the ordinary size. Within three minutes and after the renewal of the efforts made, as before stated, the patient showed signs of returning consciousness, breathing was gradually restored, the circulation was re-established, the usual warmth from the body was also restored and the system at large resumed its normal functions. I was informed by one of the bystanders that the patient had been drinking very freely of ice water previously, and at first was seized with cramps, pains in the stomach and bowels, and then passed off into the condition herein described. Accordingly *Camphor* 30th dilution was given, and repeated every ten minutes for an hour. The patient was now taken to his home. I called upon him during the evening of same day. He was very weak and prostrated, had thirst but drank only small quantities at a time. Also had loose and frequent stools, with tenesmus,

for which *Arsenicum alb.* 30th trituration, every two hours until he felt better. Called again on the following morning, found the patient was still weak, but better in all other respects. Ordered the last remedy to be continued, only at longer intervals, every fourth hour, together with a light nourishing diet. Suffice it to say, that in a week or ten days later the patient was able to return and attend to his usual work.

We could enumerate scores of cases similar to this one and with same results, but have selected the two foregoing as extreme and typical cases, showing the efficacy and promptness of the proper Homœopathic remedies, when well selected and applied.

ETIOLOGY OF YELLOW FEVER.

BY WALTER BAILEY, SR., M. D. OF NEW ORLEANS.

Read before the Western Academy of Homœopathy.

That there is an elementary principle which, when placed under climatic conditions suitable for the occasion, will develop and produce in the human system the disease which we denominate yellow fever, seems to be universally conceded. Opinion is divided, however, as to the nature or character of this elementary principle. One class of inquirers seek for it among the gases, vapors, malaria, etc., as volatile. A second class seek for it as a mysterious animal germ organization, which in some mysterious way gets into the human system and is there, after a period of incubation, varying from two days to two, three, or four weeks developed into an active form of yellow fever. A third class seek for it in the vegetable kingdom in the class of cryptogamous plants, or fungi, and is developed by spore growth when under the influence of favorable surroundings—the chief of which is a thoroughly tropical climate, as regards a high degree of nearly uniform heat, and excessive saturation of the atmosphere—to which class of enquirers the writer acknowledges his adhesion.

The first class of enquirers, or those who seek for the elementary cause of yellow fever in gases or malaria, must necessarily admit that it is indigenous in all localities where the disease presents itself; for who ever heard of an epidemic of malarial fever breaking out in a high, salubrious section of country from unpacking a trunk of clothing, or a box of dry goods that had come from a malarial fever infected district?

Besides, in the history of our past yellow fever epidemic, those places where malarial fevers are almost constantly prevalent either escaped the yellow fever entirely or had a few cases of a mild form, whereas, in other sections with a boastful salubrious climate and

where malarial fever was an entire stranger, the most virulent form of yellow fever prevailed — witness Holly Springs, Mississippi.

That class of investigators who seek for the cause of yellow fever in animal germs necessarily believe that the disease is always imported and never indigenous, and rely chiefly, I may say entirely, upon quarantine for protection against an outbreak of the disease in an epidemic form. Also, that these germs are all destroyed by a heavy frost and that no more yellow fever can prevail until fresh germs are imported from the tropics.

With this class of theorists it is not very material whether we have an exceedingly tropical summer or a cool one. If the germs are imported they will necessarily propagate, and yellow fever is the result regardless of all hygienic measures. They believe also that fumigation with *Carbolic acid* or with *Sulphur* vapor will destroy or render them past resuscitation for all damaging purposes to general health. Those who seek to explain the phenomena of yellow fever through the vegetable, cryptogamic or

SPORE PROPAGATION.

or, in other words, vegetable parasitic growth, believe that it is purely a zymotic disease, arising from a process of fermentation alone, and having no connection or relation with those diseases depending on miasmata for their origin.

In the ordinary fermentation of common yeast (*torula cerevisiæ*) when put into a solution of sugar and water aided by a certain degree of heat, we have a pure process of fermentation, simple in its nature yet generating a most deadly poison — carbonic acid gas. The brewer's yeast is perfectly free from any poisonous properties; so is the sugar solution, and the fermenting process is simply the growth of the *torula* or yeast plant. But woe be to any animal organism that inhales this deadly poison.

Cryptogamous botany occupies an immense field in the department of natural history, and much of this is yet unexplored from the fact that the microscope is necessarily brought into almost constant requisition.

It is believed by some that there is a cryptogamous or fungus plant resembling in some of its properties the yeast plant, that it will become and grow most luxuriantly under the influence of tropical heat and moisture; second, that there is a papulum or element in the blood or somewhere in the system of an unacclimated person, which is acted upon in a manner somewhat resembling the sugar solution when acted upon by the brewer's yeast, and that the carbonic acid generated from this process in the system is the real destroyer of vital forces.

THIS HYPOTHETICAL CRYPTOGAMIC PLANT

is capable of very rapid growth under the favorable influence of a tropical climate, and will throw off spores beyond enumeration — each spore containing many granules or sporidia, which is the true

yeasting element. These float about in the atmosphere, and are of so subtle a character as to be taken into the lungs with the oxygen through inhalation. When once in the circulation, aided by the natural temperature of the human system, the true zymotic process, or fermentation, is inaugurated, carbonic acid gas is rapidly generated, and its baneful effects soon exposed.

WEATHER PROVING AND DISEASE TENDENCY.

BY BUSHROD W. JAMES, A. M., M. D., PHILADELPHIA,

Local weather report for June, 1879, as recorded by C. A. Smith, Sergeant Signal Corps U. S. A. observer. " Highest barometer 30.298 (20th). Lowest barometer 29.490 (15th). Average barometer 29.984. Monthly range of barometer .818 inches. Highest temperature, 93 (1st). Lowest temperature, 49 (7th). Average temperature 71.7. Monthly range of temperature, 44. Greatest daily range of temperature 23 (10th). Least daily range of temperature 6 (3d). Mean of maximum temperature 80.0. Mean of minimum temperature 63.1. Mean daily range of temperature 16.9. Total rainfall 6.77 inches. Prevailing direction of the winds, southwest. Maximum velocity of wind 20 miles per hour (N. W. 5th). Total movement of wind 6,906 miles. Number of foggy days, none. Number of clear days, 10. Number of fair days, 16. Number of cloudy days on which rain fell, 4. Number of cloudy days on which no rain fell, 0. Total number of days on which rain fell 14. No frosts occurred during the month.

COMPARATIVE TEMPERATURE.

June,	1871,	73.0 inches.	
"	1872,	72.7 "	
"	1873,	73.6 "	
"	1874,	73.0 "	Average for } 71.7.
"	1875,	70.5 "	
"	1876,	74.2 "	
"	1877,	71.7 "	
"	1878,	67.9 "	
"	1879,	71.7 "	

COMPARATIVE PRECIPITATION.

June,	1871,	3.77 inches.	
"	1872,	4.29 "	
"	1873,	0.90 "	
"	1874,	3.02 "	Average for } 3.78.
"	1875,	4.13 "	
"	1876,	2.29 "	
"	1877,	5.22 "	
"	1878,	3.66 "	
"	1879,	6.77 "	

DISEASE TENDENCY.

The month of June was marked this year by a general absence of any epidemic, or severe form of disease. What tendencies we were

able to note, set in, for the most part, during the early part of the month. The first day or two was quite warm, giving rise to general debility and sensations of weariness and depression of spirits, headache and languor.

A fine scaly herpetic eruption around the mouth and lips of children was a peculiar symptom noticed about this time.

Light rains occurred on the second, third and fourth, when rheumatism and variable aches and pains in different parts of the body presented, while low fevers that had improved were worse.

Enteralgia, hepatic and gastric disorders and diarrhoea increased; some children and even adults had the ordinary prickly-heat rash (*lichen simplex*) out upon the skin from the warm spell of weather.

Hæmorrhoids and hæmorrhages next became prominent, while other cases were improving. Neuralgic pains, after this, became more abundant, and rheumatic cases were worse at the end of the first week. Subsequently there was found a tendency to diarrhoea with more or less suffering from gastric trouble; nervous persons were worse and there were some cases of pleurisy.

The disposition to diarrhoea continued as well as the hepatic derangements, but the fever cases improved and no new tendency in that direction was observed. From the 10th, a series of thunder storms and local areas of rain were quite prevalent for about ten days during which time we had no special tendency to note.

About the 20th, hæmorrhages and sore throat became prominent and neuralgic pains in different parts of the body. About the 23d, and 24th, enteralgia, gastralgia, sore throat, conjunctivitis, fresh colds in the head, and cough, were the noteworthy diseases.

Then followed three or four days of improvement, and the mouth closed with a prevalent disposition to sore throat, neuralgias and nervous debility. Heart disease cases were worse, and children were becoming sick, puny, and weak. The usual high mortality from cholera infantum in June did not result this season. This month only forty-three deaths from it occurred against seventy-three last year.

The statement below shows the number of deaths in Philadelphia since January 1, 1879, as compared with the same period in 1878:

Months.	Total Deaths. 1879.	Total Deaths. 1878.
January.....	1,748	1,536
February.....	1,363	1,225
March.....	1,182	1,202
April.....	1,536	1,222
May.....	1,052	1,346
June.....	1,006	1,200
Total..	7,887	7,731

The principal causes of death were: From consumption of the lungs, 1,310; from inflammation of the lungs, 939; diseases of the heart, 281; scarlet fever, 232; convulsions, 352; typhoid fever, 171, and old age, 413.

REMEDIES FOR PATHOLOGICAL CONDITIONS.

On page 451, in the address of W. Danforth, M. D., occur the following remarks: "Take the case of stone in the bladder, no medicine will cause or cure it. Necrosis of bone cannot be caused or cured by medicine, inter-susception of the bowels, ovarian tumors, cancers, tubercular phthisis, psoas abscess, and many other conditions, etc." I have not seen the proceedings of the society, and consequently do not know if these utterances met with acceptance, but it is strange to me "only a country doctor to meet such assertions from an Homeopath," did the orator never stumble across morbid conditions among workers in *Phosphorus* or *Mercury*? Among workers in *Phosphorus*, necrosis of the jaw, of those in *Mercury*. The evidence that it produces disintegration of bone and tissue is too voluminous to need quotation. The orator's assertion of the failure of medicine to cure psoas abscess, stone in the bladder is equally a far removed fact and truth; in fact it is in some respects what might have been expected from an Allopathic professor, for the doctor talks of tonics; now will he tell us what a tonic is, and exactly how it gives strength, because a large majority of the medical fraternity have been pursuing that phantom for years, and have never yet captured it.

And as to the cure of the morbid conditions named, did the orator ever study the effects of *Silicea*, *Calcarea*, *Phosphorus*, or the various preparations of *Lithia*, *Iodine*, etc. If so, he surely had not them in his mind when he penned that address. I will admit there is in some measure a good deal of truth in what the doctor says about symptoms and mere symptom prescribers, but does not "a totality of symptoms," subjective and objective, express the true pathological condition?
E. CARTWRIGHT.

A WORD PUBLICLY.

Possibly in a section of country "where they live long and die happy," the invariable application of "the glorious principles enunciated so long ago by the Immortal Master," "illustrative of our law," is a sufficiently early and acceptable treatment. But here in Chicago, where the average citizen is already cognizant, or in imminent danger of gaining speedy information of the fact that pain, which is indicative of an abnormal condition, is relieved by the use of an anæsthetic or an opiate, nasal hæmorrhage by pressure, cold or acidulated applicants, *coup de soleil* by the external use of ice and judicious internal stimulation, etc., the physician soon learns to sacrifice (?) principles for the observance of duty; he speedily realizes duty to one's patient to be paramount to every obligation to one's alma mater, and besides the fact that he must occasionally rely upon the greatly abused and too seldom used therapeutic, namely, the one which is vulgarly termed *common sense*.
T. D. WILLIAMS.

SEASON HINTS ON CHILDREN'S DISEASES.

I have found this season that it is no use to try to fix milk in any shape expecting it to agree with very sick children. It only complicates and renders a slight case more grave. Whether the peculiarity is due to the season, or the milk, I cannot say. Perhaps there is more casein in the milk this season, as a result of the fine vigorous crop of grass, but then I find that condensed milk does not agree any better, so I have about come to the conclusion that it is the atmospheric condition. I have been frequently asked "what do you feed your sick babies?" I give them one of the dextrine foods. (See Diseases of Children, p. 333). For little babies I like the action of Gerber's Nestle's, or Horlick's Food. When one of these is not at hand, Ridge's may be used. I have been very much pleased with the action of Neave's Food. I am beginning to think that Ruddock's enthusiasm over it was excusable. A child that is vomiting or having a profuse diarrhœa, or both, (the so-called cholera infantum) I have learned not to use milk, but to prepare the food *without* milk, then after the intestinal storm is quieted, gradually add milk. Where none of these foods are at hand, I use corn starch for young babies, and perhaps flour for older children. My patients have become so well posted on this point, that on a slight relapse they abandon milk at once, and send for me to repair damages. The food problem seems to be the chief one. I have noticed that it is when the air is stagnant—a hot spell being driven back by a cold spell—that then the most severe cases occur, and are aggravated rather than helped by the cool change. This is an indication for *Arsenicum*, that renders that remedy so valuable this season. But it is so sharply indicated that it is easy to get an aggravation. The 30th is strong enough, although in some cases the 6th seemed to be more efficient. As in cholera times I have found that a frequent, half-hour repetition is often necessary, especially in a very bad case, *e. g.*, where there are ten movements in an hour or constant vomiting. When the aggravation is developed during a cold spell, sometimes assuming a dysenteric form, *Ithus* is a valuable remedy. *Merc. c.* is not often indicated and does not seem the dysenteric remedy this year.

Here the cooked starchy foods before mentioned prove the best diet. Beef-tea does not give satisfaction this year in bowel troubles. I never felt so thankful for the foods mentioned as I have been this year, and never prescribed them so often. This has been the hardest summer on children that we have had for a long time. It is hoped that, like an eclipse to astronomers, this "very sickly season among babies" has been one of valuable observations by pædologists in all parts of the country. Let us compare notes. I have collected a few practical items. For the sharp enteric pains, *Bryonia*; for the colic after the gastro-enteritis is relieved, *China*; constant craving for food, *Cina*; bodily stupor, *Opium*; bodily stupor with mental restlessness, *Chin. ars.* For the great prostration carriage riding, which helps *Arsenicum* and digestion, giving just the bodily exercise needed. More anon.

T. C. D.

Society Proceedings.

THE WESTERN CONVENTION.

BUREAU OF GYNÆCOLOGY.

Continued from page 76.

On motion of Dr. Eaton, Dr. Comstock, of St. Louis, was permitted to read a volunteer paper on the treatment of "Chronic Uterine Catarrh or Endometritis." Dr. Comstock did not believe in treatment by injections, and believed that the use of local applications by instruments was much safer and effective. The doctor illustrated his subject by exhibiting the instruments, such as the speculum, swab, sound, etc., and explaining the manner of employing them.

Dr. Eggert, discussing Dr. Comstock's method of treatment, differed essentially in almost every point, believing that the internal treatment was better and more productive of good results than the external, by means of instruments. For his part, the sooner these instruments were thrown away among the pile of old scrap iron, the better it would be for the profession and suffering womanhood.

Dr. Eaton thought that intra-uterine injections were objectionable on account of the temperature of the liquid used not being warm.

Dr. W. L. Hedges related a case where he found the patient in bed suffering fearfully from the effects of an injection of warm water.

Dr. Nelson, coronor of Hennepin county, Minn., related a case of a woman who died of spasms induced by injections to produce abortion, being four months pregnant. She was in good health and he could find no lesion of any organ.

Dr. Andrews gave his observation, and related a case of spasms induced by injections of *Glycerine* and *Calendula* as recommended by Dr. R. Ludlam. He thought that the less local appliances were used the better.

Dr. Greveaud inquired if Dr. Eggart had ever treated a case of sub-involution of the uterus.

Dr. E. replied that he had not.

Dr. Larabee highly commended the paper in an eloquent set speech.

Dr. J. T. Boyd believed in the use of instruments and local applications in uterine diseases.

Dr. Comstock deprecated the use of injections as being dangerous. Cited several cases of spasms induced by such treatment. He uses *Nitric acid* on a swab, especially in sub-involution. He thought it was not right to send a patient so treated to ride home. Such cases should be treated at the patients' houses.

Dr. Richardson spoke against injections and in favor of local applications. He uses *Glycerine*, and if there is any lesion, *Hydrastis*. He

prefers to use it in conjunction with cocoa butter, as it remains longer.

Dr. Edmunds spoke in favor of powder applied by insufflation.

Dr. Trego advocated the use of sea tangle tents.

Dr. M. M. Eaton, of Cincinnati, read a valuable paper on Practical Hints on the Treatment and Diagnosis of Uterine Diseases and Displacements.

Dr. Richardson took exceptions to the use of the air-bag in cases of severe morning sickness as that was a sure way of bringing on abortion. He preferred Hodge's pessary when any support was needed.

Dr. Eggert thought if we would select the indicated remedy, there would be no need of "supports."

Dr. Eaton advocated the use of abdominal supports to lift the weight off the pelvic organs.

BUREAU OF PÆDOLOGY — ECZEMA.

The chairman of this bureau, Dr. A. McNiel being absent, Dr. Edmunds was requested to take charge of the bureau. He read a most valuable paper on Infantile Eczema, and spoke of the great value of *Arsenicum* in this disease. He considered it almost specific.

Dr. Boyd spoke of the value of tar water in eczema of the scalp. He used a cap close fitting, smeared with tar on the inside. One case wore it three months, and when it was removed the scalp was sound. The tar water in mild cases cures the itching without *Arsenicum*.

Dr. Duncan stated that diet had a bearing on these cases. He thought eczema was of two kinds, in one case the tongue was pale and denuded of epithelium and the rash exuded a great deal of serum, in the other there was more scales and the tongue was fiery red. In many of these cases attention should be given to the digestive organs. He cited a case where a cure kept pace with the cure of the chronic gastritis to which he thought the eczema was due. He avoided washing these cases. For the first class *Graphites*, had been indicated; in the second, *Arsenic*.

Dr. Roby suggested the use of *Boracic acid* in solution. He found this valuable to allay the itching and burning on any raw surface. He spoke of its value in pruritus.

Dr. Abell uses strong *Acetic acid*. He cited a case where the hair came off, the head was saturated with the acid. The hair started and the scalp got well. No medicine was used.

Dr. Duncan called attention to the fact that the case just cited was one of *tenia capitis*, and not eczema.

Pending this discussion the society adjourned to get ready for

THE EVENING BANQUET.

This was a most enjoyable occasion. The spacious parlors of the immense Lindell Hotel were crowded with the beauty, wealth and intelligence of St. Louis. The papers called it "one of the most fashionable and brilliant events of the present society season."

THIRD DAY—YELLOW FEVER.

Vice-President Valentine in the chair, the special order of the hour was called up. Dr. Bailey, of New Orleans, read a valuable and interesting paper on the Etiology of Yellow Fever.

Dr. Dake, of Nashville, Tenn., made some remarks on the paper. He recorded the splendid doings of Homœopathy at the south during the epidemic.

Dr. Wilson continued the discussion of Dr. Bailey's paper. Every department of science is being ransacked to find the causes of disease. The germ theory is satisfactory if it can be proven. Cryptogamous forms, fungoid growths may be the cause of the epidemic, spreading as they do from place to place.

Dr. Duncan thought that the paper opened up a new and interesting field. He cited a few facts that had a different bearing. Niedhard had collected the symptoms of the yellow fever epidemic of 1853, and compared them with those of *Crotalis h.* There is a close similarity. Dr. Hering had stated that the snake poison contained cyanic acid. The saliva containing sulpho-cyanide of potassium might easily be perverted and poison the system. He thought the cause chemical and local, and caused by the decomposition of vegetable and animal matter which might be arrested by charcoal, the prophylaxis of yellow fever.

Dr. Cummings said that on one occasion he took some of the "black vomit" and submitted it to a celebrated microscopist. It did not have fungi of the grapevine character of the yellow fever flower. It contained forms which resembled cryptogams, found in the gutters of New Orleans. Cryptogams of a somewhat similar kind abounded in the gutters during the cholera epidemic. When the "black vomit" was handed to the microscopist a slight examination induced the opinion that it was not blood; this view, however, was given up. The "black vomit" was broken down blood. This view of the character of the vomit has since become general.

The report of the committee on the president's address was called for, and without reading was adopted. On motion, the papers of Drs. Eaton and Bailey on the yellow fever were accepted.

ENTERO-COLITIS VS. CHOLERA INFANTUM.

Dr. T. C. Duncan, of Chicago, read an able paper on Entero-Colitis vs. Cholera Infantum. He took the position that cholera infantum was a rare disease, and that hundreds of cases were so reported when they were not that disease at all. He cited one case, the only one he had treated last summer in Chicago, which was a clear case of mistaken diagnosis. Cholera infantum was a severe and rapidly fatal disease, and lasted only a few days. A case that lasted a week, he continued, was, as a rule, one of entero-colitis—a disease almost overlooked by the majority of physicians. He said the treatment needed was different, and particularly the diet. He believed many cases of entero-colitis were made worse by the effort of stuffing such

babies. The paper was elaborate, and elicited very close attention. The chairman then called up the bureau of

OPHTHALMOLOGY AND OTOLOGY.

Dr. Wilson, chairman of the bureau, called on Dr. Vilas, who lectured on the question "Why a Watery Eye Cannot be Sooner Cured." By illustrations on the blackboard the doctor thoroughly explained this obstinate disease.

Dr. Campbell, of St. Louis, lectured on "Foreign Bodies in the Ear." The presence of these bodies is much less dangerous than are the usual attempts to extract them. In ancient times when an insect gained entrance to the ear, it was recommended to put the head of a recently killed lizard in after it. In three days the insect would be found in the mouth of the lizard. And one anxious practitioner said that seeds should be let alone until they sprouted and then removed by the sprout.

Dr. Baker, president of the Iowa State Homœopathic Association, was invited by motion to take a seat on the stage.

Dr. Wilson read a paper on Asthenopia (eyes without strength), a simple disease with many manifestations, but all hinging on the one symptom—desire to get an object close to the eyes. While the lecture was an excellent one, like the effort of Dr. Campbell, it was too special even to interest many practitioners.

The Board of Censors of the Western Academy passed in the names of Drs. T. M. Triplett, Pana, Ill., and of Dr. Bailey, of New Orleans. The gentlemen were unanimously elected.

Dr. Vilas, of the Auditing Committee, made some remarks on the financial standing of the Academy. It is now out of debt, all the old claims being paid up and every prospect bright for the future.

At 12:10 the convention adjourned for dinner.

AFTERNOON SESSION—BUREAU OF CLINICAL MEDICINE.

The proceedings were begun by the reading of a paper on general nervous diseases by Dr. Kershaw, of St. Louis. The subject was discussed by several members of the convention in short speeches.

Dr. Wilson called attention to the value of striking the ligamentum patellæ in suspected cases of locomotor ataxia. The patient would drop if it was a case of the latter affection.

Dr. Parsons had investigated the test and had not found it reliable.

Dr. Kershaw said that it was disputed.

Dr. Edmunds followed with an interesting paper on yellow fever.

BUREAU OF PROVINGS.

Dr. T. J. Williamson, of Cincinnati, sent in a paper on "How Provings Should be Made."

Dr. A. A. Wolff, of San Francisco, Cal., also sent a paper on *Piper methysticum* which was accepted.

BUREAU OF SANITARY SCIENCE.

Dr. G. W. Foote, of Galesburg, chairman, called on Dr. Parsons who read a most valuable paper on the "Hygiene of School Houses."

Dr. Foote thought that more attention should be given to the light of rooms. He had seen children squint at blackboards when it was ascertained they were shortsighted. Children should be ranged according to their sight in the school room.

Dr. Campbell said that the scholars should also be ranked according to the height of desks. If too low, they have to stoop, inducing curvature of the spine, defective sight, etc.

Dr. Kershaw thought that the school room desks often caused spinal curvature.

Dr. Duncan, being called out, said that the growth and development of children had received too little attention. They should not go to school too early. He thought that most of the rooms were too light, and the result was that the nervous system was stimulated unduly. Let us look well to the health of the children, and the next generation will be Homœopathic entirely.

Dr. Edmunds endorsed these views, and said that we as Homœopathic physicians are the conservators of the health of the children. He believed we should oppose their going to school early. Let them vegetate. (Applause).

The chairmen of the bureaus for next year were now announced, a vote of thanks passed, and Minneapolis was selected as the place of the next annual meeting.

Drs. W. Bailey, Jr., of New Orleans, and W. C. Dake, of Nashville, were elected members.

Drs. Everett, Valentine, and Richardson, were selected as publishing committee, and the Western Convention stood adjourned. Thus closed one of the best, most practical and influential conventions of Homœopathic physicians ever held in the west.

THE VERMONT HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY C. S. HOAG, M. D., WATERBURY, VT., SECRETARY.

The twenty-ninth annual meeting of the society was held at the State House, Montpelier, June 10 and 11, 1879. The president, H. W. Hamilton, M. D., of Fairfax, being absent, the meeting was called to order, and W. A. Donaldson, M. D., of Lyndonville, was appointed president *pro tem*. C. S. Hoag, M. D., of Waterbury, was appointed secretary *pro tem*, when the society proceeded to the regular business of the session.

The report of the censors was called for and read by Dr. H. C. Brigham, chairman. After listening to the several reports the society elected the following officers for the ensuing year :

PRESIDENT.—H. C. Brigham, M. D.

VICE-PRESIDENT.—W. A. Donaldson, M. D., Lyndonville.

SECRETARY.—C. S. Hoag, M. D., Waterbury.

TREASURER.—W. B. Way, Northfield.

CENSORS.—Drs. J. H. Jones, Bradford; C. H. Chamberlain, Barre; G. E. Sparhawk, Burlington.

AUDITORS.—Drs. N. H. Thomas, Stowe; Henry Tucke, Brattleboro.

The next thing in order being the election of members, M. L. Powers, M. D., of Richmond, and E. Squire, M. D., of Lyndonville, were duly elected members of the society. It being voted to defer the discussion of the several bureaus until to-morrow, the president then declared the meeting open for general discussion, reports of cases, etc.

Dr. J. H. Jones reported several very interesting cases of gall stone disease, exhibiting some remarkable specimens of the calculi passed after the use of *China rubrum* which preparation he prefers to the *China officinalis* in these cases. Other cases were presented and discussed by Drs. Brigham, Donaldson, Chamberlain, Sparhawk, Hoag, and others. Before adjourning until the next day, the president appointed the following delegates: To the American Institute, Drs. G. E. Sparhawk and C. S. Hoag; to New Hampshire State Society, Dr. J. H. Jones, of Bradford; to Massachusetts State Society, Dr. Henry Tucker, of Brattleboro; to New York, Dr. G. E. Sparhawk, of Burlington.

SECOND DAY.

Meeting was called to order, the president, H. C. Brigham, M. D., in the chair. The sad news having reached the society of the death of one of its young and active members, the following preamble and resolutions were unanimously adopted.

WHEREAS, It has pleased the Divine Providence to remove from our midst, Dr. Warren H. Hamilton, of Brandon, a young physician of real promise, a constant worker, and a staunch supporter of our principles; a man in whom the community in which he lived confided; a man in whom the zeal for the progress of Homœopathy was tempered by a sound judgment and a quick perception; therefore,

Resolved, That we tender to his wife and parents, Dr. and Mrs. H. W. Hamilton, our heartfelt sympathy, in this their greatest bereavement; and while we feel the great loss to the profession, our society and the community in which he lived sustain, we consider the loss to his family is irreparable.

Resolved, That a copy of the above be forwarded to his family, and that this be spread on the record of this society.

G. E. SPARHAWK,	} Com.
N. H. THOMAS,	
S. H. SPARHAWK,	

The remainder of the session was occupied in the discussions of the several bureaus. Under the bureau of materia medica Dr. C. H. Chamberlain related his experience during an accidental proving of the "bee sting;" it was a very interesting proving. He came near

losing his life, and did not recover from it for more than six months, during the whole time the least irritation of the skin would produce blotches like a bee sting. He had a sore, tired feeling all over, and could not endure anything. The whole terminated in an attack similar to rheumatic fever with marked hydro-pericardium, since that time he has been entirely well.

Dr. Chamberlain kindly consented at the request of the society to furnish the committee on publication with a full report of his proving.

Dr. Whittaker asked him what remedies he found most useful in antidoting the bee sting.

Dr. Chamberlain stated that *Ledum* was the first remedy that gave him any relief, and he considered it the best antidote.

Many other interesting reports and discussions were listened to; would mention as deserving especial notice, a lecture given by G. E. Sparhawk, M. D., of Burlington, upon the most common diseases of women, recommending the use of the medicated tent in endocervicitis and dysmenorrhœa. He stated that *Ustilago madis* had been used by him in many cases, and advised the members of the society to study it in connection with those cases. He also reported the most happy results in the treatment of prolapsus from "rest and position" after active exercise; he always advised his patients with prolapsus to take considerable exercise, but always to lie down immediately afterwards with the hips elevated, and remain in that position for thirty or forty minutes each time after walking.

The society voted to change the time for the annual meeting from June to October.

The following are the bureaux as appointed by the president :

MATERIA MEDICA.—Drs. T. R. Waugh, St. Albans; J. H. Jones, Bradford; A. A. Arthur, Vergennes.

PSYCHOLOGICAL MEDICINE.—Drs. Chas. Woodhouse, Rutland; H. W. Hamilton, Fairfax; M. D. Smith, Addison.

CLINICAL MEDICINE.—Drs. C. H. Chamberlain, Barre; G. E. Sparhawk, Burlington; J. M. Sanborn, East Hardwick.

OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.—Drs. S. H. Sparhawk, Gayesville; James Haylett, Moretown; J. M. Van Dusen, Waitsfield.

SURGERY.—Drs. C. S. Hoag, Waterbury; Henry Tucker, Brattleboro; F. W. Halsey, Middlebury.

HIGH POTENCIES.—Drs. E. B. Whittaker, Hinesburg; N. H. Thomas, Stowe; A. E. Horton, East Poultney.

The society then adjourned until the semi-annual meeting in January next at White River Junction. We cordially invite all Homœopathic physicians in the state and vicinity to be present and contribute to make it an interesting meeting.

*PROCEEDINGS OF THE HOMŒOPATHIC MEDICAL
SOCIETY OF CHESTER, DELAWARE AND
MONTGOMERY COUNTIES.*

The Society convened at the Charter House Media, on July 1, 1879, at 11 o'clock, President Dr. T. Pratt in the chair.

Members present : Drs. T. Pratt, J. B. Wood, L. B. Hawley, J. H. Way, I. D. Johnson, C. Preston, F. L. Preston, and L. Hoopes, and by invitation. Theodore Adams.

Dr. C. Preston read an obituary of the late Wilmer James, M. D., of North Chester Borough, which was received and directed to be engrossed and framed and presented to the widow, and Dr. C. Preston appointed committee in charge. An abridged copy was directed to be published.

Died at his residence in North Chester Borough, Delaware county, Pa., on the 24th of April, 1879, of phthisis pulmonalis, Wilmer James, M. D., in the thirty-ninth year of his age. Dr. James was a man of strict integrity, a consistent Homœopathic physician, and at the time of his death was a member of the Homœopathic Medical Society of Chester, Delaware, and Montgomery counties. In his death the cause of Homœopathy has lost a true friend and faithful advocate. He leaves a wife and one child, together with a large circle of friends and patrons to mourn his loss.

Dr. Hawley presented the case of a girl thirteen years old having given birth to a child.

It was agreed that the society should hold its next meeting at the LaPierre House, Philadelphia, on the first Tuesday in October.

Delegates to the American Institute of Homœopathy being absent, there was no report.

Dr. L. Hoopes and J. B. Wood were appointed delegates to the State Society.

Dr. L. E. Finch, of Byars, was proposed for membership.

Dr. Hoopes reported a case of polypus of the ear, cured in four months by four doses of *Calc. carb.* 6000.

Dr. Way related two cases of enuresis.

CASE I. A lady who had been troubled for twenty-five years; she had at one time been somewhat relieved by hard cider and horse radish. Three months ago she applied to him, and is now nearly cured by a few doses of *Sulph. m.*

CASE II. Lady, aged sixteen years, nervous temperament, dark hair and eyes, excitable; had been troubled two years. Gave *Sulph. 2c* and *Septia 2c*, both of which failed. Electricity passed from the meatus urinarius to the spine, alternating the current, helped some. *Ferr. phos. 1x* greatly benefited.

Dr. Hawley mentioned a case of enuresis cured with *Equisetum*.

Dr. J. B. Wood has had good results in enuresis from *Benzoic acid*.

Dr. C. Preston uses *Phos. acid* when the urine is passed in first sleep and fairly floods the bed. *Cina* where it is caused by worms. *Cauticum* where the cause is paralytic, and also has good results from *Merc.* in some cases.

Dr. Johnson mentioned a case of albumenuria cured by *Phytolacca* tincture.

A discussion then arose as to the propriety of using alcoholic stimulants in disease. Some of the members had not used them in fifteen or twenty years, and the majority believed them entirely unnecessary.

L. HOOPES, Sec'y.

Hospital Department.

CHARACTERISTIC OF SARSAPARILLA.

BY T. S. HOYNE, M. D., PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.

Sarsaparilla.—Smilax, Sarsaparilla.

Antidote.—Camphor.

Duration of Action.—A few hours to a week.

Mental Symptoms.—Despondency; easily offended; silent ill-humor.

CASE 374. An old lady of leisure and wealth, had for several years been subject to an unconquerable despondency and gloominess, amounting to despair; with an acid, raw and strong taste in the mouth after breakfast; great debility. No particular cause of this state could be detected. *Sars.* 300 cured her. The lower dilutions always aggravated the case. Dr. Neidhard.

Cephalalgia.—*Sarsaparilla* is mainly useful in mercurio-syphilitic affections of the head. Shooting pains, either right or left side of the head, from occiput to forehead. Vertigo when sitting or walking—the head inclines forward.

CASE 375. Man, had been suffering all day, pains becoming more violent as evening approached, causing him to jerk his head to one side and scream at every paroxysm. Pains confined to right side principally, and even pulsative and stitching in character, extending from the occiput upward and forward over the ear, around to the temple and across the forehead. *Sars.* 200, one dose relieved in less than one hour, and there was no return. Dr. W. C. Griggs.

CASE 376. Mr. —, had syphilis nine years ago, took large doses of *Merc.* Shooting pains from above the left ear to the root of the nose; the nose was swollen at its base, and so also were the eye-lids, especially in the inner angles. *Sars.* 200, one dose. Two weeks later, headache well, rheumatism in every joint. This was an old symptom, felt before the headache supervened. One month later, rheumatism and headache gone, but swelling not much diminished. He had suffered from the headache almost constantly for six years. Dr. C. Neidhard.

Emphysema of the Lungs suggests this remedy, according to Dr. Raue, when the asthma is worse after eating or motion.

Intestinal Obstruction.—*Sarsaparilla* meets these indications: obstinate constipation with violent urging to urinate; difficult and painful stool with fainting spells; urging to stool with contraction of the intestines and excessive pressure from above downward, as if the bowels would be pressed out; stool retarded, hard and insufficient; during stool, violent tearing and cutting in the rectum; frequent urging to urinate with diminished secretion.

Cystitis.—This remedy is occasionally useful in cases which have become more or less chronic. Frequent, inefficient urging to urinate with diminished secretion; severe tenesmus, as in gravel, with emission of white, acrid, turbid matter and mucus; much pain at the conclusion of passing urine.

CASE 377. Mrs. —. Great difficulty in urinating, constant, ineffectual desire; sometimes the urine (which is scanty) becomes turbid on standing; pain in the back, at the lower part of the spine and from thence across the hips and down the thighs; lower part of abdomen; tender to the touch, hard, distended; her symptoms remind her of what she suffered after confinement. Has taken *Ac.*, Sweet spirits of nitre and purgatives without result. *Sars.* 1600 at night. Next morning better; in a few days well. Dr. Berridge.

Calculus and Gravel.—*Sarsaparilla* should be given when the urine is copious and pale, or scanty, flaky, clayey, sandy. He has to get up two or three times in the night to urinate. Intolerable smell of the genitals.

Passage of Flatus from the Bladder.—This remedy meets this peculiar symptom.

CASE 378. A sickly-looking child, a girl aged three, was brought to my office from the country, in the summer of 1872. The child had been in bad health for several weeks. The symptoms of the urinary organs were most conspicuous. Two prescriptions had been given by me, without any good result. The mother, an intelligent lady, finally stated that she was confident that every time the child urinated, wind came, with a noise from the bladder. This symptom, which I never met with in practice before, at once directed my attention to *Sars.* The other urinary symptoms corresponding with considerable accuracy, *Sars.* 300, one dose, was administered, and in a few days the case was in all respects, very much improved. The symptoms mentioned permanently disappeared. Dr. H. Ring.

Gonorrhœal Rheumatism.—Its use has been suggested for rheumatism of the joints, after suppression of the gonorrhœal discharge.

Spermatorrhœa.—*Sarsaparilla* has been successfully employed as the following cases well illustrate:

CASE 379. S., aged nineteen. Nervo-bilious temperament; farmer; consulted me for the following symptoms: Dull, aching pain in the head, mostly in the forehead, worse in the evening; vertigo, especially in the warm room; stupid feeling; prostration; great drowsi-

ness in the evening, but unable to sleep quietly through the night; nocturnal emissions from one to three times a week, occurring in connection with lascivious dreams; tired feeling in the morning, with bitter taste in the mouth; pain in small of the back, extending down the spermatic cords. *Sars.* 6, twice a day, cured in a month. Dr. J. B. Hunt.

CASE 380. Mr. —, aged twenty. Sanguine-nervous temperament. Had been afflicted with seminal losses since the age of puberty, caused by masturbation. Had tried various doctors and remedies, without effect. Symptoms: Dull, stupid feeling in the head; inability to keep his mind on his studies; sometimes a feeling as if something were pressing upon the head; at times great anguish of mind, though naturally lively and cheerful; unable to read at night on account of a mist or smoky appearance before the eyes; great weakness and prostration, rendering him unfit to perform any labor; soft flabby muscles; the least excitement would cause ejaculation of the fluid, even without sexual feeling; obstinate constipation. *Sars.* 6 cured. I have had occasion to prescribe this remedy frequently in spermatorrhœa, and have had more uniform success than with any other remedy. I have generally used the 6th, never lower. I have observed that where emissions occur without lascivious dreams, the *Sars.* fails to cure, though I have seen two or three exceptions to this rule. Dr. J. B. Hunt.

Rupia. — Berjeau says: In rupia "when *Mercury* in large doses has been fruitlessly employed, this remedy will remove purulent vesicles, not numerous, but itching intolerably, the irritation causing depression of spirits."

Diseases of Women. — In general *Sarsaparilla* is indicated when there is unbearable smarting after micturition; mental depression; scanty and acrid menses.

Leucorrhœa. — On moving about, especially in women who have much pain at the conclusion of passing urine.

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

Climacteric Troubles. — Has been used to some extent for affections occurring about the time of change of life in women.

Syphilitic Affections. — Dr. Hirsch says that the dilutions are not beneficial in syphilis, and he uses a *Sarsaparilla* tea made from the root:

CASE 381. Lady aged forty-five, climacteric period; asthmatic breathing, made worse by lying down; pain in back, very severe, immediately to left of sacrum, worse from pressure and from turning over in bed; severe and constant nausea with vomiting; severe frontal headache; great urging to urinate, with only slight emissions of urine, accompanied with burning, stinging pain during and after urinating; and withal severe rigors over the whole body, commencing at the feet.

Patient calm but feared she would not recover. *Sars.* 6, every three hours cured. Dr C C Smith.

Diseases of Children.—Dr Hering says where children are emaciated with face like old people, big belly, and dry, flabby skin after mushy passage we should give *Sulphur*, followed by *Sarsaparilla* and finally *Sepia*.

Intermittent Fever.—Although not of frequent utility it sometimes proves curative. The following case gives the indications :

CASE 382. For five days shooting pain from occiput to forehead, on stooping or walking for two days chilliness, beginning in the legs and going all over the body, then general heat, then slight sweat, with the heat thirsty, drinking much and often; shooting pain in small of back when walking; feels hot to herself, but skin is cool to the touch; pulse 120. Some days ago this patient, with two others, were exposed to an offensive smell from decomposing substances—they all had similar symptoms. *Sars.* 1600, one dose cured in three days. Dr. Ber-ridge.

Skin Diseases.—From time immemorial this drug has been used as a blood-purifier and general remedy for all diseases of the skin. Its sphere of usefulness, however, is extremely limited. Dr. W. H. Holcombe says: (eruptions) During the long, hot summer months a great many children and some grown persons present themselves with cutaneous affections; their name is legion. Last spring, I gave to all such cases small doses of *Sars.* 3d trit, three doses per day, and never before have I practiced among skin diseases with such satisfaction and such triumph.

Lichen Ruber.—It may be used in cases accompanied with great emaciation—the skin becomes shriveled or lies in folds; hardness of the skin; dry cutaneous eruptions. Similar symptoms would suggest its administration in *psoriasis*.

Eczema.—Not often of service.

CASE 383. Mrs. T., had been troubled with a species of eczema in “the bend of the elbows,” on the back, on the inner aspect of the thighs, and the popliteal spaces. I suppose it would be popularly termed “salt-rheum.” It itched intolerably, especially nights, and was worse after she “got heated.” *Sulph.* 200, two doses, followed by *Sars.* 200, six doses, cured in a few weeks. Dr. W. F. Shepard.

Ulcers.—Dr. Bojanus advises this drug in herpetic ulcers, eccentrically extending in a circular form, forming no crusts; red granulated basis; white borders; skin appears as after the application of a warm compress; serous reddish secretion.

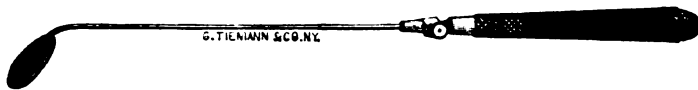
Surgical Department.

THE LARYNGOSCOPE AND RHINOSCOPE.

BY F. SEEGER, M. D., NEW YORK.

From the above names, most persons of average culture would at once infer that they are instruments for exploring the larynx and nose, and yet but few would suspect what simple little instruments they are—merely bits of looking-glass set in a frame and attached to a handle. But, when they give the matter a little further investigation, they are surprised at the greatness of the benefits which have already been reaped by mankind from the discovery of these self-same little instruments. They will learn that only a few years ago physicians were absolutely in the dark when applied to by those afflicted with disease of the throat; and that where then all was darkness, there now is clear light, thanks to the zeal and scientific devotion of Prof. Turck, of the University of Vienna, who in 1857 was the first to successfully use the laryngoscope as a means of determining the nature of a disease in the throat of a patient then in the wards of the General Hospital of Vienna, of the latter Turck was the physician-in-chief. Justice and the truth of history, however, require that we should not omit mentioning the experiments and efforts of Senn, of Geneva (1827); Babington, of London, (1829); Belloc, of Paris (1837); Baumes, of Lyons (1838); Liston, of London (1840); of Warden (1844); and, finally, of Manuel Garcia, a singing-teacher, of London. With the exception of the last, all of the experimenters had been disappointed in their efforts to devise an instrument sufficiently suitable and generally practical. Their experiments all lacked *that essential practical element* which made the subsequent labors of Turck and Czermak the solid basis for the grand superstructure which has grown up since their time. While Prof Turck at Vienna, and Prof. Czermak, of the University of Krakau, the latter having become interested by Prof. Turck in the experiments, were thus developing the practical application of the laryngeal mirror (*Kehlkopffragenspiegel*, as Turck named it), Garcia, the now justly famous Spanish tenor and singing *maestro*, and father of the gifted songstress, Malibran, was at the very same time experimenting in London, but with totally different purposes. The object which Turck and Czermak had in view was to make the laryngoscope available as an adjunct and aid to the art and practice of medicine, or, in other words, as a means of diagnosis in disease of the throat. Garcia, on the other hand, was prompted by a desire to observe the actions of the vocal cords and larynx when producing tones and sounds. His observations were published in the *Royal Philosophical Magazine and Journal of Science* (Vol. X., 1855), and they constitute the first physiological records of the human voice as based upon observations in the living subject. It is

interesting at this date to turn to his remarks and to note the thoroughness therein displayed. The curious may refer to Madame Seiler's "The Voice in Singing," or to the writer's translation of Seiber's "Art of Singing." It is but proper to add that, although Turck and Garcia were thus experimenting at one and the same time, neither, however, knew of the other nor of his efforts. Garcia accomplished his aim by standing with his back to the sun and catching its rays upon a looking-glass held in his left hand, which he then reflected into his opened mouth. Next he carried a dentist's mirror to the back of his mouth; and the sun's light which, in the first instance, was reflected from the mirror in the hand, being in turn reflected upon the dentist's mirror, served to illuminate the larynx below, and thus caused its picture to become visible in the dentist's mirror. Turck also used the sun's rays, but in a more direct manner, viz., without previous reflection. Prof. Czermak, as already remarked, soon became interested in Turck's experiments, and, borrowing some of Turck's mirrors, repeated the experiments. His labors resulted in a yet further and most brilliant development of the subject, by his introduction of a powerful artificial light, thus making us independent of sunlight, and enabling an examination to be made at any time of the day or night.



For the clearer comprehension of the reader, I introduce cut No 1, which depicts the laryngoscope, or laryngeal mirror. At the left end we see the mirror, which is set in a silver frame and back; this in turn is attached to a metal stem, and the stem itself is set in a wooden handle, which latter is merely a matter of convenience by which the physician is enabled to handle it with more ease and facility. The mirror is made of various sizes, from that of a cent to that of a silver half-dollar, and is so attached to the stem as to describe an angle of 120° to 125°.

Prior to the discovery of the laryngoscope, the great obstacle to the diagnosis and comprehensions of disease of the larynx lay in the fact that this organ was so placed as to be at an almost direct angle to the line of vision. If we look into the mouth of another person, we see the back of the mouth; but if we wish to see the larynx, or organ of tone and voice, we are unable to do it, even though its position is just back or and below the root of the tongue. And, even though we press down the tongue, we derive no aid. Nor are we enlightened by symptoms of pain or discomfort in the throat, for these are not only insufficient, but may be absolutely deceptive. A patient may complain of aches and pains, and may imagine them in the larynx, and all the while the organ is in a perfectly sound state; and on the other hand again, grave forms of throat-disease may exist, and with so little of actual pain as to cause the victim hardly any uneasiness. The revolution in this department of the medical art may perhaps be best illus-

trated when I refer to the fact that ere the introduction of the laryngeal mirror, barely twenty years ago, there were but two or three forms of laryngeal disease recognized or treated of in the text-books on the practice of medicine. At the present time, the study of the numerous and varied diseases of this wonderful little organ, the larynx, has made such strides that laryngology has, like ophthalmology, otology and gynecology, demanded and received recognition as a separate and distinct department of medical practice, and has its special practitioners in almost every city of size and population. Whereas, formerly, the two or three recognized forms of throat-disease were dismissed in a scant dozen of pages in the medical text-works, we now have exhaustive and elaborate treatises in all of the great languages of the civilized world. Twenty years ago inflammation, laryngeal phthisis, or, popularly speaking, throat-consumption and œdema, consisted of the three recognized forms of throat affection; but, in eight years from the first practical application of this instrument, the revolution was such that separate treatises described and treated of forty and more varieties of disease, such as acute laryngitis, and the various acute affections, simple chronic laryngitis, chronic ulcerative laryngitis; of six or seven forms of inflammation of special parts of the larynx; of tubercular and syphilitic laryngitis œdema, abscess, etc. Next we find descriptions of the diseases which attack the laryngeal cartilages or the framework of the larynx, as perichondritis and chondritis. Then follow nervous forms of derangement, and then paralytic forms of difficulty. In the first we have conditions of nervous exaltation, such as spasmodic coughs, spasms, etc. Under the second head we have paralytic affections of the vocal cords and laryngeal muscles. These paralytic difficulties of the larynx may exist in the larynx without much or even any impairment of the general health. Then we have anæmia or impoverished blood-supply, and finally the varied forms of tumors and morbid growths, cancerous, syphilitic, etc. I might prolong this list yet further, and even dwell at length upon the many and ingenious instruments for operating within the larynx, but to do so would be to exceed the limits of my article.

The rhinoscopic mirror, or rhinoscope, is practically but a laryngeal mirror of a smaller size. The stem and handle are the same, and attached in the same manner, at about the same angle, but there is the difference of a much smaller size as compared to the laryngoscope, the mirror being usually about the size of a silver three cent piece. Its use is to enable us to see the back or inner parts of the nose (posterior nares), and the upper part of the pharynx or the vault of the back of the mouth. Its discovery, which occurred soon after that of the laryngoscope, is due to the patience and genius of Czermak, and was a direct result of the discovery of the laryngeal mirror. The parts which it enables us to see are hidden behind and above the palate, and the rhinoscopic mirror is simply to so reflect the light as to illuminate these parts, and in turn enable their image to become visible in the

mirror. In the first instance the little mirror is placed at the back of the opened mouth of the patient. At the same time a powerful and clear light from an illuminating apparatus is directed into the patient's mouth, and the rays striking upon the mirror are so reflected upward and forward as to illuminate the parts we seek to examine, and these are then, as just remarked made visible in the mirror. And in this principle lies the entire secret of the art of making a laryngoscopic or rhinoscopic examination. It is simply a dexterous management of mirrors to secure proper reflection of light and the consequent illumination and examination of hidden recesses.

(To be continued.)

Book Department.

All books for review must be sent to the Publishers.

CHART ON SKIN DISEASES. BY T. S. HOYNE, M. D.

This chart gives at a glance the classification of each skin disease, the leading symptoms and the chief remedies. It is more valuable to any physician than a map of Africa, and does not cost half as much.

A CLINICAL ASSISTANT: BEING RELIABLE GLEANINGS FROM PRACTICE. BY R. W. NELSON, M. D. Chicago: Duncan Bros.; price, \$1.00.

This work is, as its title indicates, gleanings from the field of practice. The subjects are all arranged alphabetically, and the experience of the profession on a host of topics given in a few lines. Its proper title should be "a pocket counsel." It is not a compilation of standard works, neither does it attempt to be exhaustive, but mirrors the everyday experience of busy practitioners—our best physicians. It will prove a great help to those who cannot get counsel just when they need it. It is a veritable clinical assistant—a work that every practitioner, old or young should have for ready reference.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE, VOL. XIII.. Diseases of the Nervous System. New York: W. Wood & Co.; Chicago: W. T. Keener; pp. 957; price, \$5.00.

This volume, the thirteenth one of this valuable cyclopædia on diseases of the nervous system, treats of diseases of the spinal cord and its envelops. We are first given the anatomy and physiology of the cord. The diseases of the membranes are hyperæmia, hæmorrhage, inflammation and tumors. The diseases of the cord are anæmia, spinal apoplexy, wounds, compression, concussion irritation, weakness, myelitis, myelo-malacia, sclerosis, tabes dorsalis, spasmodic paralysis, hemiplegia, polio-myelitis, acute and chronic, paralysis

ascendens, intra-medullary tumors, secondary degenerations, deformities and malformations, and rare and doubtful diseases, including syringo-myelia, saltatory spasm, tonic spasms, intermittent spinal paralysis, toxic spinal paralysis, paraplegia dependent on *infla.* Diseases of the medulla oblongata, including anæmia, hyperæmia, wounds, injuries, acute bulbar myelitis, progressive bulbar paralysis, tumors, other chronic diseases, *e. g.*, sclerotic centres, and diffused sclerosis. It will be seen that this is one of the most valuable volumes yet issued. Two more volumes, we believe, completes this invaluable and incomparable publication.

CLINICAL LECTURES UPON INFLAMMATION AND OTHER DISEASES OF THE EAR. BY ROBT. T. COOPER, M. D. London: Homœopathic Publishing Company. Chicago: Duncan Bros. Price \$1.75.

Probably in no department of the healing art, with the possible exception of that relating to ophthalmic medicine and surgery, has more material progress been made in the last decade than in that relating to the sense of hearing and the media through which we become cognizant of sound. During the last year alone, have appeared a new edition of our standard *Roosa*, containing much at once new and practical, a "Treatise on the Ear" by Burnett, in which the anatomy, gross and histological is perhaps more carefully and accurately considered than in any similar work in the English language. *Schwartz*'s invaluable monograph, translated by J. Ome Green on the "Pathological Anatomy of the Ear"—with the establishment of a new journal to be wholly devoted to otological interests, and under the direction of our most esteemed aurists. All of these in English, while in German appears the first volume of Prof. Politzer's *Text-Book of Otology*, and the name of its author is sufficient guarantee of its value. Our Homœopathic literature, however, has in this department been sadly deficient. Not only has no work of this kind appeared previous to Dr. Cooper, but journal articles have been both few and brief. Knowing as we do the superior efficacy of the suitably chosen *similimum* in ear difficulties both acute and chronic, a work in which the clinical status of this branch of our art is clearly defined, has become a necessity. This is partially met in Dr. Cooper's little work. A dozen lectures delivered before a medical class must of necessity consist of but a brief resume of the present condition of otology. The writer, however, has managed to condense so wisely, and to omit so judiciously, that only that which is valuable has been retained. Anatomical and physiological questions are but briefly considered while physical acoustics are relegated to more pretentious works.

Much space is given to inflammation of the middle ear, its causes, symptoms and treatment, also the danger of involvement of the mastoid cells, and manner of relief. The doctor urges the necessity of frequent examinations in the exanthematous fevers, and dwells on the otitis of childhood. The sympathetic relation existing between the ear and the teeth, and the frequent hypertrophy of the tonsils accom-

panying ear diseases is well discussed. For the latter condition a low trituration of *Calc. phos.* is highly extolled.

Eczema of the external auditory canal is briefly touched upon, but all that there is, is eminently practical. *Salicylate of Soda*, *Quinine-Conium*, and *Cicuta* are considered in their relation to labyrinthine vertigo and the *Ænanitic crocata* suggested as possibly a valuable remedy.

Of necessity, as we have said, a work having such limited aims could not contain all that is of interest in this connection. Yet we regret that space could not have been found for a fuller investigation, of purulent otorrhœa with perforation of the membrani tympani. Much has been accomplished by the internal treatment aside from local medication yet almost nothing is said upon this subject. Catarrhal inflammation, receives less attention than it deserves, while the proliferous condition is merely described. The routine treatment of potash, galvanism and suction in the latter disease, have been sufficiently successful to warrant mention at least.

Among the instruments figured in Dr. Cooper's work the hinge speculum will commend itself to aurists. The nozzle of the ear syringe is also of practical value.

In the concluding chapter diseases of the external ear are considered. Hæmatoma is believed by our author to be the result of trauma, and not as the majority of specialists are now inclined to consider as an external manifestation of a deeper cerebral lesion. On the whole there is much in the book to commend, and until we have a more extensive treatise on Homœopathic aural therapeutics will be of value as a ready reference. We trust that it may receive the cordial support which it deserves.

F. PARK LEWIS.

Medical News.

Clinical Therapeutics Part VII ready. Price, \$1.00.

Chronic Constipation.—Have had excellent success with *Cascara sagrada*.
J. W. METCALF.

There is a good opportunity for a male or female Homœopath in Albany, Oregon.

Dr. A. McNeil, who won the prize on Diphtheria, is off for Europe. He has taken into partnership, preparatory to leaving, Dr. F. B. Smith, of Owosso, Mich.

An Ad eundem Diploma.—I should like to know the status of such a diploma? What is an ad eundem degree? Is not such a document legally a diploma? Will some of your wise readers answer, and oblige
A STUDENT.

J. H. Gallinger, M. D., has been appointed on the staff of His Excellency Gov. Head, as Surgeon General, with the rank and title of Brigadier General. Some of the "Regulars" don't relish the idea of a Homœopath holding the position of Surgeon General of New Hampshire, but they can't help it.

It is something of a farce for a State Board of Health to sit in judgment on a college for granting diplomas even on one course, its equivalent and a final examination, when the said board gives a license to any one who passes

its examination, whether any lectures have been attended or not! The board will not allow "equivalents," it says, and is then compelled to grant a license to any old fellow who swears that he has been "in practice at least ten years!" It is ridiculously funny for one college to charge another with giving diplomas to those who have not attended "two full courses" when the fact is it also graduates on *one course*—repeated year after year.

Homœopathic Physicians of the South: It is probable that the yellow fever will visit the south as an epidemic this season. Under the circumstances I would beg you, for the love of our science, that you take full notes of every case of yellow fever coming under your professional care; that such case is properly authenticated; that you note your treatment and the result. I make this recommendation because after the excitement is over your data may be required to sustain the claims of your honorable profession. The National Board of Health has issued blank books for such records. Your application for such would be cheerfully complied with.

T. S. VERDI. ■

Wanted—A Medical College in China.—This immense empire of four hundred millions, with its great cities, is almost without medical science. They have great faith in foreign physicians and heartily welcome Homeopaths. Several of our ambitious M. D.'s should go there and organize a medical school. Rev. J. F. Crossett, of Tsinan, north China (200,000 inhabitants), says that the "Chinese force all us missionaries to treat them when sick." He thinks China a wonderful field for physicians, and the educated natives would flock to a medical college if one was organized.

Bottle and Breast.—In the *Archives de Tocologie* we read reports of two cases in which children at the breast of apparently healthy and well-to-do women were saved by depriving the nurses of alcoholic potations, in which they were found to be freely indulging. We fancy our own practitioners could from their experience, report many such cases. It is a common and pernicious delusion of nursing mothers and wet nurses that, when suckling infants, they require to be "kept up" by alcoholic liquors; and women who are little given to alcohol at other times become for the nonce determined tipplers; this being, perhaps, of all other times, that when alcohol is likely to do most harm and least good.—*British Hom. World.*

Who is it?—We have received a post office order without any name signed to it. We are very anxious to give credit [wish we had more chance] to whom it is due; but if we do not know the name how can we? We get letters once in a while without the writer's name signed. We suppose the doctor gets a call (to a confinement case) and forgets, and the office boy folds it up and sends it. Then we get letters written very plain till the name is signed, and then it looks to us as if a cyclone had struck it. Have your name printed on your letter heads and envelopes, and then you will be all right. It costs but little to have it done at our office.

Similia Excelsior!—The following resolutions were unanimously passed at the regular annual meeting of the Homœopathic Medical Society of Chatauqua and Cattaraugus counties, held at Jamestown, June 11, 1878:

WHEREAS, The subject of pure Hahnemanianism, as opposed to liberalism in practice, is being agitated among the practitioners of Homeopathy in this county.

And,

WHEREAS, This Society deems it wise that an expression of our organized bodies should be had in relation to the subject with a view, if possible, of settling the vexed question. Therefore,

Resolved, That in the judgment of this society the phrase "Similia Similibus Curantur" expresses a universal law for the selection of remedies for the relief and cure of disease, and that adhesion to this law is all that should be required of Homœopathic physicians.

Resolved, That all such physicians should therefore be allowed the largest latitude in practice consistent with their judgment, their conscience and the laws of the land.

Resolved, That this society deprecates all discussion of this subject involving personalities and acrimony, as inimical to the largest professional liberty.

A. B. RICE, M. D., Secretary.

THE
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Surgical Department.

THE LARYNGOSCOPE AND RHINOSCOPE.

BY F. SEEGER, M. D., NEW YORK.

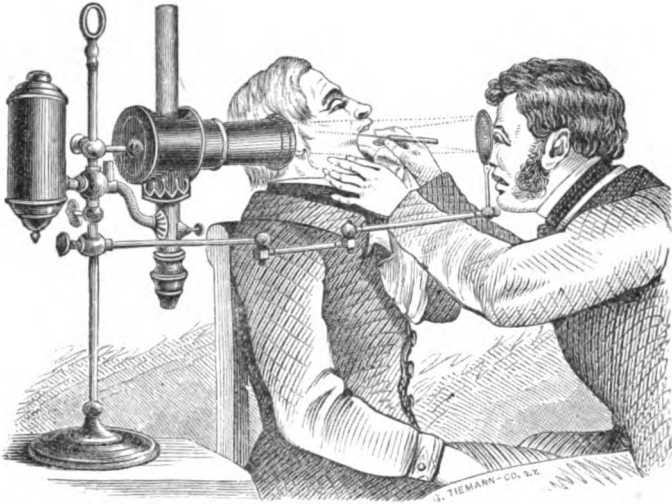
(Concluded from page 123.)

The rhinoscope also enables us to examine the nasal or pharyngeal orifices of the Eustachian tubes. These latter are passages leading from the inner side of the drum of the ear, and opening, as already indicated, at a point situated in the posterior nasal parts. It is not the province of this article to enter into minute or precise detail, and therefore we shall merely add, that these tubes bear a very important relation to the faculty of hearing. If the nasal orifices of these tubes become swollen by disease, or choked with diseased mucus, greater or less impairment of the hearing power results. Consequently, the rhinoscope has rendered no small service to us determining causes of deafness, and of curing them, which formerly were but guessed at or remained unknown.

But to make the laryngeal and rhinal mirrors available, the artificial illumination of these parts is necessary. To depend upon the sun's rays, as was the case with the original experiments, was too uncertain. Czermak, as we have seen, substituted artificial light, and thus enabled an examination to be made at any hour of the day or night. Tobold, of Berlin, after a time, brought forward an apparatus which is depicted in Fig. 2, and which embodied the most perfect apparatus of the time. The cut also shows us the position of the patient and of the examiner.

As introduced by him, it consisted of a common study lamp: α is a

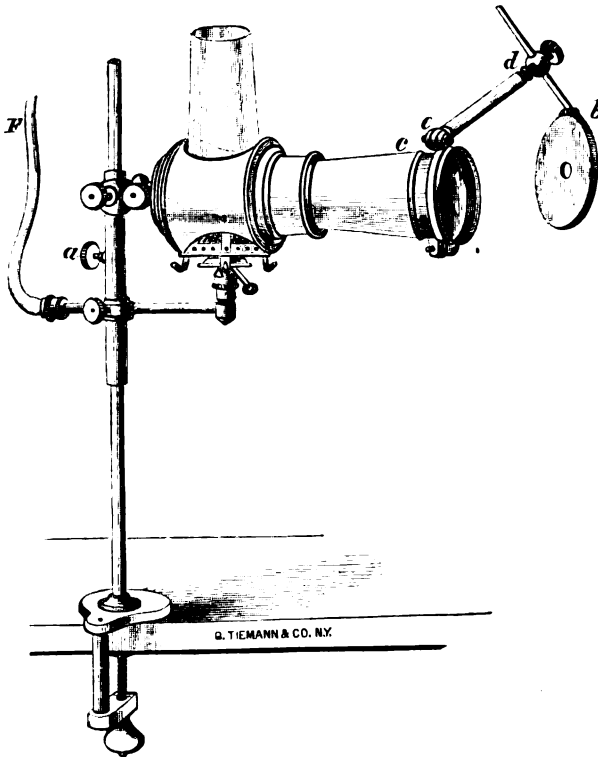
brass tube, or light condenser, in which are convex lenses, *c*, *d*, *g*. The lenses *c* and *d*, it will be observed, are close together, while the third *g* is at the distal extremity of this brass tube. At *f* this brass tube can be unscrewed, thus enabling the cleansing of the lenses. The lens *g* can also be removed at *h*; *m* is a brass arm having three joints, and fastened to the lamp. At the extremity of this arm is a



perforated knob, *s*, through which the handle of the reflector, *r*, is fastened by a screw. At *o* is a single *charniere* joint which permits of the forward or backward motion of the reflector—the illuminating agent being oil. By substituting gas burned through an argand burner, and fed from an ordinary burner, the apparatus has been made more available, and better light obtained. The cut, Fig. 3, represents my improved apparatus as now made. It is not necessary to dwell upon the changes. Suffice it that by these apparatus has been made much more ready and simple in management, and less liable to derangement of focus at important moments when a steady light is needed for intra-laryngeal operations. It is here that we should call a brief attention to the vast strides which, under the influence of the laryngoscope, have been effected in the operative procedures upon this organ. All of these are now made by means of instruments curved at a direct angle to the line of vision, and in none of these operations does the operator directly see the objective point. His operations are all made under the guidance of the image which he sees reflected in the laryngeal mirror, and are comparatively bloodless and accompanied by little or no pain.

A laryngoscopic examination is made as follows: In the second cut we see the positions of the examiner and patient. The patient opens

his mouth as widely as possible, at the same time protrudes his tongue. The examiner, then, with a small napkin takes the protruded tongue between his thumb and forefinger, thus gently steadying it and preventing its slipping back into the mouth. The object in thus protruding the tongue is to enlarge the cavity of the mouth as much as possible. The laryngeal mirror is next warmed either over the chimney



of the illuminator or in some warm water, so as to prevent its becoming obscured or dimmed by the breath. It is then quickly and dexterously carried to the back of the mouth. A bungling manner of doing this, by causing great irritation of sensitive parts of the mouth, causes gagging and even vomiting, and this once excited, all further examination is either very difficult or impossible at this sitting. It is not to be taken for granted, however, that examinations can readily be made in all cases, nor even in the larger majority of the patients. With many there is no trouble, but there are also quite a number of patients whose throats are so irritable from disease as to prevent the introduction of the laryngoscope. In other cases the patient's tongue has an almost irresistible tendency to keep rising up toward the roof

of the mouth and thus obstruct the view. Enlargement of the tonsils, according to the degree of their enlargement, makes an examination either very difficult, or else, if so much enlarged that they meet and almost close up the throat, makes it impossible until the enlargement has been reduced. For the overcoming of mere irritability of the throat or fauces where this pertains to a degree sufficient to be troublesome, various means have been resorted to produce local anæsthesia of the fauces. A piece of ice held in the mouth, the water being swallowed, is one plan. Another is to drop twenty drops of *Chloroform* on a handkerchief and let the patient inhale it for a minute. With most cases of irritable throat this is quite sufficient, and without at all rendering the patient drowsy or uncomfortable. *Bromide of Potash* has been used, but has not given satisfaction practically.

The examiner, having avoided touching the back of the tongue and of the pharynx with the mirror, carries it, as already said, to the back of the mouth to an oblique position below the soft palate and with the uvula or "drop" of the palate at its back. The rays of light from the illuminating apparatus, striking the laryngeal mirror, are then reflected in a downward direction and light up the parts (the larynx) below. These being illuminated, are in return depicted upon the laryngeal mirror above. The process may be compared to that of the management of toilet-mirrors to enable us to see the back of the head. In the latter proceeding it is not the back of the head which we see, but as it is hardly necessary to add, merely its reflection in the mirror.

And at this point we should remark that, while the laryngeal examination to one versed in the art is comparatively easy, the rhinoscopic examination, on the other hand, is a very difficult matter and calls into play no small amount of skill and ingenuity. The reasons for this are mainly because of the unruliness of most palates, which have a tendency to bob up and down in a very provoking manner. We shall not dwell further upon this point, but briefly add a few remarks as to what this instrument has done for us. Where we can apply it we are no longer in the dark as to whether a case of disease is that of a chronic catarrh, nasal tumor, simple inflammation, swelling, or ulceration. In our climate, in which diseases of the nasal cavities, and particularly catarrh, are so prevalent that it has been estimated that 10,000,000 of our people have the disease called catarrh to a greater or less degree, every advance by which we are enabled the more successfully to combat these complaints is of general interest and importance. How potent our climate is in causing catarrh is illustrated in the case of Charles Dickens, who contracted it so rapidly and severely as to necessitate his abandoning many engagements and compel his flight from this country. Interesting is the fact, which Darwin records in his "Descent of Man," that the *Cebusazara*, a species of Paraguayan monkey, is liable to catarrh with all of the symptoms found in his more human relatives, and which when often recurrent leads in them to consumption.

The higher animals, like man are endowed with an organ of

voice and sound, but man alone has the supreme gift and faculty of expressing the ideas and thoughts which his intellectual endowments and powers give rise to, or, plainly speaking, he alone has an articulate language equal to the expression of most of his feelings and sentiments. How wonderful, then, it becomes to us when we study the little organ which has the great task of placing man in direct communication with his fellow-beings. And how wonderfully this little organ modulates its tones in accordance with the varying degrees of emotion and earnestness! And when we consider that each voice has its own peculiarities and characteristics which distinguish it from all others, our interest deepens. And yet there is little, or, in fact, no difference in the mechanism of the various kinds of voice, and variations in pitch being due chiefly to the greater length of the vocal cords in the low pitched voices and to their shortness in the high voices. Tone, whether in speech or song, is simply a result of the action of a volume of air in a quantity which is regulated by the will of the speaker or singer, which, coming up from the lungs through the windpipe, passes up through the larynx where it causes the elastic vocal cords to be put upon the stretch to a greater or less degree according as the intended note is high or low, to vibrate, and thus is produced the tone which upon its entrance into the pharyngeal cavity and mouth becomes articulated, and the sound of which is variously and essentially modified according to the varying peculiarities of structure and formation of the larynx, pharynx, and mouth. It is also changed or modulated according as the various parts of the mouth, tongue, palate, teeth, and lips assume different positions. Cultivation of the voice also impresses its stamp. The tone-waves, as they rush out of the open mouth, communicate their vibrations to the air, and conducts the sound onward until it reaches our ears, provided we are within the reach of these atmospheric vibrations. The difference between a cultivated voice or note is soon detected in the purity and regularity with which its sounds reach us as compared to the harsh, irregular, discordant waves impelled by one not so cultivated. Johannes Muller places the extreme range of the human voice at four octaves, but it is quite seldom the range exceeds two and a half octaves. In some phenomenal voices, like those of the gifted Parepa-Rosa, Peschka-Leutner, Mara, Farinelli, and other great singers, we meet with astounding range and power. Parepa-Rosa had a voice ranging full three octaves, from sol 2 to sol 3; and Flint, the learned and indefatigable physiologist, tells that at the World's Musical Festival at Boston, in 1869, she gave the most astounding exhibitions of the wonders which this little organ, the larynx, is capable of. In some of the solos by Madame Rosa accompanied by a chorus of 12,000, with an orchestra of more than a thousand, and largely composed of brass instruments, Prof. Flint distinctly heard the pure and just notes of this remarkable soprano, standing alone, as it were, against the entire choral and instrumental force; and this in an immense building containing an audience of 40,000 persons! Mara's voice had compass, with equal fullness of tone,

of three octaves, and she possessed such power of musical utterance that she imitated the most difficult passages of the violin and flute with perfect facility. Farinelli on one occasion competed with a trumpeter, who accompanied him in an aria. After both had several times dwelt on notes in which each sought to excel the other, they prolonged a note with a double thrill in thirds, which they continued until both seemed exhausted. At last the trumpeter gave up, entirely out of breath, while Farinelli, without taking breath, prolonged the note with renewed volume of sound, trilling and ending finally with the most difficult roulades.

By these wonderful displays of the power of the larynx must not be ascribed entirely to the intensity of the tone, but are in no small measure due to absolute mathematical equality of the sonorous vibrations and the comparative absence of the discordant waves. By the degree of tension of the vocal cords which is required for the pitch of a prescribed tone, and which, as we have seen, is greater in the higher and less in the lower notes, the muscles of the larynx really become the determining forces of the ability to sing, and a great deal depends upon securing for them the necessary practice, as for instance for the execution of rapid successions of tones. And herein lies the difference in the voices of the singers, the purity of the tone depending upon the accuracy with which they put the vocal cords upon the stretch, while in those whose tone are impure and faulty, the difficulty lies in their inability to give the requisite tension, and, of course, the muscles take part in the shortcoming. A correct idea of the sound, height, and the depth of the tone which the singer intends to communicate, enables him to strike the correct tension as by intuition, and carries him along its continuance, and through its purity of modulation, until it has ceased.

CASES OF FISTULA.

BY H. P. COLE, M. D., PROFESSOR OF GENERAL AND SURGICAL ANATOMY AND MINOR SURGERY IN HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.

I have been deeply interested in reading the very able article on *Fistula in "Recto."* by Dr. Comstock in the June 1st number of *THE INVESTIGATOR*, and as I have happened to have some cases of fistula that were quite interesting to me, and quite different from anything I have ever seen described or heard of; thought I would relate them as they might be of interest to others as well as possibly instructive.

I shall not attempt to discuss the sphincter tertius as I have never personally investigated the subject. I have the greatest confidence in the statements of Prof. Hyrtl, of Vienna, after a personal acquaintance of six months with that remarkable old gentleman, who wears

nothing in the lecture room but a dressing gown, a pair of pants worn off at the bottom — one leg of which is shorter than the other — a worn-out pair of slippers, and a cravat; and after attendance upon a six months course of lectures, delivered by him, to a class of about four hundred gathered from almost every nation under Heaven. This gentleman has by his anatomical researches discovered many similar facts, and made many modifications in physiological principals. I understand he was the one who suggested the possibility of dividing the tensor tympani-muscle through the drum membrane. I shall, therefore, accept the situation until I am forced to deny it, if that time ever comes.

CASE I. Mr. Z., of Iowa, two years before I saw him had a terrible itching in the rectum and perineum, which induced him while in the city to consult Prof. E. Andrews, who could find nothing. He returned to his home and soon had an abscess which opened through the perineum. The abscess apparently healed, and he went about his business — that of general merchant. In a few months another abscess made its appearance and was opened. This thing continued for about two years, during which time the gentleman had procured books and thoroughly posted himself on perineal abscess and its probable accompaniment, fistula. At the end of these two years he made a second visit to the city, partly to buy goods and partly to have his sore, discharging perineum (which he was obliged to dress twice a day and which would not tolerate the pressure of his clothing) permanently cured. During his study of the disease, he had become thoroughly impressed with the idea that he would rapidly decline under phthisis pulmonalis, if the fistula was cured. Though he could not see why that should be the case. He first consulted a very prominent Old School physician who told him there was no opening into the rectum, but he was not satisfied as he fully believed there was. A friend of his, who is a patient of mine, persuaded him to call me, and upon hearing his story, I told him I was very positive there was an opening in to the rectum, and thought I could prove it by pushing a probe through that canal. On examination I found an opening in the perineum about two and one-half inches in front of the anus, a little to one side, my probe easily entered and followed along a canal leading directly backward to a point just in front of the tip of the coccyx. As I had found fecal matter on the dressings, I concluded there must be a branch from this canal leading to the rectum, and after a few minutes searching, I found a branch leading off from the center of the first canal directly into the rectum. A subsequent examination revealed other branches. The next question was what was to be done. Injections would amount to nothing with so many ramifications and the ligature could not be used in these blind sinuses so I determined to lay them all open, cauterize all the pyrogenic membranes, and see if we could not make a clean sweep of all the disease. I anæsthetized my patient, turned him on his left side and proceeded on my voyage of discovery. On laying open the main canal

I found it had no less than six branches, one leading to the rectum, and five running in different directions in the perineum, and in addition to the above I discovered a blind fistula extending directly upward, parallel with the rectum to the depth of an inch and a half. There were then in all, eight distinct and separate sinuses traversing this man's perineum. No wonder he could not sit comfortably in a chair, or bear to have his clothes touch him. In the course of three weeks the man went home, all but the blind fistula being entirely healed, and that nearly. He was not satisfied to pay me the whole of my fee, as he feared the recovery would not be permanent, but that it would break open as it had done so many times before. I consented to his keeping half of it until he was satisfied, and in six months he sent me the balance. He has had no trouble to date — fifteen months — and weighs 185 pounds instead of 150. No phthisis there. He works hard and is as well as any one.

CASE II. Mrs. B., of Connecticut, aged forty, quite fleshy; about one year before I saw her had an abscess in the perineum which was supposed to have been thoroughly opened, but it did not entirely heal, and left an opening at about the point where the left thigh joins the buttock. The case had never been thoroughly examined so the patient did not know the exact condition of things but said she was sure there was a discharge from some point into the vagina. On passing my probe into the opening in the perineum, it passed directly into the center of the perineal body, separating the vagina and rectum, where there seemed to be a large cavity. After a few minutes careful probing, I succeeded in finding an opening into the rectum but not into the vagina, but my patient seemed quite confident she was not mistaken about the discharge. On account of the size of cavity, I found just before my probe entered the rectum, I thought there might be another opening out of it, but at such an angle that my probe would not follow it. It seemed to me that circumstances would certainly rule out the ligature in this case, and injections would be worthless, so I decided to use the knife. On opening this canal to the rectum, I found that the cavity spoken of extended across from rectum to vagina, and that the lady's supposition was correct, the abscess had perforated the posterior wall of the vagina and was discharging itself through that opening. For a cure of this trouble I cauterized the canal thoroughly with the melted crystals of *Carbolic acid*, removing thereby the membrane lining it, hoping it would heal while the cavity and rectal fistula were healing from the bottom. My hopes were fully realized, and the last report informed me that the lady had fully recovered. It is now seven months since the operation, and there have been no unpleasant symptoms of any kind. She is in better health than for some time past. This patient had just been cured of piles. She is the mother of one child, now living and healthy, and has always been in general good health.

CASE III. Miss G., has for a number of years worked as chambermaid in a hotel or large boarding house, was brought to me in January last by a medical brother, who supposed she had a fistula, though he had not personally examined the case. Placing this patient upon the left side, which I have usually found to be the most convenient position for examining these cases, I slipped the end of my probe into a very small opening well to one side of the perineum and a little in front of the rectum. The probe started obliquely upward, backward and inward for a distance of an inch and a half, and suddenly stopped, having passed just beyond the rectum. Directly over the point of my probe I found a cicatrix in the integument where an incision had been made about two years before into an abscess located at this point. As I could find nothing where my probe stopped, to account for the constant discharge with which this patient had been distressed for these two years, I tried to find a canal leading on to some neighboring bone, or to the rectum, but I could not proceed a line in any direction. Withdrawing my probe, I bent it in the shape of a male catheter, and introduced it again with the point looking toward the rectum. On reaching the bottom of the first sinus where the probe had stopped before, I succeeded after a good deal of persuading in getting it started toward the rectum where the point soon appeared. One feature of this case was, the sinus was so narrow that it was difficult to introduce a small probe. Another feature was, when half way to the rectum it turned at right angles. In this case I think it would have been impossible to draw the ligature through the fistula, and an injection would have been very unsatisfactory on account of the bend in the canal.

In each of the cases cited I operated with a grooved director, and in this case the director — which was silver — had to be bent to suit the direction of the canal; the case recovered entirely in three or four weeks. I do not give these cases in opposition to the ligature theory, for I believe there is a time for everything, but I would like to make one suggestion, viz., these rectal fistulæ are liable to have branches opening out of them which might be overlooked when using the ligature, and if overlooked would complicate if not prevent the complete cure of the case. I have had cases where the ligature would probably have done as well as the knife, but I should not like to trust to the ligature unless the patient took the responsibility.

CASE OF AURAL POLYPUS.

Read before the Society of Chester, De.aware and Montgomery Counties.

Miss M., aged about twenty-one, bilious temperament, slender build, complained to me in the early part of January, 1879, of an obstruction in her right ear. Examination revealed a polypus

attached to the anterior wall of the external meatus, about half an inch from its orifice, completely filling the cavity from the point of attachment to the external opening. No symptoms could be gathered except an uncomfortable sensation of fullness and obstructed hearing on the affected side. My first impulse was to remove it with the forceps, but upon second thought I concluded to try the virtue of remedies first, so I accordingly gave her two doses of *Calc. carb.* 6000, and *Placebo* to follow. About three weeks later, found the polypus reduced nearly half. Gave another dose of *Calc.* 6000. Two months later sent me word that the tumor was about one-fourth its original size and had ceased to diminish for two or three weeks past. I sent her another dose of *Calc.* 6000, and at the present writing there is no sign of the polypus remaining. The polypus was growing until she received the medicine. Was it nature or the high potency of *Calc.* that caused it to disappear?

DOWNINGTON, Pa.

L. HOOPES.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

WACO, Texas, July 29.—Season very dry, generally healthy, business good.

W. F. DILL.

SYRACUSE, N. Y., August 1.—*Sulphur* is thought to be the epidemic remedy; but, we have no epidemic.

C. P. JENNINGS.

MARION, Ind., August 1.—Prevailing troubles; too much water, hot weather, and ignorance in the use of food, with all the variety of diseases arising therefrom.

J. C. NOTTINGHAM.

ELKHART, Ind., August 1.—Prevailing diseases are: (1) Diarrhœa, (2) remittent fevers, (Gastric type) (3) remittent fevers, (Bilious type). Remedies used: (1) *Arsen.*, *China* and *Sulphur*. (2) *Ipecac*, *Bryonia* and *Nux vom.* (3) *Natrum sulphuricum*. No tendency so far this year for ague to follow remittents. When the fever breaks, that is the end of it.

Just now our fevers are easily handled. *Natr. sulph.*, puts a head on real bilious cases, right away quick. Later in the season they will become harder. It is customary with all the Homœopaths I know to use *Quinia* during the remissions, in big (five to twenty grain) doses, with *Gels.* tincture during the pyrexia. In many cases it seems to work well *at the time*, but look out for a miserable ague in a couple of weeks. I do not like this plan, and am seldom satisfied with the results when I try it.

A. L. FISHER.

CASE OF DIPHTHERIA

BY J. H. BEAUMONT, M. D., FREEPORT, ILL.

Read before the Illinois Homœopathic Medical Association, May 20 1879.

April 28, 1879. 9 A. M. Was called to a lad aged twelve, medium size, nervo-sanguine temperament. While at school yesterday was taken with a severe chill, which lasted him about one hour, pain in the head, back and limbs, followed by nausea, vomiting and high fever.

This morning found the boy very sick and full of pain; skin hot and dry; pulse 130; great thirst; tongue dry, red at the tip; papilla enlarged, brown in centre; fauces purplish red; tonsils swollen; uvula elongated.

The left tonsil covered with an ash colored membrane extending upon the velum palati and uvula. Bad odor from the mouth; very nervous and restless, would spring from one side of the bed to the other, continually calling for water.

I gave one powder of *Lachesis* cc., and left another powder of the same to be given at night. Prepared some *Sac. lac.* in a glass of water, ordered two teaspoonfuls to be given every hour, and all the water he wanted.

April 29. 9 A. M. Fever nearly gone; pulse 80, soft and even. Since midnight has rested well; pains all gone; but feels much prostrated; throat feels better; exudation and redness all passing away; tongue quite natural; no thirst; head feels heavy when he attempts to sit up; legs feel too weak to support his body; feels hungry; wants crackers and milk, which I allowed.

I gave one more powder of *Lachesis* cc., and *Sac. lac.* water two teaspoonfuls every two hours.

April 30. 10 A. M. My little patient up and dressed, feeling very comfortable, had a good appetite for his breakfast. No more medicine given.

*A RADICAL CURE OF A CASE OF HÆMORRHOIDS
OF TWELVE YEARS' STANDING
WITH GRAPHITES.*

BY C. PRESTON, M. D.

Read before the Society of Chester, Delaware and Montgomery counties.

Mrs. C., a married lady of about forty years, with five children, had been a victim of this suffering and prostrating disease during the whole of the above period, having frequent attacks which completely prostrated her and confined her to bed for weeks at a time. The hæmorrhage was so great at such periods, as to produce anæmia which required a long time to recover from sufficiently, to attend to any business. Being in humble circumstances, she always felt the necessity of resuming her household duties too soon after her sickness, which contributed to frequent recurrences of these dreaded periods of suffering and prostration.

It was in one of these periods that I first had an opportunity to treat her; in June of 1875. She had then been in bed two weeks under Old School treatment, and was rapidly growing weaker from day to day from loss of blood and restless nights. The anæmia was so great and pulse so low and feeble, and the local symptoms so discouraging that I had little hopes of raising her from her present attack much less to effect a radical cure of the disease.

On examination I found the rectum partially prolapsed with two filbert shaped hæmorrhoids protruding each as large as my little finger knotty and fissured, from which a sanious fluid was oozing of odor similar to that which is characteristic of cancer.

Such remedies as *Pod.*, *Ham. vir.*, *Ars.* and *Nux v.* were given for a week with little or no benefit. Almost in despair of effecting any good results with remedies I took Johnson's Therapeutic Key from my pocket and read under *Graph.*, the following symptoms:

Hæmorrhoids with prolapsus recti painful burning cracks between the varices, and sticking in the rectum, prolapsus recti without straining as if the sphincter were paralyzed, chronic constipation

exceptions which excrete a sticky fluid, etc. Which symptoms seemed to cover the case tolerably well with exceptions of the hæmorrhage. I put a few globules of *Graph. 2c* in water and ordered a dose every three hours.

On the following day I found my patient more comfortable, and in more hopeful spirits, and in four days under this remedy the rectum had receded and the hæmorrhoids greatly diminished in size, and in one week under *Graph. 200* and *3000*, the patient was able to rise from her bed, and in two weeks to resume her domestic duties. She has never had an attack of hæmorrhage from the bowels nor hæmorrhoids since.

Two years have elapsed and she remains perfectly well ; is stout and fleshy and is able to accomplish more physical labor than ever in her life previously.

INTERESTING PROVING OF *HYOSCYAMUS*.

Dr. Lenred in *Lancet*, Vol. 132, 1879, p. 475, gives the following heroic proving of *Hyoscyamus*.

A gentleman, the subject of phthisis, had *Morphine* nightly injected subcutaneously on account of sleeplessness and a condition of general irritability. The quantity had been gradually increased, until a grain was reached. Wishing to break through the noxious habit, I substituted for the *Morphia*, one-fortieth of a grain of *Hyoscyamus*. In less than ten minutes after the injection, the patient complained of giddiness, with a sense of compression at the top of the head. In half an hour after the injection, some milk recently swallowed, was vomited. Delirium now set in, the patient talked incoherently and was with difficulty kept lying down. A curious effect of the drug was observed. Every object seemed much nearer to the patient than it really was. He would grasp wildly at something invisible to the bystanders, and this, on inquiry was found to be the bed post, placed at a distance of about four feet from him. When a cup was handed to him he invariably tried to seize it at a point nearer than where it really was. He constantly caught at insects, with which he said the bed clothes were covered. The pulse was quickened, but its volume seemed little altered. The pupils were widely dilated, and the sight so much affected that he was unable to read the address on a letter, even when the

active effects of the drug were subsiding. The delirium and perversion of vision lasted upwards of four hours, after which time the compressed feeling in the head, and obscurity of vision remained, and it was not until twenty-four hours afterwards that all sensations induced by the alkaloid had passed away.

MONAYUNK.

J. J. GRIFFITH.

ACONITE VS. WHISKY STUPEFACTION.

This case may be of interest to the readers of your journal. Boy aged sixteen, picked up out of the road a mile from home, insensible, on July 18th, at 6 P. M.; as I am the township physician I was called to see and attend the case. I found him suffering from violent congestion of brain, with rapidly approaching paralysis of function of respiration. Investigation disclosed the fact that he had drunk about three pints of whisky at one draught, and upon investigation, I found it to be poisoned (perhaps accidentally, as they drank it from an old jug, which had contained other mixtures) so I gave *Nux vom.* 2x ten gtts. in ζ iii; water, teaspoonful each hour. Called at midnight, no better; stertorous respiration, head drawn back, pupils dilated to full extent, eyeballs divergent, jaws set; applied hot water to head, with friction of spine and *Bell.* 3x, same dose as above. Staid with him.

July 19th, 6 A. M., council called, old Allopathic surgeon; patient now in desperate condition; pulse imperceptible; inspiration very difficult, labored; great rattling in throat. Old doctor said, "I can't save him; he can't live; impossible." I thought at this stage, as it was death anyhow, I would try *Aconite*. So I gave the concentrated tincture of the root, five gtts. in one-half teaspoonful of water; (it looked like milk, being so strong) between his set jaws. In ten minutes reaction set in, respiration became easier, and at 11 A. M. gave five gtts. more same way. He gradually revived, so by 20th, at 6 A. M. he conversed rational. It being a case of interest, scores of people came in during "the trial" to see him, the rooms being crowded, until I was forced to refuse them admittance. "That Dr. Lyon should raise a man pronounced dead by their 'old stand by' seemed a miracle, but facts are stubborn things." I would not dare give even *one* drop of said tincture to any one else in health, with any degree of safety.

O. J. LYON.

CLINICAL CASES.

AWA SAMOA IN SUPPRESSED PERSPIRATION OF THE FEET.

CASE I. E. G., aged forty-two, Irish, May 2, 1879. Patient has been subject to profuse perspiration of the feet for years. Some three months ago having taken cold in the feet by wet, she no longer noticed the usual perspiration. The cold by and by settled in the abdomen, causing cramps in her stomach, and she now complains of vomiting and reching after every meal; weakness of her stomach and complete indigestion; enlargement of the spleen and *fluttering of the heart*; *lightness of the head, her head seems full of air*; *extreme nervousness*; *hysterical, sleeplessness*; *bloated abdomen*, prescribed *Awa samoa* fluid extract, ten drops every two hours.

May 3. Patient came expressing her gratitude for the medicine produced such a wonderful effect in one night; helping her to a sound, perfect sleep, and at the same time enabling her to retain her food and relieving her from that heaviness, from a load which she seemed to carry, in fact freeing her from invisible ties, (hysterical?) Prescribed fluid extract of *Awa samoa*, four drops of 4x a day.

May 15. Patient is well and discharged cured.

SUCCESSIVE TROUBLES.

CASE II. Mrs. L. B., aged thirty years, (American), Jan. 3, 1879. Patient complains of a cold which has settled on her lungs; cough and shortness of breath. Prescribed *Rumex crispus* 3, every two hours, one powder.

Jan. 18. Patient reported cured of the above symptoms, but complained of rheumatism and of pain in right shoulder. Prescribed *Hydrastis can.* 1, ten drops every two hours.

Feb. 13. Patient reported entirely well; however, she has been suffering from hives for the last six years, (varicose veins), also slight swelling of the lower extremities, for which I prescribed tincture of *Cimex lectularius* 1x, ten drops three times a day.

May 6. Patient came to-day wanting help, having hurt her right side by a fall from a ladder; right side under the short ribs looking bruised, sharp pain when breathing. Prescribed *Symphytum* ten drops, and *Belladonna* plaster externally.

May 15. On inquiring I found the patient entirely free from all the above complaints.

SAN FRANCISCO, Cal.

D. ALBERT HILLET.

VIABILITY OF PREMATURE OFFSPRING.

BY M. C. BRAGDON, A. M., M. D., EVANSTON, ILL.

Read before the Illinois Homœopathic Medical Association, Freeport, May 20.

A case occurred in my practice lately, in which a woman was delivered in six months and one week, or 187 days from the time she conceived. The infant was alive and lively, weighing one and three quarter pounds. I directed that it be wrapped in cotton batting, kept warm and fed on sweetened water, with a little milk added, a few drops at a time, and often.

The child lived eight days performing its functions naturally, and at times crying quite lustily but seemed to droop, and finally died of exhaustion—simple lack of vitality.

On looking up the authorities as to the viability of offspring at such a tender age, I find that there are cases of children on record who have been reared after birth prior to the sixth month, but that an infant born before the seventh month has very few chances in favor of existence.

An authenticated case is mentioned in Taylor's Medical Jurisprudence in which an infant born at the 158th day lived, and at the latest reported observation was eleven years of age.

This is the only well attested instance where a child has survived for any length of time, its birth at such an early period of intra-uterine existence.

*CONCERNING YELLOW FEVER.*INTERESTING INTERVIEW WITH W. H. HOLCOMBE, M. D.
NEW ORLEANS, LA.

The subject of yellow fever, in view of its aggressive character developed during the rage of the past and present epidemic, is one that engrosses a great deal of public attention just now, and any information with respect thereto is sought with avidity. A reporter of an Indianapolis paper, in June, drew from Dr. W. H. Holcombe, the following interesting interview:

“The doctor is an old yellow fever expert, having had his first expe-

rience during the terrible scourge of 1853. He went to New Orleans in the previous years from Cincinnati.

He was first asked with regard to the sanitary condition of New Orleans, and whether a return of the disease was feared.

'New Orleans is now in better condition,' said the doctor, 'than for many years past. In addition to the board of health, there is a citizen's sanitary commission, headed by the board of trade. They have raised a large sum of money and are hard at work cleaning, fumigating, etc. If it were only kept up, there would be no trouble, serious trouble, I mean; but I fear that after this year, should the general health remain good, that the city will lapse into the old way.'

'What is your opinion, doctor, of the cause or origin of yellow fever?'

'My impression is that the causes are adherent to the locality in which it rages, and that it is indigenous. The exhalations from the earth, what we call telluric exhalations, I think are the cause of yellow fever. The general turning up of the soil is more prolific than any other thing. There never was any yellow fever in New Orleans till the year after Baron Carondelet dug the canal from the city to lake Ponchartrain, through which the commerce of the gulf passes. All that immense body of land was turned over in one season, and the next year yellow fever raged in New Orleans for the first time. We find the same results attending the general overturning of the ground in the vicinity of Vicksburg and Natchez in the spring months. This ought to be stopped, and we have prevented it in New Orleans.'

'Was the epidemic of 1879 the most severe you have experienced?'

'O, no. In 1853, with a population not exceeding two-thirds of that of 1878, the number of deaths in New Orleans was 8,000. Last year there were only 4,000. North of New Orleans and in new places the disease raged with much more violence, in northern Mississippi and Tennessee especially. In Chattanooga the mortality was 56 per cent.'

'The disease did not extend very far east of the Mississippi last year, doctor; is it usually confined in any particular locality, or does it not generally extend all over the south?'

'Not always. Occasionally it will rage in some parts of New Orleans, the limits as clearly defined as ward boundaries, and not a case will be found outside of that particular quarter. That is one of the grounds upon which I argue its indigenous nature. In 1876 Savannah and the Atlantic coast suffered from the ravages of the fever; the town of Berwick, Georgia, was almost literally depopulated. Several years ago Shreveport was visited, and hundreds died, while there wasn't a case in New Orleans.'

'Wasn't the epidemic of 1878 peculiar, from the fact that negroes were attacked by the disease?'

'No, not as compared with the epidemics of later years. The negroes were attacked in 1853. Before that they had always escaped. Prior to that time the disease never penetrated into the country. Residents of the cities felt themselves perfectly safe if they went out

a distance of two miles. Now it has assumed a very aggressive character, and makes excursions of ten and twenty miles without an intervening case.'

'What is the Homœopathic treatment of the disease, doctor?'

'In the febrile or first stage, we use *Aconite*, *Belladonna* and *Bryonia*. They are the principal remedial agents, although, of course, there are others used. In the second stage, of hæmorrhages, *Arsenic* and the snake poisons. *Crotalus*, rattle snake poison, is very effective, because it produces upon a healthy man similar symptoms to those of the fever. Our treatment was very successful among young children. Last year the plague attacked a great proportion of young people, 2,300 of the 4,000 deaths being of children under fifteen years of age. Of the cases treated by the Homœopaths, only 4 per cent. were lost.'

'In New Orleans we treat the disease systematically and thoroughly. There are plenty of good nurses, and long familiarity with its appearance prevents a panic. This as much as anything else contributes to our success in treating it. That a panicky feeling spreads and intensifies the plague is shown by the violent form it assumes in a place where it has never before been known. Persons who are not afraid of it, other things being equal, are not so apt to catch it as one who is all the time fearful it will attack him. In 1853, unacclimated as I was, I went right into the plague and handled 150 cases, experiencing no ill effects. It was not for several years afterwards that the yellow fever took me down. A freedom from fear of disease is often a man's best safeguard against infection.'

'Tell me something, doctor, of the results of the investigation of the disease made last winter.'

'The American Institute of Homœopathy, appointed a commission, consisting of Drs. James, of Philadelphia; Verdi, of Washington; Breyfogle, of Louisville; Dake, of Nashville; Price, of Chattanooga; Orme, of Atlanta; Falligant, of Savannah; Murrell, of Mobile; Harper, of Vicksburg; Morse, of Memphis, and Holcombe, of New Orleans, seven of them old yellow fever experts, to investigate the epidemic of 1878 and report to the next meeting of the Institute, to be held at Lake George, beginning on the 24th of this month. They met in New Orleans, December 2d, and received reports of 6,000 cases. Thirty written statements were made by physicians throughout the affected region, from which it appeared that Allopathic treatment lost 17 per cent. of cases, and Homœopaths 6.1 per cent. An abstract of this report was presented by Dr. Breyfogle, of Louisville, at the recent meeting of the Indiana Institute of Homœopathy. Drs. Verdi and Falligant of this commission were appointed members of the national commission to investigate the epidemic, formed by congress.'

'What was the effect of the publication of the report of the commission?'

'It created a great deal of excitement all through the south. I had men come to me and say 'If I get the yellow fever I want you to treat me.' 'But I thought you were treated by an Allopath?' 'So I have

always been, but I see that class of physicians are losing their patients. My friends are dying, and I believe they kill them. I would rather have no attention than theirs, but desiring some medical service if I fall ill, I want you; I believe you are safer?’

‘In your opinion, doctor, will the disease spread farther north than it has raged of late years? Will it visit this latitude?’

‘I think it will. There are no climatic conditions to prevent. It has raged in epidemic form in Montreal, New York, Boston and Philadelphia. We have no more graphic pictures of the disease than those written by Dr. Benjamin Rush, during the plague in Philadelphia in 1793, which was the greatest ever known. History tells us that it has raged with malignant violence between the fortieth and fiftieth degrees of latitude. In 1796 the little French settlement of Gallipolis, on the Ohio river, was ravaged and almost destroyed by the disease, brought from Montreal. That is where the steamboat Porter lay last summer with its yellow fever cases. Rapid transit and communication and the density of population unite to favor its spread, and with an uninterrupted hot term through June and July there is no reason why Indianapolis should escape a short epidemic. It would not last longer than a few weeks, the first two or three frosts would kill it out. And that is another peculiar thing about yellow fever. In this country we say the first frost kills; in the West Indies, where there is none, the disease disappears as suddenly as it does here under the influence of cold weather.’

ON YELLOW FEVER.

BY M. M. EATON, M. D., CINCINNATI, OHIO.

Read before the Western Academy of Homœopathy.

Having, in common with other physicians practicing in cities where yellow fever was seen in a few cases, and being fearful of its extensive ravages next summer, studied the subject as thoroughly as I could, and having recently visited several of the largest southern cities, where yellow fever prevailed last season as a fearful epidemic, I will note a few of the conclusions I have drawn from all the sources at my command, including the published reports of the various charities and commissions, as well as reports of individual physicians, and aided by personal conversation with the physicians who lived and practiced in the midst of the epidemic, and also with the people living in Memphis, Vicksburg, New Orleans, and many small towns where the epidemic raged.

First, I will say that its etiology is not demonstrated. I found many people of the south, and some physicians, who claimed that the late epidemic was not yellow fever, but

THE "PLAGUE;"

others, that it was swamp fever, giving as a reason therefor that the creoles, children and negroes had this disease, and claimed that these classes were not subject to "yellow fever."

If it was not for the wonderful success that Homœopathic treatment has had, in this disease, the past season, especially in New Orleans, I would conclude it was the worst epidemic of yellow fever ever experienced in the south, on account of its affecting the creoles, negroes and children. If this be true, then all the more honor to Homœopathic treatment.

According to report of the Homœopathic Relief Association, 560 cases of negroes were treated, with a loss of only 2½ per cent. ; 2,953 cases of white children, under fifteen years of age, with a loss of 4 2-10 per cent. ; 3,184 cases in the city of New Orleans, with a loss of 5 2-10 per cent. Two thousand four hundred and fifty six cases in small towns were treated largely by laymen with a loss of 6 per cent.

Now this is a wonderful showing of success for the Homœopathic treatment, when we recollect that the daily telegraphic reports of deaths would indicate a death rate under all kinds of treatment of from 33 to 40 per cent., and I was personally informed by the people living there, that at the outbreak of the epidemic the mortality was from 80 to 90 per cent. in the small towns, and on inquiry they told me the treatment was entirely Allopathic. I was gratified to be told in New Orleans by people who had always employed Allopathic physicians that the Homœopathic physicians were much the most successful in the late epidemic, and they would trust them hereafter, though they had never felt they could before.

If I was asked my opinion of the cause of the epidemic I would say stagnant, poisonous atmosphere.

They had but little wind and hardly any thunder or lightning during the early part of the last season.

And one experienced the depressing effect of the sickly, stagnant, poisonous air even in February. The smell of the general air reminded one of the confined air of a room where a corpse had lain two or three days. In and about the cemeteries this odor is the more perceptible.

This stagnant atmosphere, combined with the unusually warm nights, produced by the want of the usual gulf breezes, I believe, developed the poisonous germ that spread (generally by contagion) so fearfully.

The Homœopathic treatment merits a word of comment. It consisted of the giving of *Bell.* and *Aconite* in alternation (used by various physicians in different attenuations and intervals, but very generally in alternation). Now, I wish some of these physicians would explain why they give *Bell.* and *Aconite* in alternation. The effect of this treatment was certainly good.

The question arises in my mind, did these remedies antagonize each other, so that nature alone performed the cure; or did *Aconite* act to overcome the *Bell.*, and leave some energy to be exerted on the patient;

or did the *Bell.* overbalance the *Aconite*, and make that inert, and have some strength left for the patient?

After the first few days *Bry.*, *Ars.*, *Cantharides* were used, generally singly. I can easily see that they were the proper remedies, and understand why they acted so charmingly.

Careful nursing, quiet to body and mind, with easily assimilated nourishment, frequently given during convalescence, seem to be absolutely necessary. Death was frequently caused by the imprudence of the patient, or nurse, and really should not be counted as a patient lost by the physician. Still, with all this counted against them, the Homœopathic physicians make the grand record of only the loss of about 5 per cent. of all cases treated, including those treated by laymen and nurses. All honor to the Homœopathic physicians of the south!

Personally, I take pleasure, in publicly acknowledging many courtesies to myself and family from the southern physicians and people.

ADJUVANTS IN PRACTICE.

This theme has been largely and ably discussed in our literature. There is nothing new to be said. It is important that every physician investigate the subject. It meets him often in the duties of his profession, and calls for wise judgement.

The etymology of the word shows an adjuvant to be that which stands by a man to help him. An adjuvant in Medicine is that which promises help in relieving the sufferings of the sick; and, if possible help to the curing of the sick. Hence, adjuvants may be divided into those which simply palliate urgent symptoms for a time; and those which contribute to the healing of the sick. By healing is meant cure without relapse, and with no morbid *sequelæ*.

Adjuvants may be divided, also, into those which are natural, and those which are artificial. The natural include all Hygienic methods, and all wholesome psychical and moral influences. The artificial include the instruments and appliances of the Surgeon; all medicinal preparations applied internally or externally; all such means as the douche, the clyster, and the cataplasm; all stimulants, and sedatives.

Does the Homœopathic physician need accessories in treating the sick? If needed, when? What auxiliaries may be employed in consistency with the Homœopathic law?

The lamented Dunham, in his address in 1870, reminded the Profession that no one should be dogmatic in Medicine. We have no Divinely revealed facts; and, therefore, we can have no *Dogmata*. At best, we are but interpreters of Nature; and, we must read Nature in its own light, as God may give to us clearness and power of vision. Well for us if we know when and where and what we do not know.

All *a priori* reasoning should hold itself amenable to known fact, and known law. *A priori* reasoning is not infallible.

There should be excluded from this discussion all cases which lie outside of the Homœopathic law of cure. No one contests the need of adjuvants in these; as :

1. In Surgical cases. There are conditions in which the art of the Surgeon is indispensable to any System of Medicine. Homœopathy is not singular in requiring the Surgeon. She is singular, however, in this: that she restricts him to a smaller domain than any other System does. She has saved many a limb from the knife, many an organ from cauterism.

2. All traumatic cases, which are recent, having primary indications. No one refuses help here. Yet, Homœopathy is able to lessen the necessity for adjuvants. Her treatment will promote the more speedy restoration of the injured parts, will best guard against dangerous consequences, and will meet those consequences with a surer promise of healing.

3. All cases of poisoning. No system of Therapeutics can do anything here until the poison is removed from the patient, or rendered innocuous. These indications point to evacuants, and antidotes. When the poison has been ejected, or neutralized, then Homœopathy will render signal service in freeing the patient from the dynamic effects of the poison, if the patient has not passed beyond all help.

4. In mechanical difficulties, Homœopathy is not alone in asking for adjuvants here. When mechanical difficulties do not admit of speedy removal by the powers of the organism, it is not medicine that is needed, but mechanical means; and, therefore, this class of cases may be ruled out of this discussion.

5. In incurable cases. It is difficult to draw the line between curable and incurable. The physician, while quick to see danger, should not be in haste to decide that the patient is beyond the reach of the similiar remedy, and hopelessly moribund. Yet, no medicine can save when death is inevitable.

There will be no objection to the shutting out these five classes from our consideration. They do not admit the direct application of the Therapeutic law, save as dynamic causes of disease may go before, accompany, or follow the given difficulty. The ruling out of these five classes relieves the subject of much of its embarrassment, and leaves a simple question, to wit: In cases of pure disease, does the Homœopathist need adjuvants?

The question can be made more definite. Hygienic means enable the organism to resist infection. They put the sick man into surroundings the most favorable to the salutary action of medicine. They allow convalescence to proceed without hindrance. These are entitled to be classed among adjuvants. They are helps. No one will take ground against the use of these.

The exact question is this: Given a case of disease pure and simple, does Homœopathy need, in addition to the *simillimum*, the application,

external or internal, of any agents, medicinal or non-medicinal, for the purpose of effecting a specific curative change in the symptoms of the patient?

Suppose a case. You find your patient suffering with pernicious malarial fever, in the stage known among the people as sinking chill, in the books as *febris intermittens algida*. The pulse is fast dying away; the breathing is short, hurried, oppressed; cyanosis shows that the blood stagnates in the veins. The patient is passing into a general collapse; and, death is close at hand. Many will think at once of fomentations with vinegar, or brandy, and of quickly repeated doses of *Quinine* and brandy. Just such a case has been known to revive in a few minutes after the exhibition of a few pellets of *Lachesis* 30 dissolved in a tablespoon of water, without a second dose, and without adjuvants. The patient recovered perfectly.

Many such cases would not prove that the Homœopathist never has need of help. There are cases more extreme; as, where a protracted typhus has well nigh exhausted the vitality of the patient; where hæmorrhage is profuse and persistent; where a repelled exanthem overwhelms the nobler organs; where blood-poisons paralyze the centres of life.

Nevertheless, success in desperate cases with the *simillimum* alone does suggest the probable truth of this position; that, in no instance of curable disease pure and simple, does the *simillimum* need help in the sense of curative means employed to change the symptoms of the patient.

We dream of a Homœopathy, where the exact similar is unfailingly chosen; and, where it is exhibited with perfect precision as to attenuation, dose, time, and repetition. Probably, such faultless accuracy would need no help other than Hygienic. Excesses, old age, malformations, and accident would almost exhaust the catalogue of the causes of death. The dream is warrantable on these grounds:

1. The organism is a unity.
2. It is the most sensitive of re-agents. (Grauvogl).
3. Any given disease is a unity, however numerous the symptoms, and however diverse the organs involved. It is not an entity, but dis-ease, loss of ease, a state resulting from a disturbance of the equipoise of the vital forces. The organism re-acts against the hostile power. The re-action gives rise to changes which we call pathological. These are not the disease. They are the products of disease. They are signs, symptoms of the condition of the organism in its resistance of its foe.
4. Medicines possess, each, the power to call forth, in the organism, a reaction similar to that provoked by the morbid influence; and, this reaction is, in the last analysis, one.
5. The *simillimum* having been exhibited in a given case of disease pure and simple, two similar reciprocal actions co-exist. They cannot co-exist for a long time. The one will annihilate the other; for, unity is the law of the organism. Experiment shows that medicine

calls forth a quicker and stronger reaction than the morbid influence provokes. It is rational, therefore, to expect that the medical reaction will prevail; whereupon, all symptoms of disease will disappear. *A priori*, therefore, it would seem needless to proffer help to the similar remedy. Failure will be due to the physician, not to the Homœopathic law. The ideal cure is wrought by the single medicine, in the *minimum* dose, without additional means other than Hygienic. This is witnessed daily in Homœopathic practice.

The ideal cure is not achieved always. It cannot be a constant experience, because:

1. The similar remedy cannot be found for every case, seeing that not all medicines have been proven as yet. The similar remedy is to be found among proven medicines only. Morbific influences are more numerous and diversified than the drugs contained in the *Materia Medica*. Furthermore, many drugs should be re-proven, in order that they may favour more perfect results in practice.

2. While the similar remedy, if exhibited, needs no help, the physician does need it sometimes. No physician is always unerring in diagnosis, exact in his knowledge of the *Materia Medica*, unfailing in power to perceive the precise relation between his patient and the answering drug. Moreover, the most skilful physician is not always equal to himself.

3. The laws of attenuation, and of dose, and of repetition are not settled. This fact leaves room for failure, even when the proper remedy is selected.

These are considerations which go to the root of the matter. When Homœopathy shall have been perfected both as a Science and as an Art, adjuncts may be generally declined. Homœopathy has accomplished wonderful things. It is capable of progress. Every physician should be eager to become as proficient as he may. The day has not arrived when any one can claim perfection.

4. Some minor facts demand notice. In many cases there are psychical and moral conditions of the patient to be relieved. These may be best ministered unto by a busy use of expedients. The construction and anxiety of the friends should be allayed. Much that is true may be said about the salutary effect of their faith in the physician; but, he may be on trial; and, the non-use of accessories may prevent faith, or, may shake it where it does exist. Reason does not sway all men. In times of great peril, men are apt to infer, from a physician's exclusive dependence upon medicine, that he is neglectful, or, that he is poor in resources. The people are to be educated, it is true; but, you must win their confidence, or, they will not give you a hearing.

Adjuncts are to be employed, sometimes. When are they admissible? Not upon trivial occasions; nor, upon every grave occasion. Generally, the similar remedy will relieve more quickly than any expedients will, and this because it institutes a curative process. Expedients are not likely to cure. If, however, there be obscurity

hanging over the case through lack of characteristic symptoms, and the most strenuous efforts to find the *simillimum* are baffled, and death is imminent, the physician must summon such helps as his best judgment shall select.

In ordinary cases, there are simple aids which may be used at any time to soothe, and to satisfy; not to change symptoms, not to act medicinally.

It remains to enquire what adjuvants may be used?

No one is authorized to pronounce *excathedra* the answer to this question, unless it be the founder of our School. The note appended to paragraph 7 of the Organon discourages the use of medicinal adjuvants. To suppose that these are covered by the *etc.* at the end of the note is to interpret the *etc.* with a luxurious and erratic imagination. The note recites methods of removing the *causa occasionalis*, the "manifest or exciting cause" of disease. The note has no reference to occult and dynamic causes of disease. It excludes them intentionally. The stress of the note is hostile to medicinal auxiliaries in the treatment of dynamic diseases. To use medicines whose positive primary action is opposite to the diseased action is non-Homœopathic. Such is the reiterated teaching of Hahnemann. It is the first obvious corollary of our Therapeutic law. To read *contraria* into *similia* is to juggle with language. It is to empty language of all meaning, and it changes definite instruction into Delphic oracles.

An adjuvant must justify itself upon grounds which do not conflict with Homœopathy. Nothing should be used which can hinder the action of the *simillimum*. An adjuvant is that which helps. Other medicinal articles will interfere with the similar remedy. Generally, this will show very soon that it needs no help. If, though well chosen, there be some error in the attenuation, or in the dose, or in repetition, then aid may be opportune. External applications of the same remedy may prove helpful. In exanthematic fevers, inunction with unmedicated fat has given satisfactory results. Water is a valuable accessory in some hæmorrhages, fevers, inflammations. It requires caution. Many a life has been washed out, or chilled out. The Hydrogenoid constitution is intolerant of water.

Asphyxia from accident calls for electricity, clysters of strong coffee, strong perfumes, gradual heat. (Organon, par. LXVII, Note). It is not disease we have to contend with in such conditions; and, therefore, the similar medicine has no place.

Some have been accustomed to heroic measures for a long time. It may not be advisable to terminate these suddenly; let this be done gradually.

In some conditions, a well chosen medicine may act slowly. The watchful physician will think of change in attenuation, or dose, or repetition. He may find it important to use helps: e. g., fomentations in spasm of the glottis; bandaging varicose veins; moist heat in inflammations; dry cupping where a vital organ is overwhelmed

with congestion. Electricity may restore reactive power to paralyzed parts.

It need scarcely be said that "manifest or exciting" causes of disease are to be removed. The cause *ab extra* is meant, "*causa occusionalis*." Products of diseased action, which, remaining, may prove mischievous, are to be taken away, or, neutralized. Hence, antiseptics have their place in degenerated tissues.

In hopeless cases, as in tubercular phthisis, certain carcinomata, hypertrophies, mal-formations, *etc.*, one should employ whatever may promise alleviation without greater injury in the long run. Choose such adjuvants as will not interfere with the similar medicines.

When the physician is baffled, he should take note (if he has not done it already) of temperature, hygrometrical conditions, *genius epidemicus*. Also, he should inquire after subjective signs in the patient, and after concomitants, and latent dyscrasia. The investigation may lead to the medicine demanded in the case. If he continue to fail, some heroic measure, while it cannot cure, may yet break the torpor of the patient's constitution, and set free that reactive power whereby it shall answer to the similar remedy. When, in a malignant, but sometimes curable, disease, all goes wrong; remedies seem to be selected properly, yet fail; the patient is slipping away rapidly—what is to be done? Stimulants offer a forlorn hope. They may bring the patient into a condition favourable to the action of medicine. They may support the strength of the patient, and procure a valuable respite. In the presence of death, if no *simillimum* can be found, the physician is justified in resorting to any measure which his coolest judgment may regard as offering any hope of rescue. His supreme duty is to save the patient, if possible.

The physician must be on his guard against forming the habit of falling back upon palliatives, stimulants, and other extreme measures whenever he begins to perceive danger. If this become his custom, he will neglect the laborious questioning of the *Materia Medica* in search of the similar remedy; he will fly from drug to drug in hot haste, uncertain what to depend upon; he will give large doses of crude, or approximately crude drugs, in frequent repetition; he will make medicine the adjuvant, instead of compelling adjuvants to wait upon medicine. Gradually he will drift into the free and ready use of the whole equipment of a barbaric empiricism. He will lose his old aspirations, become sceptical, and, at last, turn scoffer against Homœopathy. If he will, at the same time, lay aside the name of Homœopathist; the world will be the better for it; and, he will be credited with an honesty to which the pseudo-Homœopathist has no title. In reviewing the downward career of such a man, it will be found that he was wont to confine his investigations to objective organic symptoms. Such a man will, of necessity, fail of that precision which comes from learning the meaning of subjective symptoms and concomitants. He cannot discover, in grave cases, the characteristics

which guide surely to the selection of the similar remedy. He will feel the need of medicinal adjuvants in a majority of his cases.

Some will think of intercurrent medicines as adjuvants: e. g., if Neuralgia occur in the course of treatment, shall we not give *Coffea* or *Chamomilla*? Hahnemann sanctioned the use of intercurrents. One cannot help asking certain questions: Are we to treat diseases by name? Is not a given diseased state a unity? Is not the neuralgic pain an integral part of the one diseased state of your patient? Should not the neuralgic pains lead you to re-study the case, lest haply the suitable remedy may not have been selected? If the true drug has been exhibited, is it wise to interfere with its action, save for urgent cause?

"To heal, not to relieve for a few moments," is the aim of the true physician. (Hahnemann's Lesser Writings, Dudgeon's Translation, p. 636).

C. P. JENNINGS.

COMPLICATED VALVULAR LESION OF THE HEART.

BY J. S. MITCHELL, M. D., PROFESSOR OF THEORY AND PRACTICE
AND CLINICAL MEDICINE, IN THE CHICAGO HOMŒOPATHIC
MEDICAL COLLEGE.

Read before the Illinois Homœopathic Medical Association, at Freeport, May 20, 1879.

MR. PRESIDENT AND GENTLEMEN: I would like to call the attention of the Association to a case of complicated valvular lesion of the heart. You will notice by comparison with the normal heart, that we have in the morbid specimen beside it very marked hypertrophy and dilatation.

If we accept Bizot measurement's which give the ordinary thickness of the walls of the left ventricle at one-half inch, and of the right one-sixth, we readily see that the walls in this heart are double the normal. The left ventricle is not dilated, the right is considerably so. The auricles are greatly dilated, the right enormously. For practical purposes it is not necessary to aim at extreme accuracy. We can judge sufficiently by the eye. I would not under-value the labors of Bizot, whose careful measurements are still quoted in our classical works, though his researches were published in 1838. The nicety requisite for the detection of moderate change in size, can at times only be attained by careful comparison with his data. The auricle on the side whose ventricle is affected must dilate more rapidly, usually for obvious reasons. In this instance the right auricle as we have seen is most dilated. We shall presently see the reason.

Looking at the interior of this heart we find the mitral and aortic valves seriously affected, while the tricuspid and pulmonic are normal. Gerhard claims that the mechanical condition of tension produced by

disease of one valve tends to injure the others. This specimen contradicts emphatically that view. We have here both stenosis, and insufficiency of the valves on the left side, and yet the right valves are normal. Moreover, the enormous dilation of the right auricle, and the more moderate of the right ventricle, have taken place without injury to their associate valves.

A clinical fact of importance is also developed, viz., that the endocarditis that originated the valvular lesions must have been exclusively on the left side. The same blood was within short intervals in both sides of the heart, yet all the fibrous and calcareous deposits are in the left alone. We may well exclaim with the Psalmist at the grand economy which in foetal life allows the right heart to be involved most, while the lungs are inert, and in extra uterine life reverses the order. Though greater force is required for the systemic circulation the pulmonic so immediately vital is more fully guarded.

All will remember who have seen it, Niemeyer's reference to the hunter of Griefswald, who suffered from stenosis and insufficiency of the aortic valves, yet performed with ease the forced marches of a campaign. In lesion of the mitral, since we are a step nearer the lungs dyspnoea comes on sooner, while on the affections of the tricuspid and pulmonic semilunar, dyspnoea, cyanosis, and dropsy wait early.

We next inquire into the cause of the hypertrophy of the left ventricle. The stenosis of the mitral alone would give us a small left ventricle, with thin walls, since only a lessened amount of blood could pass the contracted orifice. But we have insufficiency also, whose tendency is opposite and therefore productive of enlargement.

Again we must remember the marked stenosis of the aortic valves, which operate decidedly in the direction of hypertrophy. We have then two forces against one, and the resultant is the manifest hypertrophy which we see. There is little difficulty in determining the result of complex lesions, if we keep in mind those of lesion of a single valve. The hypertrophy in this case could not prevent the inevitable result of diminished blood in the aortic system. The aortic stenosis opposed the entrance of the normal amount, into the artery while the mitral insufficiency, allowed regurgitation. The tendency to diminution of blood supply in the aortic circuit could only be partially compensated by hypertrophy against such odds. Hence we have the explanation of the hypertrophy and dilatation of the right heart.

The pulmonary circuit is overcharged to the extent that the aortic is lessened. The right heart strives to remedy the evil, but at last it fails. The overcharged right heart, may feed the lungs to such an extent that pulmonary oedema may set in and end life suddenly. It is probable that in this way death thus occurred in the case in point. Venous engorgement must have been intense, and accounts for the dropsy which was a prominent symptom in the case.

Close examination of these valves demonstrates that the aortic are calcified, the valve tips are thickened and held in triangular position,

in which they now stand. The stenosis is evident enough. As to the insufficiency we cannot determine by the usually advised procedure of filling the vessel with water. In the first place the fluid is then different from the blood, moreover the force is different, and exerted under circumstances unlike those attending cardiac action. It is not fair to assume that what we can do with portions of the body in laboratory demonstrations, is just like the action in the full tide of vital power.

We see in this case that absolute closure of the valves is mechanically impossible. The shortened, thickened and calcified valve tips, cannot be brought together by any force. I believe that nature will provide during life, against the occurrence of insufficiency in some cases when post-mortem examinations, and experiments indicate a moderate degree of this lesion.

The mitral valve is also calcified. Here the mechanical conditions are such that insufficiency is absolutely evident. We have one valve tip stripped clean of chordæ tendinæ. There was nothing to prevent the flapping to and fro of this segment, during passage of blood currents. This tended of course in a measure to relieve the stenosis, but so thick and firm are the two curtains that when I press with my finger against them, they do not yield so as to hug the ventricular wall, as normally.

This is the finest specimen of valvular lesions I ever saw. Flint has only once seen a valve entirely bare of chordæ tendinæ. Lesions of the aortic, and mitral of some form, are, it is true, common enough. The combination, however, in its entirety is quite rare. There is a relative perfection so to speak of the aortic, that is unusual with the degree of stenosis.

Clinically, I had no opportunity to learn much concerning the patient not having the history, and not seeing the case before death.

The dropsy was extreme and the cardiac impulse, very strong. The murmurs were loud. While anæmic murmurs, in fact all inorganic murmurs are usually soft, we must recollect that the organic murmurs may also be faint. This is exceptional, however. Loudness and roughness, usually mean an organic murmur. Flint says the intensity of a murmur is *not* to be taken as evidence of the importance of the lesion, which gave rise to it.

An intense murmur may accompany trivial lesions, and on the other hand, the most serious lesions may give rise to a feeble murmur. If we consider the other signs of cardiac disease, we can, it seems to me, judge of the amount of the lesion from the murmur. I assume a grave lesion with a loud murmur and marked cardiac symptoms. I would prescribe such remedies as *Calc. carb.* and *Silicea*, if I had rough murmurs on the supposition that I had calcareous deposits. A feeble murmur which was in itself evidence of gravity of lesion would necessarily be accompanied with serious cardiac symptoms.

My own experience at post-mortems has always found me a grave lesion, and usually calcareous deposits with an unusually loud and

rough murmur. In the rare cases where the stenosis becomes so great that a goose quill, nay even a probe, cannot be readily passed, we should necessarily have no murmur. Tanner notes the case of Dr. Williams, where a man under his care presented a loud murmur, but after death from typhoid fever only a small fold of the aortic was neatly retroverted allowing a moderate regurgitation. Such a case as this teaches us that it is rather the power of the heart, than the condition of the valves that determines the prognosis. A point too little insisted upon is the previous history of the case in determining the prognosis. The Griefswald hunter before referred to bid defiance to his lesions, because he had a strong constitution, and an otherwise healthy heart fully capable of performing a work of supererogation. Strong nerves and muscles will long resist disease encroachment. Our patients with valvular disease should be carefully guarded. Laziness becomes with them a virtue. Drug treatment should never be allowed to impair the tone of the tissues. The use of *Digitalis* in tincture doses so often resorted to, sometimes even by our physicians, is to be deprecated. The good temporary effect is counter-balanced by the secondary weakness of cardiac nerves which it engenders.

Rosenstein himself an Allopathic physician, speaking of the treatment of valvular lesions, says "the first and most fundamental rule which holds good here as in all chronic diseases, though one that is often neglected in spite of its evident simplicity is not to make the case worse by the use of drugs." Would that this aphorism could be placed in letters of gold in every physician's office.

It is not my purpose to discuss treatment in this paper. We need more workers in the field of cardiac diseases in our school.

Our literature is yet meager on this subject. We need specially to observe the ultimate results as far as possible of our remedial agents.

We are justified from our already immense clinical experience with Homœopathic remedies in correcting grave morbid conditions, in assuming that there is a brilliant future for our system in dealing with cardiac lesions.

Consultation Department.

FOR T. G.'S CASE.

T. G. in August 1, No. 3 of THE INVESTIGATOR, page 93, case for counsel. Study well *Kali bich.*, give it in different potencies, and you will cure your patient. J. D. G.

FOR T. G.'S CASE.

Case for counsel, UNITED STATES MEDICAL INVESTIGATOR, Vol. X, No. 3, page 93. From your description and my experience I should fully expect a rapid and permanent cure from the continued use of

the following: *Salicylate of Sodium* crude, five grains mixed in ten teaspoonfuls of water and one teaspoonful given every two hours each day, until six powders are taken.

J. ARTHUR BULLARD.

ANSWER TO CASE.

To T. G. In THE UNITED STATES MEDICAL INVESTIGATOR, for August 1, 1879. If he will try *Rhus tox.* 3x or 6x. It has many of the symptoms as "Vertigo think fall forward and want of plasticity in the blood with tendency to cessation of organic activity." His patient cannot get up when sit down after exercise, hard pressure or load as if a stone in stomach; bread lies heavy. "Affections from grief, or loss of friends;" hard work. etc. *Arnica* and *Phos. acid* have some stomach symptoms; also for grief, but *Rhus tox.* in full doses ten drops an hour before meals and bed time, or only nights and mornings will give satisfaction all around. Intercurrent symptoms after *Rhus* has done its work may be met by a Homœopathic remedy, a dose or two. Trouble is—grief.

P. S. DUFF.

ANSWER TO CASE FOR COUNSEL.

For the case of mania dependent upon pregnancy reported on page 92 current number of THE INVESTIGATOR, there is but one remedy indicated, viz., *Aurum met.*, and it is surprising that it has been overlooked. The mental symptoms point unmistakably to its use, and a dose of the 200th dry, on the tongue night and morning will enable the patient to carry her child to full term. All the *Aurum's* have more or less action on the womb and its appendages, and when we find the mental symptoms so prominent as is in this case, we can give one or the other of the various preparations according to their indications with great confidence. In this instance it is *Aurum met.* C. C. S.

Society Proceedings.

Transactions of the Clinical Society of the Hahnemann Hospital, Chicago.

BY E. S. BAILEY, M. D., GENERAL SECRETARY.

REPORT OF THE BUREAU OF DISEASES OF CHILDREN, BY H. P. COLE, M. D., CHAIRMAN.

The subject selected for discussion at this meeting, and the clinical cases accompanying this report, have to deal with an interesting class of diseases peculiar to children.

The term hydrocephalus is applied to an affection characterized by an excessive accumulation of serous fluid either within the ventricles of the brain or the sac of the arachnoid.

Pathologists have recognized the divisions of internal and external,

according as the fluid is found to occupy the ventricles of the brain or within the arachnoid, and consequently surrounding the exterior of the brain.

Hydrocephalus may be either congenital or acquired, and acute or chronic. As to the causes, a variety of opinions may be given, as the most experienced observers still differ widely upon this point. Some regard the effusion as a passive dropsy, caused by compression of the ventricular veins resulting from a tumor in the lobes of the cerebrum. Others regard internal hydrocephalus as a morbid condition of the lining membrane of the ventricles.

Symptoms.—The unusual size of the head is one of the most striking symptoms. All of the diameters are very much enlarged. The increase in the size of the head is due to the widening of the coronal and sagittal sutures from the pressure within. The membrane covering the enlarged sutures is often distended and prominent. The fontanelles remain very widely distended, and when the disease is arrested and life prolonged, ossification of the cranial vault is effected by supernumerary bones in the membranous spaces. Where the case is congenital there is always evidence of cerebral disturbance. There is an unnatural expression, usually tranquil, but with oscillation of the eyes or strabismus. The intelligence of the child is poorly developed, the special senses are impaired, especially vision. It is difficult to estimate the amount of pain. The hydrocephalic cry, so-called by Coindet, is probably some indication of the amount of pain the child is in, it is a peculiar shrill, sharp and sudden scream. The appetite is irregular, and so the bowels. The progress of the disease is variable, there are pauses of variable frequency, and duration during which the child seems free from pain, improves in its general condition, and the development of the head is temporarily arrested.

Prognosis.—Chronic hydrocephalus ranks among the most fatal diseases. Acute hydrocephalus of the external variety must not be regarded as hopeless, since there are records of cases of complete recovery even when congenital.

A question that interests us most is in discussing the means of curing such cases, and of discovering if possible how far symptomatology, and our knowledge of the action of remedies will aid in saving life. In the case connected with this report, where the origin was doubtless malarial, the well selected Homœopathic remedy acted immediately and to the relief of the child. The totality of the symptoms together with a knowledge of the pathological conditions, lead to the choice of *Calc. carb.*, *Ars.* and *Hellebor.*, at different stages of the disease. I was called to see the case at the request of Mrs. Dr. Harris, who was the physician in charge at the birth of the child.

The history of the case is as follows: Mother aged thirty has had four children, one living four years interval since last birth to this one with a history of a miscarriage during this time. Has had almost constant flowing since miscarriage. All through this pregnancy, she suffered greatly, seemed as though something was wrong, had an

unnatural appetite, wanted and partook of spices, etc. Difficult labor, occasioned by the hydrocephalic condition. The measurements are as follows: Distance from nose over the head to foramen magnum, twenty-one inches. Greatest diameter nine and one-quarter inches. Distance over the head from mastoid process to the other seventeen inches. From meatus auditorus externus to occiput six inches. From meatus auditorus obliquely upward and backward seven and one-half inches, obliquely upward and forward six inches. Greatest circumference of head twenty-five inches. Circumference from foramen magnum, over top twenty inches. Distance across the base of the skull eight and one-half inches.

The child's face at times becomes very dark almost livid. Feet always cold; hands get cold; takes but little nourishment. The child is now living, is three months old, but seemingly on the decline in general vitality and dissolution is daily expected.

CASE OF ACQUIRED HYDROCEPHALUS.

History of the case revealed the fact of the child, being well until taken into a malarial district of Michigan, upon returning to the city a hydrocephalic condition began to show itself. At one year of age, it had been treated for some months for this condition of the brain without the least benefit. The child was large and fleshy; the flesh soft and doughy; could not bear his own weight upon its feet; head was constantly in motion changing from side to side; preferred to be on his back, with his feet and legs in the air. If turned on his side would regain position on the back; eyes had listless, indefinite stare, did not flinch at the approach of a hand or light; did not seem to know who was carrying him. The head which had become somewhat ossified before this diseased condition, did not grow very much larger. At first the noise he made was a sort of a grunt, afterwards a sharp cry. *Calc. carb.* 6x was first selected, afterwards *Hellebor.* 6x and *Arsenicum* 30x. The improvement was marked in all respects. The child survived one sharp attack of cholera infantum, but died later in the summer from a second attack.

The following report from Dr. E. G. Meissler, was read by the secretary:

A. W., aged six years and two months, has suffered from hydrocephalus since her birth. She is the eighth of eleven children, who are all alive and in perfect health, with the exception of little A. The mother gave the following history: During pregnancy no untoward symptoms were felt. In the latter part of gestation about two months previous to confinement, she fell down stairs which caused her considerable pain for some time, and she is very much inclined to think the cause of the child's illness is that accident. She went to full term; labor was hard and tedious, more than in former confinements, seemingly on account of the child's head being very large.

Upon examination the head was of a remarkable large size, soft and the sutures far apart, altogether different from what she had seen of

her other children. Six weeks after birth the head commenced growing to be unnaturally large for a child of her age. A physician was consulted, and by him the diagnosis was made a case of hydrocephalus. From that time the child was put under doctor's care. Several physicians, all regulars, tried their skill for over one year, but without the least benefit. In spite of the very best "regular treatment" of several physicians the child's disease developed itself regularly, as if nothing was done to check it in its progress. The parents seeing that all medical treatment was of no avail, concluded to quit doctoring entirely.

The prognosis of these several doctors differ very much. One thought the child could not live long, while another thought the child might live and outgrow it. This is in short the history the mother of the child has given.

At present, the condition of the poor sufferer is most pitiful. While other children run about, this little sufferer has to lie on her back day by day throughout the year. The head is now of an enormous size, the occipito-frontal circumference measuring twenty-six inches, the occipito-mental eighteen inches. The forehead is protruding forwards and upwards; the eyes are constantly rolling in their sockets as if the child was in convulsions, while the upper extremities are jerking and moving involuntarily most all the time. The child is quite irrational has to be fed by the spoon, the calls of nature are passed unnoticed. Appetite seems to be normal and the evacuation of the bowels natural. To all this the child is suffering from otorrhœa, the discharge being bloody and very offensive.

The foregoing is the most interesting case of chronic hydrocephalus I ever saw. It is a pity, that the parents, having despaired of all medical treatment, will not even have a trial made of Homœopathic remedies. It is my opinion, that although the case is gone to far to be cured, with well selected Homœopathic remedies much might be bettered as yet. The child can be seen at No. 19 Ruben street, near 18th street.

In the discussions following the reading of these cases, Dr. D. S. Smith, remarked that he had had good results in the use of *Apis mel.* and *Hellebore*.

Dr. R. Ludlam would call particular attention to the condition of the renal organs, and see that their function was kept as near normal as possible.

It was suggested by Dr. Brainard more than twenty years ago that the fluid contents of the cranium be removed by aspiration. In some few cases he was successful. Dr. B. also advocated and used an injection of *Iodine* following aspiration, but without any desirable results. The hydrocephalic condition noticed in cholera infantum was sometimes misnamed—it should be hydrocephaloid. It was a long time ago that Dr. Lord made the suggestion that cholera infantum was a brain, and not a bowel disorder. The brain disorder in this class of diseases only had a resemblance to either of the forms

of hydrocephalus. *Apis mel.* was as good a remedy as any that he had tried.

Dr. Burt thought that he had had rather more than his share of such cases in his practice of more than twenty years; and dreaded hydrocephalus more than yellow fever, because the latter was curable. As to remedies, his experience is that the high potencies are more efficacious than the low. In one family where he had lost two cases, and the third was dying from the same disease; the administration of the 1m. potency seemed to be the pivotal point, the child lived. He had confidence in about four remedies, *Arsenicum Sulphur*, *Aconite* and *Calcarea carb.* In one case *Rhus radicans*, was very useful. The symptoms he most dreaded to see in such cases were the constant nausea and vomiting; great cerebral irritation injection of the blood-vessels of one eye with strabismus. Never used and could not advise strapping or aspiration. Had no confidence in *Apis mel.*

Dr. Fellows.—We know nothing of the causes in congenital hydrocephalus, but are probably venous, or tubercular. A blow upon the head may cause acute inflammation of the dura mater and effusion. Idiopathic cases of hydrocephalus are curable. We get the extravasation, with breaking down of tissue in hydrocephaloid as well as in hydrocephalus. In the internal variety where the effusion causes separation of the peduncles, there must follow paralysis, and accompanying symptoms and also the pressure upon the nerves at the base of the brain accounts for loss of special senses. In cases of congenital hydrocephalus ossification may take place to such an extent as to produce a balance, or stasis, and the child remains in a hydrocephalic condition during babyhood, with evidences of out growing the disorder. Such persons rarely survive after puberty. The hydrocephalic cry is not present usually in true hydrocephalus, but rather in acute inflammation of the brain in various disorders. The vomiting in hydrocephalus comes on suddenly without pain, and may be called "purposeless vomiting." It is not a vomiting from nausea; but a sudden contraction from irritation of the pneumogastric nerve, impelling the fluid forward. Tubercular meningitis is not unlike hydrocephalus in its symptoms. I place but little hope in remedies, but give them in hopes of having made a wrong diagnosis.

Dr. Duncan.—I have in my library a medical work written in 1790, which discusses hydrocephalus very much as authors do now. But modern writers begin to doubt any distinct disease as hydrocephalus, for we know that serous effusion is present in five or six different diseases, *e. g.*, æmia, simple meningitis, lepto-meningitis infantum, tubercular meningitis, etc. I have even seen it as a result of enteritis. The old division of acute and chronic, internal and external, hydrocephalus is of little value. The half dozen photographs displayed by the doctor were of little patients of his having hydrocephalus in its varied forms. Among the symptoms in acquired hydrocephalus, or meningeal congestion from intestinal irritation, are constipation, nervous restlessness, child not sleeping more than five minutes at a

time during the day, nor a half hour at night. This is an early symptom. A peculiar noise similar to laryngismus stridulus, only more brief, is premonitory of convulsions from pressure of fluid, and convulsions in such cases mean death. *Belladonna* was an early and valuable remedy, and had not failed him in the early stage of irritation. *Calc. phos.* had proved a valuable remedy for some cases of sleeplessness.

Mrs. Dr. Wisner.—Reported two cases; one in which the hydrocephaloid symptoms were marked and the child lived. Also asked counsel in a case of idiopathic circumscribed peritonitis.

The secretary had received letters from cases, where, on the recommendation of the society, remedies had been given, both reporting favorably.

N.B.—The next session of the society meets the first Tuesday evening in September. The Bureau of Skin and Venereal Diseases report on the treatment of psoriasis.

THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

The twenty-fifth annual meeting was held at Freeport, May 20 and 21. This was the best yet held outside of Chicago. There were present of the officers: President, W. Danforth; vice-presidents, W. J. Hawkes and J. C. Burbank; secretary, T. C. Duncan; treasurer, A. G. Beebe. Of the censors, only B. N. Tooker, was present. The vice-presidents were subsequently appointed to act with him. The membership was ably represented by Drs. D. S. Smith, C. Adams, Chicago; L. Pratt, Wheaton; B. Ludlam, J. S. Mitchell, W. H. Woodyatt, N. F. Cooke, N. B. Delamater, G. A. Hall, E. H. Pratt, Chicago; R. F. Baker Davenport, Iowa; R. F. Hayes, J. H. Beaumont, J. F. Beaumont, O. E. Stearns, Freeport; R. B. Mc Cleary, Monmouth; M. C. Sturtevant, Morris; A. Van Patten, Mt. Carroll; H. W. Wales, R. P. Wales, Lanark; E. M. Mc Affee, Clinton, Iowa; E. Perkins, Peoria; S. P. Hedges, Mrs. J. H. Smith, Chicago; F. S. Whitman, C. H. Seymour, Belvidere.

Visitors and others present: Drs. A. E. Rockey, Iowa City, Iowa; Lewis Sherman, Milwaukee, Wis.; W. A. Chappell, Oregon, Ill.; G. L. Chapman, Polo, Ill.; J. D. Dickenson, Galva; Sue A. White, Chicago; Mrs. S. C. Harris, Galena; C. B. Pillsbury, Geneseo; E. E. Holman, Warren; D. H. Kleckner, Davis; G. E. Halsey, Chicago.

Regrets were read from many absent members.

Quite a number of Allopathic physicians dropped in during the sessions.

After prayer by Rev. G. S. Young, Rev. H. D. Jenkins delivered a brief address of welcome. He opened with a few humorous remarks, and then alluded to the relations between the ministry and the medi-

cal profession. The finest book of devotion on his shelves was written by a physician, and one of the leading works on modern surgery was written by a priest. He eulogized the medical profession, and sketched the qualities that should distinguish a true physician. In conclusion, he hoped that they would carry away with them none but pleasant recollections of Freeport's hospitality, and was sure that they would leave behind them kindly memories of the professional dignity and profound scholarship.

The president responded briefly and in appropriate terms.

The convention then proceeded at once to the business which had called it together.

Reports from the Committee on clinical medicine was first called for.

TRAUMATIC PARALYSIS AND INSANITY.

Dr. E. H. Pratt, of Chicago, reported the following case :

Mr. M., about seventeen years of age, was struck by a base ball upon the dorsum of the foot near the ankle. Rest, fomentations and the usual means of controlling inflammation failed to relieve the foot of pain, which began immediately after the injury, and continued steadily increasing for weeks; finally all at once without apparent cause, the pain suddenly ceased and the young man became terribly insane. He was sent to the Elgin asylum, and remained there, a bad case for several weeks, at last, his mental condition began to improve, but the pain in the foot began to return at the same time. His mind becoming clear, he was taken out of the asylum.

It is now more than a year since the injury was received, and the boy's condition is deplorable, the whole limb of that side is atrophied and cold; the foot is œdematous and tender to the touch, and full of pain. Galvanism is now being tried; nerve stretching; nerve resection; amputation, etc., have been proposed as a last resort to save the boy from mental ruin.

Dr. Beebe, of Chicago, remarked :

I have seen two other cases of a similar character, arising from injuries to the peripheral extremities of nerves, resulting probably in neuritis or some similar pathological process, which was propagated along the nerve to its origin in the spinal cord. These have resulted in very obstinate neuralgia; atrophy of the muscles supplied; and loss of the use of the affected limb. One of these patients has been examined by Dr. Delamater, who pronounces the opinion that disease of a trophic character has already attacked the spinal cord, although originating in the knee.

Another patient had been treated galvanically, medically and otherwise with no results, and has now abandoned all efforts I believe, but the will-power.

The association then adjourned for dinner.

To be continued.

Medical News.

There is no use for a man to practice without books. He has got to keep up with the times. P. M. FRISBIE.

Chicago seems to attract medical students. One registrar reports having received 600 letters already. Our colleges undoubtedly afford unusual facilities for very low fees. Both are enlarging their quarters.

The New York Ophthalmic Hospital report for the month ending July 31, 1879: Number of prescriptions, 3122; number of new patients, 240; number of patients resident in the hospital, 36; average daily attendance, 120; largest daily attendance, 175. J. H. BUFFUM, M. D.

In Press.—Elementary Text Book of Homœopathic Materia Medica. This is a condensed, characteristic, comparative, pathological and therapeutic outline analysis of the principal remedies. It will be the book for students, and supply a long-felt want in the profession.

To Destroy the Taste of Cod-Liver Oil.—First put into a small medicine-glass, a five per cent. solution of gum-arabic. Froth from porter is also a good vehicle, or some salt herring, eaten just before taking the oil will make its taste imperceptible.—*Louisville Medical News.*

The Chicago Homœopathic College claim that we done injustice to that institution by implying that a person could graduate there on one term. The two years graded courses have since been adopted. This is certainly a great improvement and it is enlarging its quarters so that the two courses can go in together. Now if it would adopt Homœopathic text books the quality would be improved as well as the quantity.

The question of text books is one that seems to puzzle the college professors. All sorts of whims seems to influence them. One professor will not recommend a rival's work, etc. Books long since out of print are retained as text books year after year, to the annoyance of book dealers and the disgust of students who try to buy "what our Professors recommend." The preference given to Allopathic works by some professors is disastrous to the Homœopathic *esprit de corps*.

We have frequent orders for *Podophyllin*, and other remedies ending in "in," which, as will be found in The United States Homœopathic Pharmacopœia, p. 263, are Eclectic extractives, "usually an unanalyzed precipitate, evaporated to dryness." The drug is collected and sold in bulk, ground in mills used for all sorts of drugs, precipitated along with many others and openly evaporated to dryness. They cannot be pure and reliable as tinctures of the fresh plant, and we wonder at Homœopathic physicians ordering these "extracts."

"Guerrilla literature" would be the proper title for the "open letters," "circulars," and addresses" that are circulated so freely, and that appeal to the prejudices and passions of the reader. We hear much about maintaining a high character of medical literature, and find the same parties encouraging this banditti warfare. The whole tenor of this kind of practice is opposed to medical ethics. It teaches that every opponent should be treated kindly; but this makes an opponent an enemy, to be annihilated. To these belligerents we will whisper: Public sympathy is always with the "under dog in the fight."

There has been a great and crying need for a more elaborate work on the diseases of infancy and childhood than we possess in Hartmann, Ruddock, Jahr, Teste, Williamson, Leadam, and Guernsey. We have long felt the need of a work which shall embody the full results of descriptive, pathological and therapeutic research in this department. It is a cause for congratulation to know that such a comprehensive treatise is now in course of publication, and that from a personal acquaintance of the text, the undersigned is convinced that it will not fail to be an essential part of every Homœopathic physician's library. I refer to Duncan's work. C. H. EVANS, M. D.

Indigenous Remedies.—We shall want annually a large quantity of indigenous drugs for our pharmacy. Our readers in all parts of the world may send us by mail samples of indigenous plants, etc., and we will give special directions as to time of gathering and how they are to be handled and forwarded. See The United States Homœopathic Pharmacopœia for the list and natural localities. We are determined to supply if possible only fresh medicines, and the very articles and native species used in the provings. Life is too valuable, and our physicians' reputation too sacred to be jeopardized by stale and worthless remedies.

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Society Proceedings.

THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

Continued from page 163.

Another patient had been treated galvanically, medically and otherwise with no results, and has now abandoned all efforts I believe, but there are strong reasons for believing that the cord is also organically involved in her case also.

I confess that I have seen little written upon this form of nerve trouble. Perhaps those who have made a specialty of nervous diseases may be more familiar with this kind of cases. Three occurring within my own observation within the last year convinces me that this is a subject which deserves more attention than it has as yet received at the hands of the profession.

Dr Delamater, of Chicago said :

It is I believe, a well established fact that trophic central troubles may be produced or follow peripheral traumatism. Charcot of Paris, in his work on nutritive disorders in the nervous system, says that traumatism of a peripheral nerve may produce all the symptoms of trophic disorder and also the pathological lesion in the gray matter of the cord, producing inflammation, erysipelatous signs, atrophy, paralysis, etc.

The one case mentioned by Dr. Beebe presents undoubted spinal trophic lesion. We have in this case, in the affected leg, anæsthesia, to the test with æsthesiometer, and to the electric current, are almost total loss of electro-contractility, on the opposite side or sound leg, we

have a hyper-æsthesia and increased electrical sensitiveness, also so increased electro-contraction, in the affected leg we have also atrophy of the posterior muscles of hip and thigh. The slightest touch over the spinous processes of the last four dorsal, and the lumbar vertebræ.

Electrical excitation of the spine produces severe pain in the sound leg, and in the knee of the unsound leg. As to the case Dr. Pratt speaks of, I can readily conceive when we remember that all gray nervous matter, to some extent at least, enters into the mental and intellectual economy, if the irritative lesion will be conveyed along the nerve trunk to the spine, it may also extend to the brain. As to the nerve stretching, I do not believe in this case it will be of avail, but the treatment must, I think, be directed to the central nervous lesion.

ON DIPHTHERIA.

Dr. J. H. Beaumont, of Freeport, reported an interesting case of diphtheria cured with *Lachesis* cc.

Dr. Hawkes liked such reports. His indications for *Lachesis* was the dark purplish color, as well as on the left side.

Dr. N. F. Cooke, thought it was astonishing that all the *Lachesis* being used came from one drop.

Dr. D. S. Smith said that a fresh supply had recently been received.

Dr. O. E. Stearns never saw a recurrence of diphtheria in the same patient.

Dr. E. H. Pratt had had it three times himself.

Dr. Smith had had it twice.

Dr. M. C. Sturtevant had seen a recurrence of the disease in the same patient. Had it three times himself, saw it follow severe scarlet fever. Found *Lachesis* work when disease was on the right side when there was that dark purplish color.

Dr. J. S. Mitchell had not seen a recurrence in a patient. Thinks it exceptional. He thought the high potencies tended to prevent recurrence. The lividity of the fauces had been his indication for the use of *Lachesis*.

Dr. N. F. Cooke agreed with Dr. Stearns, and thought these cases of recurrence, mistakes in diagnosis.

Dr. Smith did not think the symptoms of diphtheria were so obscure as to mislead in diagnosis.

Dr. Duncan considered diphtheria an atmospheric disease chiefly, but why do some take it, or rather why are some effected and not others? He had come to regard a derangement of the liver and perverted salivary secretion as having something to do with causing an attack. Being an atmospheric disease he saw nothing to prevent a recurrence of the disease in the same person.

Dr. Cooke said that it was an old disease and not a new zymotic disease as many supposed. He reaffirmed his belief in its non-appearance the second time in the same person.

Dr. Hawkes believed that many cases of follicular tonsillitis were called diphtheria. He believed that Homœopathy lessened the tendency to disease. Diphtheria is called a disease of the blood. The

nervous system governs the blood and our remedies effects the nervous system and thus lessen the tendency to disease. He did not think physicians carried disease as claimed by some.

Dr. E. H. Pratt of Chicago, had had diphtheria three times. There was fetor of the breath, tongue dry, nose bloody and all the marked symptoms of the disease. Took it from a child that died with the disease. He took it to his family and several had it from him.

Dr. Stearns thought that in severe diphtheria the blood became broken down and would not coagulate and thus death result.

Dr. E. M. McAfee of Clinton, Iowa, believed diphtheria may recur at any time. He had a case that had the disease every year for five years. Another had it two years in succession.

Dr. C. Adams of Chicago, thought we could not arrive at anything definite till the disease was clearly defined. He thought all sorts of throat diseases were classed as diphtheria. The German authorities thought the exudation was diagnostic, while the English contend that neither the exudation nor the fetor, but the paralysis that follows, was the only definite diagnostic feature of the disease.

VALVULAR DISEASES OF THE HEART.

Dr. J. S. Mitchell of Chicago, read a paper on disease of the heart, exhibiting a rare specimen of valvular disease.

Dr. N. F. Cooke of Chicago—MR. PRESIDENT: While not wishing to detract from the value of Dr. Mitchell's paper, and especially not from the rarity of the pathological specimens exhibited, I must dissent from his conclusions. So far from proving an exception, this case is to my mind, a confirmation of the rule that disease of one valve is surely followed successively by disease of the remaining valves. In the specimen before us we observe marked disease of the aortic and (probably secondary) stenosis of the mitral orifice. But the left ventricle is enormously dilated with attenuated walls, the left auricle dilated, the right auricle dilated and hypertrophied and the right ventricle undergoing dilatation. Still the valves of the right heart are perfect. Who can doubt that, *had the patient lived long enough*, the tricuspid and the pulmonary would have taken on disease in their turn? I have taught, for many years, and still adhere to the proposition, that in *all cases*, valvular disease, where not in itself the *origin* of hypertrophy, is the direct and sure *result*.

The patient—of whom no history can be obtained—save the termination by pulmonary œdema, appears to have died by one of the accidents of the disease *before* the usual changes had been reached. It is fortunate (for Dr. Mitchell) that the patient died at an unusual stage of his malady.

Dr. Mitchell asked for the experience of members as to the intensity of valvular murmurs, in relation to the extent of the disease.

Dr. Cooke opined that, in many cases, the murmurs are loudest in their incipiency and in general term, that the distinctness of the murmur bears no relation to the severity of the valvular lesion. Here the discussion closed.

BUREAU OF PSYCHOLOGY AND NERVOUS DISEASES.

Dr. N. B. Delamater of Chicago, chairman, read a paper written by Dr. E. S. Bailey of Chicago, entitled "Concerning Suicides."

Dr. Hall thought that this was a question of general interest for suicides were not confined to the lower class of society, but found in all. What is the cause of suicide? He related a case where the patient was genial and happy and was suddenly found dead. The verdict was death from apoplexy. He learned that there was a long history of poor health, with pain in the head, etc. He believed that suicides were of insane mind. His definition is, that insanity is aberration of the mind.

Dr. Delamater said the position that should be taken by an expert in testifying in insanity cases, is, first, that he should take the legal standard of criminal insanity as his guide. He then should insist on being called by the court, not by either side, that he should have the opportunity of making a careful examination of the prisoner, be furnished with a correct copy of all the evidence introduced on either side so far as it relates the mental condition, and that then he should give his opinions, and reasons for such opinions to the court. Any questions which the lawyers may desire to ask for the elucidation of such opinions, be given the court, and at his discretion asked of the expert.

On motion, visiting physicians were invited to take part in the discussions.

Dr. Hawkes believed that causes of insanity were hereditary. Emotional insanity he thought only anger. He did not believe that all are insane who commit suicide.

Dr. Sarah C. Harris, of Galena, detailed three cases in which there was great gastric trouble as the undoubted cause.

Dr. M. C. Sturtevant, of Morris, placed a good deal of stress on one cause of insanity being gastric disturbance.

Dr. Julia Holmes Smith, of Chicago, thought there would be fewer suicides and cases of insanity, if children were early taught self-control.

Dr. Ducan agreed with the last speaker. "Self-denial was the secret of happiness and health." He believed there were many cases of carnomania, or insanity of the flesh, as well as of the mind.

Dr. Delamater thought more attention should be given to preventive treatment. The child should be taught self-control and then never to lie. He thought the best definition of insanity was loss of the will-power.

The association then adjourned for dinner.

AFTERNOON SESSION.

Dr. Delamater presented a paper on Central Localization, which was read by title.

Dr. M. C. Bragdon, of Evanston, presented a paper which was also read by title and referred.

BUREAU OF SURGERY.

Dr. W. Danforth, chairman, reported no important discoveries.

Dr. G. A. Hall read a paper on the Utility of Adhesive Straps in Surgical Dressings.

Dr. A. G. Beebe presented an able paper on Rickets, in which he gave the causes, the chief being indigestion, and the means of prevention and cure of this disease. Preventive treatment, he thought, chiefly dietetic. *Bicarbonate of Soda* should be used to correct acidity as well as caustic lime. The *Carbonate of Lime* of the shops was not good. As remedies he mentioned *Calc. phos.*, *Silicea*, *Lactate of Iron*, *Iodine*, etc.

Dr. Hawkes did not think the speaker went back far enough for the cause of rickets. He believed it a constitutional trouble due to a peoric taint.

Dr. Duncan enjoyed the paper. He believed rickets, or the lack of bony development more common than many suppose and was prenatal as well as acquired. He thought *Hepar* a valuable remedy, and *Calc. phos.* and *Sulph* as advocated by von Grauvogl.

Dr. Hall said that although difficult digestion was an important cause, still he objected to making a soap factory of the child's stomach. He thought a chief cause was scrofula or a bad tendency. He advised the use of bread dried in the oven, (ground) making a gruel with it, avoiding the use of cow's milk. In a fully developed case he advised the recumbent posture and twice or three times a day, extension and counter-extension, by two persons pulling on the child gently but firmly.

Dr. Mitchell cited the recent views of the cause of disease being perverted secretions of the body. He believed cases due to the diseased or changed gastric juice. This our remedies changed. He detailed a case where *Calc. c. 6 trit.* in three months decidedly effected enlargement about the wrists and ankles.

Dr. Beebe did not believe the cause remote, but that any child might be made ricketic to any extent by improper diet. The surgical treatment was plaster of Paris jacket, fresh air exercise and proper food.

Dr. C. Adams presented a valuable report on stone in the bladder, illustrated by many instruments. He showed great familiarity with the subject, having made diseases of the urinary organs a special study. This was a chapter from a forthcoming work on "The Urinary Organs: Their Surgical and Homœopathic Treatment."

Dr. Woodyatt read an able paper on Diseases of the Ear.

Dr. Hall inquired what remedy was most serviceable in itching of the external meatus.

Dr. W. replied *Sepia*, *Arsenicum*, *Kali carb.*, and the application of *Cosmoline*.

Dr. Mitchell cited a case of eczema, then had meningeal symptoms and abscess of the canal, which was cured with *Hepar* and *Carbolic acid*. The right ear was the one affected; it stuck out, was red, but

there was no pain; expected abscess of the mastoid. The whole trouble arose from suppression of the eczema.

Dr. E. H. Pratt read an interesting report on Anatomy, illustrated with specimens.

An interesting case bearing on the question of viability of offspring was presented by Dr. M. C. Bragdon.

Dr. Duncan stated that in the management of premature children, he had found great value in the use of oleagenous food, *e. g.*, applying oil externally.

Dr. A. G. Beebe did not believe in the popular belief that an eighth month child would not live. For these premature children, the less food given the better. Many died with convulsions from over-feeding.

Dr. W. D. McAfee inquired if Cod Liver Oil was used. He had used it with benefit.

Dr. Duncan said that he had used sweet oil, or sweet Almond oil, but saw no objection to any kind of oil.

EVENING SESSION.

In the evening a fair audience was present. Dr. Willis Danforth, of Milwaukee, who delivered the annual address of the session, was introduced by Dr. Burbank. At the close of the interesting address, Dr. Burbank moved that the usual committee be appointed to consider the recommendations contained in the president's address. The motion was carried, and Drs. Mitchell, Beebe, and Hall were appointed said committee.

Dr. J. S. Mitchell, of Chicago, followed in a paper upon Medical Education. He sketched various stages in this country, criticised and made suggestions in regard to methods of teaching.

The session concluded with an address by Dr. T. C. Duncan, of Chicago, on the "Management of Chronic Gastritis in Children."

To be continued.

OREGON HOMŒOPATHIC MEDICAL SOCIETY.

The Oregon State Homœopathic Medical Society held its fourth annual meeting at Portland, July 8th and 9th. The attendance was good, and the members are unanimous in considering the meeting both pleasant and profitable. Homœopathic doctors talk of their remedies as women do of culinary drugs, and with equal confidence as to their effects. Indeed, at this meeting, the manifest confidence in the action of Homœopathic remedies was remarkable. A number of visitors were present at all the sessions, among whom were several ladies.

President Paine called the society to order, and after routine business, received the reports of the retiring officers.

The following new members were elected : Edw. Ingraham, M. D.; H. B. S. Brewer, M. D., Albany; W. P. Smith, M. D., Harrisburg; C. E. Geiger, M. D., Portland.

The following officers were chosen for the ensuing year :

PRESIDENT.—Rawdon Arnold, M. D., Albany.

FIRST VICE PRESIDENT.—Wm. Geiger, Jr., M. D., Forest Grove.

SECOND VICE PRESIDENT.—C. E. Geiger, M. D., Portland.

CORRESPONDING SECRETARY.—H. B. S. Brewer, M. D., Albany.

RECORDING SECRETARY AND TREASURER.—O. B. Bird, M. D., Portland.

CENSORS.—Drs. C. E. Geiger, Arnold, McKinnell, Brewer and Bird.

EXECUTIVE COMMITTEE.—Drs. Bird, McKinnell and Geiger.

This business being dispatched as rapidly as possible, the regular work of the society was taken up, namely, the presentation and discussion of papers and cases. Every appointed member had a paper to offer, and some had two or three. The subjects treated were interesting, and some were very ably handled. Discussion was animated and general, and often quite prolonged. Nothing but the merest hints can be given in a brief report. Such things must be seen and heard to be appreciated.

Dr. Pohl reported a number of inveterate cases in which the inhalation of *Nitre of Amyl* produced more or less permanent effects. One, a most distressing case of asthma, was relieved by the first breath, and up to the time of the report, six weeks, had had no return. This patient of course took other remedies, and the doctor does not as yet recommend this drug for anything but temporary relief. Dr. Arnold once relieved almost instantly a severe congestive headache which had come on at intervals during hot weather, for fifteen years following sunstroke. No return in two years. Dr. Bird had used it internally for whooping cough in the first centesimal dilution with good effect.

Dr. Wm. Geiger's paper on Origin of Disease evinced much careful thought and observation. No extract could do justice to this paper. One idea, however, was interesting. The doctor had observed that certain winds produced an effect upon the leaves of trees quite similar to that upon the mucous membrane of the throat.

A paper on Potency, with illustrative cases, was read by Dr. Arnold. It was an able effort, showing what Homœopaths all believe, that quality not quantity decides the efficacy of medicines. In Dr. Madden's writing, he illustrates this point by Professor Tyndall's experiments with light. Bodies radiate and absorb similar rays. Remedies cause (in substance) and cure (in potency) similar symptoms. "A ray of light whose vibratory force is millions upon millions of times less than another ray, will still have the same effect, provided its vibrations synchronize with those of the substance upon which it falls. He tells us that his own retina remained totally unconscious of rays which had twenty thousand million times the energy of others, which at once affected his eye, because the vibratory periods were

not synchronous." The doctor recommends high potencies for nervous affections and lower for the mucous membrane—an idea advanced by Dr. Neidhard, of Philadelphia, several years ago. Dr. Arnold gave several cases to illustrate his points.

Dr. Bird's "Review of an Allopath's Figures" was intended to correct a statement made last year by Dr. F. A. Bailey, of Hillsboro, to the Oregon State Medical Society. Dr. Bailey said he had treated forty cases of diphtheria, half of which were mild, with three deaths, while under expectant or Homœopathic treatment nine out of twelve cases had died. Dr. Bird, it would seem, had ransacked the whole neighborhood and obtained a full list of all the deaths occurring in the time specified by Dr. Bailey, together with the names of attending physicians. Among the list were Dr. Bailey's three cases, thus showing the correctness of the canvass. The result was that instead of nine deaths from diphtheria there were but five, possibly six, and that instead of having occurred from a total of twelve, the proper number was fifty-eight. These statements were supported by letters and certificates, and left little room for doubt as to their approximate correctness.

Having established the figures, Dr. Bird detailed the treatment of the fatal cases, obtained from the attending physicians, and showed that much of it was not Homœopathic. If these results were not correct, the writer desired to know it, and would gladly correct them; if they were, Dr. Bailey had been guilty of loose statements, quite beneath the dignity of a scientific man.

Dr. Bird also read a paper calling attention to an insect found on the surface of wells and springs, separated by straining the water through common muslin. He exhibited a drawing three inches long, taken from the microscope at 100 diameters, by means of the camera lucida. The specimens were furnished by Mrs. Milton White, of Baker City. This lady had strained all water used in her household during a severe epidemic of diphtheria, and the whole family escaped, when immediate neighbors lost one or all of their children. Judge White, of this city, knew of a similar case at Salem, and has heard numerous reports corroborating this experience. The paper was intended simply to call attention to the matter, and to ask that physicians or people would occasionally send the writer specimens for examination, and make observations in order to learn the habits or effects of the insect. The subject was brought to his attention by Capt. Geo. J. Ainsworth, of Portland.

Discussion of diphtheria followed. Dr. Paine said the diphtheritic membrane lived seven days, and would be cast off by suppuration without interference. If removed, the case would be prolonged seven days from the time of removal. Hence the great mortality when the throat is interfered with. The greatest exhaustion and most deaths occur on the seventh day, when the membrane should be mature. He treated eighty-two cases in three weeks, nine of which had been given up by Old School physicians, and lost one. He had produced a diph-

theritic sore on his own hand, by applying to an abrasion some condensed fog scraped from a fence post. Dr. Gieger gave an interesting account of a very malignant epidemic in Forest Grove, when for three weeks a close fog encircled the town. He kept several fires burning in his house, day and night, and escaped fatal cases in his family. As soon as the fog was removed by wind, the plague ceased.

A paper on Leucorrhœa and its treatment, by Dr. Agnes C. Burr was presented to the society by the secretary, the writer being absent.

A paper on Clinical Thermometry was read by Dr. Bird, giving the relative importance of temperature in various diseases. In certain severe cases the thermometer gives advance warning of dangerous symptoms, and may thus lead to saving life.

Dr. Arnold once succeeded in getting the temperature of a man at the point of death with delirium tremens, and found it 111.

Dr. H. S. B. Brewer, a new member, read and remarked on hypodermic medication, reporting numerous cases of instantaneous effects when the potentized Homœopathic remedy was injected. This paper was followed by general discussion of the action of remedies, numerous cases being given to show that they act quicker by absorption than through the digestive tract. Two habitual tobacco chewers concealed some plugs next the skin, and died from absorption of poison. Blood had been used hypodermically with effects equal to those of transfusion. The objections to new milk for this purpose are waning or gone. Effects are often produced quicker by smelling the medicine than by swallowing it.

It was also remarked that the injection of water had produced magical effects.

Dr. Arnold reported a case: Man poisoned with *Ivy*, face terribly swollen, eyes shut, ulceration of skin, had lasted two weeks, tried several physicians, no sleep for three nights. One powder of *Rhus*, high potency, better before reached home, slept all that afternoon and till next morning, rapid recovery. Several other cases of *Rhus* poisoning, almost as remarkable were given, most of the members having had experience with potencies antidoting the poison.

Dr. C. E. Geiger reported a severe case of compound fracture of the arm, condemned to amputation by Allopaths, and saved by Homœopathic remedies. Also a case of chills and fever of two years' standing, had exhausted the *Quinine*, routine treatment, cured at once by one prescription of *Eupatorium perf.* 3. Dr. Wm. Geiger gave a similar case, two years, cured with one prescription of *Cedron* 6. Dr. McKinnell also reported a case of nine months' standing, no more chills after one dose of *Lachesis* 6. Dr. Arnold, Bright's disease, first intimation to patient, two months before death, she awoke with attack like severe asthma; must have existed ten years before, since scarlet fever. Dr. Wm. Geiger, cases consumption and dropsy, given up by Old School, cured by him.

Dr. Bird reported two cases; women after confinement; headache; eyes tightly bandaged, but "seemed as if the room was full of sun-

shine." One dose *Bell.* 200, well in ten minutes. Another, four hours after delivery, greatly exhausted; could not sleep; wanted to "throw herself about on the bed." *Ars.* 200, asleep in fifteen minutes, slept one and one-half hours. Same operation repeated three hours afterwards. This patient had taken three doses *Ergot.*, and several medicines. Another, sixty hours after delivery, two chills; probably from retained clots; pricking nettle-like pains over whole back where touched bed; frequent shocks of a few seconds duration; had existed more than twenty-four hours. *Kali carb.* 200, one dose; four more shocks during fifteen minutes; twelve hours later one shock; no more; rapid recovery. The case came into his hands at the time above mentioned.

A case was reported of a man having chills at 4 P. M., and fever all night. At 5 P. M., after second chill, took *Lach.* 200. Fever gone in one hour. No return. Another man; dull, heavy, undefined depression, called by him "ague feeling," existed a week; better in one hour from *Lach.* 200. No return. Another woman; same as last, but with coldness at irregular times. Was once cold for nearly twenty-four hours. Fever not marked. Well in three days from *Lach.* 200. Had existed several weeks. Another Miss. Chills at 11 A. M.; headache till bedtime. *Nat. mur.* 200. Prompt relief. Directions in above cases, a dose three times a day and stop when better.

Case of cystitis, two months, temporarily better from *Aco.*, *Nux.*, *Canth.*, *Puls.* and *Sul.*, 3, 6, and 200, cured at once by *Berberis* 200.

The meeting was full of practical hints, and all the members felt well repaid for the gathering. After a short appropriate address by the president, the society adjourned for one year.

O. B. BIRD, M. D., Sec.

At the Allopathic society, a month previous to ours, a physician reported five cases of puerperal convulsions occurring in his practice during the last ten years, all of which recovered. In two cases he bled the patients twenty ounces each. He recommended the lancet to take precedence, in this disease. A more cautious physician said: Be not too fast with the lancet, although it is admissible in this particular disease. Remember *Chloral*.

A case was reported of a man, who, a few days after a fall of fourteen feet, had pain, and soon complete paralysis of legs. Treatment was useless. After several weeks, the actual cautery was applied for five or six inches, both sides of the sacrum. In one or two days sensation and motion began to return, and the man gradually recovered.

Several of the members use *Cinchonidia* instead of *Sulphate of Quinia* in similar doses, and with better effect, or rather less injurious effect, there being less deafness from its use. A fibroid uterine tumor, of perhaps five ounces weight, was removed by the use of *Ergot.*, fluid extract, one drachm every four hours during the day for ten days. The patient had been reduced almost to a skeleton, but soon recovered.

Two members were ostracized for "affiliating with irregulars."

One of them, Dr. W. P. Smith, had been converted to Homœopathy by Dr. Arnold, Albany, Oregon, and joined our society.

An excellent paper was presented on the power of the mind over the body. The doctor said too little attention was given to the mind in treating patients. Fear is a mental poison, antagonistic to medicinal effects. The Homœopathist cures, if successful at all by treating the patient, and letting the disease take care of itself. (Josh Billing's advice precisely). The paper was an able analysis of the mind and its phenomena, but the writer knew nothing of the simple method by which Homœopathists march boldly into the feast, while he gnaws a bone at the gate. He recommended no medicine, but gave instances where strong will-power had prevented diseases.

O. B. B.

Surgical Department.

UTILITY OF ADHESIVE STRAPS IN SURGICAL DRESSINGS.

BY G. A. HALL, M. D., PROFESSOR OF THE PRINCIPLES AND PRACTICE OF SURGERY, AND CLINICAL SURGERY, IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.

Read before the Illinois Homœopathic Medical Association, at Freeport, May 20, 1879

It would seem as though an apology was due from me in presenting this subject before such an intelligent body of physicians, yet I am led to speak of these dressings because of a daily increasing conviction of the practical uses and benefits arising from their careful and judicious application.

In surgery, the simplest means are often the best. While new dressing and methods of treatment, are offered on every hand it not infrequently happens that a resort to the older and better tried measures are more satisfactory in their results. Nor should this be looked upon as progress in a backward direction, since skill in the manufacturing of these dressings has fully kept pace with the invention of new ones, and it is doubtful if the profession will ever have better articles offered them, than those made at the present time.

Very much depends upon the thorough understanding of the mechanical means necessary to a proper adjustment of surgical dressings, hence the mode of application depends entirely upon the nature of the injury in each individual case.

In all forms of integumental wounds, when the deeper structures are not involved, the lighter grades of adhesive straps known as: the common court or isinglass plaster may be confidently and successfully employed. It is necessary that the parts should be carefully

cleaned, all oleaginous secretions on the surface should be removed by castile soap suds and water, and it is well to see that all hairs be closely shaved—else inattention to these minor matters, as they may be regarded, will not allow of the thorough and uniform sticking of the straps.

In deep incised or lacerated wounds, when from the abundance of muscular tissues, there is likely to be gaping and dragging apart of the approximated surfaces, judicious strapping will effectually prevent this. Here preference should be given to plasters that have been spread on a heavy weight of muslin, are made water proof, and will not be loosened by natural secretions from the wound. The straps should be cut long enough to pass well over the injury at right angles to its margins, and made to offer firm pressure and support to injured and contiguous parts. They may be cut from one-half inch to one inch in width, and so placed as to allow a slight lapping of the margins of the straps or else with a small space intervening. If the contour of the parts be such as to prevent the smooth and perfect adaptation of the straps, this may possibly be overcome by dexterous reversing or by slightly nipping with scissors, and "turning in" a portion of the strap. In such cases it will be of decided advantage to place, also one or two firm straps, each side of the injured parts, parallel with the muscular fibers.

In some cases where it may be advisable to leave the surface of the wound exposed, adhesive straps have been objected to. I overcome this objection by placing as wide strips as the contiguous parts will admit of parallel to the line of incision or wound, with its inner margin free for one-fourth of an inch, and resting back one-half an inch from the margin of the wound. Now these free margins are laced up with interrupted or continued sutures of wire or silk.

In this manner you can bring the parts in opposition, and hold them firmly there, at the same time the surface of wound is exposed.

The advantages claimed for the use of straps in surgical dressings are: Equal if not increased chances in obtaining primary union, when sutures are not used, since a uniform and constant support is present until thorough union has taken place. This support cannot be given when sutures only are used. The chances of prolonged sup-puration are diminished.

Sutures prove frequently to be the exciting cause of simple and erysipelatos inflammation, this danger is removed by strapping.

Phagedenic ulceration is sometimes excited by the presence of sutures. As a rule this never occurs in properly adjusted strappings. The line of union is more perfect, because of finer and closer approximation of marginal surfaces, when straps take the place of sutures.

There is no danger of pocketing of pus under flaps, when straps are intelligently applied.

By judicious strapping we can antagonize and overcome muscular resistance, subsultus, and painful contraction, that not infrequently annoy and even prove painful and very troublesome.

When parts have become hypertrophic, the undue weight may be antagonized by proper strapping and resolution be induced to take place.

Their use in the treatment of chronic ulcers are already too well known to need more than this passing comment.

While this kind of dressing is to be valued highly in the cases mentioned, it is doubtful if a wider sphere is not opened in their application in the treatment of fractures and dislocations.

Briefly the summary of usefulness may be thus stated.

In fractures, they are invaluable in retaining surgical appliances. The roller bandage is also to be applied, but cannot take the place of the adhesive straps.

In fractured clavicle, straps make a light and servicable dressing. After placing a pad in the axilla, and the shoulder properly elevated, and thrown backward; use a strap one and a half inches wide passed under the point of the elbow, and one end fastened obliquely upwards across the chest, and the other upwards and backwards across the angle of the scapula. The point of the shoulder is then to be drawn back, and a strap of similar width applied commencing at a point midway below the clavicle and spine of scapula, and passed directly backwards and downwards across the scapula to the dorsal region. For this purpose I cordially recommend the rubber porous plaster, of Seabury & Johnson.* It is applied without heat or moisture, is unirritating and will remain for hours, and even days without wrinkling, puckering or loosening. This dressing is certainly superior to any that I am acquainted with.

The roller bandage may be applied as a protection to the body or to hold medicated compresses, but the rubber straps will be found to be all that is necessary to hold the parts until union has taken place. This strap is easily applied and removed. I also can recommend this same dressing in the correction of cases of talipes, both before and after an operation. By the use of simple splints and mechanically applied straps, the feet may be made to maintain a favorable position for correcting the deformity, with greater ease and comfort than by the wearing of Scarpa's shoe, or the other burdensome appliances usually worn. In cases of fracture of the thigh, when extension and counter-extension is so necessary a simple appliance of this porous rubber strap may be thoroughly trusted. First prepare the parts as before suggested. Pass a wide strap the length of the limb from the knee downwards in direction of the muscular fibres, on both sides to the maleolus, and extending three or more inches beyond. Around the limb and upon these straps apply adhesive strips spirally from below upward. Then bandage the entire limb with the roller bandage. The necessary weights for counter extension may then be applied through the loop of strap at the foot.

In morbus coxarius, for counter extension, use the perineal pad and straps for extension is the best means offered. hip disease, etc., and cases where the larger joints are involved and must have absolute rest

* For sale by Duncan Bros.

to promote resolution, adhesive straps, counter-acting muscular contractions are very useful.

In dislocations, after reduction, for the purpose of retaining the parts in a normal condition until inflammatory symptoms have disappeared, the application of straps will be found of great advantage.

I ought perhaps to mention the use I have sometimes made of the common isinglass strip, in the removal of ligatures. Where these have grown in and have remained in the wound, and caused suppuration. I apply a rubber cord fastened to the ends of the ligature, then passing an adhesive strip through the loop of rubber, fasten it at quite a tension to the flesh several inches distant.

Thus I maintain uniform traction, and by placing under the ligature a compress or small roller the tension is increased and the ligature is brought away painlessly and without damage or fear of secondary hæmorrhage.

For holding bandages in position when applied and also for using them where pins are now inserted I have to recommend the ever useful isinglass plaster. Also I find great satisfaction in applying them to retain drainage tubes, inserted after flap operations, and in holding catheters where from necessity they are to be retained.

In explanation I ought to mention the varieties of straps from which we have to choose. I disclaim any favoritism only as their merits have pleased me and prefer the non-medicated variety, and such as only aid me in producing mechanical contrivances in overcoming injuries done to the human body, of this kind there are many of great merit.

The advantages that I see daily are the maintainance of easy, restful, pressure and tension. Firm yet flexible support of delicate, sensitive tissues. Ease and nicety of adjustment. Absence of irritating properties *per se*, and if as carefully changed as when applied first no detrimental results to injured or contiguous parts.

IMPERVIOUS COATINGS ON THE SKIN.

Dr. Senator, of Berlin, cites experiments made by himself to prove that the covering of the skin of human beings with an impenetrable coating, (varnish, for instance) is, contrary to the received opinion, a harmless operation. Dr. Senator subjected a patient suffering from sub-acute rheumatism to a gradual envelopment, until, both legs, from the tip of the toes to the hips, both arms, from the tip of the fingers to the shoulders, were encased in sticking plaster, and his back, abdomen and breast painted with *Collodion*, which was daily repeated. The patient remained a week in this condition without reduction of temperature or albuminuria.

Another case is cited, where a patient remained for three days under similar conditions. A third patient had a coating of tar all over the body for a week, but presented no abnormality except blackening of the urine, which was shown to be due to the presence of *Carbolic acid*. In considering the grounds of the prevailing opinion as to the necessarily fatal effect of an impermiabale coating on the skin, Dr. Senator refers to the case of a gilded boy—a child who was covered with gold-leaf in order to act the character of "angel" in a miracle play. The child, he says, died so soon that it is probable there was something poisonous in the gold leaf. He also quotes current *American* history to show that a coat of "tar and feathers" of itself produces no ill effects.—*Popular Science Monthly Supplement*.

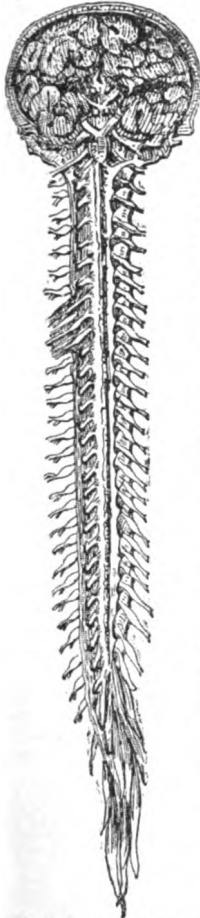
Materia Medica Department.

SALICYLIC ACID.

BY W. H. BURT, M. D., OF CHICAGO.

Read before the Chicago Academy of Homœopathic Physicians and Surgeons.

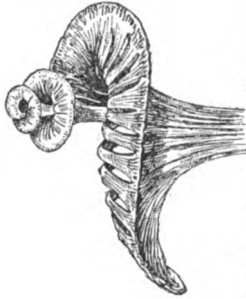
Through the cerebro-spinal nervous system, this acid has three special centres of action.



1. *Brain and Spinal Cord.*—The cerebro-spinal system is the grand centre for the action of *Salicylic acid*, especially affecting the cerebellum, auditory nerve, and pneumogastric. In full doses fifteen to fifty grains. Dr. Ringer says the aspect of the patient is characteristic, being in many respects similar to that of a person suffering from cinchonism. The expression is dull and heavy; the face quickly flushes on slight excitement; and the eyes become suffused. The flush of a dusky hue, suffuses itself uniformly over the whole face. The patient, made more or less deaf, often complains of noise in the ears; frontal headache; hands when held out tremble a little; breathing quickened and deepened. In some cases, one symptom may predominate, thus deafness may almost be complete, without headache, or muscular trembling, but it rarely, if ever, happens that any one symptom is unaccompanied with the dull heavy aspect and the readiness to flush.

Under toxic doses, but not dangerous, the headache is often very severe, so that the patient buries his head in the pillow. There may be very marked muscular weakness and tremor, associated with great muscular irritability, so that a slight tap, say on the shoulder, causes muscular contractions so strong as to jerk the arm backwards. There are often slight spasmodic twitchings when a limb is raised. Tingling of the extremities, or other parts of the body. The voice may become thick and husky. Respiration hurried, sometimes deepened, sometimes sighing, shallow and almost panting, as though it was performed laboriously, but the patient does not complain of any difficulty in breathing. The costal, as well as the diaphragmatic muscles are involved. In poisoning, Dr. Wood says, there are ptosis, deafness, strabismus, mydriasis, disturbance of respiration,

excessive restlessness, passing into delirium, slow laboring pulse, olive-green urine, and involuntary stools. In some cases the temperature has remained about normal, but in others has approached that of collapse. The quickened, deepened, sighing respiration, is characteristic. Sweating very free, and the urine easily becomes albuminous.



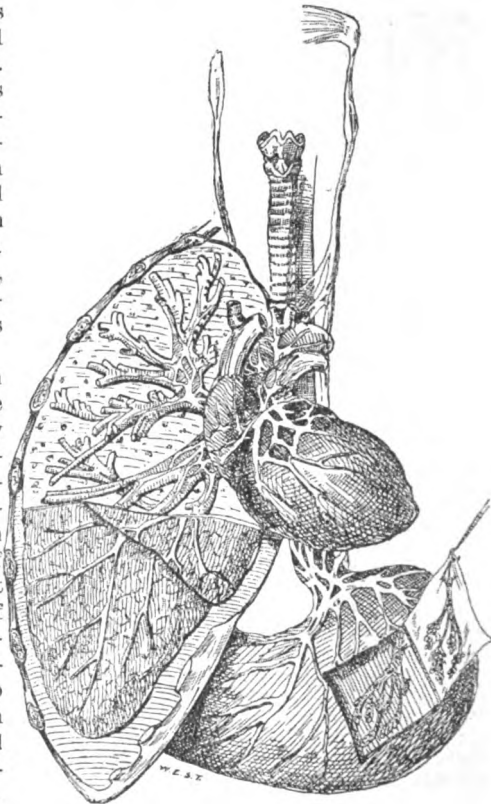
Auditory Nerve.—The action upon this nerve is specific and most profound, as shown by the numerous sounds in the ears and complete deafness. In toxic doses complete deafness has been produced that lasted seven days at a time. Dr. D. Brown has cured several cases of auditory nerve vertigo with the third decimal.

Pneumogastric Nerve.—This acid acts prominently upon the vagi, and through it upon the lungs and stomach, as shown by the deepened, sighing, panting, laborious breathing. In ani-

mals the dyspnoea is most violent, followed by general convulsions.

Upon the stomach.—Its action is not so powerful, but large doses produce much irritation of the gastro-intestinal mucous membrane with nausea and vomiting. It produces very rarely, diarrhoea, but does produce involuntary stools in toxic doses.

2. *Heart.*—The action of this acid upon the circulation. Danewsky found at first the arterial pressure was increased partly on account of an increase in the force and energy of the cardiac beat, but chiefly as the result of excitation of the vasomotor centre, vasomotor spasm was shown to be the main factor in the rise of the blood pressure, by the inability of the drug to in-



crease the arterial pressure after section of the cord. The action of the heart was seemingly direct. The arterial pressure slowly fell during the latter stages of poisoning, the heart stroke becoming weaker and weaker, and finally being extinguished. Large doses quicken the pulse to 140 per minute, and it becomes excessively weak.



Temperature. — Especial pains have been taken by the Old School, to find out what effect this acid has upon the temperature, and the conclusion arrived at by all, is that *Salicine* and *Salicylic acid* depress the normal temperature but slightly, and in some the temperature raises full one degree. But the influence exerted on the febrile temperature reducing it to the normal standard is most prompt and marked. Dr. Ringer says, there is no better attested fact than the power of *Salicylic acid* and *Salicylate of Soda*, to promptly and considerably reduce an elevated temperature.

Dr. Ringer has made some experiments with Mr. Morshead to ascertain the relative power of *Quinia*, *Salicylic acid* and *Salicine* on the febrile temperature, and found that dose for dose, *Quina* is far more potent than *Salicylic acid*, and *Salicylic acid* than *Salicine*.

Dr. Riess has investigated the action of the *Salicylates* on the healthy temperature in twenty-three experiments in seven healthy persons, and obtained, in four to six hours a constant reduction of about 1° Fah. He finds that the same dose produces a greater fall in the febrile than the healthy temperature.

“The first effect of a single antipyretic dose in fever is usually a profuse sweat, which may appear in fifteen minutes after the ingestion of the remedy, (*London Practitioner*). Very shortly after this the temperature begins to fall, and, according to Just, the depression reaches its maximum in about six hours. The sweating is profuse and exhausting, amounting according to Ewald, not rarely to seven hundred and fifty grammes. The perspiration can scarcely be the only factor in the reduction of temperature, as there appears to be no relation between its amount and the degree of the fall, and it usually ceases before the latter reaches its maximum. The fall of the temperature, lessens the pulse-rate, and cardiac beat,” Wood.

Spine.—Its actions upon the spinal nerves, especially the motor.

is very marked, it also acts upon the nerves of sensation, as shown by the tingling, like pins and needles, in various parts of the body, especially in the legs and ankles, with cutaneous anæsthesia, but its action on the anterior part of the cord, and through this the muscular system is profound, as shown by muscular weakness, with twitching, trembling of the arms and legs. The great muscular irritability soon passes into complete paralysis, for a short time, and in animals violent convulsions have often been produced.



3. *Kidney*.—*Salicylic acid* escapes from the body chiefly through the kidneys. It appears in the urine very soon after its ingestion, but its elimination proceeds slowly. Thus in a case of exstrophy of the bladder, it was detected in the urine dripping from the ureters eight and a half minutes after its ingestion, (*Balz Arch d Heilk*) and it has been found in the urine eight days after the exhibition of the last dose. The green color of the urine characteristic of the free use of *Salicylic acid* appears to be due to an increase in the formation of indican. S. Woolfberg, or else to pyrocalechine. (See *Bull Acad. Med.*, 1877 p. 705) The urine itself is often augmented in quantity, but frequently diminished. It not rarely contains albumen, evidently the product of a local irritation (congestion) of the kidneys. A case has been reported where the irritation was so great as to cause hæmaturia. Wood.

Dr. Weber has seen the acid cause acute nephritis with bloody albuminous urine containing casts, this effect following three moderate doses and lasting sixty hours after the last dose. Other observers refer to similar effects with this acid, in some cases the urine being almost suppressed. It also produces involuntary evacuation of the urine from paralysis of the sphincter vesicæ.

INDIVIDUALITY.

Rheumatism.—*Salicylic acid* and especially *Salicylate of Soda*, has the unanimous verdict of the Allopathic profession, as being an absolute specific for rheumatic fever, as much as a remedy can be a specific for any one disease, it will prove as successful for rheumatic fever, as *Quinine* does for intermittent fever, that is to say, will not cure all cases, but will in a large majority. Dr. Maclagan, of Dundee, has the honor of first using this acid, and *Salicine* in rheumatism, and giving it to the profession. His name will be numbered among the angels, for the great blessing mankind has, and will receive from his work.

Dr. C. W. Brown, late house physician at the Boston City Hospital, has given us a most valuable and extensive investigation into the action of *Salicylic acid* on rheumatic fever. He records 160 cases, taken indifferently, the patients were of both sexes, and of all ages between eleven and sixty-one.

The drug gave considerable relief from pain on an average in 1.46 days, and complete relief in 2.8 days. The average time of treatment was six days, and the average number of days in the hospital was

eighteen days. Two cases died, one from pericarditis, and one from cerebral complications. Eighteen cases had a relapse, three had two, and one had five, while in the hospital. There were very few cases in which there was not occasional pains for a time after the omission of the acid. Nausea and vomiting occurred in 18.8 per cent. Burning in the stomach in one case; headache in six; ringing in the ears in nineteen; and deafness in ten; numbness and prickling of the affected parts in three; delirium in three.

The patients as a rule, took ten grains of the acid hourly for twelve or thirty-six hours, when the symptoms were wholly or partly relieved, and then it was omitted or given every two or three hours. Ringer.

Dr. Gillespie, of Sterling, Ill., has collated and given us a valuable resume of rheumatism treated with this acid, and the soda, in the *Chicago Medical Journal and Examiner*, August 1878.

No. of patients, 200; average time sick in days, 13.5; average time pain relieved in days, 2.8; average time taken to reduce temperature in hours, 30.

Dr. Sawyer, Birmingham, England.....	3	12	4	6
Dr. Clark, New York.....	5	7	4	..
Dr. Perrin, Michigan.....	3	12	2	..
Leed's Infirmary.....	9	..	3	..
Prof. Troube.....	14	..	2	48
Dr. Stricker, Berlin.....	14	..	2	..
Dr. Jacobhouse.....	45	..	3	24
M. See, Paris.....	52	13	3	48
Cook County Hospital.....	18	22	3	..
St. Joseph Hospital.....	4	..	2	..
Other cases.....	33	16	3	24
Total.....	200	13.5	2.8	30

In one hundred and eighty-one cases of rheumatism collected by military authorities, and treated with *Salicylic acid*, the remedy failed in but seven cases. As to the dose, Dr. Ringer, gives ten grains hourly until the temperature is reduced. Some patients require more, and if in twenty-four hour this dose has not modified the disease, or produced its characteristic symptoms, increase it to fifteen or twenty grains hourly.

M. See, of Paris, believes one drachm and a half to two and a half, should be taken daily of the *Salicylate of Soda*, which would equal one to one and a half drachms of the acid.

Dr. Maclagan insists on saturating the system with twenty or thirty grains every two hours for twenty-four to forty-eight hours.

My friend Dr. J. B. Talcott, of Chicago, has given the *Salicylate of Soda* ten grains every four hours in seventeen cases of acute rheumatism, with complete success, and believes this acid is a true specific for rheumatism.

Dr. A. E. Small, has used from the first to the third decimal trituration of this acid in rheumatism with satisfactory results.

Dr. E. M. Hale, has used the first three triturations in rheumatism, in some cases successfully, but has centred on five grain doses once

in two hours, as the true dose in this disease, and believes to get satisfactory results in rheumatism, the dose has to be large, just short of the toxic action of the remedy.

Dr. L. C. Grosvener, has had fine results both from the dilutions and crude drug, and says Dr. W. Danforth, thinks highly of it in rheumatism.

Mrs. Dr. Wilkins, has had fine results with this drug in both acute and chronic rheumatism.

As to myself, I have only used it in ten grain doses, once in three hours, with complete satisfaction, but would strongly urge the profession to give the dilutions a thorough test, and if they fail, Drs. Hale or Ringer's methods would be the ones I would suggest to follow.

When it irritates the stomach, which is apt to follow large doses, it should be given in glycerine. The only objection that can be raised against the use of this remedy in rheumatism, is the large dose, but if it fails in small doses in this disease, why object to the dose that cures? the curative dose is just short of the toxic, and that Dr. Hale says is five grains once in two hours. Let one of us become afflicted with this painful malady, and our *Aconite*, *Bryonia* and *Rhus tox.* leaves us in the agonies of the lost, the big doses fade into insignificance, when we know with *positive* certainty, that by the use of this remedy, we will be relieved of all pain in *two days*, and lifted as it were from hell to heaven. The general testimony tends to show that it is most useful in acute rheumatism, but it has given Dr. Jaccond good satisfaction in chronic cases. He also states that in *acute gout*, it acts with extraordinary effect.

Gonorrhœal Rheumatism.—Dr. H. Weber, has had most happy results from this acid. (*Bull. de Therap.* XCIII. p. 328). I have used it in one case of *diphtheritic rheumatism* with salutary results.

Diabetis Mellitus.—Drs. Ebstein and Muller, report two cases cured by *Salicylate of Soda*, after a protracted trial of various drugs, notably *Carbolic acid*. Ryba and Plumert, these two authors, have reached the following conclusion: 1. Daily amounts of two drachms, *Salicylate of Soda* determines a decided diminution in amount of sugar excreted. 2. The best results are to be derived in recent cases, and where the hydrocarbonaceous elements of the diet are restricted. 3. The Polyuria usually yields consentaneously with the glycosuria, and the bodily weight increased. (*Dublin Journal Medical Science*).

Albuminuria.—I would suggest this acid be given a fair trial, when the patient has a rheumatic diathesis. It certainly causes *Albuminuria* very prominently, and must become one of the leading remedies for this disease.

Chronic Catarrh of the Bladder.—Where there is an enormous amount of mucus voided. This acid ought to be of great value as an *anti-septic*, it is eliminated by the kidneys so rapidly, and its power of preventing putrefaction being three times greater than that of *Carbolic acid*, consequently it is well worth a trial. Since writing the above, I found a remarkable cure of catarrh of the bladder in five days by

Dr. E. M. Hale, with this acid dissolved in *Glycerine* and warm water, and used as an injection into the bladder, once in six hours. The urine was very offensive, largely composed of mucous, and the microscope revealed, pus, blood, and an abundance of mucous epithelium.

Puerperal endo-Metritis, and Septicæmia.—This acid rapidly reduces the temperature, and relieves the cerebral symptoms, quicker than any known remedy. *Foul breath* and *offensive expectoration*. Dr. Da Costa gives it in five grain doses with prompt effects.

Diphtheria.—It has given fine results in this disease. Dr. Oehme, in *North American Journal*, gives the results in fifty-six cases of diphtheria treated with *Salicylic acid*, with the following symptoms: Violent fever; the entire fauces covered with a white exudate. In two cases hoarseness and barking cough (affection of the larynx), were present. In some a gargle was given, while in others it was not. The average dose was one-sixth of a grain, hourly, and the average duration of the disease, from two to five days. A few severe cases lasted eight days. No sequelæ followed. Dr. Mary J. Safford Blake, has given from the third to the fifteenth dilution in diphtheria with prompt results.

Dyspepsia.—This remedy has but few equals. Where there is excessive accumulation of flatulence, and acidity of the stomach, with much belching of gas from the stomach, anæmia and great irritability with despondency, I have used the first decimal with great satisfaction. Dr. A. E. Small has found the remedy in the first trituration of great benefit in dyspepsia of a stubborn character. Dr. L. C. Grosvenor, has had marked curative results with this acid in dyspepsia, with putrid eructations and much accumulation of gas in the stomach. Dr. E. M. Hale, has had fine results with this remedy in flatulent dyspepsia. From the specific, and powerful action the *Salicylates* have upon the pneumogastric nerve, they must become the leading remedies for flatulent dyspepsia.

Tænia.—As all treatment for the removal of tænia often fails, Marynowski tried in a case where tænia solium existed already for nine years, four doses of 0.5 acid *Salicylicum*, a dose every hour, followed by half an ounce of *Oleum ricini*. Half an hour afterwards, a tænia ten yards long, with the head entire, was discharged per anum, without pain. (Med. Neugh. 5. 1877), in *North American Journal*.

Dry Cough.—Of a hard racking spasmodic character, aggravated at night. One grain doses of the crude drug has acted well with me, especially in old people. This acid has been used in typhoid fever, intermittent fever, scarlatina and zymotic diseases, by some physician with good results, but the majority pronounce against the remedy. Much has yet to be learned about this acid.

In the preservation of urine, Meyer and Kalb found that one part of the acid to two thousand of urine, was sufficient to prevent putrefaction, and that 0.4 per cent. would prevent milk from souring.

Would not a little of this acid be of service in cases of cholera infantum, where the milk produces acid diarrhœa, and the whole child smells sour, showing that the intercellular fluid is excessively acid? I have given it in one case, with high fever; pulse 140; stools every half hour, excessively green and sour. In twelve hours it controlled the fever and green stools, but did not check entirely the diarrhœa. I believe that "acid" children, with green stools will prove to be a keynote for the use of this remedy. I have noticed that these children are very irritable, and prone to derangement of the stomach, from irritation of the pneumogastric at its origin. Knowing the specific and powerful action this acid has upon this nerve, and the base of the brain, we are justified in believing that the *Salicylates* will do much for acid children, with fermentative dyspepsia, and acid diarrhœa.

Dr. E. M. Hale, has utilized this acid with complete success to prevent milk from souring, where mothers traveling in hot weather on the cars, with children fed on artificial food, two grains of this acid, was dissolved in a quart of milk, which kept the milk perfect and caused no medicinal symptoms.

Dr. Hale has given this acid in cholera infantum and diarrhœa, of children with putrid eructations, and putrid smelling diarrhœa, with gratifying results. The specific action *Salicylic acid* has upon serous membranes, and all serous membranes when inflamed, tend to effusion into the serous cavities. I would suggest a trial of this remedy in hydropericardium, hydrocephalus, and renal dropsy. When we take into consideration that most examples of serous inflammations are believed to be of a rheumatic character, and the wonderful control this remedy has over rheumatism, we hope for great results from the *Salicylates* in dropsical effusions.

Dr. F. Park Lewis, gives us a case in point in the *Medical Advance*. A case of plastic iritis following inflammatory rheumatism. The pupil would contract, notwithstanding the local use of a one per cent. solution of *Atrop. sulph.* The nightly pain was most agonizing, relieved temporarily by hot applications. Material doses of *Salicylate of Soda* made a speedy cure.

Climacteric.—The readiness to flush, caused by this acid would suggest its use in the *hot flushes*, at the critical age.

One case. A large leuco-phlegmatic lady, aged forty-five. The leading and prominent symptom, was constant dull, heavy pain in the cerebellum; great forgetfulness, excessive irritability, and frequent hot flushes of fever. Two grain doses of the first dilution, one in three hours, arrested the whole trouble at once.

Antiseptic uses.—The inhibitory action on putrefaction of this acid being, it is said, three times greater than that of *Carbolic acid*, ought to give it a high place in anti-septic surgery. Bucholly, found that 0.15 per cent. of the acid is sufficient to prevent the development of bacteria, and 0.4 per cent. of this acid, killed bacteria in vigorous growth.—*From Characteristic Materia Medica. Third edition.*

NITRATE OF SANGUINARINA.

A DESCRIPTION OF THIS NEW REMEDY, ITS CHEMICAL HISTORY, AND AN ARRANGEMENT OF ITS SYMPTOMS WITH SOME CLINICAL CASES, BY F. H. NEWMAN, M. D., LECTURER ON INORGANIC CHEMISTRY AND PHARMACOLOGY IN THE CHICAGO HOMŒOPATHIC COLLEGE, WITH OBSERVATIONS BY E. M. HALE, M. D., AUTHOR OF NEW REMEDIES, ETC.

This preparation is a very fine brownish-red powder, pungent acrid, bitter and inodorous. Soluble in alcohol, ether, water, and oils, but not in all proportions. I find upon experiment that both alcohol and water separately will dissolve about one-half grain to each one hundred minims, while dilute alcohol (equal parts of alcohol and water) will dissolve about one-fourth of a grain more. In each solvent giving a very fine brownish-red liquid.

Pure *Sanguinarina* is a *pearly white* substance, but when combined with any of the acids, the result is a salt with some shade of red, crimson or scarlet. From this fact it would appear that the red color of the bloodroot may be owing to the presence of some native salt of *Sanguinarina*, which is decomposed by *Ammonia* in the separation of the organic alkali.

The centesimal scale would appear to be the best for this remedy, as in the low decimal attenuations it would produce local irritations of the mucous membrane. It is best prepared by triturations up to the third, then it can be carried higher in alcohol.

The following pathogenesis is taken from provings reported by Prof. Owens, of Pulte Medical College, Cincinnati, at the meeting of the American Institute, held in 1878.

Head and Neck.—Pain in the supra-orbital region, proceeding from pain in the right eyeball, of a sore aching character; it soon extended across the forehead, and seemed to be deep in above the root of the nose. Burning pain in the forehead and the root of the nose, with aching and soreness in eyeballs, worse on pressure, the *pain became more severe on the left side of the head, through the left temples*. Slight aching sensation, with soreness all over the head and scalp. Slight dizziness, through all of the proving.

The pain in the left side extended to parietal ridge and back to mastoid process, attended with sensation of stiffness in the muscles of left side of the neck and top of left shoulder, as if from exposure to draft of cold or damp raw air. *Sensation of obstruction and fullness in head*, which was relieved by a discharge of a large quantity of thick yellow, sweet tasting mucus. Heat in the forehead, bathed in warm water, gave some relief. Uncomfortable feeling about the head all day, decidedly worse at night.

Eyes.—Pain in right eyeball, extending to the supra-orbital region,

pain of a sore aching character. *Profuse lachrymation*, the tears gush from the eyes. *Dimness of sight*, as if looking through gauze, or mist as if a thin film of mucus was spread over the sight. Redness and soreness of the inner corners of the eyes, which feel as if swollen. *Pain in the left eyeball*, extending over the orbit and left side of the head. Redness of lids and conjunctiva. *Heat and burning* of the eyes, which was quite severe. Burning, pressing, aching and sore pains in the eyes.

Ears.—Obstruction of the eustachian tube, difficulty in distinguish- ing sounds, roaring in the right ear.

Nose.—In fifteen minutes after taking first dose, observed water trickling from right nostril. *Watery mucus flowed freely from both nostrils* attended by violent sneezing, repeated every few minutes, with profuse lachrymation. Sensation arising to nostrils as if he had taken strong horseradish. *Burning pain in both nostrils. Accumulation of mucus obstructing nose* and bronchial tubes. Dry, sore, and raw feel- ing in nostrils. Free discharge from posterior nares, tinged with blood, especially from left side.

Mouth and Fauces.—*Bitter taste extending back to the root of the tongue. Slight acrid burning sensation on the tongue.* Roughness and dryness, in the mouth and throat, with sensation of constriction in the throat, which passed off in fifteen or twenty minutes. Increased flow of mucus and saliva, with sneezing and burning in the forehead. *Sore- ness, roughness and rawness on right tonsils, painful with difficulty in swallowing*, though the throat indicated diphtheria, but on examina- tion was only a red and irritable spot.

In the morning raised great quantities of thick yellow sweet tasting mucus, this continued all day. Heat in the mouth, as if pepper had been taken. *Great accumulation of mucus in throat and bronchi.* Awoke frequently with dry mouth and throat, from breathing with mouth open, the nose being obstructed. Everything tasted dry, like chips; coffee did not taste natural, wanted something succulent, not pungent, but soothing to the mouth and throat, which was hot, dry, parched and raw.

Chest.—*Heat and tension behind centre of sternum, sensation of tightness in the chest, inducing a short hacking cough*, the cough became harsh, leaving soreness and rawness in the throat and chest, with scraping raw sensation in pharynx. Coughing up large quantities of thick, yellow, sweet tasting mucus, several times during the day. Tension, burning, and accumulation of mucus behind centre of sternum, in forty minutes after taking, the tension and heat behind the sternum had increased, with desire to cough a short hacking cough; raised a clear mucus; felt a strong desire for fresh air; slept poorly on account of pressure in chest; the cough became deeper and rattling; the pressure extended to both lungs greatly increasing the sense of suffi- cation; feeling as if the air passages were lined with thick, stiff mucus or pus.

Stomach.—*Sensation of burning in stomach and œsophagus; belching*

up of putrid-smelling gas, though she had eaten nothing since morning. Little appetite.

Urinary.—Passed urine nearly every hour during the night, which on standing until morning weighed twenty-eight ounces and deposited a white sediment.

Abdomen.—*Borborygmus and pains in abdomen, as if diarrhœa would set in;* with sharp cutting pains.

The following clinical verifications were also reported :

CASE I. I. I. B., merchant aged forty, dark complexion; chronic posterior nasal catarrh, chronic bronchitis, and chronic laryngitis; voice altered, deep, hoarse; catarrhal phonation, as if speaking from the chest with effort; severe pressure from behind the sternum. Had been thus affected for eight years past. Had been treated by various physicians in Cincinnati, Philadelphia and New York, using inhalations of various substances, *Tartar emetic*, ointment and croton oil at various times, without benefit, leaving the surface only dryer than before; he seldom raised anything except a few balls of grey mucus.

From New York he was advised to go to the pine regions of the south, particularly to Florida. He spent two winters on the St. Johns River, with, for the time being, some relief, but each time, the trouble returned again in the north.

Through persuasion of a friend he was induced to try Homœopathic treatment. *Nitrate of Sanguinaria* 6th trituration, was given, one grain every two hours; all hot and stimulating drinks and food were interdicted. He had already, in one year, lost eighteen pounds in weight, and his relatives, who were all strongly opposed to his change said he then would surely die. In one week he reported that his throat felt better, and that there was more moisture in it than there had been for two years before: there was also marked improvement in his voice. In ten days he received his third prescription; *Nitrate of Sanguinaria* 6th, one grain dose every four hours. Improvement was now apparent to all. He was urged to take all the exercise in the open air that he felt that he could during the autumn. At the end of ten weeks he had regained six pounds of his loss, and felt stronger and better than for five years before; voice not improved in proportion; gave *Causticum* 6th every two hours for one week, and *Drosera* 3d. In sixteen weeks from the time he took the first dose he reported himself a well man, and endured the winter without any unusual trouble.

CASE II. Mrs. S., city missionary, aged forty-nine; much exposed to severe weather; daughter of one and sister of two Allopathic physicians; was, by the patient I. I. B., prevailed upon to try this medicine. She had a constant hacking cough, raw, sore feeling in the throat, and sore aching and pressing behind the sternum. She was constantly exposed to the raw, cold winter winds, which, induced coryza and irritation. Her occupation required that she should talk a great deal under all conditions of exposure. I gave her one grain doses of the sixth trit., every two hours, required her to rest a few

days in the house during very stormy weather, and to avoid exposure at night. In ten days she reported herself decidedly better. She continued her occupation without further interruption, until at the end of ten weeks her recovery was complete.

CASE III. O. W., aged fifty-five, subject to frequent attacks of cold, affecting the head, throat and bronchia, and catarrhal affections.

January 20, 1878, contracted a severe cold from a long drive in an open buggy. This cold affected the head, throat and lungs; felt very sore and lame all over, with copious discharge of mucus from nose; frequent sneezing; lachrymation; on 21st soreness of throat very marked; constant tickling in the throat-pit, exciting cough, at first short and hacking, but in two days became violent and convulsive; *Bell.* and *Drosera* seemed of little use. On the 22nd, pressure behind the centre of sternum became very severe. Gave *Nitrate of Sanguinarina* 6th every two hours. In four hours a copious perspiration made its appearance, attended with frequent sneezing. On 23rd, soreness of the throat appeared in the morning after waking from a rather troubled and restless sleep; constriction of the throat, with difficult deglutition, was present; tension across the chest, which seemed to radiate from behind the sternum.

I gave the medicine every hour, and in one hour, a quite free discharge from the nose set in, followed in three hours by moisture and relaxation of the constriction across the chest; the discharge was quite yellow and sweetish tasting. This continued all day, at night he slept well, and awoke in the morning feeling quite free; but little cough or coryza during the day, and he was entirely relieved by the next morning.

OBSERVATIONS.

It is evident from a study of the above pathogenesis that we cannot expect to obtain from the provings of the isolated constituents of drugs, or the salts of other alkaloids, all the symptoms which we could obtain from the whole drug. I am convinced, from a study of the provings of alkaloids and resinoids, also from their use in disease, that we should have provings of them all. *Sanguinarina* cannot represent the whole of the medicinal power of the root of *Sanguinarina*, for the root is a complex substance and contains in addition to *Sanguinarina*, another alkaloid called *porphoroxin* (Huseman) also *puccin* (Wayne.)

It also contains *Chelidonic acid*, *Sanguinarenic acid*, besides *resin*, *gum*, and other inert substances. The alkaloids exist in the root in combination with its acids, the most important compound being *Chelidonate of Sanguinarina*.

A proving of a trituration of the root, if fresh, will give us a complete pathogenesis of the whole, and probably a hydro-alcoholic tincture of the fresh root would be as good. But if we are to use any of its isolated constituents or their salts, we should have them proven. In practice I find that there are many *head*, *hepatic* and *uterine* symptoms which will not yield to the *Sanguinarina* or the *nitrate*, but when I

prescribe the nitrate for any of the above symptoms from Dr. Owen's provings, they disappear promptly.

Dr. Newman has arranged the symptoms with excellent judgement, with a few hints from myself, relating to the importance of keeping connection of the symptoms. Further proving is needed, especially upon women, also some pathological provings on animals.

The hepatic symptoms of *Sanguinarina* are probably due to *Chelidonic acid* it contains, for we miss them in the nitrate; as also some of the head symptoms of *Chelidonium*, which appear so prominently in *Sanguinarina*.

Many of the local symptoms of the nitrate are the nasal passages, throat and larynx, were doubtless due to its local irritant action, they are however, of value in practice as guides to the local application of the triturations by inhalation.

A medical friend suggested to me whether any of the symptoms of the nitrate, could be due to *Nitric acid*. This query brings up a question which is going to be a puzzling one for our school. We may ask, (1). What becomes of the *Nitric acid*? (2). Is it separated from the alkaloid in the stomach, as free *Nitric acid*? (3). Do we get mixed symptoms of *Nitric acid* and *Sanguinarina*, or (4), do we get an entirely unique array of symptoms from this salt. I cannot answer these questions. Possibly some scientific chemist who also understands symptomatology, may sometime answer them.

A few words as to the use of this salt: Locally it is very useful to repress exuberant granulations on ulcers, or diseased mucous surfaces. The nitrate is so powerful, that the third trituration (decimal) is sufficiently strong to effect a change for the better, acting Homeopathically, for the strong, and, salt applied to a healthy surface, causes ulceration with abnormal granulations.

Used locally as above, and at the same time internally, is of value in *polypi* situated in the nose, uterus or urethru.

This salt, as well as the *Sanguinarina* is doubtless indicated in irritation of the coats of the stomach, even to the extent of acute gastritis. But its chief value will be found to be in the treatment of catarrhal headaches, (possibly also nervous gastric headaches), nasal catarrh, conjunctival catarrh, catarrhal disease of the inner ear and Eustachian tube, pharyngitis, laryngitis, bronchitis, and possibly in broncho-pneumonia, or pneumonia in the stage of hepatization. Nor should I hesitate to prescribe it in the chronic bronchial catarrh of old people and children; nor in croup; catarrhal or pseudo membranous.

But until we have further provings we are not justified in using it unless experimentally in the treatment of hepatic or intestinal disease; in uterine affections, or in disease of the male genital organ, characterized by impotence, or relaxation from diurnal losses of semen, or irritability causing inaptitude for coitus, for which conditions the tincture of *Sanguinarina* is so useful.

Hospital Department.

HAHNEMANN HOSPITAL CLINICS.

THE EYE AND EAR CLINIC.

BY C. H. VILAS, M. A., M. D., PROFESSOR OF DISEASES OF
THE EYE AND EAR, IN HAHNEMANN MEDICAL
COLLEGE AND HOSPITAL, CHICAGO.

In accordance with our previously expressed intention, we will devote this extra clinical day to a review of the principal operations we have recently performed. Necessarily it must be short and concise, to be embraced in the time at our disposal.

You will all remember this case as the man of unusual grit.

HARD CATARACT. EXTRACTION.

CASE No. 5058. Man aged forty-seven. About two months ago this patient was operated upon by us for iridectomy preliminary to this cataract extraction. The iridectomy was made upwards after the manner in the illustration in Carter, of which it is a typical copy, and the patient sent home to allow the eye to heal and recover. All went well, and the patient declared he felt no pain or inconvenience whatever from the operation, and returned for the extraction.

The patient anesthetized, we made an upward section, eleven millimetres in width, well back into the sclera, and on such an angle as to make a true Von Graefe section, with no modifications, accidental or otherwise. To do this we set the point of our knife firmly against the schera, steadily pushed it forward, (after dipping and recovering it to enlarge the section) and by a quick thrust passed it through the opposing tissues. Then steadily drawing it from heel to point, we inclined the edge forward to make the conjunctival flap. We then cut the capsule and were ready for the third, and usually most trying part of the operation.

Gently pressing on the lower portion of the cornea with our rubber spoon, we touched the top of the globe delicately with our left forefinger, rotated the lens on its horizontal axis, and received it in the spoon. We applied a Vienna bandage, and sent the patient to his bed.

NOTE.—The wound in every respect did well, the patient being sent home in about three weeks. We saw the patient in the street not long since, and though not able to test his vision, which he assured us

enabled him to attend to his own business affairs, noted the round pupil, accurate coloboma, and strong union.

This was a true Von Graefe operation—quite rare now-a-days—for nearly every one has introduced some modification of his own. We have not time to consider these now, but simply remark that in London, Paris and Vienna, this operation, with modifications according to the operator's fancy, is still the favorite.

CHRONIC GLAUCOMA. IRIDECTOMY.

CASE No. 6133. Woman aged sixty. The history of this case was the old tale, error in diagnosis, glaucoma mistaken for cataract, patient advised to wait; did so, grew worse and gradually lost her sight, until perception of light alone remained. The tension was greatly increased; fundus obscured.

A broad iridectomy on each eye was done, and in the right eye quite up to the ciliary margin; in the left eye the sphincter was broken and about one-half the stroma taken, leaving a wide ciliary margin remaining.

Both eyes have healed, vision to the extent of recognizing faces restored to one eye.

The companion eye, the better of the two previous to the iridectomy, seems but little better than before the operation.

This case you will remember was dwelt on and we remarked that as there was such great difference of opinion as to the better operation, entire removal of iris segment or only partial removal, the former preferred by the majority, though perhaps not the most qualified to judge, we would give the patient the benefit of both. Although it is too recent as yet to judge of the effects, for vision in old cases of glaucoma continues to grow better for months and even years, we see the operation with partial coloboma has so far resulted best.

SENILE CATARACT. EXTRACTION.

CASE No. 6574. Man aged seventy-six. Hard cataract both eyes. Right eye only operated on, the other being not yet ripe.

Corneal flap operation (with Von Graefe knife) with iridectomy. No anæsthetic.

This is the case of the old gentleman who said he would have the operation done if it killed him, he was not afraid of pain.

You will all by this time acknowledge that what we have told you about anæsthetics in many cases is true, viz., that they are wholly unnecessary. We are far from recommending their abandonment in many operations, such as strabismus, enucleation, and other painful operations; but in cataract extraction or iridectomy in old persons,

the tissues are often so insensible that the dread of inhaling the anæsthetic with the consequent deprivation of the senses, and the ensuing vomiting and sickness, are far more painful than the knife, laying aside any consideration as to endangering the after result by such troubles. As you hear him say, the operation was wholly without pain.

Remembering what we told you about the dangers of suppuration where the cornea was so extensively cut, you will recall that we told you that death of some portion of this cornea was inevitable and we feared for it all. We are strongly inclined to the belief that a cornea never suppurates unless from some tendency beyond our power to prevent.

Almost immediately this cornea took on a severe form of suppuration, but as you will see, we have by the most assiduous care limited it to the part opposite the coloboma, so that a good vision is assured. Much of the credit of the result is due to the faithful care of our house physician, Dr. C. N. Dunn, assisted by Dr. E. H. Parker, who have conscientiously followed our directions. We shall dwell on these hereafter, and show you the final result ere the patient goes.

IRIDO-CYCLITIS. ENUCLEATION.

CASE No. 6732. Man aged about thirty. This patient applied a few weeks ago for treatment. Two weeks before he came to us he was at work glazing, when a sharp splinter of steel flew "into his eye." He did not know whether it penetrated the globe or not. He was well treated by a good general practitioner. We diagnosed irido-cyclitis, and recommended an enucleation at once as the patient was dependent on his trade for a family's support, and the companion eye showed violent signs of sympathetic irritation. He consented and you will recall that we enucleated by the common method a few days ago.

We now hold in our hand the eye removed which has been preserved by Dr. Dunn, and to prove our diagnosis or exhibit our ignorance, we will divide the eye at the equator. So doing, you see we have a magnificent case of typical irido-cyclitis. The iris, ciliary body and lens are so firmly glued together as to defy separation, and our diagnosis is confirmed. It is a fortunate thing that the man was wise enough to decide promptly or total blindness would probably have been his portion hereafter.

NOTE.—On recovering from the anæsthetic, the patient at once noted the improved vision in the non-affected eye. The recovery was delayed by a somewhat violent cellulitis, controlled by *Hepar sulph.*,

and *Apis mel.* internally, with hot water applications externally. In less than three weeks he left cured and has since so remained, he having frequently called to see us. An artificial eye so far supplemented the loss of the original that he declared in the clinic that his wife could not tell he had even lost the latter.

BULLET INJURY. ENUCLEATION.

CASE No. 7175. Man aged thirty-five. While serving in our late civil war he was shot, the bullet entering immediately through the centre of the superciliary ridge and passing out at the right temple. In its track it cut the eye so that a portion of its contents oozed out, and the globe atrophied. Had since worn an artificial shell over the remains, but acting on our advice he consented to its removal.

We removed it by the Vienna method, with anæsthetic, Drs. Spring, Penfield and Messrs. Donald and Barker assisting. Recovery was perfect, the patient leaving the infirmary in eight days after the operation.

STRABISMUS. TENOTOMIES.

The next three cases, No. 6134, 7062 and 7072, were all strabismus cases, and as owing to the large number of cases of this trouble we are to have a separate strabismus clinic, we will reserve the excellent notes my clerk, Mr. Barker, has made until then. Suffice it to say in passing, they all made good recoveries, without accident, and with a single exception, in which one eye as we expected required another operation, were all we could desire.

The next case is one of

IRIDECTOMY.

CASE No. 3035. Charlie S., aged about eight, had keratitis which would not get well despite our best endeavors with remedies. Fearing from its great virulence the eye might be lost, we decided to break the sphincter pupillæ of the right eye after the manner of Carter.

Patient anæsthetized, we entered the cornea with a keratome about one line from the sclero-corneal junction, with a Tyrrell's hook seized the iris and excised a small piece so as to break the sphincter.

This case previously so obstinate remained in the infirmary one week. At the end of that time, *Atropine* and a bandage only having been used, the wound and keratitis were both well, and now over four months still continue so.

SYMPATHETIC OPHTHALMIA. ENUCLEATION.

CASE No. 7194. Boy aged eighteen. When six months old this lad got a piece of tin into his left eye. The sight was immediately lost but the globe remained there until about four years ago without

giving any trouble. At that time it began to trouble him and he was treated by internal remedies, his sight constantly failing him. He was assured all would be well, and "went on doctoring." Four months ago he was sent to us. The right eye was already badly involved from sympathetic trouble and we advised speedy enucleation of the left. But his old physician bade him beware of Chicago doctors as they were frauds and snares! he had been to Chicago and knew whereof he spoke, and roots and herbs in his hands would cure all evil that was in the boy. The latter decided to wait. He finally came for enucleation. Notwithstanding the gloomy prognosis we gave him, he said it was a last hope, as his old doctor had abandoned him, and it must be done. We enucleated by the Vienna method.

This case is interesting as detailing a very common history. It is indeed a terrible alternative, that of great disfigurement or the loss of sight, and many foolishly wait too long.

The question of enucleating an eye to save the companion eye when the former threatens the sight of the latter has been fully discussed and we will not return to it, except to remark that it requires trained judgment to know the exact time at which an irritable stump becomes an immediate source of danger. Stumps may remain and never become irritable, others may remain many years, as you saw in this case over thirteen years, and then became so dangerous as to destroy sight of the companion eye. Doubtless many cases are lost under Old School practice by not having proper remedies, perhaps in ours by not having a timely and judicious use of those we have.

NOTE.—The patient made a perfect recovery without a particle of pain or trouble and left the infirmary in eight days. We have not seen him since.

IRIDECTOMY.

CASE No. 7013. Man aged seventy-six. This patient applied to us about one year ago with senile cataract. He was placed upon *Sepia*, and as will be remembered was the only one who ever reported any gain under the remedy. He *thought* he was getting better, but when his sight failed entirely he wished to have an operation.

In this case we did an ordinary sharp-pointed iridectomy, (after Carter's illustration) without an anæsthetic. He comes to-day that you may hear him say he suffered no pain from the operation and none since. The case is unique and typical; recovery perfect. We shall soon do the extraction.

PTERYGIUM. EXCISION.

CASE No. 6599. Man aged twenty-three. This man had a pterygium of six years growth, presenting no special interest. It was excised, a compress of *Calendula* applied and the patient sent home.

We usually prefer excision as we seldom if ever see them return. Others, however, report that such a result has repeatedly happened to them. In case such did to us, we should "transplant," as we will do in the case that you saw here a few weeks ago—double pterygia.

HARD CATARACT. EXTRACTION.

CASE No. 6676. Woman aged seventy-one. This case was one of senile cataract; Von Graefe modified operation, the iridectomy and extraction being done at the same time. The case did excellently well after the extraction until about the eighth day, when she struck her head with great force on the corner of a table, causing a slight bursting along the track of the incision, with prolapse of the iris. This prolapse was excised, it being impossible to coax it back into the chamber. The wound again slowly healed, but with a slight staphyloma iridis, and some displacement of the pupil. The case was then sent home. She returned and was seen by you a few weeks ago, with perfect vision, reading all common print with ease.

This old lady was the one who felt so badly because we could not celebrate her seventy-first birthday by the operation, being obliged from having so much to do, to put it off until the next day. The whole operation was without an anæsthetic, and although painful was much less so she said, than the inhaling of an anæsthetic, which she had done before. Her great joy at receiving her sight and being able to read her bible you will remember; but she declined to have the other eye operated on, as this one would take her through this world and the other would see in Heaven, where she trusted we would all meet.

Notwithstanding we hear the bell warning to stop, we must call your attention to the case of

DOUBLE IRIDECTOMY.

CASE No. 6130. Child, aged about two years. When about two weeks old had purulent ophthalmia, or ophthalmia neonatorum. Both cornæ were destroyed, excepting small clear spaces at the periphery. Small iridectomies were made to allow light sufficient for general vision.

This case supplements well the cases of conjunctivitis of the newly-born, which you have from time to time seen, as Nos. 7063, 7064, 7058, etc., showing how this disease will result when neglectfully or badly treated, and will, I trust, have its lesson.

The tumor cases, paracentesis, canthoplasty, etc., must be omitted for lack of time.

Book Department

All books for review must be sent to the Publishers.

ELECTRICITY, ITS NATURE AND FORM. BY C. W. BOYCE, M.D.
This pamphlet gives a brief outline of this valuable remedy.

BRAITHWAITE'S RETROSPECT for July contains the usual grist of good things. Not an article on children's diseases can be found.

A COMPENDIUM OF THE MOST IMPORTANT DRUGS WITH THEIR DOSES ACCORDING TO THE METRIC SYSTEM. BY W. F. WHITNEY & F. H. CLARK. Boston: Williams & Co.; 25 cts. An Allopathic Catalogue.

MANUAL OF THE PRINCIPLES AND PRACTICE OF OPERATIVE SURGERY. BY STEPHEN SMITH. Boston: Houghton Osgood & Co. 12mo., 699 pp.; \$4.00

This is an enlargement of Smith's hand-book of surgical operations, that was so popular with army surgeons. The various parts of the body are treated concisely. It is well illustrated and is a most practical hand-book.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. BY G. H. FOX, M. D. New York: E. B. Treat, Publisher.

This work is issued in twelve parts at \$2.00 each, and are the finest thing on skin diseases that have come to our knowledge. The illustrations are colored photographs true to life. Sold by subscription. May be ordered through Duncan Bros.

ESSENTIALS OF DIET OR HINTS ON FOOD IN HEALTH AND DISEASE. BY E. H. RUDDOCK, M. D. London: Homœopathic Publishing Company. Chicago: Duncan Bros.; 16 mo.; p. 264; \$1.25

This is a valuable little book, the last work of the late Dr. Ruddock, and we are pleased to see that it has reached a second edition. Dr. Shuldham has made some valuable additions as editor.

THE AMERICAN JOURNAL OF ELECTROLOGY AND NEUROLOGY. EDITED BY J. BUTLER, M. D. New York: Boericke & Tafel.

This is a venture that would have shocked Hahnemann—a whole journal devoted to one limited remedy and one part of the system. "But are not all diseases of nervous origin, and is not electricity the nervous remedy?" Taking that view, there is a wide field for such a journal. It presents a neat appearance and is well edited.

TRANSACTIONS OF THE HAHNEMANN MEDICAL ASSOCIATIONS OF IOWA.

This is a model pamphlet of ninety pages and contains the report of the tenth annual session at Cedar Rapids in May 14 and 15. The papers we notice are excellent and the discussions practical. We would have liked to present these to our thousands of readers, but the society ordered otherwise. A few copies may be had of the secretary, Dr. E. A. Guilbert, Dubuque.

CLINICAL THERAPEUTICS. PART VII. BY T. S. HOYNE, M. D.

This is part II of volume II, and contains an outline of what may be expected of *Graphites*, *Moschus*, *Opium*, *Petroleum*, *Thuja*, *Zinc Baryta carb.*, *Cantharis*, *Cuprum*, *Ferrum*, *Hyoscyamus*, and part of *Lachesis*. This work belongs alone to the science of therapeutics and shows the art of using these drugs, and what they have accomplished. This book ought to be the text-book for every clinical teacher in our ranks, and would doubtless have a wide sale in the profession, if it was properly presented and its "Sphere of action" understood.

GOLD AS A REMEDY IN DISEASE: Notably in some forms of organic heart-disease, angina pectoris, melancholly, tedium vitæ, scrofula, syphilis, skin disease, and as an antidote to the ill effects of *Mercury*. BY J. C. BURNETT, M. D. London: Homeopathic Publishing Company. Chicago: Duncan Bros. Price, \$1.25.

This author writes with caution and enthusiasm, claiming that *Aurum* has a definite and positive field, but therein a clear and triumphant illustration of the truth of similia. His researches are interesting, unearthing many valuable historical facts. Those who read his work, "*Natrum muriaticum* as a test of the doctrine of drug dynamization," will be sure to want "Gold," and those who have seen neither, should get them if they would know when and how to use "royal remedies."

HAND-BOOK OF PRACTICAL MIDWIFERY, including full instructions, for the Homeopathic treatment of the disorders of pregnancy and the accidents, and diseases incident to labor and the puerperal state. BY J. H. MARSDEN, M. D. Boericke & Tafel. 8vo, pp., 315; \$2.25.

This work like Richardson's *Obstetrics*, attempts to condense a broad subject into narrow limits. Instead of being a hand-book or epitome of this most practical branch it is really the authors views and experience—and as such it is doubtless a valuable addition to our literature. As a text-book for students of obstetrics it does not enter into the minutia of the subject as does Richardson's, but for the practitioner, up in the elements, it will be more interesting and valuable.

ENCYCLOPEDIA OF PURE MATERIA MEDICA, VOL. X. New York: Boericke & Tafel, Publishers.

This is, we suppose, the last volume of the *materia medica* part. (Vol. IX. has not come to hand). *Zizia* closes the regular list; then comes a supplement of a host of remedies, some additions, corrections and omissions as well as a batch of errata. In a closing note we learn that electricity and the "lacs" are omitted entirely. Not the least interesting part of the supplement is the provings. *Aithusa* is reprovved and turns out a harmless plant. There is so much doubt in this part of the work that we feel that a new edition is needed right away. Many will doubtless turn to Hering's work expecting it to be more free from errors. The collection of this mass of material is a great undertaking, and Dr. Allen deserves great credit for his energy. A year-book of *materia medica* seems to be a necessity to preserve only the pure symptoms. As we look over these volumes we ask,

where are the day-books from which these many pathogeneses were compiled? Shall they be lost or destroyed in some great conflagration? These should be preserved and rapidly arranged into volumes. We expect yet to see the Allopathic physiologists in raptures over these "experiments on healthy persons." Government could afford to buy these day-books for the benefit of generations yet unborn.

HOW TO FEED CHILDREN TO PREVENT SICKNESS. BY T. C. DUNCAN, M. D., Chicago: Duncan Bros. Price 25 cts.

This is a lecture delivered in Hershey hall in this city, and now brought out in pamphlet form. The causes of infant mortality are recapitulated and improper feeding shown to be the greatest factor in "the slaughter of the innocents."

Cases are related that were benefitted at once by a careful selection of diet. This subject is recognized by nearly all medical practitioners, and he is most successful in the treatment of gastro-enteritis (the "summer complaint" of the laity) who has the fullest knowledge of foods. The nursing mother receives a recognition in this little work, that is so often overlooked, and directions are given as to the promotion of the milk both as regards quantity and quality. A sliding scale of "feeding," suitable for infants of six months and upward is made to follow, containing many valuable hints, that cannot fail to be of service to the oft-perplexed physician when the question, "What shall the baby eat?" is propounded. We note, however, one omission, that of Anglo-swiss's condensed milk, an article that has frequently proved of inestimable value in the hands of the reviewer. Chronic gastritis is dwelt upon at length, the author ascribing many of the disorders to the presence of this disease.

The reader cannot fail to derive both pleasure and profit from a perusal of this unpretending work, and increasing by subsequent reference.

C. H. E.

DISEASES OF INFANTS AND CHILDREN, WITH THEIR HOMŒOPATHIC TREATMENT. Chicago: Duncan Bros. Part IV.; \$1.00.

This, the fourth installment, is devoted chiefly to the glandular system. Commencing with the liver, the functional disorders of that viscus are portrayed from the ante-natal period up to that of childhood together with remedial aid. The pancreas, about which the mists of uncertainty have hung so long, is exhaustively reviewed and all that is definitely known concerning it, placed before the reader, both as regards physiology and pathology, and the outlined medical treatment. The articles upon the spleen, supra-renal capsules and thymus are made to present the latest picture that scientific research affords, and to which numerous therapeutic suggestions are appended.

Coming to the lymphatic system we find evidence of patient labor in the collection of the latest developments in the physiology and diseases of this obscure, but most interesting subject. The anatomy, gross and minute, are given in detail and illustrated by cuts. The diseases of, and those depending upon the lymphatics are given in *extenso*, and plentifully interspersed with therapeutic indications.

The circulatory system follows next in order and displays the same exhaustive research, characteristic of the entire work. The same is true of the disorders of the respiratory tract, which complete the part *i. e.*, infantile respiration and nasal diseases.

Not the least value of this work is the harmonizing of ancient and modern thought and research in the maladies of children, being almost an entire epitome of the literature upon this branch. Few can form an idea of the labor necessary to collate this experience and render it available. The additions in the field of therapeutics are exceedingly valuable. Part V. is promised shortly. E.

Consultation Department.

CASE FOR COUNSEL.

Mr. D., aged about forty, harness maker, dark complexion, medium size. Came to me in January last for help; said he had been to many doctors and no two agreed as to the diagnosis, and none had helped him save temporarily. While in the state service before going into the army, was taken with rheumatism in limbs for which he did all he could, using electricity considerable. After a time the rheumatism left his limbs, (wore itself out as I believe) and went to his bowels and chest. January 26 complained of heat in his bowels with some bloating—clothing in contact distressed him—had hæmorrhoids which had troubled him at times very much. Appetite good; action of bowels regular; pulse good; drinks considerable water when at work, but not more than is natural at other times. I gave him *Ars.* 30x, and *Nux vom.* 3x. These gave him some relief, both for the limbs and the heat in the bowels.

February 14th, he came saying his left side was paining him so that he must have something done for it, constricting pains in the chest. I gave him for this *Bry.* and *Cact.*, each 3x, but in a day or two he came down with rheumatic fever, characterized by its wandering from bowels to chest, and the next day it would be in head. I gave the remedies which seemed indicated, but not with the speedy relief which I had reason to expect.

April 20th, he came to my office saying there was a lump growing in his abdomen. On examination I found a small enlargement just left of the linea alba upon or over the cartilage of the second and third floating rib. I told him it was not very large but might be a fatty tumor, but too small for excision. It has not grown any since I first noticed it, or if it has, it has been so slow that it is not noticeable.

May 6th, trouble had returned in his chest and side, *Bry.* and *Cact.* removed the trouble gradually and it has not returned. June 15th, burning in bowels returned again, bloat some but not quite so bad as they did before I commenced prescribing for him. From then until now he has had the burning most of the time, accompanied either

by bleeding hæmorrhoid or trouble with stomach, soreness and a sense of weight. I can relieve him usually of all the symptoms save the burning of the bowels. Any suggestions will be gratefully received. Is it not possible or probable that he is passing through these symptoms in the reverse order in which they occurred from the first attack of rheumatism until now, and will not Homœopathy cure him, if he continues for a while to follow it up? D. E. F.

Medical News.

At Viola, Ill., they want a Homœopathic physician.

Died.—Dr. O. S. Runnell's (of Indianapolis) bright little boy Eddie with malignant diphtheria. A second death within a year. Doctor you have the sympathy of our readers.

The *Medical Advance* for September consists of 140 pages, and contains the entire proceedings of the Ohio Homœopathic Medical Society. Sent on receipt of 25 cts. to any address.

Jousset's *Clinical Medicine* translated from the French with practical notes and additions by Dr. R. Ludlam is being published by S. C. Griggs & Co. The advanced sheets have reached us and the work is promised early this month.

The National Board of Health is doing good work, although it is spoken against in certain quarters, chiefly because Homœopathy is recognized. It is for the best interests of the country, that our friends stand by this Board. Its Weekly Bulletin may be obtained on application to Dr. Verdi, Washington, D. C.

Married.—April 30, 1879, at Saratoga Springs, O. J. Travers, M. D., of North Brookfield, Mass., and Mary C. Lytle, of Saratoga Springs, N. Y.

We knew friend Dr. P. G. Valentine, of the *Clinical Review* was getting "Plump" for something, fact is he is just been married and off for the pleasure resorts of the north. Success *Mein herr*.

Allow me to say in reply to numerous inquiries as to whether (having removed to Milwaukee) I shall deliver my course in the Chicago Homœopathic College this winter. I assure those interested (and the Prof. generally) that I shall certainly meet my engagements at The College. (Harness on) More than ever am I determined to help make The Chicago Homœopathic, the Standard Bearer of a higher Medical Education. We shall have a rousing class the coming session.
W. DANFORTH, Prof. of Gynecological Surgery.

Sage Ignorance.—Dr. Cushing is after the Lynn Sanitary Association with a sharp quill. He says: "We know the advice to bathe a child once every day, and hot days twice has been taught by professors and doctors, and followed by many for years; but that does not make it a healthful or common sense proceeding." The article is a good one, and we hope to give it light soon. To the question, "how often shall I bathe baby," my reply usually is "as often as you do yourself"—if feeble I add "you may oil it every day if you choose."

"Is the Homœopathic School unsectarian?" is the singular title of a pamphlet, by Dr. H. M. Paine. An idea that has to fight its way to recognition, will rally about it a so-called sect. Homœopathy as 'The law of cure,' has created a sect, and it will not be long till that sect (body) will include the whole profession, except the 'old foggy sect.' But this pamphlet will put off the day, if we have to stand by its assertions that "Homœopathy is not the only law of cure; *contraria contrarias* is also a law of cure." We defy the writer, or any one else, to show where or when '*contraria* is a law of cure.'

Lactopeptine.—Pepsin is unquestionably a valuable remedy in some cases of indigestion, but does not seem to meet all the requirements of many dyspeptic cases. Lactopeptine is presented to the profession as meeting all the indications in cases of mal-nutrition and non-assimilation, composed according to the formula, *Ptyalin, Pepsin, Pancreatine, Hydrochloric* and *Lactic acids*. It is claimed to be a combination of all the digestive agents. If we can prescribe chemically for disorder of the digestive function, such a combination would appear worthy of trial, and experience has demonstrated its value in many cases. Dr. Merritt remarks: "The more my experience in its varied applicability extends, the more its beneficial effects appear."—*Buffalo Medical and Surgical Journal*, Dec. 1877.

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Obstetrical Department.

A CASE OF TETANUS FOLLOWING ABORTION—
RECOVERY.

BY M. C. BRAGDON, A. M., M. D., EVANSTON, ILL.

Read before the Illinois State Medical Association.

On the 21st of September last I was summoned very hastily to see Mrs. J. B—, who was said to be dangerously ill. The message came none too soon for I found the patient, a frail little woman about thirty years of age, faint from loss of blood. The attendant said that the lady had been flowing for nearly a week, and that the hæmorrhage had been quite profuse most of the time for the preceeding twenty-four hours. By persistent questioning I succeeded in evolving the information (very reluctantly given) that a miscarriage had occurred about a week previously, and the patient supposed that she had been three months advanced in pregnancy.

I gave the remedy that seemed to me to be indicated and at the same time applied ice over the vulva and slipped pieces of the same material into the vagina. The hæmorrhage not being controlled by these and other milder measures which I tried, and fearing that the placenta or a portion of it might be adherent, I inserted my hand into the uterus, but found nothing but a clot of blood which I removed. I then tamponed the vagina very securely, and gave small and fre-

quent doses of brandy in water, for the woman was pulseless, cold, and had twice fainted.

The crisis was passed and convalescence was so far established that I had discontinued my visits, when on the third of October, twelve days after my first call, I was again sent for to visit my depleted patient.

I found her complaining of considerable pain in the region of the diaphragm; stiffness of the jaws and cervical muscles; dryness of the throat; and great difficulty in swallowing. I told the friends that I feared we had a case of lockjaw on hand, warned them not to alarm the patient, gave *Bell.* 6x in water, a teaspoonful every hour. The next morning the attendant reported a restless night, increased pain and soreness in the diaphragmatic region with a spasmodic action of the diaphragm; the stiffness of the jaws had developed into persistent rigidity, the muscles of the neck were also rigid and there was almost total inability to swallow. *Facies tetanica* was well marked. Milk could be gotten into the mouth and gulped down rather than swallowed. My suspicions of the day before were confirmed and I diagnosed a case of genuine tetanus. The prognosis was of course unfavorable, not only on account of the known; general fatality of the disease, but considering the anæmic condition of the patient from her previous hæmorrhage it seemed well-nigh impossible that a recovery could take place. *Strychna* 6x was prescribed, a dose the size of a grain every two hours. Friction was employed about the jaws and neck.

By the next day exacerbations of the spasms were more marked and were induced by any sudden noise, laughing or loud talking in the room. The spasms were a feature of the case from this time until convalescence was fully established, indeed after Mrs. B., was able to walk across the room she was jerked violently backward to the floor by a spasm induced by a person in the room speaking very suddenly. At this visit I continued the *Strychn.*, and had the patient moved to a neighbor's house where an electric bath was arranged. One pole was connected with the copper tub, while the other was grasped in the hands, or applied to the neck, jaws, spine or over the diaphragm, as was desired while the patient was immersed in the warm bath. Evident relief and a little relaxation followed the very first bath, and each bath thereafter as long as they were continued, or until the lady was thoroughly convalescent. The amelioration from the rigidity was not of long duration, however, and the condition of the

patient was not materially changed for ten days when lasting signs of improvement manifested themselves. The baths were given once, twice, or three times in the course of twenty-four hours as the case demanded. My friend, Mr. Keeler, who had charge of the bath was unremitting in his attentions and very discriminating in his use of the electric current; indeed, I think it is largely due to his constant care and watchfulness that the case terminated as it did in restoration to health. Convalescence was slow, yet steady, the spasms diminished in intensity and frequency, deglutition was accomplished with less difficulty, and lastly and very reluctantly the stiffness of the jaws relaxed.

Remarks.—This case is remarkable for several reasons, viz. :

1. Tetanus following abortion is rare. I can find only two such cases on record. Both proved fatal. One, reported in the *Philadelphia Medical Times*, June 10, 1876, occurred after abortion at two and one-half months followed by profuse and exhausting hæmorrhage. The physician in attendance gives as the etiology of the disease in that case the action of a low degree of cold upon nervous centres which were poorly protected and nourished, on account of the loss of blood. This woman had been exposed to a temperature of 5° to 7° below zero.

The other case is reported in the January number of *The American Journal of Obstetrics*, and the exciting cause is attributed to the retention in utero of a remnant of the placenta.

In regard to the etiology of the disease in the case I have brought to your attention, I have strong reason to think that it was of traumatic origin. I have strong ground for believing that the abortion was procured by the use of instruments, and it is my opinion that the nerves were lacerated, and tetanus induced in that way.

2. The treatment so far as I know is new, and certainly deserving of consideration, since in a disease so rarely conquered, it saved a patient who was in no condition to be saved.

The *Strychnia* was administered, not continuously, but nearly so for the first two weeks. *Bell.*, *Arnica*, *Lyc.*, were given during that time for symptoms which seemed to demand them, but the main reliance was on *Strychnia*. How much good it did I cannot say, but I believe that without the electric bath the woman would have died.

DISORDERS OF PREGNANCY.

BY CHARLES ALLEN, M. D., WASHINGTON, D. C.

CASE I. August 18, 1878, Mrs. S., white, aged nineteen, reported herself as seven months gone in her first pregnancy, and that she was suffering from sour, bitter, eructations, and "spitting up food after meals;" *Bry.* 30x two powders were given her, one to be mixed in half a glass of water, one teaspoonful every two hours for a day and a half; the other to be mixed the same way afterward, dose every four hours if necessary. The first powder relieved her and she had no return afterward.

CASE II. September 2, 1879, Mrs. W., colored, aged eighteen, reported herself as eight months gone in her first pregnancy, and that she was suffering from bitter eructations, spitting of food, and constipation, gave her *Bry.* 30x, two powders, one to be taken dry on the tongue that night, the other to be mixed in one-half glass of water, and a teaspoonful to be taken every two hours for two days. She reported afterwards that she had no return of these troubles during the remainder of her pregnancy.

CASE III. December 11, 1878, was called to see Mrs. C., colored, aged thirty-four, then in her seventh pregnancy, a fat subject, weighing some 190 pounds, the last child having been still-born; found her "restless, feverish, impatient," and suffering from "labor pains, spasmodic and distressing;" she said that the midwife had given her clove tea and whisky the night before and that "nothing would bring the labor on" fully; that on account of the pains and restlessness she had been unable to sleep for weeks, and that she felt exhausted. I assured her that she needed rest and that after a good sleep all would come right; that she need not expect the labor, but that I would give her medicine to give her sleep and strength; mixed a few pellets of *Chamomilla* 30 in half a glass of water, half a teaspoonful to be taken every half hour until sleep, and after waking to continue every hour doses.

Called next morning when she told me that she had slept during the afternoon and soundly during the night; that the pains had all subsided and that she felt first rate; gave her *Puls.* 30 in the same quantity of water, teaspoonful every hour, and told her to have the midwife in easy call. On calling next day found that labor had commenced

at 5 P. M., was rapid, and that she had been delivered of a fine, healthy child; she made a good recovery. As in this case I have found *Puls.* always to act well on negroes when it is the indicated remedy.

LILIUM TIGRIUM IN DELAYED MENSTRUATION.

Mrs. D., aged thirty-five has been a sufferer for many years, from the effects of delayed menstruation. She is a decided brunette, daughter of a minister, and of a sensitive, nervous organization. Has one child. She has had the usual Old School treatment, and had come to believe that nothing could relieve her. Becoming accidentally acquainted with her, and the fact that her menses usually were eight weeks apart, we volunteered to treat her, promising if she became no better, she should not be made worse. We gave her *Puls.* 3x dilution on pellets No. 40, nine pellets to be taken daily. Her next menstrual period came on in six weeks. We gave *Puls.* 30th, and her menses, came on in eight weeks. We then saturated the same size pellets with *Lil. tig.*, 3x dilution. Her next appearance of menses was exactly twenty-eight days, from the preceding period. She experienced no suffering of any sort or kind, and as she says, "it was extraordinary" for her. We need not say she is now a strong Homœopathist. We intend to give her the coming month, the same drug, 10th dilution, and see what time brings forth.

Equis. h., does nothing for me. Nor *Kreos.* nor *Caustr.*, high or low in enuresis.

J. W. METCALF.

EXPERIENCE WITH PLACENTA PRÆVIA.

Having been assigned, by Prof. O. B. Gause, chairman of Bureau of Obstetrics, American Institute of Homœopathy, the duty of collecting the experience of the Homœopathic profession as to placenta prævia, I hereby most respectfully solicit from you answers to each of the following questions. Every one has important bearings on the final result. Especially be sure to report if you have escaped the complication.

How many cases of partial placenta prævia have you seen? How many of complete? How many of each were your own? How many

deaths of mothers in your own cases? In the others? How many deaths of children in each class? Describe each case, stating the time of first hæmorrhage; frequency of recurrence; method of treatment; results; and in consultations name regular attendant, that no case be twice counted. What are the most efficient measures to be employed before labor? What during labor? State any thought or lesson suggested by your experience. Finally, what relation as to time did *conception* bear to menstruation? Please reply at your very earliest convenience. Should you have a case subsequently and prior to June first, report it immediately. If it is received too late for the regular paper it will be mentioned in a supplementary note.

PROVIDENCE, R. I.

ГЕО. В. ПЕКК.

A CHILD MOTHER.

On January 26, 1874, E. W., aged thirteen. In August 1873, gave birth to a bastard male child weighing nine pounds. As nearly as could be ascertained, the period of gestation was 275 days. Labor severe and protracted, and delivery accomplished with forceps. The placenta was retained, being firmly attached, and the prostration so great that sight and hearing were temporarily lost.

Her recovery was slow, and health probably permanently injured. She had not sufficient nourishment for the child, which died of congestion of the lungs, seven weeks and one day after birth. The child-mother had so far recovered as to attend the court of sessions, thirty miles distant by rail, the third week in April, or a little less than three months after parturition.

Her menses appeared at the age of ten years and had been quite regular until she became pregnant. She belonged to the humbler walks of life, with limited opportunities for mental and moral culture; is of American parentage, and had always lived in the same locality, viz., Otego, Otsego Co., N. Y. *

UTERINE HÆMORRHAGE.

The Chicago *Medical Examiner* contains a report from Dr. Fitch, of a case of uterine hæmorrhage preceding abortion, in which water at the temperature of 105° F., checked the flowing in a few minutes time; half an hour afterwards the foetus was expelled.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

ERIE, Pa., August 8.—It is healthy here now, except for bowel complaints, which prevails extensively. EDWARD CRANCH.

NEWTON, Mass., Aug. 12.—There has been comparatively little sickness in this vicinity for two months, a few cases of dysenteric diarrhœa lately yielding easily to *Ars.* and *Merc. sol.*, with a variety of other sickness including some obstinate chronics, given up by other doctors. EDW. P. SCALES.

UNION CITY, Ind., August 7.—Bowel troubles are about all the rage at present, with no respect to age. *Aconite*, *Bry.*, *Verat. alb.*, *Cuprum* and *Ars.*, are the remedies used. One case of sporadic cholera that I controlled very nicely with *Verat. alb.*, *Ars.* and *Cuprum* according to their indications given by Raue. J. D. GRABILL.

PINCKNEY, Mich., August 12.—I find your Diseases of Children of great value, and at this season the article on food especially useful. Your article on page 107, August 1st, coincides with my experience in the use of milk for sick babies. We do not have much of "summer complaint" here, but the few cases we do have, cannot eat milk in any shape. Arrowroot, corn starch, boiled bread, etc., seem to be the thing in the way of food. *Cina*, *Cham.*, and *Phos. acid.*, the medicines. W. F. THATCHER.

NEW ALBANY, Ind., Aug. 22.—The torrid wave passed over about two weeks ago, and with it the frequent and violent derangements of the alimentary canal. The city is now very healthy, *Arsenicum* is no longer indicated, and *Rhus tox.* is again the important remedy with occasionally indications for *Bryonia*. But not so frequently as during the heated term when dysentery frequently required it, and sometimes the same case after either *Bry.* or *Rhus* were given as indicated, the other remedy would be required to complete the cure, which was frequently the case last winter. Recalling the observation made by Hahnemann during typhus epidemic of 1813 in Leipsic.

A. MCNEIL.

SWANTON, Vt., August 15.—During the month of July, and to the present time we have had diarrhœa, cholera infantum and cholera morbus. The diarrhœa which has been mostly among children was controlled by *Acon.*, *Cham.*, *Calc. carb.*, *Merc. bi.* There has been one death from cholera infantum—a child fourteen months old—teething. Weaned in May; feeble constitution. Remedies: *Acon.*, *Bell.*, *Cham.*, *Col.*, *Verat. vir.*, *Sulph.* Cases of cholera morbus were speedily relieved with *Verat. vir.*, and *Coloc.* A few mild cases of diphtheria, *Acon.*, *Bell.*, *Lach.*, *Phyto.*, *Merc. pro.*

C. J. FARLEY.

ATLANTIC, Iowa, Aug. 12.—I have had quite a number of cases of dysentery this year among adults. Have met them all so far, although some have been hard to control. Remedies used: *Merc. cor.*, *Arsenicum* and *Nux vom.* There has been considerable tenesmus present, for which I have used *Nux vom.* with success. Have always had good success with *Merc. cor.* when indicated. Have not tried *Rhus tox.* Have had the same trouble that you (Dr. Duncan) have experienced with regard to choosing food for infants. Had to discard everything with one case except a preparation of “corn starch” which seems to agree well. Remedies used for enteric trouble, of which I have had much, *Arsenicum*, *Cham.* and *Bell.* *Arsenicum* has been the remedy most called for, *Cham.* next, *Bell.* very seldom. I endeavor to follow the materia medica as close as I am capable of doing. *Cham.* has been called for where they were teething, with the characteristic smell of stool. “Stool smelling like rotten eggs.” Have thus far lost no cases from summer troubles, but have come terrible close to it.

C. V. WILDER.

PITTSBURGH, ALLEGHANY, Pa.—The month of July was one of average temperature, but of increasing precipitation. Three heavy thunder storms occurred. The mean barometer was 29.942; mean temperature, 75.6°. Humidity, 66.6 per cent. Number of clear days, 14, fair, 12. Number of days on which rain fell 14. Total rainfall 7.78 inches. Mean temperature for seven years, 75.7°. Mean precipitation 5.59 inches. Pittsburgh mortality for five weeks ending Aug. 2, was 420, an increase of twelve over last year. Death rate of 30.7 per 1000 inhabitants. Causes of death. Phthisis, 21. Scarlet fever, 16. Measles, 11. Diphtheria, 14. Diseases characterized by intestinal discharges, 161, or 40 per cent. of total mortality. Under one year, 44 per cent. Two years, 6 per cent. Under five years, 67.4 per cent. Alleghany. Intestinal diseases caused 59 deaths out a total of 154.

Total mortality less by 23 than 1878. Death rate of 22 per 1000. Percentage of deaths under five years, 69 per cent. Intestinal diseases have been more frequent this year than last, and we have in consequence a greater percentage of deaths among children under five years of age. Typhoid fever although prevailing to some extent in private practice was not so severe as last year. Notwithstanding our low river, and the pumping of its water into our dwellings, from within a short distance of the sewer mouths, we have had but one death from typhoid fever reported in Alleghany, and this one not traceable to the water. The usual remedies have been used for the intestinal diseases, but not always with success. *Psor.* 3, has awakened reaction in some poorly nourished, or emaciated babies, with great thirst, very offensive discharges, character or color not determined. In one case with a mummy look the result was all that could be desired. The number of stools was reduced and they lost their offensive odor. Another remedy was generally required to complete the cure. Measles not so prevalent as last month, at which time a great number of cases were complicated with sore throat. Diphtheria and scarlet fever in scattered cases. In the skin diseases, eczematous conditions have given place to a great extent to urticaria and herpetic troubles. Whooping cough, numerous cases but not severe in character.

T. M. S.

JACKSONVILLE, Fla., Aug. 12.—The present summer has been one of exceptional heat. During July the thermometer for twenty-two days of the month indicated 90° and over, and for four days in succession, over 100°, the highest point being 104°. A physician of the city who has kept a daily record of the temperature for the Smithsonian Institute, for over thirty years, says, that at no time in that period has there been such intense heat. A remarkable fact, and one showing a marked contrast with heated terms in the north, was, that there was not a single case of sunstroke, or of heat prostration. It is claimed by the "oldest inhabitant," that such a thing never occurs on the peninsula, and during my residence here I have never heard of a case. We had no very marked increase in sickness during the time. I had however, what I never had before, a well-marked case of cholera infantum, the babe being sick less than twenty-four hours before death. From a well developed, healthy child, in a few hours it changed to a thin, shrunken, piece of humanity. There were registered during the month, seven deaths from this disease, but whether

they were all the simple pure article, or only entero-colitis, I am unable to state. It is very rarely, indeed, that cholera infantum occurs here, and in fact it is one of the best climates for children on this continent. Infants pass through their teething period with little or no difficulty. The present month has been cooler, and from the fact that there has not been a death in the city up to date, (the 12th) we would naturally infer that there was a gratifying state of health for everybody but the doctors. "Bilious" fevers have prevailed only to a very moderate extent, so far this summer. Water works are in process of erection, and during the coming winter, water pipes will be laid, and the city thoroughly sewered, all of which will tend to make the city more healthy, and lower the death rate. The following is the mortality report for the city, for the first six months of the year 1879. The population is between 10,000 and 12,000. The total number of deaths was eighty-seven; of these thirty were non-residents, or persons who came especially for benefit of health, leaving a balance of fifty-seven deaths to be credited to the city. The death rate per 1,000, including the entire number of deaths was 14.50, but from those who were residents the rate is but 9.50 per 1,000 per annum.

H. R. STOUT.

LYONS FARMS, N. J., Aug. 28.—Last winter, the honors were divided between *Bell.* and *Rhus* in the majority of cases. Since then *Bell.* has been more called for than any other remedy. In cases of quotidian intermittents, it has done well in the 1,000th and 100,000th attenuations. When the time of paroxysm was only changed from early in the afternoon to morning or forenoon, *Natrum mur.*, same potency, would complete the cure; when appearing *later* in the afternoon, *Rhus* was the remedy usually. We can endorse the mode of Dr. Guernsey, to give the remedy, when ascertained, at the *close* of the *hot* stage, when perspiration sets in; a dose *then* of *cm.*, followed by a second dose two hours later. For the first twenty-four hours preceding, however, we have usually given the remedy lower, 30th to 1,000th, every two hours, in water. *Bryonia* seems to form an exception, and does better still lower, 1st to 3d, for the first day. The next paroxysm develops often great fever heat, but followed by *Sulphur m.*, at 11 A. M. the next day, is usually the last one. The *heat* may be mostly *internal*, with *cold* hands and *feet*, severe headache; gastric irritability; thirst like *Arsenicum*. For infantile diarrhoea the past summer, *Cham.* has been the remedy for almost every case, either at the outset or later on.

Lycopod. or *Stannum*, with *Sulphur* as an intercurrent, would be required to complete the case however. One such case of enterocolitis presented many novel features, and although eventually terminating fatally, still furnished much useful information. Was called, on the morning of July 12th, to see a twin infant three months old, taken sick suddenly in the night previous. Fever high, and apparently unusually prostrated. Symptoms otherwise obscure. Left *Brym.*, a valuable remedy during the summers of 1877 and 1878. In the afternoon pulse was 165; patient apparently getting worse, with *open mouth*, and hot head; was very weak and listless; passages at first were *green* and *watery, fetid*; later on yellow *granules* mixed with mucus; tongue *red* at its marginal *point*; no moaning to indicate pain. Notwithstanding this characteristic indication for *Bell.* was absent, we left the 1,000th in water. Next day continued the same in alternation with the 100,000th. On the morning of the 14th, was quite improved but in evening fever rose higher. That night gave *Aconite* 50m; also next morning, returning to *Bell.* cm. in the afternoon. This was given as required, only at as long intervals as appeared to be judicious. The succeeding night left a powder of *Ars.* m., on account of midnight aggravation during the previous one. It came as before and the powder was administered. 8 A. M. of July 16th, pulse was 152. That day continued *Bell.* m. Pulse not recorded on 17th; returned to *Bell.* cm. The two following days patient was doing so nicely we left him no more medicine. Being an unusually severe case we felt a pardonable pride in the results achieved up to this point. But here an unexpected turn was given to affairs. On the 20th, was not so well, and gradually grew worse the two succeeding days, with an entire change of symptoms not to be met by his old remedy, though symptoms were too obscure to tell just what was indicated, only that by insidious approaches cerebral trouble was threatened. On the 21st began the use of "Crosby's Vitalized Phosphates" in milk which was thereafter continued to the very last. 22d, temperature (A. M.) 101½°, *Aconite* m., and *Bell.* m., alternately. In the forenoon of the next day was taken with a severe screaming spell. At night pulse was 105. Concluded to give *Helleb. n.* 2,500 for the following symptoms: *Basilar meningitis*, with retraction of head; *aphthæ* in mouth (especially the roof; *motions* of mouth and tongue as if *chewing* or sucking; *face wrinkled*; mouth open; tongue projected and retracted, within the mouth, with quick, undulatory movements; seemed to feel *worse* when placed so as to *lie on right side* of head; *pupils contracted*, only dilating

as the patient recovered; *voice very weak*; frequent *panting*; arms rigidly extended above head with *thumbs shut within the palms*; worse 4 to 8 P. M. (simulating *Lycop.*); *somnolent* condition. Again were our labors temporarily crowned with success. On the 28th bowel symptoms indicated *Cham.* August 3d, much better under *Cham.* 94m., and continued doing nicely until the 8th, when a cool change in the weather induced congestive chills, from which it could not rally and expired on the 11th shortly after noon.

There was *no general coldness* to indicate such a grave condition of affairs as this on the morning of August 9th. The hands, *feet* and *face* (especially *nose*) were cold—the coldness disappearing towards night *without subsequent heat*. So far there was nothing to distinguish it from an incomplete intermittent. When, however, the next day this same coldness of parts persisted throughout the day, the hopelessness of the case was too evident, and we remained over night full of anxious forebodings which were only too soon to be realized. But that others may profit by our painful experience, we will make the following additional statement: In our mind there was a vague idea that *Lyc.* might be the remedy for the case—which we now sincerely believe from what transpired subsequently. The leading indications for this remedy were carefully sought for in vain. Nothing appeared sufficiently strong in the symptoms furnished us to warrant its employment—at least none with which we were familiar. One symptom, however,—for which we searched “Bell on Diarrhœa” in vain,—we wish to place upon record as it may be the means of saving life to somebody else under like circumstances. Latterly this little patient’s evacuations had been attended with flatulence, and a day or two previous to his demise, he had a passage of “grass-green, stringy, odorless *mucus*.” Please put this in *Italics* as indicating *Lyc.*, for in a neighboring family, the administration of this remedy for the *same* symptom was followed by good effects in the case of another child to whom it was given. Singularly enough, also, *Cham.* had been the remedy immediately preceding in each case. In the case of the departed one, it was also useful in evincing its applicability, when recognized by the dilated *alæ nasi* too late to save life. The final paroxysms anticipated, coming at the same time as *Arsen.* (1 A. M.) Though struck with death at that hour, the symptom *last mentioned* developed at the eleventh hour (after *Carbo veg.* and *Opium*), and pulse returned from 60 to 114 under *Lyc.* cm, two hours before death, only again to relapse.

J. E. WINANS.

HOW I HÆMORRHOIDS.

A daughter of a Mrs. C., living in the country, presented me the following note from her mother. "I am nearly seventy years of age, have enjoyed pretty good health of late, except I am troubled terribly with piles. They bleed profusely at times and are very painful. I am now suffering from a very severe attack, I think the worst I ever had, and I wish you would send me some medicine by my daughter." I prescribed *Æsculus h.* 3x, *Hama. vir.* 3x, to be taken alternately every hour. I also recommended *Camphor ice* to be used as a *suppository*. Heard no more of this case for several weeks, when the woman came to my office to consult me about another difficulty, said, "Doctor that medicine you sent me relieved me at once, and I have felt nothing more of the trouble since. You saved my life, I really believe." It is now five months since I made the prescription and she informs me she has not felt any symptoms since. This prescription is a favorite one with me, and I never fail to "hit the mark." J. C. F.

HAHNEMANN'S ACARUS SCABIEI.

BY E. W. BERRIDGE, M. D., LONDON, ENG.

Dr. J. M. Schley writes: "When Hahnemann wrote of the use of *Sulphur* in itch, he did not know that the disease was a product of the living organism. How can any preparation of medicine administered internally, kill or force these insects to vacate their abode." Hence, he agrees that we cannot accept as reliable, Hahnemann's advice not to use external remedies in scabies, and as a secondary consequence he extends his doctrine to other so-called parasitic skin diseases.

The *truth* is, that Hahnemann was perfectly aware of the existence of the itch insect, and wrote about it long before he developed his doctrine of psora. The fact that he does not allude to the acarus in his work on Chronic Diseases, shows that he regarded it not as the cause of the disease, but its accompaniment, in which view he is supported by at least one eminent Allopathic dermatologist of the present day.

If Dr. Schley will refer to Hahnemann's writings, he will find plenty of instances of the bad consequences of suppressing external complaints with external remedies.

*HEMI-CHOREA, CAUSED BY NERVE STRETCHING,
ACCIDENTAL.*

February 4, 1879, the patient, a lady fifty years of age, previously in perfect health, weighing about 200 pounds, and having just gone to bed, raised herself partly on her left elbow, to place a pillow under her head with the right hand, when she felt something crack, with a sharp pain in her left shoulder, followed by a creeping pain going down the arm around the "crazy-bone" clear to the fingers. Immediately following this sensation, which was not much regarded at the time, came violent choreic movement of the whole left arm, soon succeeded by similar movement of the left leg. This condition of hemichorea, more or less severe, continued nearly three months, the patient keeping her bed most of the time, as walking was irksome and brought on more violent movements.

Hyperæsthesia was very marked, sometimes all over, *always* of the left side and of the face. The facial and abdominal muscles were frequently involved in the chorea, and long after the violent movements abated, they could be excited by pressing or rubbing the left shoulder. The patient enjoyed perfect health in every way except for the chorea; no cranial or spinal symptoms were present to account for it, and it was only as the more violent symptoms subsided, leaving the local tenderness of the shoulder more prominent, that the real cause was apparent. This I think was a stretching of the brachial plexus, for even now, rough handling of that part will excite thrills down the course of the musculo-spinal nerve, and a tightening of the flexor muscles of the arm. There was no dislocation of bones, or apparent strain of any part except the nerves.

The medicines that helped decidedly were *Agaricus* 200, *Hyoscyamus* 200, and *Rhus* 1000.

EDWARD CRANCH.

SPRAINED BACK.

September 15, 1878, was called to see James S., aged thirty-seven, a watchman in a lumber yard; found that on the night before he had lifted a heavy girder, receiving a sprain of the back which caused great pain, and it was with the greatest difficulty that he could reach a friend's house near by, where he was lying on his back in bed unable

to move without much pain; gave him *Rhus tox.* 200, two powders one to be mixed in half a glass of water and a teaspoonful to be taken every two hours, the other to be taken dry on the tongue at night; on calling the next afternoon found that he had got up and gone to his home in the morning, saying that he was entirely relieved. He afterwards told me that it was the most wonderful medicine he had ever taken. It was his introduction into Homœopathy. CHAS. ALLEN.

EXPERIENCE WITH INTERMITTENT FEVER.

BY G. B. SARCHET, M. D., CHARLESTON, ILL.

This is the disease par-difficulty to manage, at this season of the year, in this locality, and like every other disorder has a right and wrong method of cure. I *freely* confess my former error relative to the control of this most troublesome difficulty. I was lead to believe that, to stop the chill—break it in the common parlance of the Old School—was the end so devoutly wished for, when in *reality*, a better illustration of “the cart before the horse was never seen.”

The patient suffering from this malady must be cured similar to any other disease, and where both the doctor and patient are made aware of this fact, we shall hold the reins securely within our grasp. Now, Allopathy, many of the laity, and some of our own school say, Homœopathy is so slow in the cure of this disease, when the converse is undoubtedly the case, and which assertion, I propose to prove by facts.

An Allopath will prescribe his *Quinine* or his antipathic remedy and “presto.” No more chills—ordinarily—for seven or more days, but for fear of a return on the seventh, on the evening of the sixth day, orders about ten grains of *Quinine*, and again on the evening of the thirteenth, and again on the evening of the twenty-first, and I am sorry to say Homœopathists not a few, follow the same practice.

Under this treatment, twenty-one days are actually consumed in the cure of intermittent fever, and suppression the result. with a medicinal disease superadded. Let us see how this compares with Homœopathic treatment. An Homœopathist, carefully and accurately prescribes from the totality of the symptoms in each individual case, the patient having been informed that, to make a *radical* cure from three to fourteen days are necessary, with a strong probability that in

a week or less, the *entire* disease should be replaced by health and vigor.

Now, we exhibit our remedies, the smallest possible amount of which we can conceive, of the drug selected from the symptoms gotten by a *minute* individualization, say two powders of the thirtieth up, or perhaps the very *highest* will act, where the lower fails, the first powder given as soon as sweat appears, the second in three hours, with no more medicine, following with blank cartridges if your patient be tinctured with over much incredulity, and usually two or three chills at most ends the play. And you need not be frightened, if the next chill is aggravated, and should such be the case, make no change, but repeat same remedy and you will be astonished at your success.

I have satisfied myself *beyond a doubt* that this disease *above all*, conversely to the common and wide spread belief requires the high and highest potencies. I call upon the low dilutionists, to demonstrate this fact, convince yourselves that, there is a power in medicine, other than the toxic, and in the future practice a *science, a rational* medicine. Antipathic treatment requires twenty-one or more days with a slow and often protracted convalescence. Homœopathic from three to fourteen days, and health and vigor the result, and *all* treatment where a remedy is given for the purpose of suppressing the chill to be followed with other treatment, is antipathic, and worse, *monqrelism*. As nearly all Homœopathists can cure chronic ague with the attenuations, I shall make no mention of such in the following reports, but give you acute attacks, cured with one remedy.

Earnest C—, aged seven, light hair, eyes and complexion, nervous temperament. Chill about 10 A. M.; thirst during all stages, having the symptoms of *Nat. mur.*, as given in Raue's Pathology, and which drug in the fortieth cured in three days, two powders following the paroxysm.

Amanda T—, aged twenty, dark hair, eyes and complexion, bilious temperament. Chill about 11 A. M.; thirst; high fever with the most *intense headache* and delirium, hydroa on the lips. *Nat. mur.* 40th and 200th, cured in four days. I believe if I had had the 100m I could have cured in half the time.

Mother L—, aged eighty seven, large, leuco-temperament. Chill in P. M., having all the symptoms of *Apis*, which remedy in the 6th and 200th, cured in four days.

Mr. C—, aged fifty, nervo-bilious temperament. Chill in the A. M., about 3 o'clock, having all the symptoms of *Rhus*, especially the

nettle rash, and which remedy in the 200th cured, the patient having but one more chill after the remedy.

Three of the C—'s, two males and one female. Lady had a *Nat. mur.* fever, eldest male an *Ipecac*, and younger male an *Apis*, all of which were cured by these respective remedies in four days time, with two powders following the paroxysm.

I could give hundreds of such, but your time and mine, will not admit. The *intense* headache, 11 o'clock. Chill with the hydroa, must not be forgotten in *Nat. mur.*

The burning dry heat, dry lips and thirst of *Ars.* The afternoon chill, with no thirst of *Apis.* The nausea, and 10 o'clock chill of *Ipecac., Cup.*

HOW TO CURE AGUE.

Before I began to practice the healing art, I was often told that intermittents would not generally yield to the similars, and therefore we must not scruple to use *Quinine.* Although reluctant to believe that doctrine, yet after a few unsuccessful trials of small doses I adopted the Old School treatment, but before long was dissatisfied with it; my patients did not *remain* cured. Then I sought after substitutes, with no better results.

Finally, I learned how to cure ague with the indicated remedy. I acknowledge that my method is somewhat different from those we often see in our journals, where the writers seem to employ the keynote method. Now I am so slow of comprehension that I want everything made very plain, and when I used to study Johnson's Key, I would find three or four remedies indicated, which was rather bewildering.

I propose here to give some cases showing how I did not cure at first, and why I cured afterward.

CASE I. G. M., had the ague long enough to give two Old School a fair chance to cure with *Quinine*, but in each case the chills would invariably return in nine days. Type, tertian; cold hands and feet during chill. No thirst during chill or heat; sleepiness during heat. These were the main symptoms, I considered, and with my mind on a remedy, and book in hand I prescribed—and failed. Next time I had

no remedy on hand, so I took a sheet of foolscap, and wrote down according to Douglas's Intermittent:

Thirst before chill, *Arn.*, *Caps.*, *China*, *Cim.*, *Eupat.*, *Amm.*, *Lobelia*, *Nux*, *Puls.*

Thirst absent during chill, *Anac.*, *Ars.* etc., (thirty-three remedies.)

Thirst absent during heat, thirty-three remedies.

Headache during heat, twenty-one remedies.

Vertigo during heat, *Ars.*, *Bell.*, *Carbo veg.*, *Ignatia*, *Lauroc.*, *Nux*, *Phos.*, *Puls.*, *Sepia*.

Sleepiness during heat, *Hepar*, *Ig.*, *Op.*, *Stram.*, *Verat.*, *Puls.*

Vomiting during chills, *Ars.*, *Cina*, *Ig.*

Pain in joints during pyrexia, seventeen remedies.

Now the sleepiness during heat, and the vertigo, were invariably present, and I find under sleepiness, six remedies, and I find *Ig.* under each head but the first, "thirst before chill," which is a marked symptom, but I find *Puls.* under it, and under each of the prominent symptoms. It does not appear under, "vomiting during chills," but by turning to the materia medica, page 95, we find it.

There were two or three minor symptoms that did not include *Puls.* or *Ignatia*. Gave *Puls.* 5x and 12, alternately, three drops every three hours.

His appetite began to return within twenty-four hours, and he has had no more chills.

CASE II. Minnie L., aged seventeen, has never menstruated. Had ague severely three summers in succession, and took "piles of *Quinine*," but has chills yet. Hurriedly examined case and prescribed—and failed! Homœopathy failed? No, carelessness and laziness failed. Then tried the before-mentioned plan.

Nails blue, chill, *Chin.*, *Sulph.*, *Coc.*, *Dros.*, *Natrum*, *Nux*.

Pain in small of back, chill, *Ars.*, *Calc.*, *Caps.*, *Elat.*, *Eup.*, *Nux*.

Thirst, heat, thirty-six remedies.

Headache, heat, twenty remedies.

Vertigo, heat, *Ars.*, *Bell.*, *Carbo veg.*, *Ig.*, *Lauroc.*, *Nux*, *Puls.*, *Phos.*, *Sepia*.

Vomiting of water, heat, *Nux*.

Desire for salt food, heat *Calc.*, *Carbo veg.*

Want of appetite, pyrexia, sixteen remedies.

Sweat on forehead, pyrexia, *Ant. t.*, *Chin.*, *Hepar*, *Cim.*, *Nux Sabad.*, *Verat.*

Vomiting of water was a constant symptom and *Nux vom.* the only remedy indicated by it.

It is also found under each head except the desire for salt food. Prescribed *Nux* 30, six powders, one three times a day. No more chills. Menstruation commenced in about six weeks. The symptoms are given which prevailed when she was *first* attacked, according to the advice of Dr. G. R. Parsons, THE UNITED STATES MEDICAL INVESTIGATOR, Vol. II, page 195.

CASE III. E. H., young man, had ague three summers in succession. I gave him *Quinine* the first season because I knew no better; and now let us see what would have cured, taking Douglas as our guide.

Before chill, headache. *Ars.*, *Bry.*, *Carbo veg.*, *China*, *Elat.*, *Eupat. Lach.*, *Natrum*, *Puls.*, *Rhus tox.*

Before chill, vomiting, *Cina. Lyc.*, *Puls.*

Heat predominant, many remedies.

Heat, thirst, many remedies.

Heat, sleepiness, *Hepar*, *Ig.*, *Op.*, *Stram.*, *Verat.*, *Puls.*

Puls. is the only remedy that is found under each specification, and I doubt not would have made him a well man instead of the invalid he is to-day. Here we have the totality of the symptoms considered in contradistinction to the Key-note method. Johnson's Key says: Article, Intermittent Fever.

"*Puls.* The attack occurs mostly in the afternoon or evening, *chill* and *heat* simultaneously. *No thirst* during the entire paroxysm, or only in the hot stage. Bitter or sour vomiting of mucus or bile. Thickly coated tongue, and *bad taste in the morning*. Slight disorder of the stomach induces a relapse; much gastric disturbance. Persons of a mild, tearful disposition." It is only necessary to compare cases I and II to see that the Key does not give the clue. Last summer I had three or four cases that I did not hit at first, nor afterwards, and so patched them up, but I do not feel satisfied with the result, and doubtless they would have been easily cured had I taken the same pains in these cases.

I wash my hands of *Quinine et hoc genus omne* this year. It may be replied that mine is not emphatically a malarial district and therefore the potencies cure. I admit it, and yet I used several ounces of *Quinine* besides various substitutes in two years.

I know, also, that many are giving O. S.'s drugs in districts as healthful as mine, and if the potencies exclusively were used in only

the moderately malarial places don't you think there would be quite a difference in the price of *Quinine*?

I doubt not this work could be better done by many, still, if any will point out a better way, I shall be glad to hear from them. I believe that if this laborious plan were pursued even in *hotbeds* of intermit-tents, it would be much better for all concerned.

Writing out the case in this manner places the remedies all before our eyes, but it is somewhat tedious and can be omitted after a little practice.

I do not mean to say that I would not give *Quinine* if similia failed, nor yet if it were the indicated remedy, but I do mean to say that it will rarely be necessary.

LEXINGTON, Mich.

A. F. RANDALL.

RELIABLE SYMPTOMS AND POTENCY INDICATIONS.

BY ELDRIDGE C. PRICE, M. D., BALTIMORE, MD.

In "THE INVESTIGATOR" for August 15, 1878, I read an article on "Our Drug Symptoms, Reliability, How Gotten, etc.," by G. B. Sarchet, M. D., of Illinois.

It is commendable for any one to enter the field of medical investigation, and if the result is pregnant with wholesome fruit of scientific value, the profession generally should have the benefit. The article to which I have referred, contains some ideas worthy of note. But on the contrary, some very erroneous ones. In the first place he asserts as follows: "The potency is a side issue having no direct bearing upon the law of similia," again, "The first great point to be arrived at in prescribing, after a correct diagnosis, is the likeness of the drug to the disease in question, the remedy should then be exhibited and almost any potency from the 1st upwards, I care not how high it may be, you will get the desired effect." From experience I have proved to the contrary, viz: Miss P., a case of acute inflammatory rheumatism, with intense pain, redness, swelling, etc. *Salicylate of Soda*, 1st cent. was given for twenty-four hours without result, she became even worse. The crude drug was then given and in less than six hours improvement commenced, continued, and in three or four days the pain, redness, swelling, etc., were relieved.

Mrs. D., uterine hæmorrhage with *Hamamelis* symptoms. Gave the

tincture, no result. Went up to the 30x, and in less than twelve hours the hæmorrhage ceased.

Case of chills in a little boy. *Lyc.* was indicated, gave the 30x with no result, then the 200, and no chill returned after its administration.

Case of torticollis. *Lyc.* somewhere from the 9x to 30x was given, but it continued just as bad with other intercurrent troubles for two months; then *Lyc.* 200 was given, and in two days the case was cured.

These are just a few cases in point, but sufficient to refute the statement of Dr. S. If he were right, the question of primary and secondary drug action would require no further discussion, the subject would be settled. Drugs would have but one action. The variety of potencies now universally in use would be superfluous.

Hahnemann's 30th would be of no greater value than Smith's, Jones', or Brown's 1st. Acute and chronic troubles would require the same potency. If after giving a low potency there is an aggravation, what use would there be in going higher, the same effect would be the result, and even a greater aggravation would follow.

But I am too fast, the doctor ignores injurious aggravation, viz.: "The aggravations advanced by some, in my opinion never killed a patient and are not likely to." Suppose I have a case of typhoid fever just on the verge of collapse, the slightest deleterious influence would prove fatal. Now the indicated remedy is given, say in the 1st or 3d, and an aggravation follows, I still persist without change of potency and what is the result? Death, and I am culpable. As a rule discrimination is necessary in selecting the potency in acute and chronic cases.

The lower potencies and even at times tinctures act best in acute troubles; while on the contrary high potencies will act better in chronic diseases, and the longer the trouble has existed, the higher we may go in safety. I believe with Dr. S., that even crude drugs and tinctures may be given, and the law of similars not infringed. But as a rule this is only in diseases of an acute nature. Remember I say, as a rule, the more intensely acute the disease, the lower the potency may be used, and in proportion as it tends to become chronic may we increase the potency.

"We have not with all the facilities at our command made the advancement proportionate with Hahnemann's day and work." In this I partially coincide with the doctor, and would do so without reserve if he were the voice of the existing Homœopathic world.

Again, in the summary of Dr. S.'s article we find the following:

“Very many of our provings are incorrect, symptoms incorporated therein, gotten the good Lord only knows how and where, and many of them the most foolish and ludicrous in nature.” It is too true that just this very thing is to be deplored in our materia medica; but it would have been much wiser in the doctor to have selected some really ludicrous symptoms under the pathogenesis of *Lachesis*. “Worse after sleeping,” is a symptom of value in more troubles than croup. In fact in nearly all troubles where *Lach.* is indicated do we find this symptom. It may or may not be occasioned by the dry condition of the respiratory mucous membrane. Of course this dryness would be exceedingly disagreeable; but does it account for all the troubles in which this symptom is prominent? If we restrict ourselves to the organic, or tissue pathogenetic-centre idea, I think the reason may very readily be explained; *Lachesis* as we all know is one of the Ophidians. The Ophidians are all blood poisons, they decompose the blood. Now if the blood is thus materially affected, there is deficient supply of oxygen which the brain especially feels. If in this condition sleep takes place; the brain as is always the case in sleep, becomes spanæmic; now, with even less than its normal amount of oxygen the brain becomes more profoundly affected so that upon awaking there is an aggravation of the condition existing previously, and the result is great dyspnœa, etc. If the reasons assigned by Dr. S. were really true, i. e., simply a dry mucous membrane, why is it we have in *Hepar* — which is really more frequently indicated in croup than *Lach.* — the symptom “amelioration after sleep?” The general condition of the mucous membrane is the same, but the symptoms are different. It is true our materia medica of to-day with all its improvements, needs pruning and trimming. Is there any wonder that the student on entering the arena of scientific battle is overwhelmed and discouraged at the host of symptoms that bristle up around him? Even the practitioner of years standing and experience, feels he is making but comparatively little headway, especially if he studies Allen’s *Materia Medica*, as now being issued. The question is, what are we to discard and what accept? It will not do for us to adopt only those symptoms indicating some organic lesion, or only objective symptoms; subjective symptoms are often of quite as much value, even though upon a cursory examination they appear absurd. Neither will it do for us to consider in the pathogenesis of a drug, only those symptoms which indicate disease in its pathogenetic habitat.

Dr. S. asserts that “drugs have a prescribed and rather limited

action, affecting only those organs and tissues for which they have an affinity." We know that certain remedies act upon certain organs or tissues, but we also know there are some symptoms entirely independent of organic disease or tissue change, that are also cured by the same remedies; and we know that a remedy may act upon an organ or tissue that is not its pathogenetic centre. For example, the centre of the action of *Bryonia* is the serous membranes; but in the first stage of either bronchitis or pneumonitis, with the dry cough and oppressive tightness across the chest, where do we find a more potent remedy than *Bryonia*? Also we know the nervous system is the centre of action of *Belladonna*, but how often do we find a cold in the head from cutting the hair, cured by *Belladonna*; or who has not checked uterine hæmorrhage of bright, hot blood with *Belladonna*? We might illustrate with a number of similar facts, but it is unnecessary. Thus we see if the assertions of Dr. S. were true, the medical world would be revolutionized, and the practice of medicine rendered a less complicated thing than now exists. But as it is, we must continue our work of discrimination and potentization, if we wish to succeed as followers of Hahnemann.

CHRONIC DIARRHŒA.

Mr. B., aged nineteen, light hair, blue eyes, seemingly of a delicate constitution, applied to me for treatment February 20th. Gave history of case something like the following: "Have been troubled with diarrhœa more or less for a year; used to be very costive; I feel pretty well; appetite good; suffer no pain, but cannot eat an apple or any kind of fruit, without making me worse. I am all right through the day, but have to get up through the night usually after midnight, from six to eight times; stool large and very thin. Have tried all the doctors in town, but they have done me no good. I am a clerk in a hardware store, and pretty closely confined."

I prescribed *Podoph.* 3x, *Sulph.* 3x, after one week reported "not much better." Had taken a severe cold with hard cough. I gave *Aconite* and *Bell.* 3x. Another week reported, better of cold and diarrhœa, also continued remedies another week with little improvement. I then gave the patient *Nux* 30 after each meal. *Sulph.* 30 every morning, from this time improvement set in, and case was declared cured. The patient remains well up to date, August 15th. F.

Consultation Department.

BY THE YEAR.

Does medical ethics in the United States or any state, allow a physician to practice by the year at a contract price per family?

SUBSCRIBER.

ANSWER TO CASE.

Page 93, August number, T. G., would advise *Anacardium*, one dose 2c, or higher with *Sac lac* "placebo," waiting seven to ten days before interfering, and longer if any improvement sets in. Would like to hear further from case.

E. H. P.

ANSWER TO T. G.'S CASE.

T. G.'s case for counsel in August 1st, No. 3, of *THE INVESTIGATOR* page 93, *Sepia* is the remedy, to be given one to four times daily, according to potency used. Will find two or three grains of *Helonin*, 1x after each meal of benefit. Must put the uterus in place, keep it there and, perhaps, treat locally. Let us know what course is pursued, and the result.

RAY.

WHAT WILL CURE?

I ask your advice in a case of a child here, where the mother got frightened of a fire when she was in the family way with him. The child a boy, now nine years of age, is insane. Could speak the first year, but does not now. Sometimes he has screaming spells. Stools and urine are involuntary. He hears very well, for instance, the fall of rain, and then he says rain, or he hears music. He says that, but nothing else. His brothers and sisters are all strong and healthy looking. Would you please give me your opinion about the child?

JAS. MOLZ.

[Will our readers help our S. Australian friend?—ED.]

LICE FOR A FACT.

We have been kindly permitted to copy the following from a private letter received by Dr. J. A. Wakeman, from a brother practitioner:

"Doctor, can you tell me what will cure *lice*? I have an aggravated case. It is the common louse. It seems impossible to get rid of them.

The patient is a man sixty-five years of age, of extra cleanly habits, but for months has used every means known to rid himself of the 'cussed' pests, and at last we discovered it to be a fact that they are burrowed under the cuticle or scarf skin; also upon the face, neck and shoulders. By tearing into the cuticle (at a discolored spot) you will find from ten to fifty lice, all able to crawl, and it seems they lay their eggs and hatch them out under this covering by the thousands, etc. Now what shall we do? red precipitate, blue ointment, strong decoction of tobacco, etc., all have failed, though faithfully used."

CASE FOR COUNSEL.

Mrs. M., aged about fifty-five, had an attack of ague in August, 1878, which was broken up with *Quinine*, but returned and was broken up again and again with *Quinine*. In February, 1879, was attacked with neuralgia in the right lower jaw, most severe opposite the canine tooth. Had but three teeth and they were near the seat of the pain. Had them extracted, but the pain continued same as before. Gums are solid, no visible signs of disease, no pain on pressure. Pain generally of a dull aching character, when severe paroxysm comes on pain jumping as if something alive there. Has been slightly deaf in right ear for some years. Has always been a healthy woman and her general health is now good. Hair has turned rapidly gray since been suffering so much. Has taken the usual Homœopathic remedies for such affections without any relief. Has been treated Allopathically with no better result. The only thing that relieves the severe paroxysms is *Quinine*, but the pain returns when the remedy is suspended. What will cure?

J. R. Mc.

CHRONIC CYSTITIS. WHAT WILL CURE?

I have a patient with cystitis of about a year's standing. Has been under Old School treatment until 1st of June, since which time I have treated him with relief of many symptoms, but lately there does not seem to be much progress toward a cure. The case now stands in this condition: Large amount of pus and mucus in urine as sediment; urine of a pale straw color, no feter, urine very full of albumen, foamy and ropy like soapy water, but clear after settling; passes water freely every half hour, not so much or so often as formerly; no pain in kidneys, but complains of tired feeling across the small of the back toward evening; tongue coated white; breath has a sickly smell; appetite pretty good; pulse quick. Temperature 101 to 101½ in evening, in morning nearly normal, sometimes up to 99½. A hard

numb feeling of abdomen but no pain or soreness on pressure. some straining and constipation, but more from a feeling as if the anus was stopped up by a prolapsed bladder which I think is the case, as the fæces are flattened some; does not make nearly as much water as he did a month or two ago, but fever about the same; has a hot feeling in his feet that prevents him sleeping the first part of the night; has been sounded for stone, but found none; bladder very sensitive, cannot stand injections of even pure water without such spasms of the bladder as to almost set him wild, and passes blood after. The trouble came on gradually without any known cause. W. H. G. GRIFFITH.

ANTIDOTAL, INCOMPATIBLE AND ANTAGONISTIC REMEDIES.

I would be glad to see in *THE INVESTIGATOR* a complete list of remedies and their incompatibles. August 15th number of *THE INVESTIGATOR*, in the article on yellow fever, contains a statement that *Aconite* is antidoted by *Belladonna*, and *vice versa*. A list of compatible remedies especially of the leading ones in some form beside the *Jahr's* ponderous volume might be handy I would like such a list as a pocket reference. Can you not do something for us? I presume, three out of five Homœopathic physicians, prescribe *Aconite* and *Bell.*, alternately, and most domestic works advise them in alternation, for certain complaints. One experienced Homœopathic, M. D., said to me, "That the antidote business is all moonshine."

Truth or moonshine, I hope it will be thoroughly discussed through the columns of this journal.

A. R. HICKS.

Society Proceedings.

Transactions of the Clinical Society of the Hahnemann Hospital, Chicago.

BY E. S. BAILEY, GENERAL SECRETARY.

Report of Bureau of Venereal and Skin Diseases, T. S. Hoyne, M. D., Chairman.

The subject considered by the Clinical Society, at its regular monthly meeting, held September 2, was the Treatment of Psoriasis.

Dr. Hoyne's report is as follows :

THE TREATMENT OF PSORIASIS.

One of the most intractable and obstinate skin diseases met with by

the dermatologist is psoriasis, or lepra vulgaris. We do not include under this heading the scaly stage of chronic eczema, but refer only to an affection, which throughout its entire course is marked by the absence of discharge, vesiculation or pustulation. It is not our intention to spend the time of the society on the diagnosis and pathology of the disease, but to consider simply its treatment; and this should be based on the supposition that the patient is syphilitic, for nearly all cases occur in such individuals. The main remedy used by our Old School friends is *Arsenic* either alone or in combination with *Quinine*, *Conium*, *Gentian*, *Iodine*, *Sulphur* or Cod liver oil and tonics. In cases clearly presenting a syphilitic character, the *Mercurials* and *Iodide of Potassium* are also given. Alkaline baths are recommended as especially valuable. Such in brief is the Allopathic mode of treatment which unfortunately rarely proves curative. The Homœopathic treatment includes the following remedies.

Alum.—Chronic psoriasis in dry, thin subjects and old people. Crusty eruptions on the lower lip; after violent itching of the hands, the skin peels off like bran; intolerable itching of the whole body, especially when he becomes heated and in bed; scratches himself until the skin bleeds.

Amber.—Itching of the abdomen, anus, pudendum, and inside of the soles of the feet. Lean, delicate, sickly looking persons with one-sided complaints. Loathing of life; despair.

Amm carb.—White spots of the size of a small pea, upon the cheek, which continually exfoliate; scaly eruption about the mouth; the skin of the palm of the hand peels off. Skin very sensitive to cold. Aversion to being washed.

Arsenicum.—Eruption with scaling off. Smarting eruption on the neck, shoulders and sides. Fine, itching eruption like sand, particularly in the bends of the knees; bran-like, dry, scaly eruption, with burning and itching, the latter increased by scratching, and followed by bleeding; wants to be in a warm room and is better from heat.

Arsenicum iod.—Has been recommended in cases accompanied by persistent itching.

Aurum.—Eruption of small white pimples all over the hairy scalp, with heat and itching; frightful dreams at night; despondent melancholy; disgust for life.

Bryonia.—Rash of infants; dry eruption on and in the hollow of the knee, which itches at evening. Constipation with stools, dry and hard as if burnt; frontal headache in the morning.

Calcareu carb.—White spots on the face with itching, also on wrists, back of hands, thighs, legs and ankles. Skin inflames and suppurates easily from injuries; eruption white, hard and elevated; damp feet.

Carbolic acid has been suggested but has not proved very valuable.

Clematis.—Pimples, by themselves painless, but somewhat painful to the touch. Continual constipation except when taking remedies.

Corallium.—Copper colored spots on the palms of the hands and fingers. Frequent starting from sleep, owing to anxious dreams. Combination of syphilis and psora.

Dulcamara.—Small moderately itching pimples on the chest and abdomen. Better from keeping cool, worse from heat. Every time she takes cold has urticaria or some other eruption; skin delicate and sensitive to cold; worse from exposure to cold (not cool) air.

Graphites.—Cases without much itching. Hard white pimples; unhealthy skin, every small injury suppurates; the skin of the hands is hard and cracked in several places; cracking of the lower lip. Drowsy during the day and does not sleep well at night.

Hepar.—Eruptions on the bends of the elbows and in the popliteal spaces. Scaly eruption of the hands; scurfy eruptions without sensation; cracking of the skin and smarting of the hands and feet; unhealthy suppurating skin. Useful after the abuse of *Mercurials* or other metallic substances.

Iris has been suggested, but probably without sufficient reasons. No cases are reported cured with it.

Kali brom.—Causes an eruption which very closely resembles psoriasis, and hence should be considered in the treatment. Inability to express one's self; single words are forgotten.

Ledum.—Dry itching spots with anxiety; itching rash on wrist joint; dry pimples on the forehead, like millet seeds, without sensation; itching eruption in the hollow of the knees. The least covering is intolerable to the head.

Lycopodium.—Itching eruption at the anus; skin of the face impure as from a fine eruption. Slow and depraved digestion; obstinate constipation; red sand in the urine.

Magnesia carb.—Eruption of pimples on the left arm which after scratching disappear but do not itch; disposition to furuncles and headache; feet are painful when walking.

Mercurius sol.—Recent cases, especially affecting the hands; also chronic cases; itching rash on forearm. Psoriasis in spots over the whole body. Syphilitic patients who have not taken this drug; round spots shining through the skin of a coppery red color.

Nitric acid after the abuse of *Mercury*; syphilitic patients; small papular eruption on the face, especially on the forehead; old people with great weakness and diarrhœa; the urine smells like that of horses.

Natrum carb.—The skin of the whole body is dry, rough and chapped.

Petroleum.—When accompanied with chaps and rhagades between the fingers, bleeding easily. Scurf at border of the anus, smarting and titillating. Fetid sweat in the axillæ; tenderness of the feet when they are bathed in foul smelling moisture.

Phosphorus.—The skin of the hands is very rough and dry; itching, scabby, cracked and scaly eruption on different parts of the body,—the arms and hands most affected; fine, gritty eruption on the forehead and chin; falling out of the hair in tufts; great emaciation; feels better in the open air.

Phosphoric acid.—Eruption on the scapulæ, without itching, painful only on touch; hands look as if covered with white of egg; skin of hands dry, rough and wrinkled; small nodes on the forehead; intense pain in the periosteum of all the bones as if scraped with a knife.

Phytolacca like many other new remedies has been suggested, but so far as we know has failed to cure even recent cases.

Psoricum.—Many painless nodules in the face, on the neck, and on the lower extremities, when taking a walk profuse perspiration with consequent debility. When a well chosen remedy does not act and the patient has a psoric taint.

Ranunculus is of but little value, although spoken of by many authors.

Rhus tox.—Scurfy eruption over the body; fine scurf on the face; the skin of the head is hard, rough and stiff; lips dry and cracked, covered with a red crust. Suited to rheumatic persons worse before a storm and in damp weather.

Sepia.—Kafka recommends this remedy commencing the treatment with a few doses of *Sulphur*. Itching scurf at each elbow. Fine rash about the body, particularly the bends of the elbows and knees; putrid urine; offensive perspiration in the axillæ, and of the soles of the feet.

Selenium.—Dry, scaly eruption on the palms of the hands, with slight itching, having a syphilitic base. The hair falls out and the face and hands emaciate.

Silicea.—Scurfy elevated spots above the fold near the os coccygis; eruption on the face and neck, consisting of small white scales fol-

lowed by fine desquamation ; white spots on the cheeks from time to time ; fetid sweat of the feet ; scrofulous persons with great costiveness.

Sulphur.—Especially suitable for lean persons who walk stooping. Dry, scaly, eruption ; itching rash all over, afterwards falling off of scales ; a mere gentle stroking with the hand separates large quantities of small, loose scales ; constant heat in the top of the head, flushes in the face and cold feet.

Tellurium has been recommended in cases accompanied by a discharge from the ear of a fishy smelling matter.

It is impossible to accomplish much in psoriasis without taking into consideration all the symptoms the patient may complain of, for very often the disease itself is not very troublesome, except so far as it disfigures the patient. The itching may be very slight, the eruption entirely painless, and the general health very fair, and it is only the mere presence of the affection that occasions any annoyance to the patient. External applications are useless, but cleanliness with frequent salt water baths is indispensable.

Dr. E. M. P. Ludlam reported a case of psoriasis, which had been treated by Old School physicians for more than two years, the patient having received during this time heroic treatment, mainly *Corrosive sublimate*. The case recovered under the use of *Borax* 3x trituration, and an external application of tincture of *Urtica urens*, mixed with *Glycerine*.

Dr. C. H. Evans reported that the cases he had met belonged to the milder form and had yielded to *Arsenicum* 30x. They were obstinate, as to time required to complete a cure, and to be dreaded because of tendency to return.

Dr. R. Ludlam. In this class of cases clinical experience don't seem to argue with theory. If psoriasis be usually traced to some syphilitic origin it would seem that *Arsenicum*, could not be the therapeutical agent to be given for the case, or else the symptoms of syphilis are lacking. I have had good success with *Arsenicum* in the cure of these cases. The meanest of all things for external application I think is *Glycerine*. A good application is paste made of powdered starch and the white of an egg. I believe I have seen cases of this disease resulting from impure vaccination and which I have also seen cured.

Dr. H. C. Jessen. Hebra, the greatest of Allopathic authorities, considered the cure of psoriasis very difficult, and it is almost always

followed by relapses. The external remedies he uses are water dressings, especially after Priessnitec's method. The next remedy was a sort of soft soap, frequently used in Germany, it has oftener answered its purpose, but it is a painful process. Tar in its different forms he also recommends, and even so *Carbolic acid*.

The internal remedies that I at this moment recall are *Arsenicum*, in Fowler's solution. In regard to its being hereditary, Dr. Hebra, thinks that without question the disease can be distinctly followed down several generations. Some authors go so far as to find a syphilitic taint for its foundation. Wilson holds to this opinion. Hebra does not claim that every case is hereditary, nor can every case be traced to a syphilitic origin. My own opinion is with Hebra.

In regard to the symmetry of the disease, Dr. R. Ludlam has just remarked that he believes it appears usually simultaneously, on both sides of the body. Dr. Hoyne does not admit this except in syphilitic psoriasis.

Dr. Jessen again quoted Hebra, that he considered it one of the most decidedly symmetrical of skin eruptions. Before advancing further the speaker thought it necessary to define what was understood by the term psoriasis. He was in no mood for disputing as to the definition, but asked for a common understanding of the term. It is a fact that almost all authors differ, some for example place this classification under the general one of eczema, and what another calls psoriasis, in the Greek is *lepra alphas*, by Celsus, *Vitelligo*, by Wellan, *lepra vulgaris*. Under these distinctions I prefer to call many of these cases *eczema squamosum*, rather than psoriasis.

It is a hard thing to understand the definitions of these diseases and it is right to complain because the authors cannot agree about the terminations. While Dr. Hoyne may accept as eczema only such cases as have moisture, or have reached thin exudation, I think eczema can be a dry disease, but the question here is only a question of words not of a settled matter, and he has the same right to say that eczema is a moist disease, that I have to say that it can be a dry disease too.

One thing is certain that eczema is to be considered a kind of centre and all these squamous and vesicular diseases are more or less moving around this one, and the following diseases, psoriasis, pityriasis, lichen, impetigo, gutta roscea, scabies, herpes, are more or less decided forms of eczema.

The next regular meeting will be held on the second Tuesday even-

ing in October, at the college lecture room. Prof. H. B. Fellows, Chairman of Bureau of Nervous Diseases, presents a report on syphilis of the nervous system.

Children's Department.

CHOLERA INFANTUM.

While visiting a patient in an adjoining town last August. I was called in to see a child fourteen months old, which to all appearance, seemed about to die. On inquiring ascertained that the little one had been sick several days, with bowel trouble. It had been vomiting and purging terribly most of the time. Its extremities were cold; cold sweat stood upon its little forehead, and to all human probability its end was near.

I said to the parents, I did not believe I could do the child any good but would try. I prescribed *Arsenicum* and *Veratrum vir.* 3x in water to be given every twenty minutes in alternation. To my surprise and the joy of the parents, almost immediately after taking the first dose, improvement set in, and the child made a rapid recovery. *

BISMUTH IN ENTERIC TROUBLES.

For the past four years I have cured every case of entero-colitis and cholera infantum which has come under my care, and I attribute my success largely to the more frequent use of *Sub-nitrate of Bismuth* in both diseases. In THE UNITED STATES MEDICAL INVESTIGATOR, Vol. 4, page 438, I gave the principal indications for its use which are to be found in our materia medica. I have used various triturations, and find that I get the most prompt results from the pure drug in doses of four grains every four hours. In the above diseases it is the most rapid and certain remedy to stop the leak in the ship that I have had experience with. The dose may not be clothed with that transcendental halo of moonshine which many regard as the only reliable evidence of fidelity to Homœopathy, but it cures nevertheless and that right promptly. I would not have you understand that I use no other

remedy. I always give the indicated remedy, and find this remedy oftener indicated than any other.

M. R. WAGGONER.

ETIOLOGY OF CHOLERA INFANTUM.

I wish to call your attention to No. 157 of Coldman's *Klinische Cor-trarge* on cholera infantum, by Dr. Meissaer. He believes in the fungi theory, and blames fungi in animal milk as one of the great causes. We in New York have now an establishment where the cow's milk is immediately from the animals drawn in quart bottles, then hermetically sealed and thus brought to the consumer, a process certainly worthy of more extensive trial, whether the fungoid theory be true or not.

S. LILENTHAL.

[I am more inclined to look upon the cause as the liberation of the acids of the milk, due to retarded digestion, which is caused by summer heat. The fresher the milk the less liable it is to decompose and contain "wigglers" therefore it is a good idea to bottle and seal at once. Such milk, if not churned before delivery, would be preferable to condensed milk.]

T. C. D.

CHOLERA INFANTUM AND NICOTINE.

Some days ago I read an account in a newspaper, that a child afflicted with cholera infantum, continued in spite of all medication and hygienic measures to grow worse and waste away until the father's pipe was applied to its lips, which it sucked with avidity. This process was continued for some time when the child seemed to improve, but after a time succumbed again to the disease.

Inquiry into the habits of the father revealed the fact, that he was much addicted to the use of the pipe; of course the child inherited its father's physical infirmities, so that its constitution was so impaired that all medication proved useless.

I have lost several cases under precisely similar circumstances, and find that such children are less amenable to treatment than those of parents who abstain from the use of tobacco.

Will physicians note the difference in the treatment of the children of such fathers as are smokers and give us the result of their observations. They will astonish themselves.

J. B. WOOD.

MELÆNA NEONATORUM.

BY DR. LEDERER, VIENNA.

Of eight cases which he treated, Lederer lost one, which suffered at the same time from hæmorrhage of the navel. Hæmorrhage of the stomach was only found in half the cases, intestinal hæmorrhage is more frequent. Neither birth nor the development of the infants showed anything abnormal. The disease took a rapid course, and convalescence progressed nicely, no where a tendency to a return of the hæmorrhages. Its causes are yet unknown, embolism cannot be proven in all cases, as the predisposing cause might be considered in some cases, where one or the other parent suffers from hæmoptysis, epistaxis and bleeding piles. All his cases nursed well; he uses vinegar embrocations over the abdomen, and the mother might take with some benefit for her infant, some *Bismuthum tannicum*. Where the mother has good milk, the anæmia passes off spontaneously.—*Alleg. Med. Central Zeitung*, July, 1878. S. L.

CHOLERAIC DYSENTERY, ETC.

BY J. C. MORGAN, M. D., PHILADELPHIA, PA.

Was called, after midnight, August 13th, 1876, to see Eddie C—, aged eight years, a remarkably large and fine looking, boy, of light complexion. He had had a poor appetite for some days; had spent the day at the Exposition, and came home tired and hungry; eat supper, and seemed well. On going to bed at 9 P. M., vomited his supper, became much distressed at stomach; this being allayed (also the vomiting, which persisted,) by *Sinapism*. Thereupon the bowels began to move freely, and, when I saw him, were involuntarily evacuated every few minutes, and in a manner quite appalling—copious discharges of bloody slime, necessitating a towel used as a diaper, through and alongside of which they continued to gush. Withal, he was unconscious, but could be roused; constant rolling and tossing about the bed; eyes deeply sunken; face and limbs cold; tongue cold; eyes half open; mouth open. Mixed *Arsenicum* 200 in water. On giving a spoonful he was roused, and kicked off the covers, begging that they be not put on him. Begged for drink, then lapsed into sopor, but remembered it on being roused for the second dose fifteen minutes

later. Water vomited as soon as warmed in the stomach. After the third dose evacuations less frequent, restlessness greater. Waited one-half hour; bowels worse again; repeated medicine. Symptoms ameliorated henceforth; medicine needed for aggravation, in one and a half hours; then every two or three hours, until about 1 P. M. At daylight bowels ceased moving, and he had some natural sleep, awaking in his senses, and smilingly saluting me, "How d'ye do, doctor?" Stomach remained irritable, vomiting and retching soon after drinking, or eating ice. Rice-water cooled, and given by the teaspoonful as often as he wished, was given; but further gratification of his great thirst was forbidden. Fever heat, with coldness of lower limbs. *Sac. lac.* The following two nights and days he was restless, but improvement was steady. On August 15, at 2 P. M., had a painful craving for food, and got a little milk toast, which relieved. Eyes still sunken; face abnormally florid; no fever. Continued *Sac. lac.* (Notwithstanding the temptation to do otherwise, I did not vary, in this terrible case, from strict Homœopathy, nor from my prescription, for the following reason: I found that, above all else, the restlessness was the salient point in his symptoms, the "key-note." The general status including the sopor, with capacity to be roused, and due to collapse from visceral congestion, was, emphatically, for *Arsenicum*. The desire to be uncovered suggested *Secale* very strongly, and the vomiting only after the drink became warm in the stomach, *Phosphorus*. But all disappeared with gratifying promptness, under *Ars.*, whereby its persistent use was fully justified, and the rule of Hahnemann, to cease medicating in the presence of either decided aggravation or decided amelioration, found double place in the first twelve hours management of the case. And, finally, the notion of some that *Arsen.*, *high* is not sufficient for severe visceral disease, is shown to be fallacious.)

This boy regained his normal condition rapidly, the only persistent symptom being sleep with the eyes half open, which ceased on August 19.

Emily, sister of the boy, aged two years, August 15, had been stuttering for about two weeks. Repeats the first words of anything she wishes to say again and again; so often as to be distressing to her friends, and even to herself. Otherwise, well. Mother cannot account for it. Inquired if she had had any shock, or injury, a fall, etc. Neglected at first, but then recollected that about two weeks ago she fell

backwards on the pavement, striking her head, and that her fortitude had been much admired as she did not cry. Prescribed *Arnica* 200, three times a day, eight doses.

August 20. Much better; stutters very little. No medicine.

P. S.—Eddie, September 8, got sore mouth and diarrhœa; gums much inflamed; tongue ulcerated; breath and stools fetid; scarcely able to eat or talk; talks indistinctly. Gave *Arsenicum* 40m, every three hours for one day; aggravated, then *Sac. lac.* Promptly cured.

Medical News.

The Homœopathic Medical Society of the Wabash Valley, will hold its semi-annual meeting in Paris, Illinois, Wednesday, Nov. 5, 1879.

P. B. HORT, Sec'y.

Dr. Bertheir records in the *Jour. de Méd. et de Chir. Prac.*, two cases in which cesarean section was practiced successfully, in one of which the child was also saued.

Dr. Brown of Barnsbury has exhibited before the Isilington medical society, a bladder containing three calculi weighing respectively three quarters of a pound, less twenty grains, half a pound less forty grains and two scruples.

The New York Ophthalmic Hospital. Report for the month ending August 31, 1879. Number of prescriptions, 2223; number of new patients, 303; number of patients resident in the hospital, 27; average daily attendance, 113; largest daily attendance, 100. J. H. BUFFUM, M. D., Resident Surgeon.

If I were to be placed under the influence of *Chloroform* I would say never mind my pulse, never mind my heart, leave my pupil to myself. Keep your eye on my breathing, and if it becomes embarrassed to a grave extent, take an artery forceps and pull my tongue well out.—*London Lancet.*

Dr. G. S. Walker, of St. Louis, president of the Western Academy filled our sanctum with his presence on his return from a trip "among the lakes." He reports college prospects in St. Louis as very promising. They propose building. They have an able faculty, and should have a good class.

In a communication to the French Academy, Dyon claims that the eighth pair of cerebral nerves contain two nerves of entirely distinct senses, the auditory and the nerve of space (Raumnerf.) He considers the latter the source of all our ideas of extension, and of the three dimensions of space.—*The Doctor.*

Wachsmuth, of Berlin, asserts that much of the danger from the administration of *Chloroform* may be averted by adding to it twenty per cent. of oil of turpentine, which, he says, stimulates the lungs, and thus protects them against the great enemy of *Chloroform* narcosis pulmonary paralysis.—*Louisville Med. News.*

The object of the American Institute of Homœopathy is stated as "the improvement of Homœopathic Therapeutics and all other departments of medical science." If *similia* is the law of therapeutics, then Homœopathic therapeutics is a misnomer. How can we improve therapeutics according to *similia*? We can improve the science and art of therapeutics. That is our special province.

"What strength of medicines would you advise a beginner to buy?" Our most successful practitioners rarely go lower than the third. You ought to have a full line of, say ounce vials of all the remedies in the third or the sixth, then a full line of half ounces, lower (tinctures) and also a full line of 30th and 200th liquids in square drachm vials. Add the higher potencies as your confidence or skill increases.

Come over and help us? If you have any Homœopathic M. D.'s who desire to come west, say to them this country has fifty good locations and they are needed and will be welcomed. I may say to you that I am now physician to the Orphan's Home, in this city, as also to the Woman's Home, so you see Allopathy does not enjoy all the favors here.

PORTLAND, Oregon.

RAWDON ARNOLD.

A word to students.—Your college days are few and should be improved to the utmost. Stick to your studies, don't be diverted by anything, even proving drugs. You have no time for voluntary sickness. Be early at all the lectures and give the closest attention. You are in no condition to elect what is the most important. Don't choose a speciality till you have graduated. Retire at 10 P. M. regularly, rise at 7, never before 6 A. M. Eight to nine hours brain rest is needed for the excitement and strain of the lecture months. Study to keep your body and mind and room in the best sanitary condition. You are soon to be a living illustration of practical hygiene.

Hay Fever.—We wish to make a collection of cases of this disease, and ask our readers to help us. Please give age and description of patient. Years of attack. What brought on first attack. Time of day. Peculiarities of each attack each year. How do they compare in severity and how differ? Health before the attack. Describe the successive symptoms this year. What aggravates, what ameliorates? Remedies used. Indications for each. What local measures used. Hygienic suggestions. Cases occurring in your neighborhood not under your care should also be added, with all the data you can get. We believe this disease is curable if rightly managed.

Tearless madness. One of the most curious facts connected with madness is the utter absence of tears among the insane. Whatever the form of madness, tears are conspicuous by their absence, as much in the depression of melancholia, or the excitement of mania, as the utter apathy of dementia. If a patient in a lunatic asylum be discovered in tears, it will be found that it is either a patient commencing to recover, or an emotional outbreak in an epileptic who is scarcely truly insane; while actually insane, patients appear to have lost the power of weeping; it is returning reason which can once more unloose the fountains of their tears.—*British Med. Jour.*

"How will the different medical sects be amalgamated?" Very easy. The leaders in the Eclectic and Allopathic ranks are fast paving the way. Small doses have been adopted by the mass of progressive physicians. There is a hungering for something besides "shot gun" practice. What weapon shall be selected and what is the rule of selection, is the anxious longing. Some of these leaders begin to see that there is a method that will secure "direct action." Their vision has not grown wide enough to see "a law" but they cannot glean long in our literature before the fact will dawn upon them, then they will try it (as many are quietly now doing) and then it will be broached here and there, quietly at first, then the echo will swell the chorus: "Homœopathy, the science of therapeutics. Excelsior!" Then we will all shake hands and turn our attention to studying therapeutics, materia medica, posology. Then we expect to see the union of many societies, the closing of some colleges, the suspension of several journals and the closure of many drug stores and pharmacies. Such a revolution will not occur without opposition from the small men in all schools. But it will come. "Truth is mighty and shall prevail." The distinctive terms Allopathic, Homœopathic and Eclectic will drop out of our vocabulary. The first, *contraria* will guide in hygiene, the second, *similia*, in therapeutics, and the last will indicate the royal freedom of medical study.

Nitrate of Sanguinarina. I send you *Nitrate of Sanguinarina*, I made provings of, reported to the American Institute at Put in Bay, 1878. I prepared a paper of partial provings and several verifications, for the chairman of the Bureau of Materia Medica, at Lake George; the papers were returned to me at my request after ascertaining that they could not be presented for want of time. The same paper will be offered to the same bureau next year, much extended. It may share the same fate, if so, then it will be offered to the medical press. Most of the symptoms of this drug have been repeated several times, none are reported which have not been repeated at least three times; all single symptoms and those not occurring more than twice, have been withheld. The most recent proving, and most satisfactory to the subject as well as myself, was made in my office a few days ago upon a medical student whom I had requested to make for me the fourth trituration from the 3d of *Nitrate of Sanguinarina*, without knowing what he was handling. In several minutes from the time he commenced work he was compelled to use his handkerchief, again in two or three minutes the same was repeated, and again in a few minutes, when observing that I was noticing him, he observed that he "guessed" he "must be taking cold for his nose was running a pure water;" he said he did not know how it could be for he had not been exposed as he supposed; after twenty minutes he gave it up, complaining of pain in the forehead, burning in the nostrils, burning in the eyes which had become red and suffused. I am using the drug quite freely within the last two weeks, and noting results, for future use. I hope you will give this drug a fair trial, and report the result in provings or clinical verifications. I hope no physician will use it because I have had such good results clinically. Let it be proven and adhere to the results. One caution I have to give you, and that is, handle it carefully or you will get a proving before you are aware of it. That was my first experience. WM. OWENS.

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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

COLUMBUS, Ohio, Sept. 22.—Prevailing diseases are: Continued malarial fevers and catarrhal troubles. Remedies used: *Ars.*, *Gels.*, *Rhus tox.*, *Bell.*, *Puls.*, are mostly used. R. D. CONNELL.

LIMA, N. Y., Sept. 13.—No sickness worth mentioning. One case of membranous croup in a child two years old, cured with *Acon.*, *Spongia*, *Kali bich.*, *Bromine*. Time one week. C. D. W.

HAMPTON, Ia., Sept. 24.—Prevailing diseases are: Typhoid and malarial fevers. and dysentery. Remedies used: (1.) *Bapt.*, *Bry.*, *Rhus Ars.*, *Gels.* (2.) *Acon.*, *Merc. cor.* 3x, *Ipecac.* G. A. CORNING.

KIRWIN, Kan., Sept. 11.—Prevailing diseases for July, August and first week in September, are: Summer complaint, typhoid and bilious fevers, diphtheria, and some whooping cough. Remedies indicated: (1.) *Merc.*, *Ars.*, *Cham.*, *Ip.* 3x. (2.) *Rhus tox.*, *Bry.*, *Bell.* 3x. (3.) *Ip.*, *Merc.*, *Nux vom.*, *Acon.*, *Ars.* 3x. (4.) *Acon.*, *Bell.*, *Merc.*, *Kali bich.* 1x, according to symptoms. Extremely dry. N. B. HOMAN.

WOLCOTTVILLE, Conn., Sept. 20.—Our prevailing disease is typhoid dysentery. We have had two hundred cases in a population of three thousand, I have treated one hundred cases without a loss. The Old

School have lost 25 per cent. Remedies used: In the majority of cases *Aconite* or *Bapt.*, are indicated for the first two days, and in a large amount of cases cure. But if the case continues the third day, almost every case calls for a different medicine, such as *Aloes*, *Arn.*, *Ars.*, *Bell.*, *Canth.*, *Carbo veg.*, *Colo.*, *Ipecac.*, *Kali b.*, *Merc. cor.*, *Nitric acid*, *Puls.*, and would seem to be fairly indicated. On the fifth day in every case we begin to have *changeable stool*, and *Sulph.* 30th, has taken every case by the seventh day out of danger. B. ST. JOHN.

WARTY EXCRESCENCE CURED BY CALCAREA.

Mrs. A—, of Chillicothe, Ill., aged sixty-six years, five years ago had a dark brown spot, about two lines in diameter, appear on her left cheek. Her friends often said to her: "Mrs. A., you have mud on your face," which they tried to rub off. For three years it changed not in appearance. In the last two years, it increased in size, rising above the level of the skin. At this time, as she expressed it, "Seeds, the size of strawberry seed, would form and ripen." These she rubbed off, six about each time. It grew rapidly the last six months, and much darker in color, attaining the size of a medium sized pea. Becoming alarmed she wrote me to prescribe.

After a complete study of the skin symptoms in Jahr's Symptomatology, *Calc. carb.* was selected as the most Homœopathic remedy. Second choice *Causticum*. I gave her *Calc. carb.* 3x, four pellets night and morning for three months. No other remedy. Now, six months since, the growth has entirely gone, scarcely a trace to tell where it had been. JULIET CALDWELL.

MORE HELP NEEDED IN INTERMITTENT FEVER.

Permit me to echo Stevenson's suggestion we need something *good* on intermittent fever. During four years practice of Homœopathy in Alleghany, I never saw a case of ague except in hospital practice where a few chronic cases occasionally appeared from "down the river." Here, I have recorded sixty-two cases of malaria this season; they varied from simple ague to congestive chills. This was my first season among "chills." The point was whether to use *Quinine* or

rely on our own symptomatology. I enquired of Homœopathic physicians in surrounding towns, and every one answered, "you must use *Quinine* to cure chills." I had used *Quinine* in the Old School, and knew what it could do and also some things it could not do. Still I knew Homœopathy to be reliable in other troubles. Why not for "chills?" In this section a man's success or failure depends very greatly on his treatment of malarial poisoning, he must offer a better thing than the people have, and the people have so much *Quinine* that they will try anything to get rid of it. Two thirds of my business is the result of refusing to give *Quinine*. However, the season's practice has not been wholly satisfactory. In severe cases I failed utterly after having been given a fair trial of from two to eight weeks in each case; one died, the other six discharged me. One case I treated six weeks, gave many remedies in turn, including *Ars. 3, 6, and 200*. Child got worse, an Old School physician was called who gave Fowler's solution, the child never had another chill and is well and fat; three months have elapsed since. Eleven of my cases were cured by one prescription, in eight of them used two remedies in alternation. One case, a girl aged twelve, chills on alternate days, little fever, profuse sweat, always good appetite, restless sleep, abdomen bloated, had taken much *Quinine*, somewhat lately I gave *Chin. 6*, nothing else, she has had no return of any trouble since, now four months. This case puzzles me. I gave *China* as an experiment, not expecting a cure although I deemed it indicated. A case of chronic ague, chills returning about every four weeks, two years standing, was cured by *Ars. 6*, given last June. Another chronic case, chilly feelings and flushes of heat, congestion to head, gave *Ars. 6* and *Sulph. 30*, the latter once a day. To another, I gave *Nat. m. 30* and *Sulph. 30*. These three had eaten *Quinine* in large quantities and a fair proportion of other drugs; the first two were cured by one prescription, the last by a number, but of the same remedies, one week *Sulph.*, the next *Nat. m.*, etc. Four recent cases were cured by one prescription each, they had lasted from three to seven days each, no one of them had a chill after the first dose of medicine. Of the remaining cases, some have not reported, perhaps a dozen, the others recovered after more or less treatment. One case I treated without success for two weeks. A Homœopathic physician from Lancaster was called to consult. He ordered twenty-four grains of *Quinine*; chills stopped for a month, but the lady never felt well; on their return gave *Arn.* which afforded permanent relief. My conclusions are that ague is the most difficult

thing to treat that I know of. That Homœopathic treatment will cure, without *Quinine*, or other antidote, recent as well as chronic cases. That sometimes the 3d will cure when the 200th will not, and *vice versa*, but that we have no rule that will guide us in the selection of potencies, Hale and Hering to the contrary notwithstanding. That Fowler's solution will cure many cases that *Ars.* will not, and that they cannot be used indiscriminately. (I asked one of our school where he bought *Ars.* He replied that he "got Fowler's solution from the drug store and ran it up to the 3d!") That cases saturated with *Quinine*, are easier to treat than recent cases, because the similia to quininism is easier to select than the similia to malarial poison. That, leaving principle out of the question, it *pays* better to hunt the "similia," or even to let a case go elsewhere, than for a Homœopathic physician to spoil his reputation as such, and spoil his patient too, by giving *Quinine*, etc. That a Homœopathic physician who, not long ago told me he had cured a case of "chills," gr. 2x of *Quinine*, because *Quinine* was Homœopathic to it, and because a smaller quantity would not answer, had better unite write "Stevenson" and myself in requesting some one to give us more information, in a concise form. In the meantime I can refer "Stevenson" to an article on "Therapeutics of Intermittent Fever," in the *North American Journal of Homœopathy*, Vol. VII, page 167. It has saved me some patients, and some dollars, and is worth as much as Bœninghausen's whole book, at least to me.

JNO. C. KING.

[This journal is published for the benefit of the profession and we have no doubt if Dr. King, will give a transcript to those "seven cases" where he "failed utterly," some of our readers will, we know, kindly point out the proper course of treatment, *i. e.*, remedies indicated, repetition of dose, etc. Perhaps they can illustrate by similar cases cured. We want no one to offer advice "on the spur of the moment," but only after deliberate thought, giving the reasons.

Dr. J. C. Morgan, of Philadelphia, is preparing a work on the Spleen and its Diseases which according to Grauvogl's Analysis, includes ague. We hope all the profession in "ague districts" will send him a copy of their successful cases, and he will doubtless give them a work before next "chill season" that will be a great help in severe and complicated cases. It would be a good idea for those living in "chill districts" to form a league to look up their bad cases, and help each other out.—ED]

HAY FEVER CURABLE.

When arranging the pathogenesis of *Trifolium p.* for New Remedies second edition in 1886, I chased the literature of hay fever all over. It was supposed years ago that clover was the cause of this disease. In my proving I found that clover would not get up a sneeze, but would cause a cough, as it cured a cough, *e. g.*, whooping cough in my sister in 1864. That hunt over hay fever writings left this impress, that if pollen of flowering plants or hay or any other irritant would cause hay fever or asthma, then there was a cure for it somewhere. That impression has grown on me, and I have confidently told those cases I have met, of my firm conviction. But so thoroughly demoralized has Old School physicians made the victims that it is difficult to get a definite history of a case or get one to try any remedy. The literature written is chiefly colored to suit some one's idea of the cause or somebody's specific. The discussion held in THE UNITED STATES MEDICAL INVESTIGATOR in 1875 and 1876 was the first attempt at any clear analysis of the disease from a remedy standpoint

A hard case who could not possibly leave business, came into my hands in 1876, that was relieved by *Arum triph.*, *Arum mac.*, *Ars.*, *Bell.* Cases checked in their incipiency in subsequent years gave me confidence to announce at a medical gathering, that I deemed hay fever curable. The fact was taken up by the press, and I have had a flood of cases. I have taken full notes of them and have been able to analyze them so as to trace to a certain extent, the natural history of hay fever, the complications that may arise, and the indications for the remedies, which have chiefly been, *Arum m.*, *Ars.*, *Eup.*, *Ipecac.*, *Nux.*, *Kali carb.*, *Bell.*, *Bry.*, *Rhus*, etc. Locally I have learned the value of cold or hot water, *Fœnil.*, etc. The severity of the disease seems to depend much upon the year, the individual, and locality. Many facts need yet to be collected, therefore I ask the co-operation of the profession in the collecting and analysis of cases.

DIRECTIONS FOR HAY FEVER REPORTS.

I am making a collection of cases for comparison and restudy, hoping to get "more light" on some obscure points concerning the cause, course, symptoms, complications, treatment and prevention of this singular and distressing disease.

1. Describe person, viz: Height, weight, age, temperament, color of hair and eyes, and general health.

2. How many years had attacks.
3. Usual date of appearance and exciting causes.
4. Give in full the usual course, according to your experience.
5. When did the attack occur *this* year, and describe the symptoms in the order of appearing.
6. Which symptoms are most severe this year, those of the eyes, nose, throat or chest? (If they vary state when.)
7. Are you better or worse in cold wet weather?
8. Are you better or worse in sun?
9. Are you better or worse in the morning?
10. Are you better or worse during the day?
11. Are you better or worse in the evening?
12. Are you better or worse in the night?
13. Are you better or worse in the wind? (East wind or west wind.)
14. Are you chilly or feverish?
15. How do you rest all night?
16. How is the appetite?
17. Are you thirsty?
18. Do you run down before the attacks occur?
19. What relieves?
20. What makes symptoms worse?
21. How long do the various symptoms continue?
22. If traveled for relief, state the effect of different places.
23. Is asthma, consumption or catarrh a family inheritance?
24. Add any information bearing on the case.

Get a full record of the nose, eyes, throat and chest symptoms, *e. g.*, when sneeze, when eyes are worse or better, throat, etc., when cough appears and character, asthma, when have it, the hour, etc. Sanguine nervous temperaments have as a rule, asthmatic symptoms sooner or later. In consumptives the cough is severe and persistent. So both the person and the season (*genus epidemicus*) as well as the order of the symptoms must influence the course of treatment.

The *Medical Record* estimates that there are 50,000 "annual sneezers" in the United States, and it seems to me a profitable investment to learn to cure this disease. Not only may we receive this large number of patients, (paying from \$5 to \$10 or more annually—\$250,000 to \$500,000,) but we will also get a large number of cases of asthma, chronic catarrh and consumption to treat, and the impetus given to the progress of Homeopathy will simply be tremendous. It seems to me

that this is a subject worthy of our individual attention. Send in your reports, and, before the next season arrives, I think we may all be in the possession of facts that will enable us to say that Homœopathy can cure and possibly prevent hay fever.

If you can also give the address or report of any fellow sufferer, you will greatly oblige,
Yours truly,

T. C. DUNCAN, M. D.

133 South Clark Street, Chicago, Ill.

*A SINGULAR CASE OF NEURALGIA CURED BY
ELECTRICITY.*

BY J. B. BRAUN, M. D., CHICAGO.

In the commencement of May 1877, I was called to attend an old settler of this city, a native of Prussia and formerly in his youth a hardy soldier of the Prussian army. He was sixty-nine years of age, middle-sized, stout and muscular, of dark complexion and sanguino-choleric temperament. With the exception of habitual constipation, he had always enjoyed good health until about one year and a half previous, when he was suddenly seized with a stroke of cerebral apoplexy, which although not very severe confined him to his room for several weeks on account of a moderate hemiplegia of the left side. Patient had always led quite a temperate life before, never indulging in any excess or bad habits whatever.

Under medical (Allopathic) care, the paralytic affection disappeared within a few weeks after the attack; but soon afterward some *neuralgia* of the abdomen set in, arising in the pit of the stomach and radiating in its acme all over the mesogastric and hypogastric region and reaching as far backwards as the spine. The principal seat of the pains, however, was the abdomen itself. These attacks used to come on first at irregular intervals, several times a week and lasting each time from half a day to twelve hours, or even longer. The appetite of the patient never was good during the whole time of the neuralgic spells, which continued in all about six months, when they gradually yielded under Allopathic treatment, after he had employed the most nonsensical and partly injurious remedies in enormous quantities. So, for instance, he was directed to drink about a pint of lime water every day for some time, which must have aggravated his natural

inactivity of the bowels, and which invariably formed a particular subject of his suffering. Finally our patient got rid of his troublesome complaint, apparently by any means *not because*, but *despite* the whole trash of Old School empiricism.

Now followed a pause of about half a year, during which he felt tolerably well, but after the lapse of that period the former illness began to establish itself again, at first in milder and not so frequent attacks, but gradually increasing in intensity, duration and frequency, so that when I was summoned these neuralgic paroxysms would take place every day, lasting in the average at least twelve hours, and sometimes more than that.

Nearly six months had elapsed, since that second series of spells had re-commenced and tortured the pitiable sufferer almost to death, who had been continually under Allopathic care, faithfully consuming the contents of one big bottle after the other, and occasionally even large doses of *Hydrate of Chloral* without any apparent benefit.

At my first visit, I found the patient sitting on a chair and able to walk around the room, after he had just got over a very violent paroxysm the night before. Drowsy and exhausted he gave me a detailed narrative of his disorder and treatment, remarking besides that if I could not restore him, he would firmly believe he was bound to pass over the dark river. His pulse was beating regularly, some seventy strokes a minute and pretty strong. His tongue was clean, but his appetite very poor, as his stomach was the starting point and principal seat of these exceedingly painful attacks, while his bowels were obstinately costive, so that he had to use cathartic pills quite freely, in order to keep them open.

My first therapeutical arrangement was to place him under a strict dietetic regimen, strenuously forbidding *coffee* and *tea*, those mischievous beverages, of which he had indulged the former steadily up to that moment, with great damage to his system in such an affection. Then I ordered him to drink about two pints of fresh water a day, to be taken in four portions, a tumblerful before each meal and the last before bedtime.

As for eating, he could not bear anything but gruel soup, prepared with water, moderately salted and sometimes mixed with *unboiled* milk, as the *boiled* would always aggravate any case of *constipation*. Fruits he could not digest either, on account of his disposition to flatulency, of which he complained frequently, especially during those mysterious attacks of neuralgia. In regard to anamnesis or

etiology, he could not inform me on anything bearing on his present malady furthermore, except that he had been troubled once with *scabies*, while engaged as a soldier, which had been rapidly cured up however, exclusively by some external application.

Thus supposing the possibility of a *psoric* dyscrasia in his organism, I prescribed first *Arsenicum* and *Sulphur* 6x, every two hours in alternation during the free intervals, but without any avail for two or three days. Ascending in the scale then, I administered the same medicines as high as 30x, from which patient obtained a decided relief, the subsequent paroxysm lasting only a couple of hours and not so violent either. But the second paroxysm was a great deal worse again and the third almost as intense as any of the previous ones.

As the prevalent burning pains together with the periodicity and leading symptoms would especially point to *Arsenicum*, I determined to give the *single* remedy as well as the *high* dilution theory a fair trial, and prescribed *Ars.* 200x, only two or three doses to be taken in the free pauses, when a slight remission followed, but by far not as much as from *Ars.* 30x before. After a couple of days the action of this valuable drug substance ceased entirely, too, wherefore I employed then *Ars.* 2000x — the very highest attenuation I could get at that time in our city. The effect was nearly the same as from the former dilution, and after two or three days no more relief. Presently I reduced the number of doses to a single one, immediately before each attack giving *Ars.* 2000 and at the height of the excruciating pains *Ars.* 30 but without any apparent benefit for two days. Then changing my tactics, I would experiment with a single dose of *Ars.* 2000 for a whole week, in order to avoid any fault of repeating the dose too often. However, all to no purpose, as the patient had his attacks now rather worse than in the beginning of my attendance, and more severe in intensity and duration, some single fits lasting well nigh twenty-four hours and scarcely ending, until a new paroxysm made its appearance again. Several times I had the sickening sight to observe the sufferer at my daily visits, when the pains were either just commencing or showing their acme. He never was quite free from any pains even during the intervals, and whenever the trouble came on in the shape of a new spell, it reached its utmost intensity in from a half to about a whole hour. It was a pitiable look, indeed, to see the patient attempting to find some relief by changing his position in standing, lying or sitting, oftentimes within a few minutes, also walking up and down the room sighing and doubling himself up, as it were, by

bending the upper half of his body in a rectangular position to his legs, or by prostrating himself down with the former on the bed, whilst the latter were standing erect, etc. The pulse never showed the slightest variation, nor the temperature of the skin, both presenting a perfectly normal appearance.

An intermittent neuralgia from a malarial influence was not to be presumed, the patient never having exposed himself in a malarious district, nor exhibiting the least symptoms of such an affection by a slight increase of temperature and perspiration, which may be looked upon as a characteristic sign, generally, in similar cases.

Having read once the symptomatology of *Tarantula* by Dr. Nunez, of Madrid, in his journal, I was induced in my puzzled search of a new remedy to try that medicine occasionally, and to administer *Tarantula* 30x, when to my surprise a remarkable remission happened to follow directly afterwards, at least as much as after *Ars.* 30x. However, the improvement was much less the second time, and the third time there was no more curative effect to be noticed. Thereupon I employed this remedy in the scale of 100x, and also of 2000, each twice in succession and only *one* dose before the paroxysms, but with not half as much visible benefit as the 30th dilution at first, and in two or three days under the use of each, all perceivable action disappeared.

Conversing once, by the way, with friend Dr. Adam Miller, on this perplexing case, he suggested to me the use of *Nux vom.* and *Cocculus* 6x, to give in alternation, every hour a dose during the exacerbation, with the assurance that he had cured similar affections by this very combination, after all other remedies had failed. The first attempt showed a surprising success, indeed, reducing the pains in duration and intensity more than the previous remedies, while the patient also lost his intermediate painful sensations, which had invariably kept on before even during the free pauses. But the second application was by far less successful, exactly like all the former medicines, and the third still less again, so that patient derived no further benefit during the third or fourth attack. The same remedies in the 200th dilution, either single or in alternation, presented not the least curative action any further.

Having thus failed to establish a decided improvement, I would test a couple of medicines more in a very low dilution, such as seemed to be also somewhat indicated by their symptomatology. In this manner I administered at first *Bismuth nitr.* 1x, every two hours, a dose during the remission, whereby the subsequent attack was shortened by

about one-half; but the second grew worse again, and the third was without any improvement. Nearly the same effect I noticed by the use of *Chin. sulph.* 1x.

After I had spent in this way, in all about four weeks, without any probable chance of restoring the sufferer by means of the materia medica of our pharmacy, I made up my mind to try the application of electricity before I would abandon my client to his dire and inevitable fate—the final and certain loss of his life in the course of a few weeks or months. In view of this aim I made use of a *galvanic* battery of twenty elements consisting of *Carbon* and *Zinc*, each about half an inch square and started by means of *Bichromate of Potassa* and *Sulph. acid.* The application I performed in this manner: Placing the patient on an arm-chair with his abdomen undressed, I put the *positive* electrode to the centre of the epigastric region, while I touched the skin all over the abdominal cavity with a wire-brush by the *negative* current in rapid succession, reaching also incidentally on both sides farther back towards the spinal column. Ten elements or one-half of the battery furnished a sufficiently strong current, so as to twist the muscles of the patient's face now and then. After an application of about ten minutes, I electrified, moreover, the *nervus sympathicus* in the upper third of the neck, by touching the inner-border of the *musculus sterno-cleido-mastoideus* for three to five minutes with the *negative* and the *fossa mastoidea* of the same side with the *positive* electrode. Thus I acted upon the right and left side of the neck and sympathetic nerve correspondingly once in alternation, but not by the wire-brush, but by both electrodes being of the size and shape of an old copper cent, covered with cotton flannel and well moistened with tepid water. After fifteen to twenty minutes I finished the sitting, and repeated the procedure every other day—six times altogether.

Patient soon felt great and decidedly more relief right afterwards than he had ever done before under the use of medicines, the attacks growing steadily weaker after each application, until they finally were checked forever. Fifteen months have elapsed since then, and the patient has enjoyed a pretty good health during the whole time, without any real relapse, having felt but slight twitches of a painful sensation quite exceptionally sometimes in the course of last winter; which was unusually rainy and sloppy in our vicinity and the north-west.

In this manner, some crude and *strong* Homœopathy, in the shape of

the electric current, has accomplished a feat in a few days, which the *strongest* Allopathy and *minutest* Homœopathy have not been able to perform. Or what is electro-therapeutics else than the law of "similia" applied in a powerful form? Nevertheless I am willing to admit that one or the other of our highly distinguished and highly diluted headlights might perchance have succeeded in curing that utterly malignant case of *neuralgia* by means of the very highest dilutions of our precious old, as well as new pharmacodynamics.

WEATHER PROVING AND DISEASE TENDENCY.

BY BUSHROD W. JAMES, A. M., M. D., PHILADELPHIA.

Sergeant C. A. Smith, meteorological summary for July, 1879: " Highest barometer 30.298 (2d). Lowest barometer 29.555 (11th). Average barometer 29.986. Monthly range of barometer, .743. Highest temperature, 94 (16th). Lowest temperature, 61 (1st, 6th, 7th and 20th). Average temperature, 75.6. Monthly range of temperature, 35. Greatest daily range of temperature 25 (3d). Least daily range of temperature 4 (25th). Mean of maximum temperature 84.0. Mean of minimum temperature 67.6. Mean daily range of temperature 16.4. Mean relative humidity, 66. Total rainfall 3.62 inches. Prevailing direction of wind, southwest. Maximum velocity of wind 30 (N. W. 10th). Total movement of wind 7,160 miles. Number of foggy days, none. Number of clear days, 13. Number of fair days, 12. Number of cloudy days on which rain fell, 3. Number of cloudy days on which no rain fell, 4. Total number of days on which rain fell 9.

COMPARATIVE TEMPERATURE.

July,	1874,	74.7	"	
"	1875,	74.6	"	
"	1876,	78.6	"	Average for } 76.4. six years. }
"	1877,	77.8	"	
"	1878,	77.3	"	
"	1879,	75.6	"	

COMPARATIVE PRECIPITATION.

July,	1874,	2.25	"	
"	1875,	3.63	"	
"	1876,	5.70	"	Average for } 4.18. six years. }
"	1877,	5.53	"	
"	1878,	4.35	"	
"	1879,	3.62	"	

COMPARATIVE RELATIVE HUMIDITY.

July, 1874,	64 inches.	
“ 1875,	66 “	
“ 1876,	63 “	Average for } 66. six years.
“ 1877,	70 “	
“ 1878,	67 “	
“ 1879,	65 “	

METEOROLOGICAL SUMMARY FOR AUGUST, 1879.

Highest barometer, 30.183 (1st.) Lowest barometer, 29.708 (18th). Average barometer, 29.961. Monthly range of barometer, .475. Highest temperature, 93 (3d). Lowest temperature, 55 (10th). Average temperature, 72.7. Monthly range of temperature, 38. Greatest daily range of temperature, 25 (29th). Least daily range of temperature, 8 (15th, 18th and 26th). Mean of maximum temperature, 80.9. Mean of minimum temperature, 65.3. Mean daily range of temperature, 15.6. Mean relative humidity, 73.2. Total rainfall, 7.13 inches. Prevailing direction of wind, southwest. Maximum velocity of wind, 32 (N. W., 18th.) Total movement of wind, 6,868 miles. Number of foggy days, none. Number of clear days, 16. Number of fair days, 5. Number of cloudy days on which rain fell, 8. Number of cloudy days on which no rain fell, 2. Total number of days on which rain fell, 12. Lunar halo observed on the 26th.

COMPARATIVE TEMPERATURE.

August 1874,	71.1 inches.	
“ 1875,	72.4 “	
“ 1876,	74.3 “	Average for } 73.2. six years.
“ 1877,	75.5 “	
“ 1878,	73.4 “	
“ 1879,	72.7 “	

COMPARATIVE PRECIPITATION.

August, 1874,	5.65 inches.	
“ 1875,	6.42 “	
“ 1876,	0.98 “	Average for } 4.05. six years.
“ 1877,	0.66 “	
“ 1878,	3.83 “	
“ 1879,	6.76 “	

COMPARATIVE RELATIVE HUMIDITY.

August, 1874,	61 inches.	
“ 1875,	76 “	
“ 1876,	69 “	Average for } 70.” six years.
“ 1877,	69 “	
“ 1878,	70 “	
“ 1879,	73 “	

DISEASE TENDENCY—JULY, 1879.

In a previous report, I referred to an unusual tendency to brain diseases, mania, suicide, and murder. The records of the coronor's office show this peculiar feature from April 1st to July 1st. Drowning cases, 40. Homicides, 13. Suicides, 23. No long continued hot spell occurred during the month of July although, there were a few hot days. The effect of the comparatively equable temperature manifested itself in an unusual freedom from sunstroke, while diarrhœa cholera morbus, and dysentery were not as severe in character nor as prevalent as usual during the summer. Cholera infantum prevailed, however, in its usual form and type. More or less thunder and local storms passed over the city, leaving a purified atmosphere, and thereby reviving the overtaxed portion of the populace, and improving many of the invalids. During the first eight days, diarrhœa, enteralgia, hepatic and gastric derangements, headache, general prostration, local neuralgia, pleurisy and rheumatism were the principle tendencies; southwest winds were then prevalent. At the end of the second week I found some tendency to cholera morbus with cramps, also some epistaxis hæmorrhoidal inflammations and debility. A continuation of these, together with rheumatism, were about the only noteworthy observations during the remainder of the month, there being no special tendency during the intervals.

August 1879. The absence of any special disease tendency which was noted during the latter part of July, continued during the first week of August. Then intermittent fever cases began to appear, also more or less hives, diarrhœa, and dysentery with enteralgia.

About the 12th, during a hazy spell of weather and prevalent southwest winds, coughs, autumnal catarrhs, general debility and an increase of hæmorrhoidal cases, coryza and general catarrhal inflammations appeared.

About the 18th, after a protracted and heavy southeast rain, rheumatism and diarrhœa were unusually prevalent; after this cases improved, and no new tendencies were observed till the last week of the month when fresh colds, catarrhs, coughs, sorethroats, diarrhœa, rheumatism headache, epistaxis, hæmorrhoids, and an increase of debility were noticed. Taken altogether in our part of the country, this and the previous month have been marked for their general healthfulness.

The temperature was comparatively even, and low, for the summer season (with exceptional days only). There was an adequate amount of moisture and rain, green herbage, abundant quantities of perfect

and ripe fruit and vegetables in the market, and the community free from any general excitement such as sometimes occurs to unsettle the nervous equilibrium of the entire population. The city has been kept remarkably clean.

A greater number of families have sought refuge in the country and at Summer Resorts than in any former year and the people of means have given themselves a greater amount of rest and recreation than heretofore. In fact every circumstance seemed during the summer months to combine toward the production of general healthfulness, and the result has been the absence of any epidemic and the prevalence as a general rule of a lighter form of the ordinary summer diseases. Yellow fever has been epidemic in Havana and Memphis. Smallpox at Callao, Peru. Asiatic cholera in some parts of Japan.

The deaths from cholera infantum for 1879 to Aug. 30, were, 709; 1878 (total for the year), 686; 1877, 977; 1876, 1,173; 1875, 994; 1874, 855.

	June.	July.	August.	Sept.	Total.
1874.....	33	352	291	111	787
1875.....	51	503	291	99	983
1876.....	79	714	226	102	1,121
1877.....	132	465	247	85	929
1878.....	74	327	210	35	646
1879.....	43	337	303	..	683

THE RELATION OF SOME NERVOUS AFFECTIONS TO IRRITATION OF THE SEXUAL APPARATUS.

A LECTURE BY J. MARTINE KERSHAW, M. D., PROF. OF DISEASES OF THE BRAIN, SPINE, AND GENERAL NERVOUS SYSTEM IN THE HOMOEOPATHIC MEDICAL COLLEGE OF MISSOURI.

GENTLEMEN: Having called your attention to the defective will, emotional activity, altered sensibility of the skin, etc., observed in hysteria; and to the prominent characteristics of hysterico-epilepsy, of which the drawings before us give quite an accurate idea of the convulsion, the connection of the ovary to this affection, and also the recorded effect of the metals on the anæsthesia observed in both these diseases, I shall now speak of another matter of great delicacy, but one of vast importance in the treatment of nervous diseases. It will be your fortune to treat throughout your professional life, various nervous affections — epilepsy, catalepsy, hysteria, neuralgia, ovaralgia,

or simple nervousness apart from any well-marked nervous disease. You will often give the indicated remedy long and faithfully, to find too frequently, that your patient derives no benefit from your treatment. One of the most trying cases of hysteria ever coming under my observation, was the wife of an incompetent husband. He was a sensuous man, in that he thought a great deal of matters of a sexual nature while alone, but was quite unable to completely carry out the sexual act in company with his wife. If he had a sufficient erection, the ejaculation took place before he could make an entrance, or immediately after, commonly however, the erection was altogether insufficient, and he failed as a consequence. Notwithstanding his evident weakness in this direction, he held an exalted opinion of his sexual strength; and, when in the presence of his wife, day or night, spent the best part of his time trying to hold connection, or in exciting her indirectly. She was a woman of strong sexual passion, but as a result of this state of affairs, was constantly in a state of excitement, but never properly gratified. The sexual parts were always in a state of congestion, but were never relieved by the healthy act of a complete coitus. She finally became weak, nervous, hysterical, sleepless. Her being in bed did not, however, free her from the attention of her husband. He kept them up despite entreaties, expostulations, and tears. The parts became excessively tender and painful, and she grew weak and miserable every day, and the subject of frightful hallucinations. This condition of affairs continued many weeks, and only terminated in recovery after this species of persecution had ceased. Many of you may think this an isolated case, but I can assure you that it is by no means so; they are indeed, but too commonly met with, and are utterly incurable in many instances, because the physician is powerless to remove the cause of the difficulty. Sometimes, too, a man and wife will deliberately make up their minds to have no more children, and resort to various means to accomplish the desired end. A common means of attaining this is for the husband to withdraw from his wife, just as the ejaculation is about to take place. Such a proceeding has the effect of making the act unsatisfactory to both parties, and of leaving the parts in a state of greater or less congestion. Not only does the body suffer from such disregard of natural law, but the mind also; and the subjects of such conjugal onanism become irritable, cross, nervous, suffer from loss of memory, and are changed in many ways from the condition of a noble, healthy, motherly woman, or an honest, upright, fatherly

man. A species of contemptible fraud is practiced in such an instance that neither the mind nor the body will long bear without protest. The woman suffers the most, because the most susceptible, and for the further reason that the sexual appetite is never at any time properly gratified. If the man is dissatisfied, he not unfrequently obtains full gratification away from home, and is relieved to an extent, at least, in this way.

Another cause of nervous difficulty is masturbation. It is frequently at the bottom of many obscure difficulties in single women, widows, and in the wives of incompetent husbands. Such cases are very difficult to treat. Few women will admit the practicing of such a vice, no matter how evident it may be to you; and even if such an admission is made, few women have strength of character enough to abstain from the evil. I have no faith in *Sulphur* or in any other as a means of stopping such a practice, but would advise you to make an examination of the sexual parts, and while doing this, slightly touch the clitoris with pure *Carbolic acid*. Do this two or three times a week, and you will find in the majority of instances, that your patient begins to improve in a short time. I could say a great deal more on this subject, and could cite many cases where sexual irritation in one of the forms mentioned, was at the bottom of very trying nervous difficulties, but will close with the caution to always inquire carefully into the history of the patient where there is reason to suspect a difficulty of the kind above mentioned. Only in this way can you hope to treat a patient of this class successfully.

REMEDIES FOR ENLARGED SPLEEN.

Your correspondent inquires for a remedy for chronic enlargement of the spleen. He complains that he cannot find any one who knows anything about *Ceanothus*. Probably the gentlemen he inquired of ignored it because it had not been "proved." As if an unproved medicine was of no value! Yet the great Carroll Dunham did not think so—for he even wrote me—thanking me for introducing the *Cianothus* into my New Remedies, because he says, "it enabled me to cure two very bad cases of enlarged spleen with it." The most absurd dogma held by some of our school, is that a remedy must not be prescribed unless we have provings. It is this dogma that has spoiled many por-

tions of Allen's Encyclopædia of Materia Medica. In restricting the scope of the work to a record of the "pure effects of drugs," he has been obliged to leave out many very valuable ones

When will our School learn the incontrovertible fact that a positive cure made by an unproven medicine is as valuable as a verified symptom?

There are many medicines yet unproven which have a valuable clinical record, I merely instance *Galium*, *Aletris*, *Populus*, *Ceanothus*, *Lycopod.*, *Chionanthus*, and *Polymnia*. This last, *Polymnia uredalia*, "Bearsfoot," has been very successfully used in chronic enlargement of the spleen, many cases illustrating its unaided powers have been reported in Eclectic journals. It is prescribed in doses of three to ten drops of the tincture four times daily, and an ointment of the same is rubbed into the surface over the enlarged organ. The ointment is made by adding two ounces of the tincture to one pound of lard and heated until the alcohol in the tincture is evaporated. If any reader of THE INVESTIGATOR has such a spleen under his treatment let him try this new remedy regardless of its unproven condition.

E. M. HALE.

REMITTENT FEVER.

I have noticed the dearth of literature on remittent fever. I have many times referred in vain to the journals for information concerning the treatment of this fever. Sometimes a case will last or trouble me three or four weeks. I have never lost a case of remittent or typhoid, either directly or by complication. The following cases of remittent fever are a type of all I find. The symptoms vary but slightly, consequently the treatment does not vary much. I usually alternate if I am not sure of my remedy, or if I am particularly anxious the patient should soon become better. As an instance of this see prescription on September 25th, CASE III. Here I was in doubt as to whether *Arsenicum* might be the remedy, yet I had more confidence in *Rhus*, so I gave both. I think the improvement was due to the *Rhus*. At all events the alternation did not interrupt the cure.

CASE I. G. A., a farmer aged about fifty-eight, usually healthy, was taken August 20, A. M., with light chill, followed by fever and sweat. On the 22d A. M. had another chill, quite hard, followed by

high and long lasting fever (fifteen hours) but no sweat. On the evening of the 23d had a third chill not so hard, but followed by a higher fever during which patient was frantic and delirious. On the 24th P. M. I found him with rapid respiration, anxious countenance, fearful and apprehensive, moaning and groaning with general uneasiness. Pulse 110. Skin hot and dry, urine scanty, and highly colored, very thirsty, mouth and lips dry; tongue slightly coated a dirty white or yellow; face flushed; pain in stomach and abdomen on breathing and pressure; bowels costive, headache, pain in back and aching of limbs; very restless and sleepless, frequently licking the dry, parched lips. Amelioration early in A. M. and forenoon; aggravation from 10 to 12 A. M., till after midnight. I gave *Ars. 3x trit.* in water, a teaspoonful every two hours.

On the 26th at 11 A. M. forty hours after first visit found patient no better; had had no chill but continuous high fever; very restless; very thirsty; same anxious countenance, pulse and other symptoms about same; no sleep.

I gave *Gels. 2d* and *Rhus tox.* in water, a teaspoonful every hour alternately.

On the 27th at 10 A. M., twenty-four hours from last visit I found patient better, was quiet and easy, no pain, no thirst; pulse 70, skin moist; had three loose passages yesterday P. M., from bowels, slept well during six hours last night. Gave *Gels. 2* in water alone.

On the 28th at 10 A. M. patient not so well. Fever arose at 2 P. M. yesterday and lasted till after midnight. To-day more headache and pain in back and limbs, and bowels. Gave *Rhus tox. 6* in water (followed in two or three days by *Merc. iod. 2d trit.*) Next day patient better in every respect, and on these medicines got up quickly.

CASE II. J. H. had been confined to bed a week under Allopathic treatment. Is a carpenter and aged about twenty-five. He was taken with a chill and high and long-lasting fever. Was given *Quinine* and cathartics. I saw him August 30 P. M., had high fever, delirious, hot, dry, burning skin; very thirsty; restless and sleepless until near daylight, when he would dose a little. He had a diarrhoea which had troubled him the whole week; much colic in abdomen before and during stool, which was, he said, "reddish." I gave him *Rhus tox. 6* in water, a teaspoonful every two hours. In thirty-six hours was so much better as to walk one-half mile on business; no more diarrhoea, pain or fever.

CASE III. J. R., farmer aged about fifty, was taken Sept. 24th, A.

m., with chilliness, feverishness, restlessness, thirsty, nausea after drinking, backache, the patient being about his work. I gave *Arsen.* 6, every two hours (pellets No. 30.) On September 25th A. M. patient in bed; had light chill yesterday afternoon, followed by high and long-lasting fever; very thirsty; very restless; no sleep last night for tossing about. Worse from 1 P. M. during the following fifteen hours. Comparatively easy from 5 A. M. till noon. *Rhus tox.* 6 and *Arsen.* 200 in water every two hours.

Sept. 26, A. M. Patient quite comfortable, had less fever yesterday, no chill; fever did not last so long; got several hours sleep last night, but on account of his fearfulness and apprehensions, counsel was called, and advised *Ars.* 200 in water alone.

Sept. 27th, 8 P. M., I heard the patient's moans and groans to the street, loud lamentations and entreaties for relief from *headache*, pains in back and loins; very thirsty; skin hot and dry; constant rolling and tossing about. "What shall I do, what shall I do?"

I prepared *Bry.* 3 in water every one-half hour and in two or three hours patient was asleep. Left him *Rhus tox.* 6 in water.

Sept. 28, 7 P. M., patient with scarcely any fever, slept well last night; lighter fever to-day. More quiet. Bowels moved by injection; skin moist. On this prescription patient got up with however the usual tardiness in recovering strength. F. A. BENHAM.

A HEART CASE AND ITS LESSON.

Something less than two years ago, a friend of mine, Dr. H., called me to see a case with him. A child of seven or eight years of age had for several weeks had a cough, with considerable shortness of breath, pain in the chest, and more recently, profuse expectoration. The patient had been under the care of Dr. H. for perhaps two weeks without improvement. During the first weeks of her illness, she had another physician, who diagnosed the case indefinitely as "heart disease." Dr. H. disputed the correctness of this diagnosis, announced that the seat of the disease was in the respiratory organs, and treated the case accordingly, with no resulting improvement.

The emaciation was not great, the pulse considerably accelerated, and

feeble, but not sufficiently irregular in volume to have any diagnostic value in that respect. On exposing the front of the chest, the patient lying on the back, it could be seen at once that there was an important cardiac lesion. The impulse of the left ventricle could be distinctly seen, over a wide space, extending nearly an inch to the left of a line running vertically through the left nipple, while the apex was seen beating about on the nipple line, instead of an inch to the right as in health.

Palpation yielded like results, and showed also, that the impulse instead of being concentrated at the apex, was widely diffused. It was not an impulse of great strength, as in hypertrophy, but of excitement.

Percussion showed the area of deep dullness over the left ventricle to be increased to the left almost or quite an inch beyond the nipple line, while the left auricle also occupied too wide a space.

Here then, was a case in which the left ventricle was dilated and somewhat hypertrophied, and the left auricle and right ventricle somewhat dilated. Was this enlargement primary or secondary? Evidently secondary, its cause was manifest upon auscultation. The stethoscope disclosed a murmur produced by mitral regurgitation. This regurgitation was not only the cause of the dilatation, but also of the pulmonary engorgement and consequent dyspnoea, cough, and profuse expectoration. The systolic murmur produced by it could be distinctly heard, and was recognized at once.

But how do we know that the murmur was mitral and not aortic? Because, although audible over the entire præcordium, it was heard most distinctly at the apex, while an aortic murmur is heard loudest at the base of the heart. If mitral, why may it not have been obstructive instead of regurgitant? Because if obstructive it would have been pre-systolic in time, or heard immediately before the first or systolic sound (the diastolic murmur of the older writers), instead of being systolic, or synchronous with the first sound. Then again, it would have been harsh, while in this case it was soft and blowing. Besides, if there had been mitral obstruction, without mitral regurgitation, we should not have been likely to find the left ventricle dilated nor hypertrophied, and it might even have been slightly atrophied. It was not a hæmic murmur, the bellows murmur produced by a watery condition of the blood, because in that case, although systolic, it would have been nearly or quite inaudible at the apex, but loudest at the aortic orifice, and extending upwards along the course of the great vessels. Tricuspid regurgitation, if audible at all, would have

been heard only at the ensiform cartilage, but instead, the closing of the tricuspid valve was faintly audible at that point with every ventricular contraction.

In health, the first or systolic sound is composed of two elements: the one muscular the other valvular. The muscular element is dull, and is produced by muscular contraction, and the impulse of the apex against the chest wall. The valvular element is sharp and short, and is produced by the closing of the mitral valve. In the case under consideration, as in other cases of mitral regurgitation, the mitral valve did not close, and hence the sharp valvular element of the first sound was conspicuously absent, and was replaced by the soft and rushing murmur of regurgitation.

I do not now remember what remedy I suggested, nor have I ever learned the result of the treatment, but I am certain that the regurgitation never ceased, nor will it as long as the patient lives. The heart walls may have recovered a portion of their strength, the dilatation may have been somewhat reduced, and the mitral insufficiency somewhat diminished, so as to carry the blood away from the lungs, thus relieving the engorgement and causing the pulmonary symptoms to disappear, and the patient may have apparently recovered, but that murmur is not likely to cease until the heart has become so feeble as to be no longer able to press the blood backward through the orifice with sufficient force to produce a murmur.

My friend had treated the case purely as a disease of the respiratory organs, entirely overlooking the cardiac difficulty, the symptoms of which should have taken precedence in the choice of the remedy, and had given a favorable prognosis in consequence of that misunderstanding of the case. How much better it would have been, not only for the patient, but for his own reputation as well, if he could have recognized the true nature of the affection in the beginning. Now this was not a case of unusual ignorance, nor of extraordinary oversight. My friend is a physician of considerable natural ability, and in general, well posted in his profession. In fact, I understand that he even takes pride in his knowledge of physical diagnosis. What proportion of physicians would have done better? What proportion of the physicians of to-day can distinguish between a hæmic and an organic murmur; or between a mitral and an aortic one? Nearly every physician in the land is now and then called upon to administer *Chloroform* or *Ether*, yet how many in proportion to the whole can tell the leading and characteristic symptom of fatty degeneration of the heart? I do not

wish to be understood as having a poor opinion of the profession in general by any means, but it seems to me that the average physician knows less about the different diseases to which the heart is subject, than of those of any other organ. There seems to be a disposition to pass over the subject in a very superficial manner at best, as one either of very little importance, or requiring too much study to make it a paying investment. The result of this neglect is, that many a case of cardiac disease is permitted to become chronic and incurable, when if recognized in time it could have been cured; while many a case in its later stages is treated until the very last, without its real nature being recognized. It certainly would not be difficult for any physician or medical student to master at least the leading points in the various cardiac lesions. Having devoted special attention to the heart and its diseases for a number of years, it is just possible that I over-estimate the importance of the subject, but I think not.

In conclusion, let me state that in the course of my study, and experience, I think I have learned a number of points in regard to this class of diseases, which might be of value, some of which I should like to give to the profession from time to time, and it would give me much pleasure as well as assistance, if those who have something of interest on the subject, would communicate the same to me by letter, that I may compare my experience with that of others.

LAFAYETTE, IND.

W. P. ARMSTRONG.

CASE OF PHTHISIS AND ANÆMIA (LEUCOCYTHÆMIA?)

Miss E., a blonde, light complexion, light hair, soft skin, pliable and amiable disposition rather tall, (five feet, eight inches), took a cold in winter of 1872 and 1873. Coughed several months. A brother aged twenty-eight died May 1871 with consumption. In July 1873, Miss E., was about twenty years of age. Had been coughing six months; was very much emaciated and feeble; hectic chills and sweats, pains in chest, profuse expectoration and in fact death seemed near at hand; yet, on July 29, 1873 she married. Menstruation had been irregular but immediately ceased with rapidly improving health. cough stopped, pains left, chills and fever left; appetite and strength rapidly improved. January 1, 1874 she was a beauty, a picture of perfect health, plump, voluptuous in form, and a fit model for an artist's pencil.

In May 1874 she gave birth to a large finely formed boy. On account of the deteriorated quality of her milk the boy was raised on *Graham gruel* and *cow's milk*. She nursed him only two weeks. Her cough returned but was promptly subdued by *Lyc.* 200, and has not returned to this day (Feb. 1878.)

In Sept. 1876 she removed to a malarious neighborhood. On the 15th she was taken with intermittent fever; being previously in good health except perhaps an unusually light complexion which might indicate a wrong condition of the sanguific function. The chills and fever were irregular and lasted until she was unable to get off the bed. I gave such remedies as seemed indicated but to no avail.

November 15, the chills frequently recurred, but diarrhœa, hæmorrhoids, sick stomach, nausea, vomiting, headache and great backache were added. *Æscul. hip.*, *Aloes*, *Nux.*, *Bry.*, *Ipecac* and other medicines, (*Verat.*), were used without effect. The patient was now able to be moved, and a change of climate improved her condition in every way.

After a few weeks respite, I noticed a change in her complexion, at the same time she complained of being tired. The debility gradually increased, the complexion becoming pale, then sallow, then almost yellow, no cough, no pain, but great weakness, tiredness and prostration. A liberal nutritious diet, and *China* 1st dil., *Merc. iod.*, *Pod.*, *Nux.*, etc., were taken without benefit.

January 8, 1877, patient unable to get out of bed. Complains of nothing but feeling *very tired*. Consulting physician (Homœopathic) thought the trouble with the liver, and ordered *Merc. iod.* 2, *Pod.* 2, and *Nux* 2. but as I had given these I did not think it best to repeat them and did not.

January 12, patient complains of pain in head, through the ears. Tinnitus aurium very troublesome; pain in ears; pain and swelling of cervical glands. Face wears a pale, yellow, waxy, death-like appearance. Face, hands and body very much emaciated. Eyes bright and glistening, nose pinched, *frequent urination*, bowels regular, no appetite, tongue whitish, or pale, or *devoid of color*; *no color in lips*, Gave *Ars.* 200, and *Fer. et Strych.* 3 trit. January 16th. Epistaxis was added to the list of symptoms. Blood was very pale, did not look like blood at all. Hæmorrhages quite profuse, but controlled by *Ham. ø.*, and *Bry.* 3. The patient grew worse and death seemed imminent. Gave *Carbo veg.* 200 dry powder on the tongue. Signs of improvement showed themselves in four hours. Patient recovered so rapidly that

by February 1st, she was about the house. An anasarcaous condition of the limbs followed, but was controlled by *Ars.* 200. She is now, and has been since in the enjoyment of *perfect health*.

F. A. BENHAM.

CEREBRO-SPINAL MENINGITIS.—*VERATRUM VIRIDE*.

BY J. MARTINE KERSHAW, M. D., ST. LOUIS, MO.

A. G—, a boy of three years, was suddenly attacked with vomiting and purging, which lasted three hours. Under the influence of *Arsenicum*, these symptoms passed away, but were followed by great soreness of the body and headache. The pulse increased in frequency, the temperature arose, the child complained of severe pains in the back and head, and screamed in agony if touched or moved. The head was bent backward and rigidly contracted. The child was restless, constantly cried for water, and moaned and screamed continuously. As the disease progressed the spasms became more violent, the body bent more rigidly backward, causing the muscular spasm known as opisthotonos. During the first twenty-four hours, *Aconite* and *Bryonia* were given in alternation every twenty minutes. Up to this time the child was conscious, calling for water every moment, and so restless that it required the attention of several persons to keep him in the bed, which was more than ordinarily large and capacious. The tetanic spasms became more violent, the opisthotonic condition more marked, the heels and back of the head touching the bed, thus forming a rigid bow of the body. The child became unconscious and ground its teeth so that it could be heard throughout three apartments. There were also alternating spasms, first of one arm and leg, and then of the other. The arms and wrists were rigidly flexed and bent outward and backward. The child also vomited quite a good deal of dark coffee-ground looking matter. Herpetic eruptions also appeared on the upper extremities, and the face and mouth were covered with them. At this time I had no hope of saving the child, while the parents and assembled friends had given it up as lost several hours before. The teeth were so firmly set that it was impossible to give the medicine by the mouth, so twenty drops of *Veratrum viride* (tincture) were mixed in a half pint of water, and two tablespoonfuls injected *per rectum* every half hour. In three hours the spasms had

moderated perceptibly. At the expiration of four hours the head was less rigidly bent backward, the general spasms were less in number, and the child had intervals of quiet every few minutes. Three drops of the *Veratrum* was now dropped into one-half glass of water, and given internally. The treatment was kept up with clock-like regularity. Twenty-four hours later all spasmodic action had ceased and the child had moments of consciousness. From that time the patient slowly but gradually improved. All throughout the latter part of the disease, purple colored spots appeared on various portions of the body, coming and going irregularly. The complications following the disease were met by means of *Chamomilla*, *Sulphur*, and other remedies. I consider this an extraordinary case, one that would have proved fatal under any other treatment than the one adopted. It is a satisfactory one, too, from the fact that no palliative measure of any kind was employed, the child receiving as a medicine the *Veratrum viride* only.

Consultation Department.

CISTUS CANADENSIS.

Symptoms verified. Young man aged eighteen had intermittent fever, violent pain in head, stitches from temples into ears, swelling below and behind the ears. *Pulsatilla* helped some, but *Cistus canadensis* one dose 3x cured permanently. JOHN MARENBERG.

ANSWER TO CASE.

The case for counsel presented by D. E. F. page 201, September number THE INVESTIGATOR, requires *Lachesis*, this drug covering all the symptoms of the patient remarkably close. A dose of the 40m, dry upon the tongue night and morning for four days, and then waiting a reasonable time for its curative action, would be the proper course to pursue. In the spirit of true kindness we would advise the doctor to stop at once and forever, alternating drugs. True Homœopathy does not, under any circumstances admit of this and hence his patient has not received at his hands Homœopathic treatment and the consequence could only be a failure to cure, as we have seen.

C. C. S.

THANKS FOR COUNSEL.

I wish to return hearty thanks to the brethren who responded so kindly and promptly to my appeal for help. I am sincerely grateful to them. But as I stated in my previous communication, having found that *Graph. 3x*, aggravated her symptoms, without producing any new ones, I judged it to be the *similia*, and consequently had placed her on *Graph. 30c*, before their replies came, and she has had no trouble with her stomach since. If the pain should return again, and *Graph.* in any potency fail to help, I will put the replies to the test and report results. Would say, however, to Dr. Duff, that I had tried *Rhus tox.* without benefit. Perhaps did not try it thoroughly enough, and hence will again if needed.

T. G.

ANSWER TO CASE FOR COUNSEL.

In the last number of your INVESTIGATOR, there is a case mentioned for which I might possibly give advice. I refer to "Lice for a Fact." Some twenty years ago I had a very bad case of tinea capitis in a child of about eight years of age. Thick scabs formed over the ^oak of the head, which, after a time, cracked open and lice crawled out of the fissures. *Staphysagria 1x* in globules morning and evening, without any external application, cured the trouble. Since then I have never used anything but an infusion of the common Larkspur, if I could procure it, if not a dilution of the tincture made from the seeds, as a wash to the head; one or two washes being sufficient to destroy lice nits, etc. I think that the internal use of *Staph. 1x* ought to cure Dr. J. A. Wakeman's patient.

J. A. ADAMS.

"WHAT WILL CURE."

In reply to Jas. Molz's inquiry as to "What will Cure," on page 226 of THE INVESTIGATOR, I will try to give some advice which has been gleaned from a short experience with the insane. I should begin the case with *Sulphur*, beginning low and "going up" gradually in a period ranging from three to six months, giving eventually the 1m. Then after waiting a short time or until the 1m has expended its action, I should follow probably with *Helleborus* or perhaps *Belladonna* beginning with the low or medium potencies, and gradually going to the higher. If he can hold his case, he will have plenty of time, so do not hurry in the least. The case is not fully described, leaving a doubt as to the best remedy to recommend. The imperfect symptomatology also leads me to think as possible remedies, (1). *Opium*, and

Ignatia in consideration of the fright. (2.) *Anacardium*, *Bell.*, *Calc. ost.*, *Lycopodium* and *Silicea*. He must not be discouraged if he does not succeed for it looks to me as though he has got a hopeless case.

Now for the "Lice for a Fact" in the same number. Give first *Sulphur* in any potency he prefers. Then to use a solution of the tincture of *Cocculus indicus* (that gotten from any of the Old School drug stores is plenty good enough for this) in water as a bath or topical application. I think that one ounce of the tincture to about one quart of water would be sufficient. My experience with this has been all that could be desired, having in about eight months had occasion to use it on probably thirty-five or forty patients brought to me in that condition, the insane as a rule being peculiarly disposed to that form of disease. I have frequently advised its use also in the case of school children, where it always succeeds in one or two applications. I have used it about four years. Would like both to report their success.

S. H. QUINT.

THANKS FOR HELP.

My request for counsel Aug. 1, 1879, has been favored by more than thirty kind responses. I have answered most of my friendly advisers and thanked them for prompt and timely help. I promised to report on the progress of the case, and will do so now. The majority of communications was for *Cepa* and *Cyclamen*, and one for *Mezereum*. I used first *Cepa* for three weeks high and low, the effect was an improvement at first, but afterwards the case retrograded and had to be given up; next came *Cyclamen* high, 30x, with marked improvement, but not quite satisfactory; the soreness of the nose, the fearful itching and tingling sensation disappeared nearly entirely, the sneezing spells which were so depressing every morning and evening, and the asthma before going to bed, have all been so much decreased that I had the greatest hope to succeed, but the soreness of the nose at the septum yielding merely to *Mezereum* 3x. I give now *Cyclamen* morning and *Mezereum* at night, and am in hopes to cure this most obstinate case in a few months more, entirely. Giving this report I cannot but feel deeply indebted to all my fraternal advisers, and thank every one most sincerely. That this case has awakened great interest far and near, may be seen by the fact that I have received cards and letters from Maine to California and Oregon, from the north down to Louisiana and Carolina and Florida; every state in the union contributed its share, and the names of physicians standing high in the

profession grace the collection of autographic communications, very valuable to me. As a resume of my experience in this case, I must state that *Cyclamen* and *Bryonia* proved to be the best for the sneezing, itching and tingling sensation; *Mezereum* removed the soreness almost entirely. I cannot perceive any dark redness of the mucus membrane, nor tumefaction since so marked progress has set in, and the case stands in a fair way to complete recovery.

Book Department.

All books for review must be sent to the Publishers.

A TREATMENT ON THE HORSE AND ITS DISEASES. BY B. J. KENDALL, M. D. 12mo: pp. 96.

The object of this pamphlet is to advertise Kendall's "Spavin Cure," "Blister," etc. There is some good hints in this book, but the treatment is rankest Allopathy.

HOMŒOPATHIC THERAPEUTICS. BY S. LILIENTHAL. New York: Bœricke & Tafel. Second Edition: pp. 835. Price \$5.00.

The big fire in Philadelphia consumed the most of the first edition of this work. Some new matter has been added, greatly improving the book.

THE HOMŒOPATHIC TREATMENT OF SURGICAL DISEASES. BY J. G. GILCHRIST, M. D. *In Press.*

The third edition of this valuable assistant to the busy practitioner is running through the press. This is really a new book, being up to date in all departments.

RHYMES OF SCIENCE WITH ILLUSTRATIONS. BY The Industrial Publishing Company. Price 50 cts.

This is a 12mo. book of 66 pages. It is interesting as a collection chiefly of after-dinner efforts of scientific men. The rhyme is often faulty and the science scarce, but as a diversion it is a success. This company has given us some valuable little books, but none, perhaps, more amusing than this one.

PRACTICAL INSTRUCTION IN ANIMAL MAGNETISM. BY J. P. F. DELENZ. New York: S. R. Wells & Co. 12mo.: pp. 520. Price \$2.00. Chicago: Jansen, McClurg & Co.: Duncan Bros.

This is a most interesting and valuable work, and we wonder that

physiologists have not taken hold of this art of paralyzing different parts of the human brain by the force of another's will, and strip it of its ancient mysticism. The collection of facts go to prove that different parts of the brain may be paralyzed more or less profoundly. Grimes on *Mysteries of the Head and Heart* (\$2.00) has explained mesmerism so that with those two books we may know where to use it, how to use it, and know the scope of the power we use, and all about it. Magnetism is hypnotic and anæsthetic, and might supercede the use of *Opium* by our Allopathic brethren.

THE PATHOLOGY AND TREATMENT OF HEREDITARY SYPHILIS.
BY H. C. JESSEN, M. D. Chicago: W. A. Chatterton. Pamphlet, 25 cts.

"Scrofula, syphilis and teething" were the chief causes of infantile diseases in the long ago, and it would be easy to compile a large work on each of them, but nothing would be more misleading. Hereditary syphilis is perhaps as frequent a cause of child death as any, but those who have examined thousands of children at the Foundlings' Home in this city, are forced to a different conclusion.

The symptoms of congenital syphilis are few, clear and unmistakable, as are those of hereditary gastritis and lymphatic atrophy, but they are often confounded. Infantile poisoning does not necessarily follow parental syphilitic infection, and our close observation for many years leads us to doubt the necessity for hereditary syphilis under proper Homœopathic treatment. Many cases reported as hereditary syphilis should be reported as hereditary drug poisoning. Allopathic literature on this subject is about as valuable as a "last year's bird's nest." Monographs are valuable but may do harm, like some specialists, by "magnifying" their office. While this pamphlet is a fair compilation of the subject, we are surprised at the meagre therapeutics, especially from one who has made *materia medica* a special study. But this is a clear illustration of what we hope yet to see fully understood, that *materia medica* and therapeutics are separate sciences.

VEGETARIANISM THE RADICAL CURE FOR INTEMPERANCE. BY HARRIET P. FOWLER. New York: Holbrook & Co.: Chicago: Duncan Bros. 12mo.: pp. 80. Price 25 cts.

This pamphlet is a radical putting of a common physiological fact; that meat stimulates, and vegetables do not. Notwithstanding its positive opinions, there is found here a good deal of sound sense. The division between animal and vegetable is too arbitrary, for some

vegetable food, like whole wheat bread, is as stimulating as the choicest steak. If the bread is new it is more stimulating, for it contains *about 2 per cent. of alcohol!* The division in food should be into the nitrogenous and carbonaceous. The former is stimulating, by rendering the blood richer in red corpuscles, while the latter favor the formation of the sluggish lymph, or white blood corpuscles. Meat also favors the generation of an excess of gastric juice which as acid compounds, produce the well known effects of stimulants. Drinking is one of the delusions (physical and mental, voluntary as well as involuntary) of humanity produced in a hundred ways, and there is perhaps no one remedy. There is, however, one that women might use, and that is to abhor liquor of all forms while pregnant. A "whiskysling" is a monthly dose for thousands of young women, that begets a respect for stimulants, that is transmitted. Will vegetables cure this "love" caused by distilled vegetables — rye, barley, corn, etc.? Proper eating, proper drinking, (water, milk, etc.) proper living, proper clothing, proper working, etc., all bear on the temperance question. Living a selfdenying, Christ-like life is doubtless *the* solution of all.

LECTURES ON CLINICAL MEDICINE, delivered in the Hospital Saint-Jacques of Paris, BY M. LE DR. P. JOUSSET, physician to the Hospital Saint-Jacques, of Paris; Professor of Pathology and Clinical Medicine; Editor of *L'Art Medical*; Author of "The Elements of Practical Medicine," etc. Translated, with copious notes and additions, BY R. LUDLAM, M. D. Chicago: S. C. Griggs & Co. Price cloth, \$4.50.

This important addition to the medical literature of the day comes fresh from the press of S. C. Griggs & Co. It is a clinical record of cases treated in the Hospital St. Jacques of Paris, with an analysis of each case, and a practical lecture on the diagnosis, special pathology and treatment of the disease.

In addition to this there are incidental bits of history, such as the account of the first trial of Homœopathy in the hospitals of Paris, by Tessier, whose little monographs on pneumonia and Asiatic cholera, are familiar to the older members of the Homœopathic school.

There are also arguments from a practical stand-point of the questions of alternation, aggravation, potencies, individualization, and a variety of incidental subjects related to these and other matters under discussion.

The analysis of the cases is short, incisive and practical, and there is a charm in reading sentences that are a written fluid extract when

so often with other authors we are regaled with very dilute tincture. The hints contained in the differential diagnosis of a case of simple ulcer of the stomach will illustrate this *multum in parvo* method. After giving the history of the case with the daily record, he says, page 94, "I wish to call your attention to the fact that this patient is of a hæmorrhoidal constitution. He has had the epistaxis, which is common to persons who have this peculiar dyscrasia. Moreover, he has not lost his appetite, which is a negative symptom that is of great importance in an organic affection of the stomach.

On direct examination, we find neither the dilatation with sonorousness that is present in the pyloric affections, nor the circumscribed dullness that exists where there is a gastric tumor, nor does palpation discover any such tumor. The disease has lasted three years without being followed by a cachexia." The translators note on this case adds another valuable point as follows: "The hints contained are especially significant in the recognition and treatment of reflex disorders of the stomach in women. We have treated several cases of so-called ulceration of the stomach, in which, for lack of this kind of teaching the most egregious blunders have been made in diagnosis. One of them was declared to be a perforating ulcer of the stomach, and the patient had been given up to die. In each and all of them, however, there was a mild form of metritis, with prolapsus uteri, which soon yielded to appropriate treatment." Again on page 114, commenting on several cases of chronic aortitis (and this by the way is a very remarkable chapter.) "Thus as demonstrated at the autopsy the heart of Dupuytren was perfectly healthy notwithstanding he died of dyspnoea, and with the œdema of the cardiac cachexia. Recollect this, gentlemen, and when you find a patient having all the rational signs of an affection of the heart, but in whom, by attentive auscultation the integrity of the cardiac orifices is made evident think at once of chronic aortitis, and a careful examination will often give you a certain diagnosis." Where there are so many practical passages, it is difficult to avoid quoting more than the limits of this review will allow. In fact the quotations, if all these were included, would make a book of about the number of pages of the work under consideration. The student and practitioner will find the book so abounding with paragraphs containing the latest discoveries in special pathology and diagnosis that a reference to the work itself will only suffice to satisfy ones desire.

This work is as replete with therapeutic hints, and practical points

as a plum pudding is with fruit. There are bits of specific medication like the use of *Drosera* for a cough and tickling in the throat that would eventuate in vomiting. "*Drosera* relieved in ninety-seven of a hundred cases." There is also a valuable hint in this connection. One potency failing, another and another of the same remedy was tried till success was reached.

The author gives evidence in each subject of real experience in that line of cases, but withal there is nothing dogmatic or controversial in his statement of cause and effect, nor indeed is there when discussing such vexed questions as alternation and potencies, and while his views on these subjects may not be accepted by all the school, he brings forward arguments that evince a careful study of the question, and lays down his proposition with the earnestness of a man who has fully convinced himself of their truth. Yet with much of Uncle Toby's sentiment, he feels there is room in the world for those that differ with him. Another noticeable feature is the commendable frankness in stating cases in which errors were made, and in which he might have done better, and as the translator adds: "In no single respect is the author's sincerity and merit more pronounced than in this frank avowal of an error in diagnosis. We can trust him to the very verge of the incredible if he tells the truth when he has blundered."

The subjects presented in these lectures embrace such topics as asthma, emphysema, rheumatic-endocarditis, articular rheumatism, pleurisy, pneumonia, laryngeal-phthisis, hæmoptysis, hæmorrhoids, croup, typhoid fever, chronic gastritis, scrofulous ophthalmia, pelvi-peritonitis, pelvic hæmatocele, eczema, hydrarthrosis, nephritis, albuminaria, diphtheria, etc. Each one illustrated by one or more cases as reported from day to day, the individual symptoms analyzed with regard to the comparative importance and illustrated when needed with very accurate spmographic tracings.

It is profusely studded and adorned with notes by the translator who has given us a work with wording as fascinating as a novel, and style that is unexceptionable. In these notes Professor Ludlam has added the results of years of ripe experience, and given a greater value to an already valuable work. It is printed on tinted paper, and the typography of this work is a credit to the firm publishing it.

The book has a thorough index, rendering it convenient for daily reference, and its value has been already recognized by being adopted as a text-book by several of the colleges, and it will doubtless be in the hands of the students soon.

J. E. G.

Obstetrical Department.

LILIUM TIGRINUM IN MENSTRUATION.

Some time ago I sent an account of my use of *Lil. tig.* promising to report farther. Mrs. D., menstruated the last two times just twenty-eight days apart. Another doctor made her case a subject of a magazine article some years ago, and he treated her for four years, with no benefit.

J. W. M.

CASES OF PUERPERAL FEVER.

BY W. H. KNOWLES, M. D., BANGOR, ME.

Read before the Maine Medical Society.

CASE I. I was called to attend a young woman in labor, and learned from her that she had been confined about two years previously, and after much suffering she had been delivered of a dead child, by instrumental means, and had afterwards come near dying from hæmorrhage, I made an examination, found a vertex presentation and everything all right. She went on seven or eight hours; the pains gradually increasing in strength until the head engaged in the superior straight of the pelvis, when it stopped and made no further progress. I waited two or three hours longer, and the pains increased till they were perfectly terrific, but there was evidently too great a difference between the child's head and the size of the pelvis to allow it to be expelled by the unaided efforts of nature. The soft parts being well dilated and finding she was exhausting her strength to no purpose, I applied the forceps and very shortly delivered her of a good sized, healthy girl. I would here say that the mother though rather above the medium height, was not very wide across the hips, making the pelvis smaller than it should be. The pains all stopped on delivery and after waiting for the placenta to be expelled, I gave her a dose or two of *Puls.* or some other remedy and also made the usual manipulations. These means were not successful and on her beginning to flow pretty freely, I introduced my hand into the uterus and removed the placenta. The uterus contracted firmly and the hæmorrhage ceased

at once. After getting her comfortably fixed in bed I gave her some *Arnica* to take a dose occasionally and came away. The next day I visited her and found her doing well. There was scarcely any soreness of the abdomen, and she felt so strong she wanted to get up and dress herself, which of course I positively forbade.

On visiting her the second day, however, I found present some alarming symptoms: There was much congestion of blood to the head with a violent throbbing headache; flushed face; tongue coated white in the middle with red edges; some thirst; full bounding quick pulse; abdomen tender and hot; lochia nearly suppressed and very offensive; pain in the abdomen, coming on quickly and leaving suddenly. She had felt two or three slight rigors before these symptoms appeared. Here is a case, thought I, to show what Homœopathy can do. *Belladonna* was plainly indicated in my opinion and accordingly I prepared some of the 200th in water, and directed them to give her a teaspoonful every hour, till the violence of the symptoms abated and then repeat the dose less frequently, but if she was not better in a few hours to let me know. I heard nothing further from her till the next day, when on visiting her I found the symptoms of the previous day had all disappeared, and she was feeling nicely. The fever had left about as quickly as it appeared. The lochia had returned and was normal. She made a good recovery without further trouble.

CASE II. Returning from a visit to the patient just mentioned, I was called in to see a woman whom I had attended in confinement about a week previous, and who was delivered of a healthy child after a natural labor. The next day, being troubled some with after-pains, she took a drink of gin by the advice of one of those old women, who always know so much more than the doctor, and it made the pains worse and caused her to flow freely. I gave her something that stopped it very soon, and she got along well up to the time of my being called in. I learned that the evening before, desiring a drink of water, and not being able to make any one hear, the family being in another part of the house and the nurse having stepped out for a moment, she got up, went into the adjoining room, and crossed the cold uncarpeted floor with bare feet to get some water. The consequence was, I found her in the following condition: Headache; skin hot and dry; pulse hard and quick; unquenchable thirst; chilliness on being uncovered; sharp pains: heat and tenderness in abdomen showing a high degree of peritoneal inflammation. Lochia suppressed. The symptoms were ushered in by several rigors. She thought that she was

going to die, and her family were greatly alarmed. I myself thought she needed something done for her pretty speedily, or it would soon be too late, but I had considerable faith in *Aconite* to remove this set of symptoms, and I accordingly gave the 200th in water a teaspoonful every hour until better and then less frequently.

Its administration was attended with the nappiest results. Within twenty-four hours, she was all right again with the exception of some tenderness of the abdomen which soon passed away, and in a week she was up and around the house.

It seems to me, the foregoing cases are good illustrations of the power of Homœopathy in subduing the dreaded and often fatal disease puerperal fever. It is very important, as we all know, to bring this disease under proper treatment, at the earliest possible moment. It comes on with such terrible suddenness we want all the advantage we can obtain by a prompt attack upon it. As it nearly always commences with rigors, though sometimes very slight ones. I direct the nurse, in all cases where I have reason to apprehend trouble, to inform me if they occur. I think if we can take this disease at the beginning we shall not often have much trouble in subduing it by Homœopathic treatment.

MENSTRUAL SUPPRESSION.

Differential diagnosis of "tweedle dum and tweedle dee," a young lady who had been troubled with *menstrual suppression* for nearly a year, went up to Chicago to one of the *savans* or *sages* in good and regular standing, who diagnosed *menstrual retention*, and made persistent efforts for a long time to dilate the os, in order to let out the contents of the uterus, and of course without success. When this lady came to me she was a scrawny, poor, emaciated, anæmic, bloodless shadow, and on examination found the womb entirely empty. It was simply a case of chlorosis with menstrual suppression as a sequence of that condition, which any one with the least particle of pathological knowledge should have known on sight. Now what shall we do? Shall we hunt out some remedy according to the symptomatology, or would it not be more sensible to give this patient plenty of beef, oysters, raw eggs, etc., and seek to regulate the stomach, bowels, skin and other organs of the body, with plenty of out door exercise, and cheerful company. It is needless to say that this patient got well and

in six months weighed fifty pounds more than before. She took *Nux* to remove the constipation, and a few doses of *Sulphur* to assist the assimilation, with a good bath every week, well rubbed off by a strong, healthy person, and that is the differential diagnosis of "tweedle dum and tweedle dee."

J. A. HOFFMAN.

Medical News.

Salicin has proved curative in coryza, "cold in the head."

All the Chicago Colleges open with larger classes than ever before.

Quinetum is the name applied to the collective alkaloids of *Peruvian bark*.

Eucalyptus globulus is said to possess remarkable anti-catarrhal virtues.

Dr. E. M. Hale considers *Chelidonium* the most useful remedy for gall-stones.

Sulphuric acid is recommended by Dr. Senftleben as an antidote for *Carbolic acid*.

Bromine is said by Dr. Brown, to be a specific for the eruption produced by *Rhus*. — *N. Y. Med. Record*.

Duboisia myoporides, an Australian plant resembling atropia in its action, and considered to be more prompt and energetic.

Dr. Labelski of Warsaw employs *Ether* or *Chloroform* spray to the epigastrium and the corresponding vertebral region for morning sickness.

The injection of *Carbolic acid* in hæmorrhoids produced in one instance, gangrene with other serious consequences. — *Pacific Med. and Surg. Jour.*

Soluble pessaries containing *Morphia*, *Opium*, *Bismuth*, *Belladonna*, etc., are injected into the bladder through a "pessary catheter by Dr. Harrison of Liverpool.

Mr. Francis Mason in the *Lancet* suggests the application of *Ether* or ice to a doubtful tumor. If the growth becomes harder it may be presumed that the tumor is fatty.

The narcosis of *Chloroform*, according to Dr. Bailliee, may be remedied by introducing a piece of ice into the rectum, and that the same means may be employed in the suspended animation of the new born.

The Homœopathic College of Physicians and Surgeons of Buffalo, goes on in spite of opposition. Our best men in that section should rally to its support. We know those who would go a long way off to hear Dr. Gregg lecture on consumption.

To Medical Students. Prof. R. Ludlam will give to the class of Hahnemann Medical College and Hospital of Chicago, the coming winter season, an extra course of twenty lectures, chiefly clinical, on the Fœrfebral Diseases. This course will be free to all members of the class.

Dr. Burnett in the *Philadelphia Med. Times* adverts to several forms of microscopic fungi in the human ear, particularly the *Aspergillus nigricans*. It is sometimes mistaken for ear wax, and is productive of pain and irritation even to eczema. It is destroyed by repeated washings of dilute alcohol.

Dr. T. L. Brunton in the *Practitioner* says that bacon is one of the most satisfactory things upon which to do hard mental work. The nervous system contains a very large proportion of fat, and one can well imagine that if fat be deficient from the food that the system must necessarily suffer.

The *Boston Medical and Surgical Journal* contains an article by Dr. Biglow in which he describes rapid lithotrity. This is accomplished by rapidly and entirely crushing the stone with the lithrotite, and evacuating the debris through a large catheter, by means of a modified Clover's apparatus.

Dr. Goolden in the *Leeds Mercury* claims that a towel dipped in a weak solution of lead will effectually purify the atmosphere of a room, hospital, ship, etc., from fetid emanations. The solution is to be made by dissolving a dram of *Nitrate of Lead* in a pallful of soft water, and a dram of common salt dissolved in the same amount of water; the solutions are then to be mixed.

Died suddenly, Sept. 17, Mrs. Worley, wife of Dr. P. H. Worley of Davenport, Iowa.

Mrs. Verdi, wife of Dr. T. S. Verdi, of Washington, D. C., died Sept. 8, of heart disease.

Mrs. Latimer, wife of Dr. W. C. Latimer of Brooklyn, N. Y., died August 14 of apoplexy, aged thirty.

The *Scientific American* records an experiment made to test Liebig's cure for drunkenness. It is said to have produced very satisfactory results in twenty-seven individuals. It consists in placing the patient upon a farinaceous diet, such as macaroni, haricot, beans, dried peas and lentils. Liebig's theory is that the carbon contained in the starchy food supplies that contained in alcoholic liquor.

The tendons of the stag, ox or horse are being used for ligatures, the flexor perforatus being the best, each of which will afford a hundred ligatures. The tendon is first to be cleaned of all cellular tissue and when split, are to be kept moist in proof spirit containing a little *Carbolic acid*. Their advantages are great strength, suppleness, and dissolve within the wound.—Dr. Garner in *British Medical Journal*.

It is amusing to read some of the comments on our little work, "How to be Plump." Here is one from an Allopathic pen: "The number of persons who will be interested in the subject treated of by the writer is by no means inconsiderate. We could wish, however, that they had been furnished with physiology of better quality, and theories less peculiar to the author. There is nothing decidedly objectionable on the one hand, nor on the other do we see anything in the book which appears to entitle it to commendatory notice; and while no one is likely to suffer any particular harm from following the directions it contains, neither, in our opinion, will they risk an over plumpness by pursuing the same course."—*New Remedies*. Physiology of better quality than that given by Dalton and Carpenter, (latest edition) we do not know. Nor hygiene more practical than that of Letheby, Pavy, Harvey and Mitchell. The trouble is Homœopathy is a little ahead in their practical application, therefore it would not be just the thing to give it a "commendatory notice."

Score one more for Homœopathy.—I have been re-elected to a chair in the Board of Health of this city for three years term. In that capacity I am pleased to report no epidemic of any character here. In fact, the health and sanitary condition were never better. Our quarantine is still in force, to the detriment of tramps and yellow fever distributors, nor will we let up till the last vestige of the latter poison is destroyed by fire or frost. My remedies in yellow fever disease is fifty miles, and if it approaches nearer, gun powder and lead, treating the disease as a crime—not as a dispensation of Divine Providence, with whining, prayers and tears—a crime deserving capital punishment to individuals and communities who permit its presence. In this way can yellow fever be driven from our land. And, farther, I doubt if any physician who has grasped the cold, yellow hand of old brown John, and witnessed his terrible destruction of all that makes life worth living for, as I have, but what will second me in these radical views. And for these lessons will you see the people give into the hands of the National, State, and City Boards of Health, greater dictatorial powers to more successfully combat the disease another year.

D. G. CURTIS.

CHATTANOOGA, TENN.

THE
UNITED STATES
MEDICAL INVESTIGATOR

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series. VOL. X., No. 8.—OCTOBER 15, 1879.—Whole No. 248.

Obstetrical Department.

ON PARTURIFACIENTS.

I see by some of our journals that testimony is coming in to the effect that *Cimicifuga* and *Caulophyllin* are of no value as aforesaid agents. The facts, whichever way they may tell, seem to me to be important, and ought to be known.

My experience with *Cimicifuga* leads me to believe that it has a very beneficial influence. I have generally given the 1x, four or five drops twice daily for a month previous to the expected accouchment, and nearly always the labor would be short and easy. In some stout subjects it has seemed to fail. Lately I have given it followed by *Caulophyllin* 3x to two stout subjects, one a primipara, and both had short and easy labors. Let us hear the facts. A. F. RANDALL.

INTERESTING CASE OF RETAINED PLACENTA.

Mrs. S., aged thirty, mother of two children, youngest thirteen months. Mother's health good up to birth of last child, with which she had a hard labor and considerable hæmorrhage which lasted more or less for several days. After getting about again she suffered much pain in back and limbs, and some through the lungs. This continued until about the third month after her confinement, when she had a

severe spell of uterine colic pains which she suffered for a couple of days. This left her with the same suffering which she had previous to the attack. This was the condition of her health up to about the seventh month after labor, when she was again seized with terrible bearing down pain as though everything would protrude through the vulva; this was attended with a profuse flow of dark offensive blood. The woman being afraid of flooding called in a physician, who after getting the history of the case made an examination. On finding the uterus high in the pelvis stated that the uterus had either never returned to its normal position after her last labor or that she was again pregnant, and should the latter be the case, she would likely have a miscarriage. The woman again recovered her former health after this attack which lasted for six or seven days. She now being rather under the impression that she was pregnant, as for the last month she had felt considerable nausea, and thinking that she could detect some enlargement of the abdomen. But in about two months from this attack the menses came on ushered in by the usual premonitory symptoms and lasted for about five days, being natural in color but rather profuse, and attended with a great deal of pain. The menses now came on at their regular period for three successive times each time being rather profuse, and attended with severe pain and lasting from five to six days. From this time on there was no appearance of the flow, until Sunday, April 14, when the menses were again ushered in by the usual symptoms. On Wednesday following the woman began washing, but during the day the pain became so severe and the flow so profuse that she was compelled to take her bed. About 7 P. M. I was summoned to see her. I found her suffering severe bearing down pain, and having considerable flow, which was dark in color and somewhat clotted, but not offensive. After getting the history of the case I placed my hand upon the abdomen, which was very sensitive in the region of the uterus. I then made a vaginal examination, found the uterus high in the pelvis, and it was with some difficulty that the os was reached. I found the uterus heavy and about the size of a gravid uterus at the third month, the os was slightly dilated but was hard and unyielding. I prescribed *Bell.* and *Scalae cor.* in alternation every half hour until morning.

On calling the following morning I found the pain was not so great, neither was the flow so profuse. On examination per vaginam I found the os considerably dilated and a soft pulpy mass presenting; not being able to say what the presenting mass was, I continued *Bell.*

in alternation with *Hynos.* on account of some nervous symptoms that had come up; amongst the most prominent were nervous twitching and jerking of the lower extremities; I then left, expecting that through the administration of the remedies by evening, to find the mass expelled from the uterus; neither did I fail in my expectation, for on my return in the evening I found the body had passed, and the uterus in its normal position, with the os contracted. On examination of the mass I found it to be a portion of the placental mass of her last labor, thirteen months ago. It was in a perfect state of preservation, and the exact shape of the cavity of a contracted uterus. It was about three and one-half inches in length, and three inches in circumference. The membrane was apparently rolled upon itself, and when opened out was yet thick and heavy; there was yet thick blood clots sticking in one side of the membrane, which I think had only recently formed. The woman convalesced nicely with the exception of a little trouble in passing urine, which yielded to *Lyc.* 30x.

NEW HOLLAND, Pa.

D. W. HARNER.

POST-PARTUM BANDAGE.

BY DR. S. A. NEWHALL, NEWTON, KAN.

In your July 15th, number, page 81, is an article by Dr. Nelson, of Lansing, Mich., on "Post-Partum Bandage," which I feel called upon to criticise.

I agree with the doctor in the importance of the subject; but think the *importance* lies in a great majority of cases; in the necessity of leaving off the bandage.

The only exceptional cases, are those of a pendulous abdomen, or in subinvolution of the uterus, these require the bandage properly adjusted, so as to support the abdominal parieties, without displacing any of the viscera, until nature has restored tone and strength to the parts.

My patients say invariably, with the few exceptions referred to, that if it is not really necessary they want no bandage, that it is uncomfortable, and in not a few cases has caused prolapsus uteri, with all its attendant troubles.

My cases regain their natural shape better without the bandage than with, and if those that have not are examined, it will be found that

they have gotten up too soon, or worked too hard, or committed some other indiscretion causing trouble.

The doctor says the condition of the uterus, is "exactly similar to any other wrought muscle, which though it may be able to sustain its tonicity, yet the support of a properly applied bandage will greatly aid it."

I cannot see that the uterus is *like any other muscle*, it has grown, and enlarged, during gestation by the building up of new tissues, which were to last only, until gestation was completed, now it contracts by its own inherent power, and the newly made tissues having fully performed their functions decompose, or degenerate, and pass off in the form of the lochial discharge, *without treatment*, except in a few cases of subinvolution, and the indicated remedy, *Secale cor.*, in a potency to correspond to the condition will be in most of cases either prophylactic, or curative.

The doctor I think *forces* a comparison with paracentesis, abdominis when I can see very little analogy. The uterus is composed of firm contractile tissue and contraction is its normal functions; while with the abdominal walls, it is but slightly so; the enlargement of the uterus, and of the abdomen, during gestation, is a natural, physiological condition; while dropsy is not, and the condition of the abdominal parieties is one of disease, and extreme debility in the latter condition.

The natural tendency in the post-partum condition is to return to the normal condition, and where there is no diseased condition requiring abdominal support, the bandage is useless, and in very many cases harmful, and in almost all cases a source of discomfort and annoyance.

The position of the uterus, with the os, and cervix in the pelvic cavity, and the body extending into the hypogastric region, together with the shape of the female body, are the strongest argument against the use of the bandage, for no pressure can be brought to bear upon the uterus, (now contracted to a hard tumor, about the size of a child's head, and lying just above the pubes, and extending into the superior strait) that will not force it down into the pelvis, and tend to produce prolapsus uteri. Again, with the few exceptions referred to, the bandage cannot be made tight enough, to give any real support to the abdominal walls, *without* forcing the viscera into the pelvis, with the same result, as with the compress, *prolapsus uteri*; and in addition, obstructing circulation, producing heat, and increasing the tendencies to puerperal fever.

If the patient is content to remain in a recumbent position, with proper diet, and nursing until the ninth or twelfth day, with full freedom to turn in bed, and change position for rest, and to have bed linens changed. There will be no danger of pendulous abdomen, or loss of shape for lack of the bandage.

The pressure, or rather *compression* with the hand, the uterus being within the grasp of the hand, without forcing it down any, is, when indicated by *slight atony*, or slowness to contract, very beneficial.

In regard to ante-partum, and post-partum remedies, I find them indicated about as follows :

Belladonna. 3x to 30x dil., for false labor pains of a nervous, or neuralgic nature, or for after pains of the same character, with any tendency to puerperal metritis.

Caulophyllum 3x dil., for premature, pains, and during last three to five weeks of term as preparatory to labor; and I will say right here that where this treatment has been used. I have had no abnormal presentations, dose of both the above, five drops in two and one-half ounces, or half a glass of water, a teaspoonful every half, to one, or two hours as required.

Viburnum prunifolium for ante-partum, or post-partum, pains of a severe cramping or spasmodic nature with cramping of the limbs, or neighboring organs. Dose ℥ss, to ʒi, every one to two hours till relieved, seldom more than two doses are required, and no after effects from the drug. This also arrests, abortion or miscarriage, at any stage if the membranes are not ruptured, dose the same.

Ergot for fugitive, fatiguing, harrassing pains in the first stage of labor, in gtt. one-fourth to one-half doses every half hour in my hands has always regulated the pains, giving good rest between them, and rendering them more effective. In the expulsive stages while the head is passing through the straits, if the contractions are not strong enough, the same dose of the *fluid extract* every half hour to hour, or if required every five, ten or twenty minutes, to get the expulsive force required, and have never had to go beyond this dose, and have had no exhausted worn out condition, or precipitate labors, from too strong contractions, by over doses. I give none after the head is born, unless required to expel the placenta, always get good contractions in from one to three minutes after giving the dose.

If there is a hæmorrhagic tendency, continue *Ergot*, until all clots are expelled either alone or alternately with *Hammamelis* tincture, in same dose every half hour to hour.

Arnica is indicated, and acts admirably in a sore, bruised, strained, and over wrought condition. After very severe, or long continued labor, if there has been much loss of blood, alternate with *China* every half, to one, or two hours as required. Dose 3x dil., gtt. v in half glass of water, a teaspoonful, *pro renata*.

Gelsemium rigid os uteri, ante-partum, dose, gtt. i. every half hour, in water, 1x dil. This is written in the kindest spirit and subject to the freest criticism, if my positions are wrongly taken show them up. I am learning and willing to learn.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

IOWA CITY, Ia., Sept. 28.—Prevailing diseases are: Bilious and intermittent fevers, catarrh, bronchitis. Remedies used: *Cinch.*, *Rhus*. In latter, *Acon.*, *Phos.*, *Kali b.* A. C. COWPERTHWAITTE.

EFFINGHAM, Ill., Oct. 3.—Have had a number of typhoid fever cases in which *Baptisia* does not seem to work as usual. *Bry.* and *Rhus* seem to do better, but do not cover the symptoms entirely. What remedy seems to be the epidemic remedy?

G. S. SCHURICHT.

ALTON, ILL., Sept., 29.—Prevailing disease are: Intermittent fever and a few cases of scarlet fever; our town is unusually healthy. Remedies used for intermittents, *Ars.*, *Nux vom.*, *Ignatia*, *Lach.*, *Puls.*, *Natrum*. Scarlet fever, *Bell.*, and *Calc. carb.*

A. H. SCHOTT.

NEW PROVIDENCE, Ia., Sept. 24.—Prevailing diseases are: (1.) Bilious intermittents. (2.) Intermittent fevers. (3.) Diphtheria. Remedies used: (1.) *Bry.*, *Ipecac*, *Rhus tox.* (2.) *China*, *Natrum mur.*, *Rhus tox.*, *Nux vom.*, *Ipecac.* (3.) *Kali bich.* 2x. *Phyt.* 3x, *Merc bin.*

H. P. CUTLER.

GREENVILLE, Pa., Sept. 27.—Prevailing diseases are: Ague and remittent fever, rheumatism, both acute and chronic. Remedies

used: (1.) *Ipecac*, *Nux*, *Bell.*, *Podophyllin*. (2.) *Bry.*, *Veratrum vir.*, and *Gelsemium*. (3.) *Hepar sulph.*, *Aconite*, *Rhus* and *Sulph.*

S. R. BREED.

KANKAKEE, Ill., Oct. 2.—Prevailing diseases are: Bilious intermittent and remittent fevers with some cases of dysentery. Remedies used in the former cases: *Merc. sol.*, *Baptisia*, *Bryonia*, and *Pod. Eucalyptus*, and occasionally *Quinine*, in the latter *Ars.* and *Merc. cor.*

O. B. SPENCER.

INDEPENDENCE, Kan., Sept. 26.—Prevailing diseases are: Intermittent, remittent and continued fevers. The latter frequently take on typhoid symptoms. Less sickness than usual this fall, short vegetation and dry weather the cause. Remedies used: *Aconite*, *Bry.*, *Ars.*, *Ipecac*, *Nux vom* and others.

H. W. MILLER.

SEVILLE, Ohio, Oct. 1.—No prevailing diseases. Some colds characterized by coryza, in some cases developing into bronchitis or influenza. Also a little intermittent. Remedies used: For coryza, *Ars.*, *Sang.*, *Bry.*, *Aconite*. In intermittent, *Puls.*, *Ars.*, *Natrum mur.* and *Nux v.* are principally indicated.

D. G. W.

WEST HENRIETTA, N. Y., Oct. 2.—Prevailing or chief diseases are: Bowel complaints have been quite prevalent here, with some intermittent fever. A peculiarity of the intermittent fever was an appearance of intermittent neuralgia as soon as the chills and fever had ceased. Remedies used: *Gels.*, *Merc. cor.*, *China*, *Bryonia*, *Ipecac*, and *Natrum mur.*

C. E. WALKER.

BRINTON, SALT LAKE CO., U. T., Sept. 26.—Prevailing diseases are: Bowel complaints, mostly of a watery character, typhoid fever, sore throat, some isolated cases of diphtheria. Remedies used for the first, *Ars.* 30x, *Aconite* 3x, *Bell.* 6x, *Verat. alb.* 6x. For the second, *Aconite*, *Gels.*, *Bapt.*, *Ars.*, *Bry.*, *Ant. tart.*, *Rhus tox.* For the third, *Apis*, *Bell.* Ice on the tongue. For the fourth, *Bell.*, *Merc. biniod.*, and *rub.* The Allopaths are losing quite a per cent. of their cases. I have not lost a case of any kind for some time. They begin to recognize us as physicians. If they do not the people do, so brother M. D.'s let us use pathology for a said materia medica for our vessel and similia similibus curantur for a rudder, we will land the most of our patients safely with few exceptions.

H. C. HULLINGER.

CHAMPAIGN, Ill., Oct. 3.—Prevailing diseases are: (1.) Malarial fever. (2.) Functional affections of organs. Caused by malaria. (3.) Nasal and bronchial catarrhs. (4.) And follicular disease of throat, occasionally diphtheria. Remedies used for the first, *Gels. ꝑ.*, *Merc. s.* 2x, *Ars. a.* 3d, same with *Nux v.* For second, with *Bry.* 1st. Third, *Kali b.*, *Merc. bin.* 2, and spray of *Phyt.d.*, also *Phos.* 30, *Bry.* 30, and *Tartar emetic* 2x and 3x. Fourth, *Merc. bin.* 3, and *Phyt.* 1st and 2d. The usual remedies in diphtheria have proved successful in my hands. Our Allopaths have lost some. I have not. Really, female complaints are the bane of this part of the country, for which the liver is greatly to blame.

CHAS. D. TUFFORD.

LEADVILLE, Col., Sept 30.—Prevailing diseases are: (1.) Pneumonia. (2.) Bronchitis. (3.) Cold. (4.) Mountain fever. (5.) Dysentery, prevailed extensively through camp some weeks ago. (6.) Sore throat with swelling of glands, as also a few isolated cases of diphtheria. Remedies: (1.) *Acon.*, *Bry.*, *Phos.*, *Rhus*, *Sulph.* (2.) *Acon.*, *Sang.*, *Bell.*, *Rhus.* (3.) *Rumex*, *Sang.* (4.) *Bapt.*, *Gels.*, *Rhus*, *Bell.* (5.) *Acon.*, *Merc.*, *Ipecac*, *Rhus.* (6.) *Merc.*, *prot.* or *bijod.* State of atmosphere is very different from what it was last year. Last year we had more rain and wind, and a clear atmosphere, and had a great many cases of sore throat, diphtheria and less pneumonia. This summer increase in number of smelters from about eight stakes to thirty-five combined with great forest fires, which swept over the most of the state, to give us for weeks such a smoky, heavy atmosphere that we could not see the sun. All diseases took a typhoid turn, and pneumonia proved more fatal than it was last winter, though there existed less of it. *Sulphur* which was of little or no use last winter during the stormy snowy weather, when ozone abounded, served an excellent turn during the late smoky, murky weather, when other remedies seemed to give but temporary relief. *Fer. phos.* did well during this cold weather, ozone abounding. Arsenical symptoms caused by smoke of smelters often present themselves, either independent or in connection with existing diseases. *Nux vom.* does a great deal for the headache and bowel pains so caused. The Allopathic county society has recently decided that the smelters have nothing to do with prevailing sickness. They say that *Arsenic* exists only in infinitesimal quantities in atmosphere and can chemically not be appreciated, and hence does no harm. But the human body responds when no chemical test will, and arsenical sore eyes, sore throat and erysipelas, with

Hepar and *Ferrum* and other *Arsenic* antidotes relieve and which show all the characteristic *Arsenic* symptoms to the Homœopathic observer prove more to me than their chemical tests and one sided arithmetical deductions. Erysipelas especially is here closely connected with *Arsenic*. A good many cases of it come directly from the smelters, and under common treatment last often a few months, and have under Allopathic and Eclectic treatment every once in a while a fatal termination, and only since I commenced to treat it as a strictly arsenical disease, am I able to cure it in generally less than a week, and the patient is then able to resume his work in the smelter again, while otherwise he has often to leave the town after months of sickness to recuperate below in the valley. With children the 30th cent. is the only potency from which I can get results; the lower seem useless. Mountain fever in the beginning is best met with *Gels.* and *Baptisia* low. I have not tried them high. If advanced there is no better help in its treatment than Panelli on Typhoid. O. E. CORNELIUS.

SPHINCTER TERTIUS.

IN THE INVESTIGATOR of June 1st, page 495, Dr. T. G. Comstock of St. Louis, gives us a very interesting article on fistula in ano, also enlightens the readers of THE INVESTIGATOR on the third sphincter of the rectum. I write to confirm these learned gentleman's views by demonstrating it on the living subject four different times.

It was a patient suffering with a complication of diseases, and among the number was constipation, which she had suffered with for two years, and at such times she would relieve herself by using her finger rather than strain hard. While I was giving internal remedies, every third day I would use injections. I had given her two injections and then placed her on the ease chair where the injection passed off first as I thought, but the sequel will show different. The patient strained very hard to pass the large hard fæces, but they lodged in the external sphincter, and in her distress begged me to relieve her. Introducing my finger through the external sphincter, I drew away one large and a number of small scybala from the lower portion of the rectum. Here I found I had emptied some four inches of the rectum, but the patient was still straining; I introduced my finger again, and reaching higher I felt a scybal lodged, as I thought, in the rectum, or held by the constricting bands. I swept my finger around it

and mentally asked myself, what have I here? Just at this time it flashed across my mind Hyrtl's Sphincter Tertius as I had read it in THE UNITED STATES MEDICAL INVESTIGATOR. I then slipped my finger through the sphincter along side of the scybala, and out rushed part of the injection I had given. This proves Hyrtl's views where he says "enemata which are not introduced high enough into the rectum, are liable to come away immediately; on the contrary, if the caule (extremity) of the syringe is pushed up sufficiently high, the injection will be retained a longer time." As I removed the scybala from the third sphincter, it closed upon my finger just as the external one had closed upon the finger when I removed the scybala from it.

In the space of two months I had the opportunity of making this demonstration four different times, and am fully satisfied that there is a third sphincter. My observations will confirm Prof. Hyrtl's statements.

First. That the lower part of the rectum has no fæces in it, only when the desire for an evacuation exists.

Second. That an enema is liable to come away immediately, unless the syringe is pushed up sufficiently high as to throw the enema above this sphincter.

Third. That it closes just as firmly after the fæces has passed, as external sphincter does.

Fourth. There is a sphincter tertius.

J. K. EBERLE.

RUPTURE OF THE MALE URETHRA.

BY WM. D. FOSTER, M. D., HANNIBAL, MO.

CASE. Recovery; preliminary to the case and remarks I have to offer upon this lesion, it will be well to briefly consider the anatomy of the urethra in the male. This is a curved canal from eight to nine inches in length, extending from the bladder to the meatus urinarius. In its flaccid state it presents two curves somewhat resembling the Italic letter *j*; but in the erect state it forms only a single curve, the concavity of which is directed upwards. In its anatomical characters, it is divided into three portions, the *prostatic*, *membranous*, and *spongy*, the structure and relations of which are essentially different. The *prostatic portion* which passes through the prostate gland, from its base to its apex, is the widest and most dilatable part of the canal. It

is about an inch and a quarter in length. The canal in this situation is triangular, the apex being directed downwards. The surface of this portion of the canal is somewhat uneven in consequence of the orifices of the *prostatic* and *ejaculatory* ducts.

The *membranous portion* of the urethra, the narrowest part of the canal (excepting the orifice) extends between the apex of the prostate and the bulb of the corpus spongiosum. It is three-quarters of an inch along its upper, and half an inch along its lower surface, in consequence of the bulb projecting backwards beneath it below. Its upper concave surface is placed about an inch beneath the pubic arch, from which it is separated by the dorsal vessels and nerves of the penis, and some muscular fibres. Its lower convex surface is separated from the rectum by a triangular space which constitutes the perineum. The membranous portion of the urethra perforates the deep perineal fascia; and two layers from this membrane are prolonged around it, the one forwards, the other backwards; it is also surrounded by the compressor urethræ muscle. Its coverings are mucous membrane, elastic fibrous tissue, a thin layer of erectile tissue, muscular fibres, and a prolongation from the deep perineal fascia. The *spongy portion* is the longest part of the urethra, and is contained in the corpus spongiosum.

In structure, the urethra is composed of three coats; a *mucous, muscular* and *erectile*. The *mucous* coat is continuous with the mucous membrane of the bladder, uretero and the kidneys; externally, with the integument covering the glans penis, and is prolonged into the ducts of the numerous glands which open into the urethra, viz: Cowpers glands, the prostate gland, and through the ejaculatory ducts is continued into the vasa deferentia and vesiculæ seminales. The *muscular* coat consists of two layers of plain muscular fibres, and is most abundant in the prostatic portion of the canal. A thin layer of *erectile* tissues is continued from the corpus spongiosum around the membranous and prostatic portion of the urethra to the neck of the bladder.

The vascular distribution to all parts of the penis is very abundant, the arteries being derived from the internal pudic, rendering copious and active hæmorrhage a conspicuous symptom in wounds of any of these structures.

Wounds of the urethra may be incised, punctured, lacerated, contused or gunshot as in other parts of the body—their gravity depending upon their extent, and the absence or presence of complications.

The canal may be lacerated or rupture from causes acting either from without or from within. Under the first head may be comprised falls, blows and kicks upon the perineum, or the perineum and penis; under the second, injury done by the lodgment of a calculus, the violent straining which attends upon micturition in stricture, and the rude, forcible, or injudicious use of catheters, bougies and sounds. It is authoritatively stated that lacerations sometimes occur under violent erection, especially, if the penis while in this condition be struck accidentally against a hard resisting body. The accident has also been known to happen, says Gross, during coition, and during convalescence from fevers.

The rupture may be limited to the mucous membrane, or it may involve along with it all the tissues which intervene between the canal and the external surface.

Symptoms.—The symptoms of a rupture in any part of the urethra are generally characteristic. The most prominent are: pain in the affected part, hæmorrhage, inability to void the urine, or the discharge of this fluid in a small and imperfect manner, discoloration of the perineum, or perineum, scrotum and penis, and great difficulty or impossibility of introducing the catheter. The patient is weak and faint, perhaps sick at the stomach and labors under all the effects of severe shock.

CASE I. On the 26th of September, 1875, I was called to see Rev. J. H., a native of Switzerland, of middle age and of medium stature. He stated to me that on the preceding evening as he was returning home in the darkness of the night, he made a misstep and fell from a bridge, striking astride the edge of a projecting plank which rendered him partly unconscious for the time being; that he shortly arose to his feet, proceeded home, and went to bed. Not knowing of my return to town after a brief absence, he sent for an Allopathic physician, who, upon hearing a full history of the case, directed local applications of cold water, made his bow, and departed. Shortly after this patient reached his house, he discharged a small quantity of urine with great pain and effort. The night passed with great restlessness, experiencing burning pain which he located in front of the neck of the bladder. During the night and up to the hour of my arrival he had constant desire to urinate, and made frequent efforts to empty the bladder, but without success. I found him very feverish, pain in urethra and right groin, nervous, a considerable tumor above the pubes, and utter inability to pass any water whatever. A constant,

very slight bloody discharge had prevailed since the injury, and an evacuation of the bowels was attended with prodigious suffering. Upon a careful examination, no marks of violence were visible, nor any kind of discoloration in the perineum, scrotum, or penis. I told him he had lacerated by the force of the fall, his urethra at its membranous portion, and that with his consent I would try to pass a catheter and draw off his urine. I procured a No. 9 silver catheter as soon as possible and made the effort. Directly the instrument reached the membranous portion of the canal near the anterior margin beyond which it could not be pushed, a stream of *pure blood* flowed freely through the instrument. After careful, gentle and persistent efforts for several minutes to cause the instrument to enter the bladder, and failing to effect any discharge of urine—the hæmorrhage still continuing—I withdrew the instrument, and requested a consultation which was heartily agreed to. During these manipulations I discovered an enlarged prostate gland. At his solicitation my friend D. (Allopathic) was called, and upon his arrival, about two hours subsequently, renewed efforts were made with silver and gum catheters of different sizes and curves, both by Dr. T. and myself. We succeeded in relieving him from several additional ounces of blood—but no urine. Thinking our efforts had been persisted in for a sufficient period, we desisted; and with a view to relieve the pain and relax his system, gave him *Morph. sulph.* gr. ss., and made an appointment to see him again at 7:30 p. m., two hours later. Meantime we called upon Dr. Chamberlain, another Allopathic friend, and after full consultation, prepared ourselves to meet any difficulties that might be encountered in the further management of the case, as the safety of the patient demanded that he should be speedily relieved of his urine. We procured the instrument I here exhibit to you. It is a modification of the instrument designed by Squire, and is called a vertebrated catheter; proceeded to our patient's residence, *Chloroformed* him, and with very slight difficulty succeeded in passing the instrument into the bladder and drawing off a very large quantity of urine, thus affording immediate relief to the sufferer. The instrument was secured *in situ*, the patient placed upon his back, and the urine permitted to dribble away *ad libitum*. The attending inflammatory symptoms were nicely combatted with *Arnica*, *Aconite*, and *Rhus tox.*, as indicated, and at appropriate intervals, together with cold applications, as were found requisite; the bowels were kept soluble by enema from time to time as was necessary. After a lapse of fifteen

days, the catheter was withdrawn, when it was found that the urine flowed freely in a stream of natural size, and with only slight sensation of burning. In the progress of the case, considerable purulent matter was discharged along side of the instrument, creating slight excoriation upon those parts of the skin with which it came in contact. Subsequently his convalescence was interrupted, and we have the pleasure to report that he is now fully in possession of all his, and I trust sedulously attending to the duties of the head of the family with pious care.

The question very naturally here arises, whether such a happy escape out of serious difficulties could have resulted from the use of the ordinary catheter, or indeed any other; and this case is now thus briefly related more especially to direct notice to the peculiar adaptation of this instrument to the purposes for which it was designed. My own opinion is that without it the most disastrous results would have been inevitably entailed. The points of the ordinary catheters, when tried previously to the administration of anæsthesia (and they were not subsequently resorted to at all) seemed to become hopelessly entangled in the cellular tissue at the point of rupture, and there seemed no probability of being able to pass beyond that point.

What would have been some of these disastrous sequæ, which stared us in the face, had catheterism failed? and what would have been the chances of the patient's escape? what his hopes of final restoration? The answer to these questions is not without practical interest, as a wide field of surgical pathology is thereby opened up. In the language of a celebrated author, we are told that "the immediate result is usually extravasation of urine into the perineum, which if not checked by proper treatment, rapidly passes forward through the scrotum upwards to the abdomen, giving rise to extensive sloughing of every portion of the cellular tissue with which it comes in contact, and leading, perhaps, to the rapid destruction of the integuments of these parts, and the consequent formation of extensive and deep abscesses and ulceration. If the patient recover from this mischief he will not be likely to be free from a fistulous opening in the perineum, and ultimately suffer from a very intractable form of stricture, which in some cases may be completely impassable, in consequence of a portion of the urethra being torn across and sloughing away."

Ferguson, the unrivalled English surgeon, aptly observes that "when the urethra has been burst by external violence, or has given way behind an obstruction, and infiltration is present, there should be

no hesitation about making free incisions, they will afford the patient the only chance of life, in all probability; for although in good constitutions recovery does take place in some, although the urine has made its own way to the surface, such examples are few in proportion to the numerous instances where death is the result of this condition, even when free openings for the escape of urine have actually been made. Urinary infiltration, "he observes relative to that resulting from impervious stricture," is most frequently seen in those advanced in years, and perhaps also with otherwise debilitated constitutions; hence probably the frequent fatal results; but even in the young the danger is imminent. The most remarkable case of recovery from this state, which I have ever witnessed, occurred in a boy about nine years old, who had impervious stricture, resulting from an injury of the perineum — in whom the urethra gave way behind the obstruction. The perineum and scrotum were much distended, and the urine had passed in front of the pubes into the cellular tissue under the skin of the hypogastric region; a deep wound was made on the left side of the perineum, as if for lithotomy, up to the prostate gland, without, however, entering its substance—the urine escaped freely, and although incisions were also required for suppuration in each groin, above Poupart's ligament, the boy survived, and ultimately by attention to the urethra, a good cure was made. Occasionally in some of these cases the whole scrotum sloughs and the testicles (each, however, covered by the tunica vaginalis) are laid bare." An almost incredible number of urinary fistulæ are sometimes thus established. One author mentions having seen above thirty in one subject. The passage and retention of the catheter precludes the possibility of any of these complications.

February 28, 1879, P. S.—At the date of this case my attention had not been directed to Gross' admirable spiral catheter—if indeed it was then known.

CLINICAL MEDICINE.

A case is reported in the *Philadelphia Medical Times* in which a persistent diarrhœa had previously been treated unsuccessfully by a number of practitioners. There was great tenesmus and only a small amount of thin fluid fæces were passed. Examination showed a dense fæcal mass in the rectum. *Chloroform* was administered, the anus dilated, and with the aid of a pair of short midwifery forceps, a mass

of fæces was removed, having a clay-like consistence, and composed of wheat bran, vegetable fibres, mucous corpuscles and lime salts. The diarrhoea ceased at once. The patient had for a period been in the habit of eating bread made of whole wheat meal, hence the accumulated bran.

Materia Medica Department.

PROVING OF EUPHORBIIUM.

While preparing and using this remedy for hay fever cases, I made the following involuntary proving :

August 28. Snuffed the pulverized gum at 9 P. M. Sneezing and fluent coryza with a full feeling in the head ; decidedly uncomfortable feeling.

August 29. Slept poorly, rolled and tossed and was wakeful. Nose stuffed especially the *right nostril*. Discharged purulent mucus from the nose. Dull, listless, and feeling not at all like work.

August 30. Slept poorly again. A slight feeling of nausea during the day, eyes ached. Had a large loose stool, with tenesmus and sore feeling like dysentery was coming on.

August 31. Slept heavy. Dull ache in left kidney with a burning feeling of all urinary organs. Mentally dull.

September 1. Slept well. Brain clear ; appetite good.

T. C. DUNCAN.

VIBURNUM PRUNIFOLIUM. BLACK HAW. SLOE.

BY GE W. HIGBEE, M. D., SULLIVAN, IND.

Read before the Wabash Valley Homœopathic Medical Society at Charlestown Ill., May 6, 1879.

This remedy we 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, we feel justified in writing upon it, and in such a manner as will best present it for your consideration, as a medicinal remedy. We have made our 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 Homœ-

opathic Pharmacopœia, should be made from the leaves. But it seems to have more strength and virtue, and with us, better effect, when made from the root. It is a remedy we prize very much. It alone, has won for us, many pleasing victories. In all cases of threatened miscarriage, we always think of, and use *Viburnum prun.* first; and secondly, of *Secale cor.* It is one of our best remedies to prevent miscarriages 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 from natural and premature labor, and should be given a dose after each pain. It is equally as good and useful for the severe, false pains preceding normal labor. Cramps in the abdomen and legs of pregnant women are controlled very quickly by it. *Vib. prun.* is the safest and surest remedy we have yet found to conduct women through their time of gestation, who have miscarried one or more times before, and seem to be threatened with the same fate again.

We rely upon this remedy to a very great extent for all uterine pains during gestation, especially when they radiate into, or extend through the abdominal and pelvic regions; more so when the pains indicate an active and congestive tendency. We use the tincture in all cases, from six to eight drops in a little water, a dose repeated every two or four hours as the severity of the case demands. Should there be nervousness to a great extent we would give *Secale cor.* We will now speak of the comparative effects of the two remedies *Vib. prun.* and *Secale cor.* In all cases of miscarriages and abortions, in using *Viburnum prun.* we should be governed more by the pains. While in using *Secale cor.* we should be governed more by the secretions and discharges, viz., 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 am always first led to think of, and use *Secale cor.*; and always flatter myself that I am using a safe and sure remedy. As to time, we have always met with better success by *Viburnum prun.* previous and up to the time of normal labor, and *Secale cor.* during and after the time of normal labor. Dr. Baersays that *Secale cor.* has its sphere of action more manifest by pains and secretions only during expulsive efforts; while in our experiments with *Vib. prun.*, we found that its sphere of action is more manifest by severe pains and contractions of a non-expulsive nature, that is, such pains and contractions not incident to normal labor. *Secale cor.* has no curative action of which we are yet acquainted with, upon the

virgin uterus; or upon the uterus undeveloped by normal or abnormal processes. While *Viburnum prun.* has curative action on the uterus when there are pains and contractions incident to the development. Whenever the uterine fibres are normally or abnormally hypertrophied then may *Secale cor.* 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 abnormally hypertrophied, or in gestation fully developed, then pains incident thereto generally demand *Secale cor.* 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 the *Viburnum prun.*

Dr. Lillenthal says that *Secale cor.* effects first the cerebro-spinal and ganglionic system, and through them, not only the walls of the blood vessels, but the walls of larger organs, the uterus, causing venous stagnation and toxæmia to take place, showing itself in the suffering of that organ and finally gangrene.

This is going much farther, and effecting the system in a much more severe manner than would *Viburnum prun.* You will find in the use of *Vib. prun.* a very pleasant and mild remedy; generally giving good and prompt satisfaction when indicated.

We will close this paper by further saying: The *Vib. prun.* is the common black haw. The *Vib. opulis* is the high cranberry bush, found growing in marshy places in the northern states. The common snowball, a shrub growing in door-yards, for a flowering tree as an ornament, is the *Viburnum opulis* in a cultivated form. You will observe that the flowers are white, and grow in large round white bunches, hence the term snowball. The flowers of the common black haw are white, and grow in large round bunches, not so large nor so globular as the snowball, yet any one can see the similarity of the two kinds of *Viburnum.* And both remedies so far as we can notice have very similar effects. Tincture made from the common snowball is not so good as that made from the high cranberry growing wild, in fact hardly reliable. I am convinced more and more every week of my practice, that the *Viburnum prunifolium* is as good, if not better than the *Viburnum opulis* for the ailments heretofore described, relative to *Viburnum.*

**SOME PROVINGS OF IPECAC, NATRUM SULPHURICUM,
BORAX, STRAMONIUM.**

BY E. W. BERRIDGE, M. D., LONDON, ENGLAND.

Ipecacuanha. Jan. 30. Mr. — took at 10.50 A. M., three drops of 29th potency. 10.55 A. M. Dull, outward, pressing pain in left forehead, worse when moving head. 10.58 A. M. Inclination to vomit. Pain in left arm near wrist. 3.55 P. M. Took six drops of 24th potency. 4 P. M. Eructation. Transitory pricking pain in heart. Pain in arm near *left* wrist, then in *right*, as if the bone was bruised. 4.5 P. M. Feeling over head as if a band were drawn tight across the top of head from ear to ear, accompanied with headache worse on moving, and throbbing pain behind right and left ear (first *left* then *right*.) The headache was very severe. 4.10 P. M. Strong inclination to vomit. Pain under left temple as if it would burst out. General sense of fullness in head, especially cerebrum. 6.25 P. M. Frontal headache with heavy feeling of eyes.

Jan. 31. 11.20 A. M. Took eight drops of 12th potency. 11.30 A. M. Dry feeling in throat causing inclination to cough. Feels a little sick. Eructation of air.

Feb. 5. 11.35 A. M. Took twenty-five globules of 1000 (Jenichen.) At noon, on left side of tongue near the root, feeling as if the muscles were suddenly contracted, drawing tongue to left side. 12.15 P. M. Palpitation of heart for a minute, then ceasing, returning soon after. 12.40 P. M. Frontal headache, exactly resembling what he felt when taking the 24th potency, but not quite so severe, accompanied by a sensation as if head were too full.

Feb. 9. Between Feb. 5th and to-day. Took one globule of 1,000 (Jenichen.) 3.30 P. M. Took twenty globules of 200 (Lehrmann.) 4 P. M. Feeling of tightness across chest. 6.45 P. M. Took twenty globules of 200 (Lehrmann.) 6.55 P. M. Eructations of air. Aching of eyes, worse by moving them, accompanied with headache over eyes, and heavy feeling of eyelids.

Feb. 10. On waking in the morning, dryness of mouth and throat. and stuffing of left nostril continuing an hour or two after rising. 3.50 P. M. Eructations of air.

Feb. 18th and 19th. Took twenty globules of 200. (Lehrmann.)

On 19th at 12.10 P. M., (ten minutes after the dose) tickling in throat



as from a feather, causing slight inclinations to vomit. 12.30 P. M. Dry, hot, parched throat.

Feb. 23. Has taken the same dose every day; the last at 12.30 P. M. 12.50 P. M. Aching in right wrist as if strained. Throbbing headache in left frontal region. 1 P. M. Dry, hot, husky throat, causing cough.

Feb. 24. 10.20 A. M. Took twenty globules of 200. (Lehrmann.) 11.30 A. M. Slight frontal headache on left side; at the same time, empty eructations. 1 P. M. Took twenty globules of 200. (Lehrmann.)

Feb. 25. 11.15 A. M. Took three drops of 29th potency. 11.40 A. M. Feeling of tightness across chest for a short time, succeeded by an aching pain in left lung, increased by drawing in the breath, but relieved when the lungs are held fully distended. 4.5 P. M. Took four drops of 29th potency. 4.15 P. M. Headache as if a band were drawn over head tightly (as previously when taking 24th potency) with feeling of fullness all over head as if it would burst.

Feb. 26. After another dose the symptoms were repeated as above.

Natrum sulphuricum. Miss — took two globules of 200 (Lehrmann) in afternoon. Next day, at about 9 P. M., after sunset, after exciting eyes by gaslight indoors, dim sight of right eye as from a smoke, worse when the eyes were turned to the left. Then a bright greenish-yellow star before right eye, *only* seen when eyes were turned to the left; it seemed to be a little distance from the right side of nose. Then aching in right eye. The star went away first. At 9.40 P. M., after sunset, in external half of lower segment of right orbital bones, a shooting from before backwards, and the bone there felt tender and soft to touch; after a time the shooting went, and there was also an aching in the bone there in addition to the remaining symptoms (indoors by gaslight.)

Borrax. A lady patient took 1600 (Jenichen.) After it she had burning, pressing pain (she grasps arm with hand in describing it) in left arm chiefly the upper arm, sometimes extending down to fingers; worse at night.

Stramonium. Miss — took one globule of cm (Fincke.) In about an hour, feeling of slight sickness and faintness in stomach pit. In two and one-quarter hours, pain in bowels.

The same prover took another dose. It caused feelings of nausea in stomach pit, and in an hour slight pains in bowels. She did not know what she was taking. The smell of smoked *Stramonium* cigars causes a similar nausea in her,

Mr. — (chronic patient) took several doses of 43000 (Fincke.) In the night he talks, first to himself and then to the nurse, in favor of suicide for a person in his useless condition; said he felt he could jump out of bed; picked at bed clothes. His general symptoms were much better when this occurred, and on leaving off the medicine these new symptoms ceased.

Consultation Department.

THAT CASE OF LICE.

I would suggest for that aggravated case of lice an unguent made of sheep's tallow, four parts by weight, to one of *Cocculus indicus* berries freed of the rind. The berry must be well ground and mixed with the tallow, and applied warm on the surfaces afflicted with lice. I know that the above preparation is an infallible cure for all vermin which affect the human family. My indications are from Hoyno's cards. Symptom No. 11, "specific for head lice (externally applied)." Hoping to hear good results from the use of the remedy suggested.

A. P. MACDONALD.

CASE FOR COUNSEL.

A man thirty years of age, always healthy until four years ago he had what his physician called congestion of the lungs, and since that time he has a throat trouble. He has a burning sensation at times, and a continual dryness and huskiness; no cough, but expectorates a considerable phlegm sometimes white and then again yellow, most profuse in morning, is easily raised. His throat is red and covered with minute vesicles which come off and leave a kind of granulated appearance. Another prominent symptom he has is that he has cold feet constantly summer and winter, even when close to the stove, no more perspiration than should be. The throat trouble has never bothered him during the summer until the past summer he went to California near the coast on the advice of his physicians, but instead of getting better he did not have his usual intermission during the summer. Except the above he seems perfectly healthy. Give us diagnosis and treatment.

A SUBSCRIBER.

CASE FOR COUNSEL.

Mr. Adam Clark, fifty years old, dark hair, blue eyes, bilious sanguine temperament, (is the sheriff of Christian county, Ills.,) was attacked about two years ago with an itching that commenced in the bottom of his feet and palms of his hands, no eruption made its appearance for the space of seven months from the commencement of the attack, when about that time boils, or sores, of an indolent and painful character made their appearance, on the inside of his legs and thighs and other parts that were exposed to the friction of saddle, (he was riding horseback a great deal being assessor of his township at the time). A short time after the itching came up he became icterous and suffered intensely with pain in his right side, with occasional intervals of ease from three to seven days, but complained all the time of an obtuse pain in his stomach, attended at times with vomiting. His bowels were constipated from the start. The pain in the side has left him, but he has a soreness about the size of a silver dollar in the right hypochondriac region, two inches to the right of the medial line, and four inches above the umbilicus. Mr. Clark has been under treatment from the first. He has been treated by Allopaths, Homœopaths, and Eclectics. He also made a visit to Hot Springs, Arkansas. I have been giving him medicine for a short time, his general health is much improved; the yellowness has measurably disappeared, constiveness is overcome, nothing now it appears to me remains to be done, but to get him clear of his intolerable itching, which is worse, and always has been after night and during the winter. I have never used the high potencies, but I am of the opinion I have a case for something of that sort now.

J. H. K.

WHAT WILL COMPLETE THE CURE?

Mrs. McC., aged twenty-eight, has long been a sufferer from various uterine troubles. (Is now living with second husband). When living with first husband was treated both locally and constitutionally for ulceration and some misplacement but did not obtain relief until after her husband's death. Since second marriage troubles have returned and allowed to go uncared for from dread of local treatment and examinations. She came under my care the latter part of July with the following line of symptoms and conditions: She is about five feet eight inches in height, weight 135 pounds, but looking much heavier; light complexion and hair, breasts large and flabby, pain in left ovarian region, soreness in right lumbar region extending around to

umbilicus; pain in small of back extending at times into the shoulders; at times sharp pains through breasts from side to side, changeable also from outside inwards and from before backward. Urine scanty and loaded with sediment, throwing down brickdust on standing, burning pains during and after micturition; much pain on first sitting down after standing or walking, as though something was pressing upward between umbilicus and stomach, and causing slight nausea, cannot walk but little, has done much work standing. Menses irregular, sometimes scanty, and lasting but a day or two; at other times profuse at first, followed by a scant flow, lasting three weeks; flow dark and muddy, with some small clots; has slight glairy leucorrhœa; headache in frontal region just above orbital and in occipital region; floating pains all over body, and all worse in cold and stormy weather; tongue normal but bad taste in the morning and no appetite until nearly noon; pulse slightly accelerated; wakes with headache; wakes in night with a feeling as though whole body was asleep; feet, hands and abdomen swell much when standing or walking. All pains of a burning nature; general prostration; thirst natural; can discover nothing abnormal about heart; constipation. Under the use of the following remedies as they have seemed indicated beginning with *Apis mel.* 30, and followed by *Merc. viv.* 30, *Bry.* 3, *Can. sat.* 1, *Bell.*, *Nux vom.* 3, *Rhus tox.* 30, *Acon. nap.* 6, *China* 6, *Bapt.* 6, *Fer. ac.* 3, much improvement has taken place, but the constipation still remains; there is a numb feeling through thighs when waking in the night, and the menstrual irregularity is but partially removed. No examinations have been made nor will be permitted; there is pain during the latter part of coition lasting for two hours after the act. I think could examinations be made we would find a congested and sensitive uterus if not an hypertrophied condition of that organ, perhaps also some ulceration. The use of castile soap and water injections have given relief. Any suggestions will be thankfully received by a beginner in

M.

Society Proceedings.

NOTES FROM THE NEW YORK SOCIETY.

The semi-annual meeting of the State Homœopathic Society of Newport, held in the council chamber of the City Hall, Rochester, was one of the largest and most successful meeting, ever convened in this state, at a semi-annual gathering of Homœopathic physicians. A finer body of men and women doctors could hardly be gathered I think, from any state medical meeting, excepting perchance Illinois. A better, or more efficient presiding officer, never held the gavel over any deliberative body, than the worthy president of our state society, Asa S. Couch, M. D., of Fredonia, N. Y. The papers presented were all of them full of suggestive thought, and worthy the attention of every thoughtful mind. The first paper read by Dr. N. Osborne. "Should a United States Law be enacted, making vaccination compulsory" took the ground that as Homœopaths were the leaders of vaccination, it would be advisable that they make an effort to get congress to pass a law making it *compulsory*. It was as important to prevent the spread of small-pox as to prevent yellow fever. A paper on "Ventillation of Soil and Waste Pipes and Underdrains" by H. M. Pain, M. D., was valuable, and should be entertained by our village and city fathers throughout the land. Dr. W. P. Fowlers of Rochester, on "Myopia in the Public Schools" was very interesting, and should be printed and sent to every father and mother, at home or abroad. The doctor believes myopia to be a disease, produced in great measure, by sending children to school at too early an age, and by the improper lighting and seating of school rooms.

Dr. C. H. Liebold's paper on "Cotton" its value in diseases of ear, eye and nose, in fact all openings of the body diseased, was novel to say the least and not without value as an adjunct simple, to remediable agents. The report of Dr. Covert of Geneva, on the "Etiology of Diphtheria" as connected with the fearful epidemic prevailing there the past year, was interesting, but failed to solve the course producing the fatal malady. There were 448 cases in all, of which eighty proved fatal. Out of 373 cases using well water, sixteen died. Out of seventy-two cases using spring water, twelve died, three using filtered rain-

water, three died. 308 cases occurred when there were *no drains* of whom fifty-two died; 128 occurred where there were covered tile drains without traps, twenty-two died; twelve cases where there were covered drains with traps, six died. A spirited discussion followed this report, but developed no new light. As touching the lodging places of the diphtheritic germ, my individual opinion is, that it rides upon the wind, and is developed in the air, from sources as yet unknown, quite possibly to my mind, from the combination of gases, through atmospheric changes too subtle to even be satisfactorily analyzed. The paper by Prof. J. W. Dowling on "Physical Diagnosis" by aid of the sphygmograph, spirometer, stethometer, dynamometer, æsthesiometer, microscope, etc., together with an exhibition of the most approved instruments, with explanations as to their use, was highly entertaining, interesting, and instructive. The professor is terse and concise, speaking with energy, distinctly and fluently. "The Abuses of Uterine Surgery" by Egbert Guerney, M. D., read by Anna C. Howland, M. D., chairman of the Bureau of Gynæcology, should be in the hands of every physician. The uterus (barring the stomach) I believe to be the most abused organ in the female organism, and most shamefully and shamelessly often maltreated. "Anæsthetics in Labor" by Prof. S. P. Burdick, was very interesting and instructive. The professor uses *Chloroform* in preference to all other anæsthetics, in the majority of his cases, and always successfully, and of course with a great saving to the nervous system of his patients as well as to their greater delight and happiness. In his experience, *no harm* ever comes to mother or child through the influence of this powerful anæsthetic. He always uses it fresh, and says it should be kept in sealed bottles and in small quantities. He hardly ever used to exceed one-half ounce in a labor of eight to ten hours. He gives an inhalation or two, at the commencement of a pain. If, as he claims, it is perfectly safe properly given, and no untoward effects ever follow its administration, to mother or child, it is most certainly a happy adjunct and help to the obstetrician, and a most powerful soother to the pangs of child-birth. In fact averting the curse of the Almighty upon woman, restores her to "Paradise Lost." Dr. Dowling had not experienced the benefits that Dr. Burdick had, with *Chloroform*. Thought it produced post-partum hæmorrhage, or had that tendency. Dr. Dowling had always had post-partum hæmorrhage following the use of *Chloroform*, with the forceps in delivery and that often hard to control. Dr. Burdick thought the hæmorrhage might be caused by

the two free use of *Chloroform* inducing complete anæsthesia, together with the interference of the forceps, and the too sudden delivery. Dr. White said he had found death to result to the child, from *Chloroform* administered to the mother. Dr. Burdick said that in convulsions, *Chloroform* had been found to be invaluable. The president said that it was a well known fact, that in hospitals, deaths had been more numerous since the employment of *Chloroform*, I suppose he meant in the lying-in wards. "Mania : its Causes, Course and Treatment," by Seldon H. Talcott, M. D., was full of interest and value. Dr. Doane spoke of "Itching Hæmorrhoids" a severe case of twelve years duration, cured by direct application, of *Calomel* dry. Had never failed of success by the use of this remedy in those cases. A paper by Dr. A. C. Curtiss on "*Actea racemosa* in its Relation to Alcoholism and *Opium*" was important and suggestive. *Macrotin* 1st. and 2d decimal trit. in two grain doses was eminently successful in staying the terrible effects of both used to excess, and in many cases curing the appetite for these drugs. But time preventing me to mention all said and done at this meeting. The excursion and supper given to all in attendance, by the Monroe County Homœopathic Medical Society, was worthy the noble and generous hearts, that compose that society, and was exceedingly enjoyable and pleasant to all enjoying this extended hospitality. I think Mr. Editor, you need not be ashamed to take by the hand any New York State Homœopathic physician or surgeon, who is in any way allied to the State Homœopathic Society.

C. D. WOODRUFF.

THE MAINE HOMŒOPATHIC MEDICAL SOCIETY.

The thirteenth annual session of the society was held at Augusta, June 3, 1879. The president, W. L. Thompson, M. D., of Augusta, called the meeting to order. On calling the membership roll a goodly number of doctors were found to be present. Dr. Wm. Gallupe, chairman of the board of censors, reported the following list of applicants as eligible to membership and they were subsequently elected. Nathan Wiggin, M. D., of Rockland; Wm. S. Thompson, M. D., of Augusta; Huldah M. Potter, M. D., of Gardner; Mary W. Bates, M. D., of Auburn; B. C. Woodbury, M. D., of Patten, and W. M. Haines, M. D., of Ellsworth. The committee on treasurer's account reported his accounts properly vouched, and correctly cast, showing a cash balance of \$295.95 in the treasury. The president appointed as

committee on nominations, Drs. Burr, Knox, Piper, Briry, and Foss. They reported as follows: For President, C. M. Foss; Vice-Presidents, T. M. Dillingham, W. K. Knowles; Recording Secretary, W. F. Shepard; Corresponding Secretary, J. B. Bell; Treasurer, L. H. Kimball; Censors, Wm. Gallupe, M. S. Briry, C. H. Burr, W. L. Thompson, D. N. Skinner; Committee on Publication, Drs. C. H. Burr, W. F. Shepard, G. P. Jefferds; Committee on Legislation, Drs. J. B. Bell, W. L. Thompson, C. H. Burr.

The committees on the several bureaus of scientific subjects, materia medica, clinical medicine, surgery, obstetrics, gynecology, and pharmacy were then appointed. The report of the committee on materia medica was then called for. An interesting and instructive paper was read by Dr. Foss, on the curative action of *Hypericum perfor.* in concussion of the brain, and traumatism in general, illustrated by clinical cases, and followed by the characteristic indications for *Hypericum*.

Dr. Haines spoke of the splendid results following the use of *Hypericum* in lacerated wounds. Dr. Lyford reported a case of severe bone pains, (cranium) cured with *Hypericum* 200 one dose. There being no other papers under this bureau the discussion became somewhat general, the members interchanging views in regard to that much vexed question, high or low potencies, the advisability of the repetition of the dose, and the various degrees of susceptibility to the action of medicines manifested by different patients.

The report of the bureau of clinical medicine was next called for. Three clinical cases were reported by Dr. Shepard. First, a case of typhoid fever characterized by furious delirium, relieved by *Hyos.* 3x. Second, a case of intolerable pains in the shin bones (non-syphilitic) worse at night from rest, and in damp weather, relieved by the opposite conditions, cured with *Dulc.* 200, six doses. Third, a case of pelvic abscess of long standing, in a patient of psoric constitution, cured principally with *Lycop.* 200 and *Silicea* 200. Dr. Briry read an able paper deprecating the lack of preliminary study requisite for a course of medicine, and pleading for a higher standard of medical education. He then reported a severe case of colic, worse at night, and accompanied by vomiting, pain on motion, etc., *Acon.*, *Ars.*, and *Gels.* failed to relieve, *Oxalic acid* in water, a few doses, cured. Some characteristics of *Oxalic acid* are: Pains seem to occupy a small spot, and radiate therefrom, pains are made worse by motion.

Dr. Briry then read an essay on membranous croup. Relies almost

wholly on *Aconite* 30 and *Spongia*. Although the cases may be prolonged to even three days these remedies may be depended on with certainty. An occasional dose of *Sulphur* as an intercurrent will often prove beneficial.

Dr. Dillingham reported briefly a very severe case of croupal diphtheria which had lately occurred in the family of his partner, Dr. J. B. Bell.

After other remedies had failed to benefit, and it seemed as if the child had but a few hours to live, *Lac caninum*, one of Swan's potencies, was exhibited. It at once exercised a marked curative influence over the disease, and the child recovered. The remedy was suggested by Dr. Wm. P. Wesselhœft of Boston, by telegraph. The indications for its use were: A glossy appearance of the tongue, and a disposition on the part of the membrane to change its position in the fauces. A "migratory condition" of the false membrane, so to speak.

Dr. Moses Dodge reported the case of a young lady who had suffered from severe headache for more than a year; head felt full, sensation of internal heat; constipation. When a child "had a bad humor about the ears." Prescription: *Antim. crud.* 3x each night, every other night, and every third night for six weeks. At the end of this time all the morbid symptoms were relieved, but the scalp was almost entirely covered with an eruption, showing distinctly the characteristics of *Favus confertus*. This was entirely cured by *Phytolacca* given in various potencies, and at varying intervals for more than six months.

Dr. Knowles reported a case of chronic cystitis and ulceration of the bladder, cured by *Merc. viv.* 200, *Chimaphila* 200, and other remedies, the *Chimaph.* exercising the most beneficial effect. Dr. Gallupe read an original paper on the importance of confirming the characteristic symptoms of our different remedies. Four illustrative cases were given. First: Case of incarcerated hernia, relieved in less than an hour by *Nux vom.* 30. one dose, confirming the symptoms of: "Pain as if bruised in integument of the bowels:" "Sensation of weakness in the inguinal ring:" "Incarcerated state from hernia." Case second. Incarcerated flatulence, patient suffered all day but was worse afternoon and evening, *Nux vom.* 30 and 500 appeased temporarily. *Nux mosch.* 30 relieved the morning distress. *Lycop.* 500, 10m and 70m cured, confirming the symptoms of: "Defective expulsion of flatulence:" "gurgling;" "borborygmus in abdomen, especially on the left side;" "short respiration during much exertion;" "aggravation afternoon and evening." Cases three and four, illustrating the

curative action and confirming the pathogenetic symptoms of *Natrum mur.*, *Aconite* and *Carbo veg.* There was no report from the bureau of surgery through the inadvertence of some of the committee.

The evening session was called at half past eight. The president, Dr. W. L. Thompson delivered the annual address to the society, and invited guests. He arraigned the Allopathic fraternity for stealing Homœopathic thunder, quoting to prove the same, from the writings of Drs. Wetmore, Dessau and Ringer. and predicted for Homœopathy a most brilliant future. The bureau of gynæcology was next in order. Dr. R. L. Dodge, chairman, opened with an able essay, alluding to the great importance of Homœopathic physicians having a thorough knowledge of this branch of medical science, in order to practice it successfully, and by so doing to reflect additional lustre upon Homœopathy, and advocating strongly topical treatment in addition to internal medication. Three cases were reported to illustrate the truth of the latter statement. First, a case of dysmenorrhœa treated for months by the indicated remedies alone. A vaginal examination revealed the uterus retroflexed, and the cervix hypertrophied. A pessary was adjusted, and the cervix packed with cotton saturated with *Glycerine* and *Hydrastis*, which was allowed to remain twenty-four hours. Same topical treatment at the next menstrual period. Internal medication was continued, and the patient made a speedy recovery. Two other cases of dysmenorrhœa were found to depend upon stricture of the canal of the cervix, cured by dilation with probes, and sponge tents, and the appropriate remedies. Dr. Burr followed with an able and instructive paper on vaginismus, giving Dr. T. G. Thomas' definition of this morbid condition. The methods of its diagnosis in the married and unmarried were given. The disease does not tend to spontaneous recovery, but requires surgical and medical treatment, while its course if left alone, is unlimited, and may continue for years, giving rise to discomfort and suffering in various ways. The existence of vaginismus cannot be definitely ascertained without a physical examination, its general symptoms being much the same as those met with in connection with many other forms of uterine disease. Dr. Burr verified the opinion which largely prevails among the profession that the treatment of this disease by remedies alone is very unsatisfactory. By consulting all the Homœopathic literature on the subject at his command, he failed to find a case reported cured without the aid of mechanical or surgical means, which he regarded as significant, and clearly indicative of the prevalent, and doubtless the

most successful method of treating this condition. A case was then reported confirmatory of this idea. Miss W., consulted the doctor presenting dyspeptic and dysmenorrhœic symptoms, accompanied by an irritable mental condition, all of which were partially relieved by *Nux vom.* and *Helonias* 2x trituration. The case not progressing favorably, a vaginal examination was made, or rather attempted, when a marked condition of vaginismus was discovered. This was successfully treated by forcible manual dilatation, in preference to the knife, followed by introducing and leaving in the vagina each time, for a few hours, a speculum. An abrasive inflammation of the whole cervical portion of the uterus was relieved by topical application of parafine soap, and a mixture of strong *Carbolic acid* and *Glycerine*, equal parts. Improvement commenced at once, and the patient eventually cured. Dr. Burr then reported a case of complete procidentia uteri, complicated with hernia of the right inguinal region, and endometritis. A notable fact in connection with the case was, that as the womb descended, the hernia became smaller and less troublesome, and when entire prolapsus occurred, the hernia wholly disappeared. The dislocated uterus was reduced, and kept *in situ* by means of a pessary, and the inflammation treated by local applications of strong *Carbolic acid* and *Glycerine*, a modification of Dr. Beebe's cloth tent being used for that purpose. Result cured.

Dr. Dillingham exhibited a plan or model of a ventilator of his own device, and also showed an ingenious potentizing machine he has invented.

The report of the Bureau of Obstetrics being called for, in lieu of any papers pertaining thereto, an informal discussion occurred, participated in very generally by all the members and delegates present, in regard to the use of *Puls.* in correcting mal-presentations of the fœtus in utero, the frequency of, and necessity for, instrumental delivery, the advisability of using anæsthetics in labor, etc. Adjourned to Wednesday A. M. Nearly half of the members present the day before put in an appearance, and the forenoon was mostly passed in transacting business of local importance, looking to the welfare of the society, and the advancement of Homœopathy in Maine. All present at both meetings voted it the most pleasant and profitable session the society ever held, and agreed to meet at the same place (Augusta) the first Tuesday in June, 1880.

W. F. SHEPARD, M. D.

Recording Secretary.

**Transactions of the Clinical Society of the Hahnemann Hospital
of Chicago.**

REPORTED BY E. S. BAILEY, M. D., GENERAL SECRETARY.

The regular monthly session was held at The Hahnemann Medical College, Tuesday evening Oct. 7, 1879.

A report on hydrophobia was read and critically discussed. The following is a general summary of proceedings.

Dr. G. A. Hall had prepared and presented this paper on

HYDROPHOBIA OR RABIES.

Concerning this disease authors for centuries have only reproduced the writings of the ancients. A knowledge and description of this fell disease dates to 200 years B. C. This malady is of peculiar origin. This fact, together with the phenomena which attends it, and the absence of post-mortem changes to note its habitation, have caused some of the profession to deny the existence of this disease. But for him who has been so unfortunate as to be called upon to treat such a case as is described below, and compelled to stand by the bedside of his patient, helpless and powerless, even to mitigate the agony of the victim, and forced to see him drawn slowly down to death, no argument will be required to convince him of the reality of hydrophobia. Should anyone who may read this article be so captious as to disbelieve in the existence of this disorder, we will not waste time in trying to convince said skeptic but will pass on to the legitimate object of this report, viz., to show first, some of the causes which may act as strongly predisposing or exciting. Secondly, that this disease may be communicated by other than rabid animals. Thirdly, that the actual bite is not necessary to implant the virus.

Hydrophobia appears, in the human subject, in the form of an acute infectious disease that is uniformly fatal, and which is caused only by the implantation of a specific virus. The source of hydrophobia in man is from the bite of a rabid dog in ninety per cent. of the cases; by cats and wolves in four per cent. each; and by foxes in two per cent. One essential factor in the production of the infection is a superficial wound of the skin, or of the external mucous membrane.

The following facts regarding the situation of bites, and the manner of infection are of special interest. Of 495 human beings attacked by hydrophobia, fifty-three per cent. had been bitten upon the upper extremities; twenty-two had been bitten on the head and face;

twenty-two had been bitten on the feet, and three had been bitten on the body. Wounds upon the face prove most dangerous. Large wounds are less dangerous. If a number of wounds are inflicted at the same time, the danger is increased. It is not necessary for infection that an actual wound should be inflicted by the bite; a simple scaling off of the epidermis is quite sufficient to permit the absorption of the virus. The following cases are well authenticated. One fatal case was caused by a little poodle dog, supposed to be laboring under rabies, licking a wart upon the face. Another was developed by a lap-dog licking the lip of a lady, on which there was a crack. A man had a pet dog which regularly slept in the same bed with his master. The dog was seized with rabies and died; shortly after the man was also attacked with hydrophobia and died also, but no wound could be detected upon his person. This is a singular but undoubted case. In another instance a mad dog had been killed upon the steps of a public institution. Shortly after a man in a state of intoxication fell upon the same step, striking his head violently upon the spot where the dog had been killed. In a short time symptoms of hydrophobia manifested themselves, and the patient died in all the agonies of this horrible disease. Ziemssen offers the following in evidence upon this point: "A variety of well authenticated observations tend to make it extremely probable that dogs may produce hydrophobia in the human subject even during the period of incubation of the disease."

Infection may, therefore be produced by dogs that are apparently healthy and for this reason it is admissable to pronounce every wound made by a stray dog suspicious, and to treat it accordingly. The theory frequently advanced that even the bite of a non-rabid but enraged animal may induce hydrophobia, may possibly be explained in this way, that the animal in question happened to be in the stage of incubation of rabies. *In some cases the contagion of hydrophobia is transmitted by an apparently healthy dog in the act of licking when an open wound is licked.*

On the subject of inoculation and individual predisposition, in this case we will speak of at length further on.

Of the human beings bitten by rabid dogs, about forty-seven per cent. die of hydrophobia. If we include also the bites of dogs, suspected of being rabid, then the proportion becomes decidedly more favorable, only eight per cent. of those bitten becoming ill and dying. If the wound from a rabid dog be promptly and properly cauterized, thirty-three per cent. die; whereas of those bitten and the wound not

cauterized, eighty-three per cent. die. In respect to the sex of those attacked, the males compose sixty per cent., and the females forty per cent. Age exerts no appreciable influence. Thus there were twelve between three and five; twenty-seven between five and ten; sixty-two between ten and twenty; forty-nine between twenty and forty; thirty-six between forty and sixty; nine between sixty and over.

The frequency of hydrophobia in man depends upon the extent of its prevalence among animals. The approximate number of cases of hydrophobia varies, the estimate is from two to six deaths annually, to every million of population.

Incubation.—In the young the period of incubation is shorter than in the old. In six per cent of all cases, the period varies from three to eighteen days. In sixty per cent. between eighteen and sixty-four days, while in thirty-four per cent. this stage exceeds sixty days. While this period is seldom less than fourteen days it is frequently protracted to from three to six months, and in rare cases to two years and more. There have been deaths from hydrophobia where the only known inoculation dated back as long as five years, and one suspicious case dated back twelve years. The uniform termination of hydrophobia is death. In such cases as are reported to have been cured, the possibility of an error in diagnosis is to be suspected, yet it would be an injustice to deny in toto, the word of anyone who may assert that a cure had been effected spontaneously, or had been brought about by medical assistance. The present state of our knowledge makes the cure of genuine hydrophobia questionable.

Rabies in man lasts in the greater number of cases from two to four days (in eighty-two per cent.); in rare instances from twelve to twenty-four hours, in exceptional cases six days and more. The shorter limit is from twelve to sixteen hours. Cases of great rarity are those terminating in from two to four hours. Nine per cent. die upon the first day, thirty-six per cent. upon the second day, and fourteen per cent. upon the third day.

Of the diagnosis, prognosis, prophylaxis and therapeutical treatment, we can mention only as occurs in the remarks connected with this case.

Taking all the theories of causation, kind of animal, sex, age, diet or hygienic regulations, causes occult or remote, etc., the ignorance or mystery surrounding this disease is lamentable.

CASE. First. Predisposition to nervous diseases. Bennie H.,

aged nine years, birthplace England, resident of Chicago. Was subject to convulsions during first two years of infant life. One of these lasted eleven hours. The mother had convulsions at his birth. She also was badly frightened by being locked in a stable with a vicious horse, six weeks prior to her confinement. For some years Bennie was free from sickness, except the measles, but meantime he had a succession of frights, which had impressed his nervous system very peculiarly. He would always start in fright at the slamming of a door, and a harsh word would give him great distress. He was a restless, wide awake, and unusually busy boy, sensitive and retiring, had an excellent memory, and the nervous temperament was largely predominant. It is my opinion that this highly organized nervous temperament had much to do with the subsequent development of the case.

Secondly. Communication of the virus. The history of this case goes to show that on the Tuesday preceding the fatal Sunday, the boy had been using sharp edged tools in the construction of some toy boats. In doing this he inflicted several cuts upon the fingers of both hands, and also upon the thumbs. These cuts were deep enough to cause pain when the hands were washed with soap and water, as the mother remembers this distinctly. On the afternoon of the same day, several boys were playing in the yard, among them Bennie. A young Newfoundland dog, usually kept chained in a barn adjoining the yard, chafed and fretted under his confinement on seeing the boys at play. This was kept up for some time, the dog growing very much excited, was finally let loose to join in the sport. The day was very hot. The play exciting, and at a word from one of the boys the dog rushed upon Bennie, pushed him down, and mouthed him over pretty freely. Bennie became frightened and tried to push the dog away, and in this manner his hands came very freely in contact with the saliva from the dog's mouth, which Bennie remembered was very free and copious, for he thought "the dog had been drinking as his mouth was so wet." There is not a particle of evidence that the dog bit the boy, or implanted any of the virus through any abrasions of the skin, except those already mentioned, Bennie distinctly saying and repeating it, that the dog did not bite him at all. There was no evidence that the dog was rabid at the time. He was full of play and became very much excited; his confinement in the barn fretted him exceedingly; the day was hot, the thermometer marking upwards of 90°, and from these causes everything pointed to the fact of a vitiated condition of the saliva

rather than of any rabid element in consequence of any previous sickness or diseased condition. The dog had not before nor has he since manifested any symptoms apart from perfect health. It would seem therefore, in this case, that infection from a non-rabid animal, communicated through an abrasion of the flesh of the hands, although an exception from the general rule, is possible.

Thirdly. The implantation of virus. It is impossible to account for this case of hydrophobia on other grounds than infection of vitiated matter through the cut surfaces of the thumbs and fingers. There can be no doubt as to the correctness of the diagnosis. Physicians who saw the boy, Drs. Talcott, Fellows, Hoyne, Hall, Bailey and Penfield testify to the genuineness of the disease. A large number of friends of the family, male and female, also were witness to the general symptoms of the case, which may be given as follows :

Laryngeal spasm excited by water, and the attempt to swallow it. Paroxysms come on *suddenly* and gradually increase in severity. During spasm respiration very irregular. Anxiety and terror depicted upon the countenance. Secretion of tenacious mucus. Frequent expectoration. At first mind was simply excited, subsequently delirium, furious mania, exhaustion. Foaming and frothing at the mouth. No tetanic symptoms. Late in disease, constant thirst; pupils of the eyes widely dilated; mind clear during the interval between spasm.

The remedial agents used in this case did little, if anything in mitigating the terrible agony of the patient. *Belladonna* and *Physostigma* were the chief remedies indicated according to symptoms. They failed to yield any satisfactory results. An injection of *Chloral hydrate*, twenty grains were given; was of little account. There was no knowledge of the infection, hence no prophylactic measures were adopted.

Drs. H. P. Cole, Ludlam and Von Tagen related experience in cases of hydrophobia.

The secretary presented an interesting report upon this subject from Dr. G. W. Bowen of Fort Wayne, Ind.

This paper cited the well-known fact that male dogs are most liable to become affected with rabies; quoted some experiments made in 1854 by Dr. B., in which *Cantharis* produced similar symptoms in dogs, opposed the cauterization of the wound, which he thinks, "should be forbidden by statutory enactment"; and recommended externally with the use of *Bell.* and *Ars.* internally.

The secretary read a compilation of prophylactic methods.

GENERAL MEASURES.

To destroy all the dogs is not practical; it will never be done; but to kill all dogs not muzzled is practical, since it is over eighty per cent. that are kept as a matter of luxury. Muzzling is a sure prevention. In Berlin for nine years all dogs were kept muzzled, no case of hydrophobia occurred. It has been suggested that blunting the canine and front teeth will effectually prevent rabies. It is also suggested to place small flattened metallic caps over these teeth to render a bite innocuous. The

SPECIAL MEASURES.

The object is understood to be, to destroy the wound and with it the adjacent tissue or to alter the character of the same so as to render the virus innocuous. Cauterizing the wound with the red hot iron is used. The chemical cauteries, as *Nitrate of Silver*, *Solution of Chloride of Antimony*, *Sulphuric and Nitric acids*, *Caustic potassa*, etc.

The prompt method of sucking the wound is advisable, either by the mouth of the sufferer or by some other person, this constituting decidedly one of the most efficient measures and one that can always be applied on the spot. This method is centuries old and there is no well authenticated case reported when infection by this means has ever been observed. In Lyons out of thirty-eight persons bitten by rabid dogs and subsequently subjected to this operation, not one was attacked with hydrophobia.

Excision of the cicatrix with subsequent cauterization is very efficacious, this method of re-excising is kept up for a period of a few weeks. For numerous wounds upon different parts of the body a *Corrosive sublimate* bath is recommended. A hot water bath applied to the injured part with a view of decomposing the virus by the application of heat, and cleansing the surface at the same time, is valuable.

The whole range of medicines, animal, vegetable and mineral have been used as curative, and many as prophylactic. The favorite remedy now before the general profession, is as follows: take of *Elecampane root* one and a half ounces, bruise, steep in a pint of milk until reduced to one-half the quantity; this dose to be divided and given morning and evening.

THE DEATH OF PROFESSOR C. J. HEMPEL.

Dr. R. Ludlam announced the recent death of the distinguished Prof. Hempel, and paid a glowing tribute to his stupendous literary labors in behalf of Homœopathy. He then offered the following reso-

lutions, which after eloquent speeches by several of the members present, were adopted.

“WHEREAS. We are called upon to mourn the death of our worthy and learned friend, Professor Charles Julius Hempel, M. D.

“Resolved, That while we bow to the inevitable decree of Providence it is

“Resolved, That we earnestly bear witness to the fact that from the date of his arrival in America, in 1835, until his death, on the 7th of September, 1879, his course of life and habits of study and application his fervency of spirit, his earnestness of purpose, his professional enthusiasm, his zeal, character, culture, and courage were of the most remarkable kind, and worthy of emulation by all who have known him or heard of him; and be it

“Resolved, That we recognize that his assiduous and very remarkable labors have been, and will always be, of incalculable advantage in spreading the truths and literature of Homœopathy wherever the English language is spoken, and that we, and all American physicians especially, are made under lasting obligation for his incessant and pains-taking toil in our behalf.

“Resolved, That we extend to his bereaved and beloved wife our most heartfelt assurance of sympathy and condolence, and that a copy of these resolutions be presented to her.”

N. B. At the meeting for the first Tuesday in November, Prof. Fellows will read an essay on *Syphilis of the Nervous system*.

Medical News.

Cosmoline is obtained by distilling crude *Petroleum* and refining (without the use of acids or alkalies) until all the ethers, coloring matter, etc., are expelled, after which it is deodorized by animal charcoal.

The New York Ophthalmic Hospital report for the month ending Sept. 30, 1879: Number of prescriptions, 3,276; number of new patients, 488; number of patients resident in hospital, 26; average daily attendance, 128; largest daily attendance, 182.

J. H. BUFFUM, M.D., Resident Surgeon.

Dr. Buch, of St. Petersburg, says, that even weak solutions of *Salicylic acid* are injurious to the teeth after having been used for a time. The teeth become softer and feel as if they were covered with a gritty substance. This is due, he believes, to the formation of *Salicylate of Lime*.—*Edinburgh Med. Jour.*

Dr. J. A. Larrabee, of Louisville, reports a case of poisoning by *Chloroform*, where the patient was pulseless and unconscious. The subcutaneous

injection over the scrobiculus of one-tenth of a grain of *Digitaline* caused the heart sounds to become audible in twenty minutes, and ten minutes later the radial pulse could be counted.

Two ounces of *Nitrate of Potash* was taken by a woman in mistake for *Epsom salts*. Vomiting soon followed, which was encouraged with *Ipecacuanha*. This was followed by chalk and oil mixed with milk. There was violent pain in the stomach for three days afterward with sleeplessness and great prostration; but after this time improvement set in with gradual recovery.—*Lancet*.

The purity of *Chloroform* may be tested in the following manner: "Immerse a small piece of thin white blotting paper in the *Chloroform*, and let it dry in the air. As soon as all the *Chloroform* has evaporated the paper will not present the least smell if the *Chloroform* is impure. If there is any acid smell perceptible it indicates the presence of *Butyric acid* in the *Chloroform*.—*New Remedies*.

Dr. Benjamin Lee, in the Philadelphia County Medical Society, condemns the "health lift." He says it calls into action almost exclusively the extensors of the lower extremities and the flexors of the fingers. The muscles of the arms are simply put on the stretch, and at the same time the ligaments of the joints are violently stretched. It also tends to apoplexy, rupture of blood-vessels and hernia.

Uterine Disease a Source of Eye Disease.—Mr. Swauzy, at a late meeting of the Dublin Obstetrical Society, called attention to the uterus as a source of eye disease. He mentions iritis, neuro-retinitis, atrophy of the optic nerve, and an infection called *keptopia hysteria*, as dependent on uterine disorder, and brought forward examples from his own experience and that of others to prove the correctness.—*Louisville Medical News*.

Homœopathy is triumphing in this section in the appointment of Dr. S. H. Quint as Superintendent of the New Insane Asylum of Camden county, at Blackwoodtown, N. J., which is now in successful operation with about seventy inmates. This appointment was secured through the influence of the Homœopathic Medical Society, of Camden, assisted by some prominent members of the Board of Freeholders, who were strong Homœopaths.

"The goods have been received in good order. I am very much pleased with your goods, especially with your vials, which I consider superior to any yet used."

G. S. S.

We have just received a large stock of these vials, made especially for our trade. They are extra heavy, and cannot be broken in corking. For prices see another page.

DUNCAN BROS.

The *Pacific Med. and Surg. Jour.* relates a case where a fly entered the ear of a man and remained there two minutes. Ten hours afterward there was severe pain in the ear and increased during five days. Filling the ear with water, oil, etc., gave no relief, and when at the expiration of that time, the ear was examined with an ear speculum, a number of moving worms or maggots were revealed. A number of these were extracted, and the ear then filled with carbolized oil. Some were removed that night and others the next morning.

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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

WINDSOR, Ill., Oct. 10.—Prevailing diseases are: (1.) Dysentery. (2.) Intermittent fever. Remedies used: (1.) *Merc. cor.* and *Sulph.* (2.) *Natrum*, *Ars. alb.* and *Nux.* C. D. WARDEN.

LINCOLN, Mo., Oct. 6.—Prevailing diseases are: Intermittent and typhoid fever. Remedies used: (1.) *Ipecac*, *Ars.*, *Eupatorium perf.* *China.* (2.) *Bell.*, *Bry.*, *Bapt.*, *Gels.* L. E. WHITNEY.

SHELBY, Iowa, Oct. 6.—Prevailing diseases are: (1.) Influenza. (2.) Intermittent fever. Remedies used: (1.) *Arsenicum*, *Allium cepa.* (2.) *Pulsatilla*, *Lycopodium*, *Rhus tox.* G. W. TODD.

GREELEY, Col., Oct. 4.—We are having some cases of bilious remittent fever, called here by Allopaths typhoid fever, but differing entirely from the typhoid in the New England states.

L. E. MARSH.

ALLANTON, Iowa, Oct. 7.—Prevailing diseases are: Whooping cough and diphtheria. Remedies used: *Nux* and *Cuprum* for whooping cough; *Lachesis*, *Bell.*, *Ars.* and *Kali carb.* for diphtheria.

B. S. MELLEN.

WHEELING, W. Va., Oct. 8.—Diphtheria has prevailed here as an epidemic for some time past. Generally fatal under Old School treatment. Homœopathic treatment generally successful, although not much to brag on. Remedies used: *Bell.*, *Ars.*, *Merc. prot.*, *Merc. cyan.*, *Rhus tox.*

J. W. MORRIS.

RENSELAER, Ind., Oct. 3.—Prevailing diseases are: Diphtheria in a mild form. The Old School have lost four or five in this vicinity' and our school none. There is quite a run of lame backs for two weeks past. A great many cases of chills with the characteristic bone pains of *Eup. perf.*, which is all that is needed. *Lachesis* and *Merc. bin.* in the diphtheria works so well that we are seldom called upon to make but one prescription if called early. "The swelling commences on the left side and goes to the right." *Rhus* and *Colocynth* control the back trouble.

O. C. L.

MEADVILLE, Pa., Oct. 6.—There has been an active inflammatory type to nearly all of the prevailing diseases here during the summer and fall. But very little cholera infantum. A great many cases of enteritis among the children. At present we are having a perfect *rush* of catarrhal cases, acute and chronic, nasal, bronchial, gastric, etc. There has also been a noticeable increase in the rheumatic and neuralgic cases within a few days. The weather is uncomfortably warm at mid-day, while the night air is uncomfortably cool. The indicated remedies have usually acted well, except in a few cases of the children. The fatal cases have been usually, the bottle fed ones.

E. C. PARSONS.

PITTSBURGH AND ALLEGHANY, Pa., Sept. 1879.—The month opened with a continuation of the weather which closed the previous month. On the first day occurred a large and very brilliant solar halo, together with an atmosphere of haze and smoke; weather very warm; in the afternoon and evening, the sense of prostration was extreme. On the second, we had several light showers followed by cooler weather and increased wind force. This brought on aggravation of catarrhs which continued more or less prevalent till the middle of the month. From the third to the sixth of the month we had clear weather with light wind. On the night of the seventh we had heavy winds with light rainfall, the wind continuing to blow in puffs all the next day. The balance of the month was characterized by very little change in any of its features, being especially marked by fogs in the morning

which lifted about 9 A. M., leaving warm and pleasant weather. Official. High barometer, 30.40; low barometer, 29.581; range, 819; mean, 30.097; high temperature, 90°; low temperature, 35°. Range 55°; mean, 617'. The mean daily range was 21°4'. Average temperature for seven years, 21°4'. Prevailing direction of wind, northwest. Total movement, 3,494 miles. Number of clear days, 14; fair, 13; cloudy, 3. Days on which rain fell, 9. Daily mean humidity, 71.1 per cent. Rainfall 1.01 inches. Average rainfall for 7 years, 3.27 inches. Pittsburgh mortality. Four weeks, ending Sept. 28. General Diseases, Class A, 80. This included scarlatina, 13; typhoid, 14; diphtheria, 40; whooping cough, 3; choleraic diarrhoea, 9. General diseases, class B, 33, including 18 from phthisis; nervous system 22; circulatory system, 7; respiratory, 18, including 6 from pneumonia. Digestive system, 26. Urinary system, 3. Generative system, 1. Unclassified, 4. Violent, 17. Total 211, twenty less than for the same time in 1878, and a decrease of 63 as compared with the average for six years. The death rate was 19 per 1,000. The deaths under 1 year constituted 20 per cent., and under 5 years, 50 per cent. of total mortality. The disease list has been light as will be seen from the decrease in the death rate. This decrease can nearly all be accounted for, by the lessened number of prevailing and fatal cases of diphtheria. Tonsillitis, which in some cases were complicated with infiltration into the tissues of the lower jaw, going on to formation of pus, and requiring surgical treatment; scattered cases of bowel troubles, chiefly incidental to teething; slight bronchial congestions, provoking cough; this also occurred among children; chronic and "bilious" complaints have made up the month's work. The eczematous and other forms of skin diseases which have been present, have been those under treatment from last month. The remedies given have been the usual ones pertaining to the above conditions. *Hepar sulph.*, *Merc.*, *Bell.* and *Barytu carb.* failed to stay the inflammatory process occurring in the face.

T. M. S.

TWO DEATHS FROM PODOPHYLLIN.

A woman in the sixth month of pregnancy took one and one-half grains of *Podophyllin* which produced an active effect, soon quieted all signs of foetal life, and though she went her full time, a dead child having the appearance of a six months foetus, was born.

A horse farrier took twenty grains with fatal effect.—*Medica Record.*

*THE INFLUENCE OF CENTRIFUGAL ACTION ON THE
CIRCULATION OF THE BRAIN.*

M. Salathe, reported to a recent meeting of the Paris Academy of Sciences, the results of some experiments performed by him, to test the effects of position and centrifugal forces, on the condition of the blood supply of the brain, in rabbits. He found that if he suspended a rabbit, head downward, even for many hours, death did not ensue; but it was certain to follow rapidly, the suspension of the animal in the opposite position, with the head upward. Death was due in this case to cerebral anæmia. If the rabbit was placed on a rapidly turning plane, it succumbed to either cerebral congestion or anæmia, according as its head was directed toward the periphery or toward the center of the turning plane. If it was fastened laterally, no serious consequences followed.—*Jour. of Nervous and Mental Diseases.*

CASE OF NEURALGIA AND DYSMENORRHAGIA.

Read before the Chicago Academy of Homœopathic Physicians and Surgeons.

December 7, 1877, I was called to see Miss J., twenty-seven years of age, then suffering from a torpid liver. But she said she wanted to talk with me about her condition in general, more especially about neuralgia she had had for four years, always commencing at the stomach, and then extending to other parts. She said the paroxysms were very severe. She also had dysmenorrhœa, obliging her to lie in bed one day when the menses were on. Was never regular as to time; complained of backache. She had frequent pain through her eyes, and heaviness of lids. The conjunctiva was very much injected, and she said it was usually so. But at that time a yellow cast, as well as her face. She was habitually constipated. Then had a heavily coated yellow tongue, and bad taste in the mouth which she had had ever since a child. She had been under Homœopathic treatment for two years, with only palliation, her friends remarking that if their physician could not relieve her, no *lady* physician could. (Prejudiced to a lady M. D. any way.) I prescribed *Pod.* 2x trit. every morning and *Lep.* 1x trit. every night. Also recommended a tablespoonful of bran in a glass of water twice a day. A formula recommended by Dr. R. Ludlam. Left also *Gels.* ϕ to be taken if the severe paroxysm of neu-

ralgia came on. Called again the 10th of December; found she had had an attack of neuralgia; it was palliated by the *Gels.* Continued *Pod.* and *Lep.* the same, also gave *Kalmia latifolia* (the mountain laurel) 1x, to be taken every two hours. Recommended by Dr. Ockford in Ruddock's Text-book. He informs us that he has relieved more cases of general neuralgia in the year of 1873 with *Kalmia* than with any other remedy. He mentioned no special indications save neuralgia. Hughes in his Manual of Pharmacodynamics gives a short proving of it from Dr. Constantine Hering. That is the only proving that I have ever seen. There may be others. Made another visit the 24th. Continued the same, had no return of neuralgia. It was then about two weeks previous to her menstrual period, so I left *Caul.* 2x, to be taken in the morning, and *Macrotin* 2x to be taken at night the week before. This was given to control the dysmenorrhœa. I usually give it two weeks before the period, and it has given excellent service. March 21st, called again; continued *Kalmia*. I heard no more of my patient until July 30, 1879, when she informed me that she was entirely cured of neuralgia, dysmenorrhœa, constipation, pain in eyes, and heaviness of lids, menstrual flow prompt to the day. When I first saw her she weighed ninety pounds, now 120 pounds. The coated tongue entirely cleaned, which seemed to please her as much as any of the symptoms cured.

MRS. F. B. WILKINS.

WHAT INCONSISTENCY!

Dr. A.—, studied medicine with an Old School physician three years. During this time he attended two full courses at one of the very best Old School colleges of this country. At the close of his studies he received a special certificate of merit from his preceptor, and a Faculty recommendation to a position high and responsible.

Dr. A.'s practice fully supported the recommendations given, but alas! after a few years he became impressed with the conviction that very small doses of the right medicine, in the right place, are as effective, and far less hurtful than larger ones. At about this time the law of *similars* was being discussed, and Dr. A. began to experiment; very naturally he drifted into the Homœopathic faith—that is, he was led to believe that such a law exists, and he determined to base his practice upon it as far as possible, and still hold as resources, all that medicine and surgery have to offer. This was in the years of 1849 and

1850. As soon as his views became known he was proscribed by his older professional associates, was called a *quack*, and refused a place in medical councils. Thus it has been during the past thirty years, and yet during all this time he has studied the best works of the Old School in all the main departments of medical science, and has never hesitated to learn from them what he could, nor to apply in practice the knowledge gained. Yet he is a *quack* and unworthy of association with the lowest ignoramus of the Esculapians. What nonsense! What consummate bigotry! Cut off a man and proscribe him because he has an idea, and has proven to the world a thousand times over that that idea is a good one.

Of what has the Old School to boast. Is it immaculate? Is it not all the while trying to correct its past blunders, and do something worthy of its profession? Why then, does it not allow others to work in the same way, though they have struck out a track outside of the *big rut* in which they are pleased to go. How was it fifty years ago? The prominent theories, and the heroic practice of those days, have been abandoned by all intelligent practitioners. The lancet lies rusting. Drastic purgatives in enteric fevers—"to carry off impurities"—are neglected. Salivation is avoided. Blisters, and setons are used sparingly, and fiery stimulants are held in check. If they have improved so much on their past, why should they not expect to improve in the future? They certainly have the opportunity. But more than all why should they try to suppress inquiry and effort at improvement, on the part of others, when the past is so unsatisfactory. And especially when the experiments of the Homœopathists show a success in the treatment of disease beyond any they are able to present. Why should they attempt to whip all medical investigators into the line of their thought or practice. It is neither wise, nor expedient, for truth will finally come to the front, and the fittest will survive. How much better it would be if all who are laboring for the advancement of medical science would accept fraternal relations and work together as those who are mutually interested in the advancement of a science on which the well being of society depends.

Dr. S. H. Dessau of New York, is in good and regular standing in the Old School. He ventured to experiment and gave the result in an address before the New York Medical Association, which was received without protest. His topic was, "The value of small and frequently repeated doses." He says: "In the treatment of vomiting in children, I have given drop doses of the wine of *Ipecac* every hour with

the greatest success." Suppose he had known and had given this under the law of *similars*, it would then have been Homœopathic and he would have been booted out of course. He says again, "that in certain conditions of the lungs, when there is a *mucus rale* he has given small doses of *Tartar emetic* with the best results," "one grain to a pint of water teaspoonful every two hours." Shade of Hahnemann! This by a well-cooked Allopath, and received by his Allopathic brethren without protest. Some of them thought he had found a new vein, and were delighted. Why should they not be?

Yet again he says that in certain forms of dysentery, he has used a solution of *Corrosive sublimate*—one grain to sixteen ounces of water—a teaspoonful every hour or two, with satisfactory success.

Dr. D. mentions a number of other instances where very small doses of a well selected remedy have been wonderfully curative in his practice. And all this without a protest from the Association. But at the same time the progressive doctor and his associates were fullminating against the Homœopaths, who were doing this very thing in a more reasonable and scientific way. What inconsistency! As if they could bind the truth or prevent its cruising outside their lines. The whip was used in the dark ages, but those days are past, and men now run to and fro, and knowledge is increased. Bigotry, always a curse, should be cast out from the medical fraternity, and all honest earnest inquirers after truth should be encouraged. But this will not be. The Old School will assume that all wisdom is with them, and that all progress will be in their line, yet the tide of progress will roll on, and old systems will be broken down, and washed away as the "heroic" *mortal*, practice of the past has been, and the *true* will have place and receive the support and sanction of the intelligent throughout the world. This fact gives the Homœopathic investigator everything to hope for.

L.

NERVOUS SICK HEADACHE. BRYONIA.

BY J. MARTINE KERSHAW, M. D., ST. LOUIS.

Was called to see an elderly lady fifty-three years of age who had been suffering with an attack of the above complaint for thirty-six hours. The pains were generally diffused, but somewhat more acute on the right side. She was lying on her back with an inclination

toward the right side. She was only comparatively comfortable when perfectly quiet, but the least motion greatly aggravated the headache, and also rendered the nausea more intense. *Nausea and vomiting followed every attempt at assuming the sitting posture.* From the history of the case obtained from the messenger, I was prepared to administer *Guarana (Paullinia sorbilis)* and carried it with me for that purpose. On questioning the patient, the symptoms pointed so clearly to *Bryonia*, that I prescribed it, a few pellets of the 200th in water, two teaspoonfuls to be taken every ten minutes for six times only. In half an hour the headache and nausea had disappeared, and she slept soundly all night. The next morning she was somewhat weak and dizzy, but was free from headache and gastric distress.

DIFFERENTIAL DIAGNOSIS OF PLEURITIC EXUDATIONS.

According to the observations of Prof. Baccelli, of Rome, (*Berlin K. Woch.*, 1877) if, while the ear is kept exactly applied to the walls of the chest, the patient is made to pronounce the word "trenta-tre," almost in the same manner as he would the number "trente-trois," the following facts will be elicited.

1. The word is clearly heard (even if pronounced in a loud tone) if the pleura contains a large quantity of clear serum, rich, however, in albumen.
2. That this same transmission of the word is only slightly impeded by the presence of inflammatory effusion which is rich in fibrin.
3. That the word is no longer audible if there is an abundant exudation of sanguineous or purulent fluid.—*Medical Press and Circular.*

CLINICAL EXPERIENCE.

TRANSLATED FROM THE "HOMŒOPATISCHE PRESSE" BY E. G. H. MEISSLER, M. D., CHICAGO.

Mrs. S., aged forty-eight, suffered from an indolent tumor on the lower part of the right leg. She had been under Allopathic (regular) treatment for one year (white lead, solution of copper and zinc had been applied extensively; in that way the tumor dried up, and the

patient seemingly cured, was discharged.) A few weeks later, in consequence of a cold, new tumors of smaller size made their appearance, covering the whole foot, and resembling very much the original tumor. She felt severe pain in the tumor, and the itching was almost intolerable. On examining, I found that the old tumor had been of a bluish color; that there was aggravation after sleeping, and amelioration from heat. I gave one dose of *Lachesis* 200 (Jenichen) upon her tongue and twelve powders *Sacch. lac.*, the last one of which likewise contained a few pellets of *Lachesis* 200, one powder to be taken every night before going to bed.

Two weeks later the patient called, declaring that she was better, adding, however, that the second day after she had commenced taking the powders, the itching had become worse, and that at length it had made her almost crazy. Taking this as a medicinal aggravation, I prescribed several powders of pure *Sacch. lac.*

Six weeks had expired before I saw the patient again, when she said that her leg was perfectly cured. One year has passed since, and no relapse experienced.

Mrs. M., pregnant the second time, had during the whole time of her first pregnancy, suffered very much from "morning sickness," and in consequence of it had become very much emaciated and miserable. In her confinement *Chloroform* had been administered; parturition had been rather tedious and convalescence very slow. In her second gestation she again suffered from "morning sickness," and more so than in her first pregnancy. Some days the vomiting was quite severe, and one day she had twenty-seven attacks of vomiting. Without having had an opportunity to see the patient, I had prescribed *Puls.*, *Ipecac.*, *Ignatia*, *Nux vomica*, and several other remedies, but without the desired effect. On that alarming day, on which the patient had twenty-seven attacks, I was called to see her. I found her suffering severely from a neuralgic pain in the left temporal region. Considering this pain to be the most important symptom, and from the fact that this pain had appeared to be the last symptom she experienced, my first aim was to remove it. The patient described the pain in the following way: "It feels as if a bee were stinging me in the temple every few minutes." This was the only symptom I could possibly get out of her, the pain being too intense.

I prescribed twelve powders of *Apis mel.*, one powder to be taken every hour. Only one powder had been taken when the neuralgic pain was mitigated, and vomiting ceased entirely. From that time

she enjoyed good health, parturition lasted only one hour, convalescence was rapid.

B. R., aged eighteen, suffered since birth from scrofulous inflammation of the eyes. Had been under medical treatment nearly all his life. Both eyes were affected, the left one being the worst. It looked like a piece of raw meat; was larger and protruded from its socket, and in fact did not look like an eye. The right eye was also affected considerably. With his left eye patient was not able to see anything by day, while at night he could distinguish a burning light. The power of vision of the right eye was good. Patient had a feeling as if the eye was full of sand, and the light seemed to have a green halo around it. These symptoms, together with the scrofulous diathesis induced me to prescribe *Sulph.* (one dose in a high potency) and *Sacch. lac.* I did not think that this single dose would be sufficient to effect a cure. Patient remained under my treatment for three months, while he received nothing but that one dose of *Sulph.* and *Sacch. lac.* After three months he was perfectly cured. (This was in the year 1867.) Since that time he has had no attack of the disease and has been well otherwise, even his left eye being restored to perfect health.

F. D., about forty-five years of age, suffered from palpitation of the heart. His Allopathic physician had treated him a long time, but without avail, and as the condition of the patient was growing worse in spite of the best, regular treatment, the doctor advised him, to sell his farm, to retire from his business, and to prepare for death. The patient however, concluded that if he was to die, he would die under Homœopathic treatment, which conclusion he announced to his medical advisor. At this announcement the physician grew angry, and they got into a quarrel. After this passion the patient grew worse and became very low.

On being called, I found the following picture: "Difficult laborious breathing, death-like paleness of the face, head and face bathed with perspiration, running down in streams; severe headache, the lower extremities being so cold that even in the hot summer he had to keep a feather bed on his feet, while his body, and especially his head, was covered with sweat. There was vertigo when going up stairs or from climbing mountains, pit of stomach so bloated that he was obliged to loosen his garments, poor appetite, aversion to meats, but having a great desire for hard boiled eggs. Here I had a case plainly indicating *Calc. carb.*, which I administered in high potency, dissolved in

water, three spoonful to be taken daily every other day for two weeks, after which time the patient was discharged cured. Five years have passed and no relapse has taken place. I had had no experience with high potencies at that time. An admirer of high potencies, to whom I related my cure with a certain degree of pride, brought down my pride considerably, saying: "I am surprised indeed, that you had not killed that man with so much medicine!"

PLUMBUM IN CONSTIPATION.

CASE. A lady of thirty years, complained that occasionally she would be so costive that enemas would be of little or no service, and that the evacuation would be attended with terrible agony, as bad almost as labor. The stools were hard balls or scybalæ, which of themselves could not cause so much suffering. Such "spells" occurred only occasionally, but gradually getting worse. Prescribed *Nux.* and more enemas when necessary. Several months elapsed, when another spell reminded me that something better must be eliminated from the chaos of medical lore. *Plumbum 5x* was chosen on account of the "hard balls and agonizing pain," during the worst pain felt a drawing from umbilicus, backward to spine. This worked finely for a year or more but at last wore out. *Plumbum 200* has filled the bill with magical effects ever since.

C. D. F.

EPIDEMICS.

BY P. B. HOYT, M. D., PARIS, ILL.

Read before the Indiana Institute of Homœopathy.

MR. PRESIDENT AND GENTLEMEN: It has been a question of no small moment to me how I could best serve the interest of this society in bringing the subject of epidemic diseases to your notice. The subject is a vast one, and would require a volume to notice minutely all the diseases usually classed under the head of epidemics. We shall not undertake so great a task. We choose rather to call attention to a few diseases, the prevalence of which, make it of paramount importance that we understand them as perfectly as possible, and it is with this idea before my mind, and to call out your observa-

tion and experience, and to learn what is, or has been the most successful *therapeutic and hygienic* measures resorted to in the treatment of these terrible scourges of childhood and youths, of whom so many fall yearly into an untimely grave.

The word "epidemic" is formed from two Greek words, which literally signify "*upon the people.*" By it we mean a disease "which attacks, at the same time a number of individuals." How these persons are made susceptible to the peculiar influence of an epidemic contagion, or infection, is not so clearly understood, but enough is known to make it clear that they are propagated in various ways. Perhaps the most common or universal method of contagion may be found in atmospheric influences, but how the atmosphere *first* becomes impregnated with the specific contagion is not so easy of solution. Another factor in the solution of the subject may be found in the peculiar susceptibility of the organism to the poisonous atmospheric contagion, for not every one exposed to these influences becomes affected. This is observed in almost, if not in every epidemic of scarlatina, measles, etc.

In some diseases, actual contact, either to the person infected, or to some of the clothing, bedding or vessels used about the person, seems to be requisite to the propagation of disease, for example, in scabies, small-pox, etc. Perhaps some of you will object to placing small-pox in that class wherein contact is requisite to its propagation. But so far as my observation goes in this horrible disease, I have never known a case to develop itself in any other manner, either by contact with the person suffering from the disease, or by handling or using the clothing and other articles used about the room in which the person is lying. I have never felt the least fear in visiting a patient suffering with small-pox, so long as I did not touch any article in the room, or those used around and by the patient, and I think you may visit your small-pox patients with perfect safety, so long as you observe these precautions strictly. See your patient, ask all necessary questions, then pass out of the room, make your prescription, give your directions, and depart, and I think you will neither take it yourself or carry it in your clothes. But the contagion of cholera, scarlatina, measles, etc., are not restricted to actual contact. The whole atmosphere is poisoned by the peculiar emanations that arise from the sufferer, and no doubt exists in the atmosphere prior to the manifestation of the disease so that by inhaling the poisoned atmosphere, by a person whose system is susceptible to the contagion, the disease is

developed and propagated. The same may be said of diphtheria where even the affectionate kiss has been known to be the immediate source from which or by which, the disease has been imparted to the unsuspecting victim. Parties meet on our streets. The almost universal practice of kissing the baby, is often the means of sowing the seeds of the disease, that often results in the death of the little innocent. A lady has a sore throat. She little suspects the character of that soreness, till by and by it increases. She is alarmed, calls her physician, and behold, he tells her that she is suffering from malignant diphtheria. That darling little one whom she kissed but a short time ago on the street, is also taken with the same disease, and may be succumbed to the effects of the disease imparted by a thoughtless kiss.

Perhaps there are no two diseases that have carried off a greater number of our children in the last few years than have scarlatina and diphtheria, and it is to these diseases that I would call your attention for a short time. It is not necessary for me to use up our valuable time on this occasion, by entering into a minute diagnosis of either of these diseases. This you can study at your leisure in any treatise on general practice, or in the monographs so ably written by several authors. For several years these diseases have been peculiarly fatal, carrying off hundreds of our little ones, especially in some of our large cities.

We desire to call attention to some of the *causes* that produce these diseases.

DIPHTHERIA.

First. Diphtheria. If we turn our attention to the pathology of this disease, we find almost every author concurring in pointing to the false membrane as the great characteristic feature of this disease. Now while this is true generally, yet I think that there exists in the inflammatory condition as marked a diagnostic condition, as in the peculiar membrane, and this will as often lead you to detect the disease as the development of the membrane, and sometimes before the membrane makes its appearance. This is only learned by close observation, and is hard to describe, but once learned will enable you to meet the disease with its appropriate remedy, cutting the disease short in this initiatory stage. But we are often called too late to meet this stage, or not till the characteristic false membrane has begun to form. This membrane is developed after a variable amount of constitutional disturbance, and more or less of fever of a low order. It has been

said that the local affection may precede the fever, but this has not been my experience. The membrane has also been described as universally of a dirty ash color. But I find that the membrane is often white or yellow, or brownish color, but I have never seen much variation in the peculiar inflammatory condition of the surrounding parts. The site of this inflammation is mainly in the fauces, and upper part of the respiratory tract, accompanied with the characteristic fetid odor, and unless caustics have been applied though you may discover excoriation. Yet there is not that tendency to sloughing, as in those forms of angina known as "ulceration" or putrid sore throat. One word on the appearance of the membrane. If carefully examined, it will appear much like the ordinary fibro-plastic membrane thrown out in true inflammatory croup, "but *softer*, made so by the sanious matter which exudes around and from beneath it." The causes of diphtheria has occupied much time by many of our best pathologists, both in this country and Europe, and it is generally "conceded that, although *litheal* influences may greatly assist in its propagation, its original cause lies in the presence of *decomposing animal excreta*," especially is this the case in our large cities, where large numbers of horses are kept, and used for the various purposes of transportation. How these conclusions have been arrived at, is not for us to inquire at this time. But "suffice it to say, that there is no doubt that it is often the result of insufficient drainage from sewers, and water closets, and the impregnation of the air, and more especially of the drinking water with noxious animal matter."

I have said so much on this point though not half discussed, that I have little space left for the treatment, and will only indicate the remedies, that in my experience have proved most efficient. In the initiatory stage, when there is but slight febrile action, and the fauces present a fiery red and velvety appearance, I find *Merc. binod.* of almost specific value, given in the 2d and 3d attenuation, about two or three grain doses, every hour to four hours. If the fauces presents a dull red or dark red, or reddish-yellow appearance, *Merc. proto-iodide* as given above has proved best. If there is a flow of stringy viscid mucous often attended with a loose cough *Kali bich.* If there is a combination of the symptoms as given under both *Merc.* and *Kali*, I have given them in alternation, with good results; other remedies are *Amn. caust.*, *Ars.*, *Bell.*, *Bromine*, *Aconite*, *Verat. v.*, *Nux v.*, etc. While using the internal remedy, I have used a gargle of *Salicylic acid*, *Kali chlor.*, *Muriatic acid* or *Alcohol*. Either of which

have the quality of destroying the *bacteria* so often found present in the false membrane (and here let me say that it is my opinion that bacteria are a result, and not the cause of diphtheria as claimed by many able writers.) It is important that thorough ventilation, and disinfectant means should be resorted too, and all discharges from the body should be disinfected and removed without delay, remembering that in this disease "Cleanliness is next to Godliness."

SCARLATINA.

Scarlet fever is well said to be the bane of childhood. To this the aching breasts of thousands of parents can testify. Without entering into the diagnosis of scarlatina, I will simply say, "Scarlet fever is a febrile disease of a contagious nature. Characterised by scarlet efflorescence of the skin, and of the mucous membrane of the fauces, generally commencing about the second day of the fever, and declining about the fifth, being in most cases accompanied by inflammation of the throat, and often of the submaxillary," and other glands about the throat and neck. I am inclined to the opinion that there is no disease in which the *causes* are so little understood as in scarlatina. One writer (Hartmann) says: "There is scarcely a doubt that scarlatina is an epidemic disease, but this epidemic character is based upon a contagion which is first developed out of several simultaneously existing causes." No doubt this is true to a certain extent, but it is far from accounting for first causes. Another writer (Dr. Geo. Burrows, England) says: "Epidemic scarlatina occurs more frequently in the autumn months after a warm summer, especially when the heat has been accompanied with continued rains, and when the succeeding winter has been open and mild."

It would seem then, that the decomposition of vegetable matter, accompanied with heat and moisture, make one factor in the development of scarlet fever, and inasmuch as the disease prevails to a greater extent in our large cities and towns, and is accompanied with more fatal results, may we not look for another factor in the emanations from decaying *animal matter* and their *excreta*. These causes may combine to generate the peculiar scarlet fever germ which may float in the atmosphere, carrying the infection in whatever direction the wind may happen to blow. I have carefully observed this phenomena, and found that which ever way the wind blows during an epidemic of scarlet fever, cholera or measles, in that direction will the disease prevail most frequently and most fatally. I cannot enter into

a description of the varieties of scarlet fever, viz.: (1.) *Scarlatina simplex*, where the skin is the seat of its manifestation. (2.) *Scarlatina anginosa* when the fever is far more intense, and the fauces inflamed. (3.) *Scarlatina maligna*, when there is a low grade of the fever, great depression of the vital powers, diphtheritis, gangrene of the mouth and throat, swelling of the glands of the throat and neck, with an acrid discharge from the nostrils and ears. (4.) *Scarlatina faucium*, when the desquamation is confined for the most part to the mouth and throat. There are other varieties and other names for these varieties, viz.: *Scarlatina variegata* where the eruption appears in the shape of small *stigmata*. *Scarlatina lævigata*. This variety manifests itself on the face, eyelids and upper extremities, the rest of the body presenting the simple variety. *Belladonna* is its specific. *Scarlatina miliaris*. This consists of a rash-like eruption, filled with a clear fluid. *Aconite* is its specific. It would be interesting to trace out the pathology, and the anatomical changes that often take place, but we forbear, and say only a few words more on the treatment of scarlet fever.

The remedies most frequently required are: *Aconite*, *Bell.*, *Dulc.*, *Ars.*, *Merc.*, *Sulph.*, *Amm. carb.*, *Rhus tox.*, *Acid mur.*, *Phos.*, *Apis mel.*, *Lachesis*, *Stram.*, *Hyos.*, *Bry.*, *Ipecac.*, *Hell.*, etc. The specific indications for which may be found in Hartmann, Marcy & Hunt's Practice, Hempel, Hering, Small, and in almost all works on practice.

In conclusion let me say: Considering the probable causes of diphtheria and scarlatina, there seems to exist a great and fearful cause of disease in all large cities, to remove which, some means should be devised. The *excreta* of man and beast should be at once disposed in such a manner as to remove every possible chance of producing disease. In fact it would be far better to remove every horse, cow, dog, hog and cat from the city limits, and devise such means of transportation by machinery, as will be adequate to supply the demands. With this and the use of disinfectants, and religious cleanliness about our houses and person, these diseases and many others too, will be shorn of their terror, and the city and towns a healthful and delightful place to live. It may be said, this cannot be done. But I tell you it will be done some of these days. I am satisfied that there is no necessity for the existence of so much sickness. Men must be taught how to live, and to eat, and how to sleep in order to be healthy. We must have line upon line, precept upon precept, here a little and there a little, till the great work is accomplished. As physicians we are greatly the educators of the people. Let us see to it that we do our work well.

SOME EFFECTS FROM MORPHIA, ANTIDOTES. ETC.

Was called Sept. 27, to see a young lady twenty years of age, rather small in stature, hair and eyes dark, of a marked *nervous* temperament, somewhat anæmic, whose individuality furnished in many respects a patient of a strong *Belladonna* type, latterly a sufferer from severe attacks of various forms of neuralgia. Last fall, winter, and early spring, this young lady suffered from "spinal irritation"—more properly spinal anæmia or "spinal neuralgia." (Kershaw.) Of this latter we may speak a little further on, if space permit. During the forepart of that period was under Allopathic treatment, with results which usually characterize their mode of treating such cases. These attacks were irregularly intermittent in character, for which *Quinia* was given quite naturally (!) and we know not what besides, till at last that "standard treatment" of *Morphia* by hypodermic injection was resorted to. Of course this could have no influence in a curative sense, and only furnished a new and superadded set of symptoms to complicate the case still further, when once the palliative effects had passed away. She seemed especially sensitive to its action, and the following symptoms obtained from herself and sister, with my own observations of the effect of *Morphine* has had upon her upon a few occasions are herewith appended. The last one—which suggested this letter—occurred while the patient was away from home. Had been to have a few teeth attended to by her dentist, with the result of a severe neuralgia being set up from the moment the soft filling was inserted in one of them. There was local congestion, threatening suppuration, for which the parts were lanced by the dentist without the desired effect of relieving the pain, which rather increased than otherwise. At this juncture, her friends applied to an Allopathic physician, who lived close at hand. He wrote out a prescription containing *Morphia* as usual, to be administered every one and one-half to two hours. After the first spoonful had been taken, it was not long before the prosopalgia, etc., was relieved, but she then showed in its place such symptoms of *Morphinism*, as we are about to describe: Numbness of the hands and feet, with tingling of the same; later, more or less general numbness; loss of voluntary movements; at first could not speak or move, except with the greatest difficulty; seemed utterly helpless; her strength failed her to that extent that she could not take a step nor scarcely raise a hand; "wild distressing feeling" in

the head, which continued for a long time, until antidoted in fact; *head very sensitive to touch*; patient became *restless* and uneasy, throwing herself from one side of the bed to the other; loss of appetite; *violent nausea* (secondary effect); some thirst, etc. Thirst, in some cases, is quite marked. One of the *first* symptoms noticed after hypodermic injections of *Morphia*—in this case appearing later on—would be an itching *about the sides* of the nose, upper lip, and mouth, afterwards extending to the *face, arms* and other parts until it became general. We also observed a *fine red, pimply eruption* upon the forehead, and a cluster of vesicles resembling hydroa beneath the left eye and left angle of the mouth,

When we arrived more than forty hours had elapsed since the medicine had been taken. We found her then, with slight headache, but possessing a remnant of the effects of *Morphia* upon her nervous system, in the shape of those "wild feelings;" hyperæsthesia of the scalp, and a sensation "as of *bunches or lumps*" on the head; some nausea, etc. These latter symptoms indicated *Verat. alb.*, and this remedy has done me good service in neuralgia where they were present. We gave *Verat. m.*, one dose, following it later—as you frequently will—by *Bell. m.* The next day was Sunday (28th), and on returning from church found our patient with a hard, nervous chill then upon her. About the middle of the afternoon, when perspiration first made its appearance, we gave a dose of *Bell. cm.*, and another two or three hours later. The next day accompanied her home. That afternoon had some fever, without preceding chill; *Bell. cm.* as before. Next day—the third—had chill, followed by fever, but paroxysm was lighter and proved to be the last one. *Bell. cm.* given at its close, one dose we think. The next afternoon patient perspired quite profusely, without fever.

Upon referring to Allen's *Materia Medica* under the head of *Morphinum*, we find there recorded several instances wherein *intermittent fever* paroxysms have been induced through the use of this powerful drug. And when we turn to such other remedies as have produced and cured paroxysms of this character, can we longer doubt that they did so *chiefly* through their *influence* upon the *nervous system*? Must we not agree with the learned Dr. Caspari of Vienna, that intermittent fever, *per se*, is essentially "a neurosis," even in those cases where it follows secondarily upon the poisoning of the blood by the malarial miasm. Surely we have all met cases of an intermittent nature which cannot justly be attributable to malarial influence. Let us therefore

“give the devil his due,” and no longer use that convenient term “malaria,” wherewith to cloak our ignorance, and deceive our patients, whenever they present themselves before us for treatment, suffering from, no matter what—if it be only intermittent or remittent in its character. To return to *Morphia*, *Belladonna* seems to antidote its secondary effects more particularly, while *Macrotin* or *Verat alb*, do better for the more acute stage of “*Morphinism*,” where this falls short of such soporose narcotism as to require *Coffee* in strongest form, *Ipec. ϕ* or *Nux vom. ϕ* (hyperdermically,) *Bromide of Sodium*, (?) etc. Dr. Braun’s case of neuralgia elicits this further statement from us. The patient described in the beginning of our letter, at the time of January 1, 1879, was indeed a chronic case. The sensitive points were over and about the second and fourth dorsal vertebrae, as nearly as we can remember. At our first visit, not knowing what was best to be done, we then gave *Morphia* to see if the patient would not get some relief from the severity of her pains. That night we had an opportunity of witnessing a condition of affairs similar to those previously narrated, for the first time. Later on, the same peculiar head symptoms, led us to give at that time *Verat. alb.*, (in attenuations from the first to cm,) for which we gave it last month. From that time until the latter part of the month (January,) she was better and again worse by spells. *Belladonna m* relieved more than anything. Then her condition seeming to point more strongly to *Rhus tox.*, this remedy in the 105,000th, was followed by remarkably happy results, but through imprudently playing on the piano at that time, this amelioration was succeeded by a relapse, when this remedy was of no further service. About the middle of February, *Cimic.*, 1 to 30 afforded some temporary relief. The first week of March, gave her *Cimic.* 500; toward the close of the second week gave the 95,000th of the same. This latter prescription did nicely for a short time, although the improvement was not quite so marked as that we saw from the *Rhus. high*. We then gave *Sulphur* 1,000,000th, and continued the *Cimic.* The latter part of the month, thought we would return to *Rhus.* and see if any better results could be obtained. March 24th, gave a dose of *Rhus. 105m*.

The next day was called to see the patient, who was suffering greatly from dysuria, which *Bell. m* shortly relieved, after which we returned to *Cimic* 1000th again. A few days later *Bry* 1st and *m*, relieved a “nervous trembling,” which was quite annoying. April 1st, she was attacked with the earlier symptoms of diphtheritic angina. This also yielded to *Bell m* with an occasional powder of *M. bin-jod* 1st *trit.*, but

was followed by bronchitis which was very troublesome. Used principally *Bell.*, *Cimic.*, *Macrotin*, and "Olive Tar" inhalations, and upon its subsidence, returned (April 12th,) to *Cimic 95m*. A week later, upon a careful study and fresh survey of the case, we decided that *Bell.* must be the remedy for the case, but would see what *Electricity* would do also, and April 21st, commenced with this, giving also *Bell. m* internally. We used a "Kidder" battery at first, according to the directions of a brother practitioner, from whom it was borrowed. Then he having use for it elsewhere, we fell back on a "dry" battery owned by the family. Aggravations followed the first two treatments, as we expected, and when later we found no considerable benefit from its continuance, gave the patient *Bell. cm*, which was shortly followed by the most permanent benefit yet received, and the patient has continued to have a comparative degree of health ever since. J. E. WINANS.

WEATHER PROVING AND DISEASE TENDENCY.

BY BUSHROD W. JAMES, A. M., M. D., PHILADELPHIA.

Sergeant C. A. Smith, Signal Service meteorological summary for September. "Highest barometer 30.457 (27th). Lowest barometer 29.752. Average barometer 30.144. Monthly range of barometer 705. Highest temperature, 86 (1st). Lowest temperature, 43 (26th). Average temperature, 64.4. Monthly range of temperature, 43. Greatest daily range of temperature 25 (27th). Least daily range of temperature 6 (22d). Mean of maximum temperatures 72.6. Mean of minimum temperature 55.5. Mean daily range of temperature 17.1. Mean relative humidity, 70.1. Total rainfall 1.12 inches. Prevailing direction of wind, south. Maximum velocity of wind 6356 miles. Number of foggy days, none. Number of clear days, 15. Number of fair days, 10. Number of cloudy days on which rain fell, 4. Number of cloudy days on which no rain fell, 1. Total number of days on which rain fell 9. Frosts occurred on the 26th and 27th."

COMPARATIVE TEMPERATURE.

September, 1874,	68.0	"	
" 1875,	64.1	"	
" 1876,	63.8	"	Average for } 65.8. six years.
" 1877,	66.8	"	
" 1878,	67.9	"	
" 1879,	64.4	"	

COMPARATIVE PRECIPITATION.

September, 1874,	6.01	“	
“ 1875,	2.53	“	
“ 1876,	8.77	“	Average for } 3.69. six years.
“ 1877,	2.74	“	
“ 1878,	0.96	“	
“ 1879,	1.12	“	

COMPARATIVE RELATIVE HUMIDITY.

September, 1874	71	“	
“ 1875	65	“	
“ 1876	71	“	Average for } 70. six years.
“ 1877	70	“	
“ 1878	72	“	
“ 1879	71	“	

DISEASE TENDENCY.

The general disease outlook for September, with its mild even tempered days, and absence of any great amount of storm or rainfall, were principally, malarial fevers, hepatic and gastric derangements, general debility, neuralgias and nervous complaints in general, rheumatism and a mild form of sore throat.

During the first week, headaches, nervous debility, languor, rheumatic pains, intermittent and typhoid fevers and congestion of the liver, were the predominating conditions. With a continuance of these we had during the second week, catarrhal colds, some diarrhoea and dysentery, hæmorrhages, with a decided increase of enteric diseases.

Heart diseases were worse and the mortality from this cause was greater than for a number of weeks.

Acute bronchitis and bronchial catarrhs, sore throat, vertigo and a paralytic tendency, were likewise observed. During the third week the most noted tendencies were rheumatism, enteric and typhoid symptoms, vertigo and fainting spells, with some cases of spinal meningitis. and during the end of the week there was an increase of coryza, catarrhal disorders, and a disposition to diphtheritic sore throat.

During the remaining nine days we had a good deal of gastralgia. enteralgia with bilious complications, rheumatism, sore throat, pleurisy, pharyngitis, various forms of neuralgia, epistaxis and other hæmorrhages; also some conjunctivitis, and quite an increase in the malarial fevers.

Remedies.—The principal remedy of the month was *Rhus tox*, it suiting many of the typhoid, enteric and rheumatic symptoms. Then *Arsenicum*, likewise *Bryonia*; *Belladonna* also came in for a good share

of attention, especially in the headaches, vertigo, heart diseases, hepatic and gastric disorders that were so prevalent.

SMALL POX.

I observe that out of sixty-five cities that issue weekly published mortality reports, no deaths have occurred in September, up to the 13th, from this disease. During August, five deaths occurred in New York City, and two deaths in Wilmington Delaware. In July, one death occurred in San Antonio, Texas.

During March, April, May and June, one death occurred in Rochester, New York; one in Albany; four in Hudson Co., New York. Ninety six deaths in Havana, Cuba. In Pernambuco during May, June and July, one hundred and ninety-one deaths occurred.

Now while the United States is so free from small pox, why can we not quarantine the country and our large cities against this disease, and keep it from ever getting a foothold here again? Why not quarantine every case that occurs, and those exposed in every city in the country, and compel vaccination to all exposed persons, and watch them as vigorously as the yellow fever fugitives were watched during the past summer.

We will soon be able to keep away some of these dreaded diseases, if a vigorous movement is inaugurated and kept up against them. The Boards of Health of all our cities should look after this matter, and the National Board, should supervise and assist the efforts of the former.

MAP TONGUE. KALI BICH.

Will you please publish the following correction of Dr. Morgan's statement, which occurs in July 1st number, of current volume of the INVESTIGATOR, page 46. The mistake is mine, not yours.

It should read: Dr. Morgan remarked that white fur on tongue studied with little islands or red patches, is a characteristic indication for *Kali bich*; and *Petroleum* is an excellent remedy in chronic diarrhœa.

L. HOOPES.

MEMBRANACEOUS ANGINA.—In its most dangerous form is cured by *Hepar 1*, and sometimes even the pure tincture, at a dose of several drops.—*Homœopathic Examiner*.

Children's Department.

CHRONIC GASTRITIS IN CHILDREN.

BY T. C. DUNCAN, M. D., CHICAGO.

Read at the Public Session of the Illinois Homœopathic Medical Association, at Freeport, Ill., May 21, 1879.

MR. PRESIDENT, LADIES AND GENTLEMEN: Chronic gastritis in children, is almost entirely overlooked by writers on diseases of children. When writing my work on "Diseases of Infants and Children and their Homœopathic Treatment," I was strongly tempted to make no mention of inflammation of the stomach, either acute or chronic. The indefinite term "indigestion" is used to cover nearly all of the diseases of the stomach, *i. e.*, gastralgia, gastric catarrh, and acute and chronic gastritis. Indigestion cannot include chronic gastritis for there is usually little appetite, and therefore little food to digest or disagree.

"The School Child's Stomach" is an expression that will convey to you the great prevalence of this form of stomach derangement. The following case will perhaps present the disease in a more vivid light than any abstract description would do: Miss — aged twelve, tall and spare, is brought to my office by Dr. — for consultation. A former physician had diagnosed heart disease. As the girl drops into the chair in a listless, tired manner we will study her. The face is pale and wan, the eye dull, the skin sallow and dry, the shoulders stoop and the form is bent. The whole appearance is that of exhaustion — starvation. Why is this young girl not plump, rosy and fair? Is she sick? Many a mother would say "oh she is only tired out, and when school closes she will be all right." That is the way these cases are treated, or rather neglected; but the result is not as predicted. These cases do not change for the better. The mother had heard my lecture on Infant Feeding at the Grand Pacific Hotel, Chicago, and she is aroused. "Something must be done." To the inquiry, "how does she eat?" comes the answer: "She does not eat anything; all she wants is meat. She would rather play than eat." "Does she drink much water?" "Very little." "How does she sleep?" "I never saw such a sleeper: you cannot go into her room but you wake her. She is a very light sleeper. Well she is restless any time; constantly in motion." (It is a well known fact that carnivorous animals are rarely fat, drink but

little and are constantly in motion). Why is this poor child in such a condition? It is not due to school, although so frequently met among school children, or to mental activity, as many suppose, for she had always been so. We will investigate this case farther. The heart thumps like a trip hammer against the chest wall, but is not irregular, and as the excitement abates the heart throbs are less forcible. It beats as it does in any exhausted body. *The tongue tells the story.* It is small, thin and red at the tip, with a very thin, white coat upon it through which the papillæ show very red. It has not the bright, fiery red appearance of acute gastritis, nor the denuded pale, flabby look of gastric catarrh. The case is diagnosed as one of chronic gastritis. In gastritis there is usually constipation present. In this case the bowels moved twice a day. This is due doubtless to the nervous activity of the whole system. I might cite scores of similar cases that have come under my observation, but this typical case will enable you to pick out hundreds of these cases among the children you meet, and especially school children.

These "spindle shanks" we meet so often excite my sympathy for they tell a long story of systemic starvation.

To be able to recognize a disease is not always to cure it. Some of these cases are most difficult of management. A case that has existed for years, from infancy, where the various parts of the system have been deprived of their proper nourishment and consequent development, is not to be transformed to a condition of health in a few days.

The causes of chronic gastritis are many, and may be divided into congenital and acquired. Under the head of predisposing causes we may enumerate congenital atrophy of the liver, pancreas and lymphatics. Atrophy of the liver or pancreas or both will allow a preponderance of acidity in the intestinal canal of the child. If the lymphatics are atrophied the chyle will not be absorbed and a gastro-intestinal catarrh will be followed by chronic inflammation. If the child is small at birth from any cause, especially from lack of nourishment or activity of mother, it will almost surely suffer with gastralgia, colic, much colic, more colic, and finally chronic gastritis, unless it is fortunately soon made fat by food which it can readily digest.

The acquired causes of this form of stomach trouble in children are many, and they occur far back in infancy. Among them I may mention too rich food, too sweet food, too concentrated food, too watery food, irregular feeding, cold, excitement of the mother, activity after eating, but above all I think may be placed overfeeding in infancy.

A child that wants to feed, cries for food every half hour, is suffering with gastric derangement. A child that wants to nurse all night is sick with this disease. A child fed with all sorts of food is a candidate for stomach trouble and the parents for sleepless nights. When the wail of that child rings out on the mid-night air till the neighbors are aroused, the mother in despair, and the young father vows he will pitch it into the alley, we are summoned to tell "what ails the thing."

The diagnosis is not difficult if we get the right cue; a red tongue, ravenous, or no appetite, sleepless days and restless nights are a trio of symptoms that tell the whole story.

There is one symptom that bothered me a long time to tell its etiology, and that is this: "The child kicks the clothes off," "will not lay covered." It seems too warm, but its legs will be "as cold as a frog." Those who have met cholera cases will remember how much they complained of being "so hot," when to feel of them they were as cold as ice; the gastro-intestinal irritation may account for it. In studying this symptom I always found a gastric inflammation to be present in those cases, while in the catarrhal cases they wanted to be covered.

Another symptom that caused me much study was "frequent urination" in infants. These cases of gastric irritation are "wet all the time;" the urine is pale and profuse, while in cases of gastric catarrh it is scanty and high colored.

The prognosis should be guarded, in the hands of yielding parents; remedies can soon cure the gastric trouble, but, unless the feeding is regular, the whole trouble will be reproduced again and again.

The treatment, whether of the infant or older child, consists in regular and proper feeding and in giving the appropriate remedy. Over-feeding being the chief cause in the infant, whether there are also the effects of cold present or not, the first thing is to put the child on to regular habits. In the infant the time of feeding may be lengthened to two or three hours in the day, and to only one, or two meals at most, at night. If the child is over eight months of age the time of feeding may be lengthened to three hours in the day, and once or not at all at night. Four times a day and none at night, is often enough for a child one to two years old. After two years three hearty meals a day is sufficient for any child. What shall it eat? As a rule these children do not digest milk well, and will therefore need dextrine food when young, and starchy food with their milk when older. Children should

love and take vegetables; sour things, that stimulate the acid secretions, should be avoided.

Frequently when we give the stomach a rest by giving food at long intervals as indicated above, or when we select a food that is digested chiefly below the stomach, the gastric inflammation will subside without remedies. Sometimes we meet cases that tax our utmost energies. The remedy I have found chiefly indicated in chronic gastritis is *China* in water. When I meet the symptom "belching of wind" after eating, I have never found *China* to fail. When the belching comes in the morning before or after eating, *Hydrastis can* 3 has always afforded relief. Where the flatus is more intestinal and worse in the evening *Lycopodium* 30 or 1000 cures. In acute gastritis *Arsenicum Æthusa* or *Silicea* are the chief remedies I have used, while in gastric catarrh *Hepar sulphuris calc.*, *Calcarea phosphorica*, *Mercurius*, are chiefly indicated.

Older children are often more difficult of management, I have found that they will, as a rule, take freely of vegetables, sweet fruits, and milk, and fatten nicely. The milk should be taken with the meals or just at the close of dinner and supper. Between meals I insist on a drink of water; children, like plants, need plenty of water, but it should not be drank cold at meals, for this is a fruitful cause of derangement of the stomach. Following the rules laid down in my little book, "How to be Plump," I have found that starchy food, plenty of fluids, water between meals, and the appropriate remedy will soon transform these shadows of humanity into rosy, happy, hale and hearty members of society.

HOW TO MANAGE HOOPING COUGH. — When the cough assumes its peculiar spasmodic character, we should give a globule of *Drosera*, to repeat it five or eight days after, commonly two or three doses will suffice. When the child is stiff and without consciousness during the attack, *Cuprum* finds a special application. By repeating every day *Aconite* in the morning. I cured a recent hooping cough in an active and plethoric child; *Cina* when the child has a strong appetite; when he puts his finger often to his nose, or if there are convulsions, *Conium* has succeeded with me when attacks of coughing took place in the night. When the convulsive attacks are dissipated the remaining cough may be combated with *Ipecac.* or other medicines appropriate to its nature. — *Croscen.*

Obstetrical Department.

MYO-FIBROMATOUS TUMOR OF UTERUS.

BY W. D. FOSTER, M. D. HANIBAL, MO.

Read before the Western Academy of Homœopathy.

Mrs. B., aged forty, German, has never had any children and says she has never been pregnant. She has been married for years. Her health has always been good up to July, 1876. At that time her menses were more copious and continued a longer time than usual. From July to the following January these troubles increased from month to month, the menses would last for about three weeks, being attended with considerable pain. In January, 1877, she is quite sure there was some enlargement of the abdomen, appearing just above brim of pelvis and mostly upon the right side, this continuing to increase, she supposed herself pregnant, and consulted a midwife who confirmed her notions. Her health about July was so much impaired from the continued losses of blood, and the distress in her back and right hip and leg, she became uneasy about herself and consulted Drs. Chamberlain and Heitz. After careful examination and deliberation, they diagnosed intra-uterine tumor, without pregnancy. Her condition continuing to grow more unfavorable, I was requested to see her with Dr. C. on Sept. 19, 1877. Through the use of tents we dilated the cervical canal, so as to permit the introduction of a finger, whereby we were enabled to detect the presence of a large tumor in the interior of the uterus, very solid in structure and pedunculated, a segment thereof came down and engaged in the os-uteri. The canal not being sufficiently open for the purpose of introducing instruments for the removal of the tumor, we incised the os very extensively, making four incisions, extending them up as far as safety would permit. The day following this operation menses came on, and lasted about eight days, and were in every way more normal than for many months preceding. After the cessation of the flow at this time the menses did not reappear at all for several months, not until the following June.

By persistent introduction of tents the os was again dilated, and Nov. 8, 1877, we proceeded to remove the tumor with wire ecraseur. The tumor was about the size of an orange and extremely solid. The

operation was followed by very slight hæmorrhage and no inflammatory action whatever. It is sufficient to say that the operation itself was seriously protracted by the breaking of two wires, this is no slight misfortune, when the difficulties of adjusting the loop about the pedicle are considered. Having taken a strong wire and carefully readjusting it for the third time, the pedicle was divided and the tumor delivered with long tenaculum forceps.

The curious fact that incision of the os checks the hæmorrhage, one of the most annoying concomitants in these cases, will be noted. In this case the menses were suspended entirely. Allusion to this fact has been frequently made, but so far as I know, no satisfactory explanation of it has ever been offered.

Ten days subsequent to the removal of the tumor, Mrs. B. was attacked with malarial fever, from which she recovered in about six weeks; and is to-day in the enjoyment of perfect health.

CAULOPHYLLIN IN FALSE PAINS.

CASE. A lady during her eleventh pregnancy complained greatly of "small cramps all through the womb," which annoyed her very much during the last four months of the "term." Several remedies were tried and finally confinement silenced them. In due time the *twelfth* term began and those annoying pains were worse than ever. This time Hale on Sterility, suggested *Caulophyllin* 3x, which relieved with fine effect; one grain once a day soon checked them, and an occasional dose served to keep them at bay.

I now turned my attention to an obstinate pyrosis or "heartburn," which was effectually relieved by *Lactopeptin* after a thorough trial of the best indicated remedies. However in an other case where it was always present until motion was felt, the same remedy was only of slight benefit.

Several cases in my hands, have been greatly relieved of those crampy pains by, *Caul.* 3x and each case had an easy confinement.

If after-pains present similar symptoms, the *Caul.* 3x is the best remedy. If they are sharp cutting or darting pains, *Kali carb* 200, also if they run down the thighs and up around the heart.

For obstinate cases of ordinary character, *Secale* 10c often proves excellent.

C. D. FAIRBANKS.

THERAPEUTIC TREATMENT OF AFTER-PAINS.

BY W. H. HUNT, M. D., COVINGTON, KY.

Read before the Western Academy of Homœopathy.

Thorough contraction of the womb after the birth of the child secures in almost every instance, an immunity from *after-pains*, (this is a self-evident proposition an axiom in obstetrical practice.)

Give me a uterus free from pathological states, either in the primipara or multipara after labor, if that organ is properly handled, and I will return to you an involution accomplished without pain, obtain perfect contraction of the uterus, and you avoid an accumulation within its cavity of blood and water, consequently you have no effort at expulsion, and as you get no expulsive effort you necessarily escape pain. For a woman to experience an after-pain there should be either relaxation of uterine tissue, or an existing rheumatic condition, either one or both conditions may be regarded as predisposing or active factors. During labor, a woman does not complain of pain or soreness if you press your hand upon the uterus, not so when she has just been delivered. She cannot bear pressure, the entire womb is more sensible of pain, intolerant of pressure, the function of its sensitive cords is exalted after labor, and as you have contraction of the muscular tissue, the sensitive fibres are compressed and as a consequence of this compression, the passive tissues among which the sensitive cords are distributed, feel that pressure and the woman feels the pain arising therefrom.

You will excuse me if instead of occupying your time with an attempt at an exhaustive consideration, I simply remind you of some recorded experiences, also offer for your consideration a treatment not altogether peculiar to myself, but one that has been successful, and finally recommend to you the use of a remedy not hitherto used, but one which if prescribed according to the clinical indications which I shall give will happily surprise you in its action.

Our Homœopathic authorities advise many remedies as being effective in the relief of *after-pains*, thus *Arnica* is employed extensively and recommended by every one as being Homœopathic to the trouble not that it ever produced an *after-pain* but it is given on general principles just as it would be consulted for *strains*, *over exertion* or *bruised conditions*, its exhibition is recommended at severe labor, it is supposed to prevent the excessive development of the pains, and in most cases to ward off *fever* and inflammation. I can furnish you no specific indications

for its use other than that it may be considered or classed as a traumatic remedy. In my experience it has had little influence in checking or mitigating after-pains, and I seldom use or recommend it solely for that purpose.

Chamomilla is recommended when the patient is highly excitable and sensitive, especially if possessed of that *dissatisfied, devehish disposition* so characteristic of this remedy, in fact the alternate use of *Chamomilla* and *Coffea* is perhaps oftener resorted to than any other two remedies, (not that the better part of humanity have devehish dispositions as a rule,) but because clinical experience corroborates their recognized pathogenetic worth.

The key note for the use of *Coffea* seems to be "an insupportably intense pain, or pain followed by *convulsions, coldness and rigidity of body*, coupling these symptoms as characteristic of *Coffea* and the peculiar mental and sensitive state of the patient in *Chamomilla* no wonder that these remedies have so often been prescribed with success, if we have a routine treatment in Homœopathic practice it is the alternate use of *Chamomilla* and *Coffea* for *after-pains*.

Nux vomica occupies a near place with some practitioners, "key notes" are given. There is a continual inclination to relieve the bowels when in a recumbent posture, but passing away when rising. This symptom to me has ever been important in *after-pains* as in bowel affections. A further indication for *Nux vomica* is that the pains in the lower parts of the abdomen are spasmodic, the pain seems to be more in the bowels than in the womb, the pains appear to be more pelvic than abdominal, they are described as being low down with colic and pressure. Nausea, flatulence and umbilical pain always remind me of the necessity for using *Nux vomica*. It is a grand uterine remedy, and if it were possible to produce a pain similar to an *after-pain* by a drug. I should expect it to come to the front.

Cuprum met. should never be forgotten, though not generally used it is one of our best remedies, it is especially indicated in severe and protracted after-pains, the pains of long duration occurring in females who have already borne many children, cramping pains and cramps of the extremities further indicate its use, it alternates well with *Cocculus*, this remedy is indicated when each pain is accompanied with *nausea*, this symptom I have verified in several cases.

In rheumatic patients *Cimicifuga racemosa* should be thought of, great sensitiveness, the patient feels her pains acutely.

Pulsatilla is a remedy often prescribed when the patient is nervous

and despondent, so also *Caulophyllum* and *Hyoscyamus*, are to be exhibited at times, each has its own particular sphere of action, and its own special symptoms if we only know them.

Dr. Guernsey offers twenty-five remedies for *after-pains*, the indications for each are given in his work on Obstetrics, and as any hint emanating from that source can be relied upon, I refer you to his admirable book.

Often with the best selected remedy you will fail, and it may become necessary to give a remedy that will for the time obtund the nervous system, for this reason it has been the custom and it is an ancient habit to prescribe an opiate. Dovers powder or some combination of *Opium*. Each practitioner after an experience of years naturally falls into a way of thinking and practicing and this is called his peculiarity, one man contends for this idea, another for that, and yet another fortifies himself behind his experience and learns no more, and a fourth drifts from one to another having no abiding place, always surrounded by uncertainties.

For years past I have pursued a line of treatment for *after-pains*, that seldom fails. In the first place it is very certain that the involution of the uterus in *multa para* requires a certain amount of pain, and the amount of pain depends upon the degree of contraction you obtain after the expulsion of the secundines. My first treatment is prophylactic, I squeeze, express and cause to be expelled from the uterus the placenta, blood and water. This procedure gives me firm contraction of the hollow muscle, the uterus folds upon itself, its fibres contract, and this very compactness of tissue prevents in most instances the occurrence of pain, no relaxation, no contraction, no pressure upon the nerves, no pain. Should this method fail (and it may from a rheumatic complication,) even with a tonic condition of the organ. I find in *Camphor* water a sovereign remedy, I usually administer the *Camphor* in water, dropping from three to five drops of tincture or Robini's preparation on a lump of sugar and dissolving this in a tumbler half full of water. Of this I give the patient teaspoonful doses every half hour until easy, it seldom requires more than four or five doses to insure complete relief. My experience with this remedy extends over quite a period, and with it I have relieved many cases. In the provings of *Camphor* we have but one symptom that would lead us to select it as a post parturient remedy. In Allen's Encyclopædia we have "severe labor-like pains as in parturition," again in Hulls Jahr "a sort of violent labor pains." My use and recommendation cannot be considered empirical (although not backed

by a multitude of symptoms). Clinical experience has demonstrated to me that in *Camphor* we have at least a moderator of that often intractable cause of suffering, *after-pain*, it may relieve by its anodyne and narcotic influence, for I have witnessed its quieting, soothing effect upon a rheumatic patient after other well recommended and well indicated remedies had failed.

Several years since my attention was called to the *Juglans cineria** or (butternut), by an Allopathic friend, a gentleman of large experience in obstetrical practice, he always incorporated the tincture of *Juglans* in his prescriptions for *after-pains*. No matter what other remedy was used this tincture was always an associate ingredient. I was induced to experiment with the drug, finally, without any pathogenetic symptoms to guide me, I was enabled to locate its usefulness by clinical observation. "The pains run from the sacrum to the end of the coccyx, the end of the coccyx is very tender and sensitive, all the pains seem to center at this point and are very distressing." It is especially indicated when there is great tenderness over the hypogastric region, it has relieved when there seemed to be *undue rigidity of tissue* after *Ergot* had been exhibited to control hæmorrhage, and when excessive tonic contraction had been developed in consequence.

In conclusion I would say that when the patient is properly treated immediately after the birth or expulsion of the secundaries, that *after-pains* will seldom annoy her, and I will also add that a reasonable amount of after-pain is a good thing to have in the lying-in room, especially if a *sloven* has managed the case, for it shows that nature is *completing and perfecting his job*.

College Department.

AROUND THE COLLEGE WORLD.

It has long been our desire to make a tour among our medical colleges. An arduous summer's work among the babies and MSS., and a suspicious numbness in our left foot, seemed to demand a rest or recreation, so we are off "around the college world." If these lines are variously tinted, some with gray and others with gay colors, the fact must be attributed to the variegated autumnal foliage, and the variegated feelings of those we have sympathized with.

It was oppressively hot, until we reached Albany, suggesting cholera infantum, but there the cool influence of the sea, or the adjacent mountains suggested bronchial pneumonia or "rheumatics," and the epidemic remedy *Rhus*. The thirst and heat of the previous days raised the query, Will *Ars.* be the epidemic remedy next year, and will cholera reach us, via. Japan, or be imported by the British troops from Afghanistan? The genus epidemic remedy-diagnosticians will doubtless tell us. By the way, what a grand field there is here for investigation. Is there any order of succession of remedies? Now it is *Apis*, now *Arum*, *Rhus*, *Bry.*, *Ars.*, *Sulph.*, or *Verut.* What has been the order since Hahnemann first drew attention to this subject in the selection of the remedy for intermittent fever? Possibly a collection of cases of this peculiar disease would answer the question, This gives us a glimpse at the value of reports of clinical cases. As our "provings" will be used by and by, to light up some of the dark points in physiology, so these reports will be used to light up the now obscure question of weather prophecy. What shall I stock my case with, for next season, will be answered as well as the rural question, "What crops will pay best next year." But what has that to do with colleges? Much every way. It proves the necessity for Homœopathic colleges. For the wide field of therapeutics (to say nothing of materia medica) is but just entered upon, and Homœopathy leads the van, and will for many a year. To see the remedy through a weather glass is peculiar to Homœopathy, although the careful observers, Sydenham and Rademacher, suspected something of the kind. As cases of disease are now being diagnosticated from the remedy side, e. g., *Ars.*, *Merc.*, *Pod.*, *Sulph.* or *Rhus* diarrhœa, so the years and seasons will be labeled *Rhus* years, *Ars.* seasons, etc. We leave this subject to the medical philosophers, and pass to our medical colleges.

MICHIGAN UNIVERSITY, HOMŒOPATHIC DEPARTMENT.

At Ann Arbor we made our first halt. Here has raged the battle of the pathies for more than a score of years. Victory has crowned the Homœopathic banner, but hostilities have not entirely ceased. We found large classes in both medical departments. In fact so crowded is the Old School building that the Regents propose to give the Homœopaths a full teaching corps next year, and a large college building, so we were informed by Dean Franklin, who cordially entertained us. He showed us over the new pavilion hospital building with its airy wards and large amphitheater. This he labored hard to secure. It will give them excellent clinical facilities. The profes-

sors, Drs. Franklin, Jones and Gatchell, with their assistants, are doing their utmost to make able, scientific physicians out of their seventy students.

Prof. Franklin is preparing a new edition of his *Science and Art of Surgery*.

Homœopathy is ably represented in Ann Arbor, and Michigan and has a strong hold on the people. May peace prevail and truth triumph.

HOMŒOPATHY IN DETROIT

is well represented by active, able men. The College of Physicians and Surgeons is a live society that meets weekly during the cool months. We were privileged to be at one of their meetings. Prof. Jones read a valuable paper on the theories of the divisibility of matter critically examined. He said that the atomic theory was being set aside by the most advanced scientists, and that the unity theory was supplanting it. This theory makes matter in its various forms, but aggregations of one original atom. That view removes the possible divisibility and destruction of matter far beyond the present accepted fear of the opponents of high attenuations. He reported microscopic examinations of triturations of *Aurum*, in which the metal gold was seen in the 9x attenuation! He said there was a necessary limit to the chemical, microscopic, and spectroscopic tests. Their comparative merits were illustrated. The most sensitive test of all is the human test.

The lecture was an able one, and was well received by the enthusiastic society. Their weekly lectures on professional topics is making them all well informed. The moving spirit is Surgeon Gilchrist, whom we found hard at work on *Surgical Diseases*, bringing it up to date in all departments. It will be an entirely new work. He is also collecting material for a work on *Emergencies and Minor Surgery*. Detroit has two pharmacies, Dr. Drake's, successor to Lodge, and Dr. Foster's. Our physicians seem well to do, and altogether Homœopathy is progressing in this fair, cultured and wealthy city.

HOMŒOPATHY IN BUFFALO

we found in considerable ferment. The fear is that the new college will not be fully Homœopathic, and an honor to the cause. Prof. Wetmore, the head and front of the new institution, seems an honest, earnest convert. Allopathic students will be attracted. He reported thirty matriculants a month before opening. They have a convenient building and a flourishing dispensary.

The profession of Buffalo were busy, and in good circumstances, living on some of the finest streets. Dr. Gregg has an elegant home. Appleby, the pharmacist, reported business as good. A flying trip would not allow us to take in all the sights.

We arrived in Boston just in time to attend the semi-annual session of the Massachusetts Homœopathic Medical Society, and reached the hall in time to hear a most practical paper by Dr. Cushing.

(Continued in our next.)

Consultation Department.

WHAT IS "MILK SICKNESS?"

Can any of your readers give the symptoms, pathology and treatment of the disease, called "milk sickness," said to affect both man and cattle. Any information will be thankfully received.

F. B. HERMANN.

[Dr. Detwiller, of Findley, Ohio, who made a careful study of this disease believed that it was only acute gastritis, and that *Arsenicum* was the remedy.—ED.]

THAT NEW SYMPTOM.

I do not mean to be hypocritical, and am well aware that facts are of more importance than words. Still a little attention to words and sentences on the part of some of our medical writers, would be of profit to them and their readers. Such an error as "dilation" for dilatation may be the fault of the printer, as may also "prepuse," "in *status quo*," etc. But when in one article, covering only half a page, we are told of a woman that she "has messinterics;" that the doctor was "struck by the position in which she *laid*;" and finally asks the profession to confirm or disprove the "morateristic" value of a certain so-called symptom, we certainly have a right to ask for an explanation.

In the first place, what are "messenterics?"

Secondly, what was it that she "laid" when in this strange position? Messenterics?

Thirdly, what does "morateristic" mean? Worcester, Webster, and Dunglison appear equally ignorant of the existence of such a word, or any like it.

The object of the article in question was to call attention to a "new and strange symptom," viz., "*She was lying on her back without a pillow, and the lower end of the mattress elevated.*" The patient was in labor, was subject to hysteria, and, in reply to the inquiry why she was lying so, said that "her pains were better in that position," which was, doubtless, true. But the doctor gravely tells us that "the italicized symptom is not in the first five volumes of Allen," under any drug, and he thinks it will prove to be a key-note! We can only say, if the countless vagaries of hysteric and pregnant women are to constitute key-notes and characteristics of drugs, where and when shall we stop?

B. H. CHENEY.

NEW HAVEN, Conn.

Medical News.

The friends of Homœopathy, and of Dr. W. L. Breyfogle, of Louisville, are endeavoring to have him appointed on the Kentucky State Board of Health. The *Courier-Journal* endorses their action in a strong editorial.

A. C. Pope M. D., of London, honored Chicago with a visit and was given a grand dinner by the Hahnemann Medical College; Dr. W. H. Holcombe of New Orleans was also present. An evening never to be forgotten was spent by the invited guests.

Clitrophobia.—Dr. Antigono Roggi (*Rivista clinica*, de Bologna, Sept. 1877), proposes the name *clitrophobia* for a condition analogous to the agoraphobia of Westphal, but in which the subject has no fear of wide spaces, but dreads the opposite, narrow confined localities. He describes three cases of the disease.—*Jour. of Nervous and Mental Diseases.*

Dr. H. Noah Martin, of Philadelphia, has just recovered from a sericus illness. He has opened a central office at No. 1431 Chestnut Street. After a service of nearly ten years in the Hahnemann Medical College of Philadelphia, as Professor of Clinical Medicine and of pathology and diagnosis, he feels justified in offering his services to the profession in Philadelphia and its vicinity, as counsel.

The London School of Homœopathy meets with difficulties among its friends. Some are anxious for it to be recognized by the licensing boards. That they need not expect. Better work towards a separate full-fledged school, fully equipped, but in the meantime make this a post-graduate clinical school, illustrating the Homœopathic treatment of diseases—medical and surgical. London ought to furnish out-pa.ients enough for rousing surgical, obstetrical, gynæcological, pædo-

logical, and general medical clinics, and they have good able men enough to manage them.

Through the urgent solicitations of many of his friends, Dr. Gregg, of Buffalo, has consented to accept a unanimous invitation tendered him by the faculty of the new College of Physicians and Surgeons, recently established in that city, to deliver a course of lectures in that institution, upon tuberculosis and its many associate and kindred disorders. The arrangements are that the doctor is to be allowed full liberty to develop his discoveries in all their length, breadth and bearings, and point out the strictly Homœopathic treatment of all that class of diseases. The doctor commences his course Tuesday, Nov. 11th, 1879, and delivers two lectures a week until the subject is exhausted. To all medical students, and physicians as well, who desire to go to the foundation facts of phthisis and its kindred diseases, and learn the cause of all, here is presented an opportunity they should not neglect.

A Homœopathic Eye and Ear Infirmary.—The following may be of interest to your readers:

The necessity for an institution in which the worthy poor, so desiring, might receive Homœopathic treatment has been partially met in the organization of an infirmary for the treatment of the diseases of the eye and ear. Very accessible and commodious rooms have been secured on the corner of Seneca and Ellicott Sts., and are under the charge of an efficient matron.

The infirmary will be open from 2 to 3 P. M., daily, when medicine and advice will be furnished gratis to the afflicted who are in indigent circumstances.

The institution is supported, we are authorized to say, entirely by voluntary contribution, and in order that the friends of Homœopathy may be enabled to assist so laudable an enterprise an infirmary society has been founded. Members of this society pay an annual fee of two dollars, and the Board of Trustees and officers are elected by them. Twenty-five dollars secures a life membership. A general invitation is extended to all who are willing to assist this charity to enclose the annual fee to the treasurer, when a certificate of election to membership will be returned. We are requested to say, however, that contributions of any amount will be gladly received and acknowledged by the treasurer, Dr. H. Baethig, 171 Thirteenth Street. The following are the trustees and officers:

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SURGEON IN CHARGE—F. Park Lewis, M. D.

ASSISTANT SURGEON—W. B. Kenyon, M. D.

MATRON—Mrs. Johnson.

In addition I may say that we will gladly care for any of the suffering poor (in this line) that our professional friends may be pleased to direct to us.

BUFFALO.

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Medico-Legal Department.

INSANITY IN RELATION TO CRIMINAL RESPONSIBILITY.

BY J. R. KIPPAX, LL. B., M. D., PROFESSOR OF DERMATOLOGY AND
MEDICAL JURISPRUDENCE, IN THE CHICAGO HOMEO-
PATHIC COLLEGE.

Read before the Illinois State Medical Association, May 1878.

There is perhaps no question connected with the medical jurisprudence of insanity that has excited more general interest, been more publicly discussed, or received more miscellaneous answering than this as to the responsibility of the insane for criminal acts.

At the outset of such a query we are met by the all potent question, What constitutes crime?

Touching this point many psychologists and jurists alike put the construction usually received that makes crime a subject of intention. But, however much this apparently magnanimous theory may have ruled and fitted in the days gone by, it is not adapted to this age of ours. For now everything is changing. We are in that condition mentally that makes us capable of overthrowing the doctrines upheld yesterday, and adopting new platforms and ideas for the morrow. The all pervading spirit of the times—doubt—makes it difficult for us to tell just when a mind swings beyond the eccentricity that is allowed it in this age, and is thrown off balance to be labeled unsound. And just on account of this changeableness, society can less than formerly afford to place itself at the mercy of its individual members. As any

one with strong reformatory ideas, and enough of egotism to make him think it his mission to carry out, might then stop short of nothing in the way of his good intentions. Beccaria in his *Essay on Crimes and Punishments*, says: "They err greatly, who imagine that a crime is greater or less according to the intention of the person by whom it is committed, for this will depend on the actual impression of objects on the senses, and on the previous disposition of the mind; both will vary in different persons at different times."

Browne says with reference to the psychology of eccentricity, that one thing must be remembered, and that is, that "every man is very like a steam engine, and that every brain like a boiler, has just a certain power. If a man overworks his viscera, he must underwork his brain. If he goes in for physical labor, he must be content to go without ideas. There is a deep physiological truth in the statement that a man cannot serve God and mammon. So it is in habitual direction. Energy always takes the easy road. The easy road is the one which has been trodden. Habit is the maker of paths."

It has been said, and it is true that men live two lives—one in their heads and the other in the world—and a great gulf often yawns betwixt these, which it is at times impossible to bridge over. The gulf may be left unbridged voluntarily or involuntarily. So man is as it were two, he thinks and he acts. It is with the latter that human law has to do. God deals with his thoughts. Therefore as says Beccaria. "Crimes are only to be measured by the injury done to society." Those of deepest dye being such as tend to the dissolution of the compact, and the thinner shades, such as work the smallest possible injustice to a private member.

Morally as between the Maker and the made, between God and man intention constitutes sin. But society not having the infallible corrective of Omniscience, cannot view it in the same light. Man cannot reason as to the actual morality of his neighbors. He may understand the physical laws of nature, but he cannot in his finite condition grasp the laws which give a bias to his moral stature. He may reason with mathematical certainty as to the density of planets, and the make up of worlds, but he can never decide with equal assurance in regard to any moral truth.

Lord Brougham says: "With respect to the point, of a person being an accountable being, that was an accountable being, to the law of the land; a great confusion had pervaded the minds of some persons whom he was indisposed to call reasoners, who considered accountability in its moral sense, as mixing itself up with the only kind of accountableness, with which they as human legislators had to do, or of which they could take cognizance. He could conceive of a case of a human being of a weakly constituted mind, who might by long brooding over real or fancied wrongs, work up so perverted a feeling of hatred against an individual that danger might occur. He might not be deluded as to the existence of injuries he had received, but it might so operate on a weakly framed mind and intellect as to produce

crime. He could conceive that the Maker of that man, in his infinite mercy, having regard to the object of his creation, might deem him not an object of punishment. But that man was accountable to human tribunals in a totally different sense. Man punished crime for the purpose of practically deterring others from offending by repetition of the like act. It was in that sense only that he had anything to do with the doctrine of accountable and not accountable. He could conceive a person whom the Deity might not deem accountable, but who might be perfectly accountable to human laws."

In this great and busy world of ours, each is allowed to do as he pleases, be an eccentric as he may, and to carry out his peculiar ideas into practice, so long as he interferes not with the running gear of society. It is man's inalienable right to pursue his own happiness, but under such restraints of law as would leave every other man free to do the same. To this end governments were instituted among men. But society preceded government. Society was necessary to the perfection of man's physical and moral powers. Society was constituted that men might be free, under guaranty — free to seek their own happiness, and the happiness of a people is a happiness of individuals who compose the mass. Hence, whatever conduces to the welfare of society, is for the best interests of its individual members.

In general, society is not affected especially, by a man's intention, but only as he carries out that intention into acts. The intention rests with him and his God. The act alone touches society. And as society was originally organized for the protection of the masses at the expense, if need be, of the liberty of the few, it was necessary, that, whatever acts proved harmful, should be denied a repetition. To provide for this laws were made. And so if rightly framed they should be protective to society first, and if need be reformatory and merciful to the individual afterwards.

Human laws may not always bring justice to a few, but they should to the majority. Divine law brings justice to all — comes from the infinite. Human law may approach it, but cannot measure with it, its origin is infinite. Justice is to be enforced by law between man and man, and not between society and man, unless in perfect harmony with the idea of protection. A law then I take it is a good law, though it may work harm to an individual if it works well to society and contrawise, a law that works for the individual against society, must be construed a bad law. Law is excellent as far as penalties are concerned, only where, with its punishments, it emphasizes the assertions of nature. "Laws are protective to society in that they are framed for those who cannot see that their truest good lies in order; for those who are incapable of appreciating the fact that honesty and virtue and peace are the conditions of the greatest possible happiness. The wise man would not steal whether there were a statute book or no. The good man has a hundred motives for respecting the life of his neighbor besides the fear of a shameful death. But while the statute law supplies certain powerful and easily appreciated motives

to guide the actions of those who are so weak as not to see what is for their real advantage—of those who have so little self control that without the fear of immediate punishment, they could not respect the property of their neighbors—it does not after prescribing one set of punishments for such classes, make as it were a second story of the statute book, and prescribe other punishments for those who, even with the motives supplied by law, are made either to see what is best for them, or unable to restrain their desires, although conscious that punishment will follow. It confesses that there are certain classes to whom the law can supply no motive sufficiently strong to induce them to conform to certain rules, and it looks upon those persons as insane and irresponsible. In such cases the law oftentimes does not punish the individual as it would fail in either reforming the individual or deterring others of the same class from committing a similar offence, but simply contents itself by protecting the community from the commission of the crime again by the same individual.”

In early times punishment was generally prompted by feelings of anger and retaliation. We find the ancients making offerings to appease the anger of the gods, and to stay a plague. So that this idea of anger was extended even to the Deities. We find in human minds injury was the most prominent idea, and not unusually suggested retaliation. The Old Testament has it “an eye for an eye and a tooth for a tooth.” And so, as the real type of all punishment is anger the object of both is the same, the one, to repel injury offered to the individual, the other injury offered to the state. In the present condition of man’s moral make up, a law to be protective must be a law of punishment. It may be that “the thoughts of men are widened as the process of the suns,” and that the ideas of punishment to-day are more liberal than those of a century past. Yet the golden age has not arrived man is not so perfect as to be entirely under control by moral suasion alone, punishment of some sort is necessary. The tendency of the times is too much towards a so-called, yet false philanthropy, in that the punishment meted out to an individual is oftentimes inadequate to either prevent the repetition of a crime or reform the criminal. Time was when punishment was severe beyond proportion to the enormity of the offence. Now, we have the other extreme. The happy medium is a state “devoutly to be wished.” True it is that many of our laws inadequate as they are, are but poorly carried out. So much so that some may ask, why call for more stringent laws, when we don’t carry into effect those we have. But I say make laws adequate to protect society and reform the criminal, and carry them out, even if we have to put doctors on the bench, and in legislative halls to do it.

In affirming that the age is too liberal in construing offences, and in meting out punishment, do not understand me as urging the iron age upon the nineteenth century. But understand me as suggesting an amount of punishment, not cruel or unusual, so as to have the ancient character of revenge, but having enough of severity to deter from crime the weak and vicious of society. It may be said against

punishment of the weak and insane, that it is unfair, unjust and cruel. True, it may seem hard for a man who does not know right from wrong — which by the way is held to be a test for responsibility, but not for insanity — to suffer for ignorance of that knowledge. Yet ignorance is no excuse in law. Society imperatively demands that all make themselves acquainted with the laws. Look at the laws of older countries anywhere, and at anytime, and you find that for high crimes and misdemeanors, men are often put to death, and their children and kin killed or banished. And to-day in every other country but our own, men are put to death for treason, and the heirs robbed of their rightful property by forfeiture of estate. Here then is an example of punishment for acts over which the suffering party had no control. This too is all as it should be, for it is a ruling of the maxim, *societas must be protected* even at the expense of private rights, if necessary. We find the same spirit ruling in Divine legislation when it is written that the sins of the fathers shall be visited upon the children unto the third and fourth generations.

The object, then, fundamental, of punishment, both human and Divine is to deter from crime and protect society. And hard as it may seem, it is right for society in the interests of society to punish sufficiently for its own protection, the criminally insane. True, it may not reform the criminal, and punishment in such cases should be as light as may be to protect society's interests. Ruling then the moral responsibility of the insane out of the question, we say that society must hold the insane responsible for depredations, and if it can be protected in no other way, the insane and such as are acquitted on the plea of insanity, need not have corporal punishment, but in all justice they may and should be put where society will not right away be disturbed again by their outbreaks, and until such time as a regularly appointed commission may decide them to be fit and responsible citizens.

It is reported of an English judge that he once addressed a criminal: "You reply, in answer to the charge of murder, of which you stand arraigned, that you were at the time laboring under an inevitable impulse to commit the crime.' All I have to say, is, that the law has an irresistible impulse to hang you."

In law, the existence of delusion is held a valid defence of crime, yet it must be remembered that an act may be the direct and logical result of a delusion, and still be criminal.

Chief Justice Shaw of Massachusetts, has laid down the law in this wise: "That a delusion to be a valid defence must be of such a character as if, being true, the criminal would be excused. So if I imagine, and entertain a delusion, that a person has wronged me, I may be insane, even if I am, if I kill that man, I am amenable to the law, for imagined injury was such that even had it been real, would not have excused the killing. But should I labor under delusion, being insane, that a person who takes roughly hold of me, perhaps even with a friendly motive, desires to take my life, and I, actuated by that delu-

sion, kill the man, I should be excused from punishment under the plea that the killing was *se dependendo*. I should, however, be caged as a dangerous animal, and unfit to run at large."

The time has come when it is necessary that the people should know that insanity does not necessarily license an individual to carry out his ideas to the detriment of his neighbors, and I fully believe that if this principle was better carried out in our courts we would have less crime, and fewer pleas of insanity.

If the great end of society, the prevention of crime, and the promotion of happiness, be justifiable, then all means necessary for the prevention of crime are justifiable. And the only forms of insanity which, in my opinion, should absolve from responsibility, and therefore from punishment, other than sequestration for the protection of society, are such degrees of idiocy, dementia or mania, as deprive an individual of the ability to understand the consequences of his acts, and the existence of so much of a delusion with reference to a matter of fact, as if true would justify the act. The punishment for the variety of insanity known as emotional, and of irresistible impulse, should be meted out with as much of extenuation as is given to crimes in the heat of passion.

Briand says, "that from the height of passion to madness is but one step, but that science is yet unable to point out the place where the one ends and the other commences."

Orfila draws the following distinction between a man acting under the impulse of the passions, and one urged on by insanity. "The mind is always greatly troubled when it is agitated by anger, tormented by an unfortunate love, bewildered by jealousy, overcome by despair, humbled by terror, or corrupted by an unconquerable desire for vengeance.

Then as it is commonly said a man is no longer master of himself, his reason is affected, his ideas are in disorder, he is like a madman. But in all these cases, a man does not lose his knowledge of the real relation of things. He may exaggerate his misfortune, but this misfortune is real, and if it carries him to commit a criminal act, this act is perfectly well motivated.

Insanity is more or less independent of the cause that produces it — exists of itself — the passions cease with their cause, jealousy disappears with the object that provoked it, anger lasts but a few moments, in the absence of the one who, by a grievous injury, gave it birth. Violent passions cloud the judgement, but they do not produce those illusions which are observable in insanity. They excite for a moment sentiments of cruelty, but they do not produce that *deep moral* perversion, which influences the madman to sacrifice *without motive* the being he most cherishes." "Men have prejudices, which are the back-stair influences of life." And the mental and physical ship of a man may so slip control of its owner, that though being conscious of what he is doing, and of its criminal character and consequences, he is impelled on by irresistible impulse. Here science frequently records the sound-

ings which psychology assumes as evidence of a mind over which the clouds of insanity are beginning to gather.

That a man can be sane to-day and insane to-morrow, and sane next day without showing any traces of disease, I hold to be absolutely preposterous. And Schurmayer says, "that it is contrary to all received physiological theories, to suppose that a particular passion or moral relation can become depraved without an intellectual inflection to some extent corresponding."

The United States courts "have persistently discountenanced the notion of a moral insanity as co-existent with mental sanity, and as distinguished from an absence of voluntary power. But they have at the same time repeatedly admitted that an involuntary impulse, if proved, would be a good ground for acquitting or releasing from corporeal punishment a person accused of crime." "And that moral insanity ought never to be admitted as a defence until it is shown that these propensities exist in such violence as to subjugate the intellect, control the will, and render it impossible for the party to do otherwise than yield."

It is held by some more recent psychologists that crime is in itself the manifestation of disease. While admitting this to be true to a certain extent, as in cases where the history of the individual will reveal the presence of insanity or nervous disease in the parents, thereby establishing the fact of hereditary tendency to insanity, I am firmly of the opinion that only on very rare occasions, should moral insanity stand between the individual and the consequences of his acts. For I believe there are many cases of crime due to this so-called insane impulse, which might be restrained by fear of certain punishment, and I am convinced that the too prevalent immunity from all disagreeable consequences, is one means of increasing the frequency of real insane impulse, as it is of increasing frequency of the common desire of the viciously insane. "Up to the present time courts of law have been very unwilling to admit moral mania, as proved only by the quality of the act of which the individual is accused, as a good plea in criminal cases.

That a criminal act may be the first symptom of insanity is true, but that the brutal quality of the act should be admitted as sufficient proof that it resulted from an insane impulse is absurd. It may be true that the man is mad, as in many other cases it is true that fatal blows have been struck in self defence, but in the latter case, if the self defence could not be proved by facts other than the deed, so in the former case the insanity cannot for a moment be permitted to be proved by the atrocity of the crime alone. The result of the admission of such a doctrine," says Browne, "would be to add to the atrocity of every crime; and an individual who wished to commit murder on a neighbor, would to secure his immunity from punishment, cut a few more throats."

If, however, the real impulse, irresistible in its nature, can be proved, and it can be shown that no amount of certainty of punish-

ment was a motive, and that had punishment followed as surely as does night the day, it would not have restrained him, and that this is due to disease, then the law ought to exempt that individual from criminal responsibility.

"The dice of the gods is always loaded," and man has often little power of control over causes and conditions, for his character makes up so much of his fate. This may tend to absolve its unfortunate possessor from a certain amount of moral accountability, but it does not absolve him from a greater or less amount of criminal responsibility as far as the protective rights of society are concerned.

Psychology shows that men are born with different dispositions. That with some it needs but little energy of will to keep from perpetrating crime, while others are born with such a warp of nature as to require all the powers of will they possess, to prevent them from committing a like act. It is their misfortune to labor under that worst of tyrannies, the "tyranny of a bad organization."

Many such individuals exist amongst us, with a heritage, if not of actual disease, yet of accumulated crime, which is the clay in the hands of that potter, Time, of which insanity is made, who do not restrain their morbid impulses. Yet it is the duty of each and every one to control his passions, though he may be born under the ban of governing fate, it is his duty, as best he may, to conquer circumstances, and not let circumstances conquer him. If he yields without attempting his best to reform himself, he as righteously deserves his fate as surely as a man who tampers with the business end of a wasp deserves to be stung.

Materia Medica Department.

PRACTICAL HINTS ON MATERIA MEDICA.

FROM A REPORT READ BEFORE THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY BY A. M. CUSHING, M. D., CHAIRMAN OF THE BUREAU OF MATERIA MEDICA.

MR. PRESIDENT AND FELLOW MEMBERS: As chairman of the most important committee of a Homœopathic Medical Society, I have done the best I could to make the report as interesting and profitable as possible. It has been said that medicine is not an exact science, but I claim the right to doubt it. At any rate there are many certainties, and there are less uncertainties than there appeared to be about certain, even *many* other things that later were easily explained. For instance, it is but a few years since it was positively asserted that messages could never be sent by telegraph with any certainty. But

now it is one of the indispensable certainties. Still, if the apparatus were placed in this room, how many of us could send a message or read one if received. And the fault would not be in the work or apparatus. *We* are the uncertainties. Although there are apparently uncertainties, there are many certainties. If a person were to die from the poisonous effects of some drug, there are many, or at least some, that act with such certainty, some men would, if necessary, risk reputation, possibly life, that they could name the drug without the aid of the microscope, or the assistance of chemistry. Others would hardly guess what the substance was, though the drug, its action, and effects were the same. A very small portion of a certain vegetable extract is inserted beneath the skin of a pigeon, and in one minute, without one struggle or ruffle of a feather, it is dead. Who that had never seen, read, or heard of the experiment could say that *Woorari* had been inserted. We know that *Opium* will produce coma and death. That *Arsenic* will cause vomiting, diarrhoea, thirst, and death. That *Strychnia* will twist the life out of a body by its opisthotonus, and convulsions. *Belladonna* dilates the pupil, produces stupidity and violent pains. *Gelsemium* paralyzes the tongue and organs of speech and deglutition, and while the individual writes a farewell to those present and absent, no word can be spoken, no food medicine swallowed; and though seeing and hearing as in health, like one dumb they die.

A gentleman of large acquaintance said to me: "Any doctor that can cure piles can cure three-fourths of the people in New England." And he was not so very far from right. And you know the secret of all this? Look at the array of nostrums called medicines all through the land, prepared by men and women, young and old, some with some knowledge of medicine, some with none, some honest, others unscrupulous, warranted to cure all diseases and all persons from the centenarian to the babe. We do not deny that they produce a change in the system, and sometimes apparently cure or change a disease. But what is the result? From what I have been able to learn from long and careful investigation, I am satisfied many of these preparations (and I do not know but all) contain *Aloes* as the cheapest bitter. In fact, I know of a number that *Aloes* is one of the principal ingredients. Can you name an advertised worm remedy that does not contain *Aloes* or *Santonine* in some form? Some contain both. Knowing as we do that *Aloes* will certainly produce piles and *Santonine* cause fits, is it any wonder

so many children have prolapsus ani or convulsions, and that we are raising up a pile wearing race? Look at the number of individuals confined in insane asylums simply from using hair dyes containing *Lead* or *Baptisia*. In the thousands of dollars made by speculators manufacturing from *Petroleum* or other articles substances promising a new growth of hair upon bald heads. Doctors will soon reap a harvest from its effects, but the greatest harvester will be death. These are not illusions. They are facts, certainties, developed mostly by accident, and many more can be discovered by experiment. Many facts have been brought to light by experiments purposely instituted; that is, by proving remedies. If each one of us will demonstrate or confirm one fact each month it will do much to make medicine appear a certainty. Had I the time I would speak of a number of remedies that are worthy a thorough investigation. I will mention *Erigeron* for hæmorrhages. (Here is the herb.) Also *Polytrichum juniferum* for the inability to, or painful urination of old men. (Here is the herb.) Years ago when the mother, after confinement, was weak with loss of appetite, they steeped an herb, she drank the decoction and soon recovered. That same herb is now annually disturbing our homes, driving our patients, wives, sisters, and ministers to say nothing of our cousins and our aunts to the mountains to escape the ravages of "hay fever." I refer to the *Ambrosia artemesajolia* or *Roman Wormwood*. This is worthy a proving by our best workers. (Here is the herb). In the few provings I have made I have developed and confirmed a few facts. Among them I mention the following: *Dioscorea* produces many symptoms; it has a wonderful power to cure. Prominent among them are distress in epigastric and hypochondriac regions hard to describe. Colic better by standing erect or bending backward (the opposite of *Colocynth*.) Nocturnal emissions of semen, recent or so long standing, the mind is badly affected, partially demented.

Artemesia abrotanum produces rheumatism, and some of our members know how potent it is to cure such as it produces; very painful but no swelling or inflammation. In proving the *Oil of the Mullen blossom* to see if its power to cure deafness was Homœopathic, it developed its power to cause enuresis, and some of us know its ability to cure even the most obstinate cases. A short proving of *Sulphate of Morphia* satisfied me that many of the neuralgic pains it relieves, and are now claimed as only palliative, may be proved to be genuine Homœopathic cures, as it will produce neuralgic pains by taking it in

repeated small attenuated doses. In proving *Ratanhia* such an itching of the anus and rectum was produced that profanity might be excused as a sort of worship. Those who have tried it for ascarides have generally found it almost a specific, and when it has failed it has been found to be a poor article they had given. When a good preparation was procured it proved satisfactory. And here let me say, I know of no remedy that is more liable to be unreliable than this, and a good article is very apt to soon spoil; and if you give it lower than the third decimal you will fail; but the third, sixth, or thirtieth are almost certain to cure, not only in my hands, but in the hands of my superiors. I not only recommend the thirtieth here because I believe in the honesty of those who tried it, but because I believe in attenuated medicines. I occasionally give them, and because I do I have been accused of being a destroyer of Homœopathy; therefore, I claim the right to defend my honest belief anywhere and everywhere, if I can sustain it by practical results.

One who gives low attenuations can be just as honest a Homœopath as one who goes high; but a man who puts four or five kinds of mother tinctures into one goblet of water and gives that to a patient as a Homœopathic prescription, then sends circulars or tracts all over the country blaspheming Homœopathy, is not a Homœopath, even if he is upheld by the "young bloods" of a western city.

I pity the man that spends most of his time trying to prove that most all people are fools. There are those who say there is nothing in or above the sixth attenuation. And why? Because they cannot taste well or see it with the microscope. They forget or perhaps do not know that some of our handsomest, blackest garments are colored with the sixth attenuation of an aniline dye, or near that, it being one part of vanadium to eight hundred and fifty thousand parts of the liquid. They may not be able to discover the substance, but its effects can be seen after they are blind or dead.™ Perhaps they never thought that prior to the discovery of Jenner, if a particle of small-pox virus, so small it could with difficulty be seen with the naked eye had been attenuated with all the blood and muscle of the human race, under favorable circumstances, might have depopulated the world. Can they feel, taste, smell, hear or see with the microscope? Or detect with the aid of chemistry, that which takes a perfectly healthy middle aged man, lays him upon his bed, tears away his flesh, dethrones reason, burns him with internal fires, produces frequent black, fetid, discharges from the bowels; when he opens his mouth, blood, black

as ink runs down upon his neck, and if left to himself, or given what is sometimes called appropriate treatment, dies. Yet the 1000th of a drop of the tincture of *Secale cornutum* rightly prepared, will save his life. It has done it and it can again. See the unfortunate individual who, by his adulterated virtue has contracted, or has from parents or grandparents inherited a loathsome disease, as he comes with fetid breath and swollen tongue, cursing the world and wishing he were dead. Can these men discover the germ born in this man that caused all this? He may have taken barrels of medicine without benefit, yet one drop of the tincture of *Cundurango* rightly prepared will cure this patient. This remedy acts very nicely in those cases called canker in the stomach (the symptoms I need not stop to give) but the canker will soon appear in canker sores upon the tongue, or in the mouth, or upon the skin as a genuine case of urticaria, producing the large red or white elevated blotches with intolerable itching. It ought to be one of our best remedies in urticaria. I have never given it above the 3d attenuation. In order to show that it is not the particular attenuation that is required to cure, I will report a few cases treated with different attenuations.

I was summoned by telegraph thirty miles away to see a patient. I found a case of post partum hæmorrhage. Not having the appropriate remedy with me, I was about to start to the nearest Homœopathic doctor, twelve miles away when I saw some *Erigeron* growing in the yard. I steeped some, gave the decoction and in the morning she was cured.

A lady of sixty had diarrhœa for several weeks. Medicines given by myself and council did no good. She was nervous, had pain all the time in bowels, worse at night, discharges so frequent at night she could not sleep. One-third of a grain of *Sulphate of Morphia* in one-half a glass of water, one teaspoonful once an hour, relieved in six hours and cured in twelve hours.

During the past season I treated a case of diarrhœa or cholera infantum in a child aged ten months that had been sick five weeks constantly growing worse. The child was very sick; the discharges were frequent, green, slimy, immediately after eating or drinking, coming out all at once; shot out; *Croton tiglium* 200 relieved the case in six hours and in forty-eight hours I dismissed it cured. A case of protracted diarrhœa in a child nine months old, had been sick for weeks, but much worse the last twenty-four hours, given up to die; skin cold, face very pale, involuntary discharges. I gave it *Carbo veg.* 200, and

in twelve hours every dangerous symptom was gone and it made a rapid recovery.

A lady aged thirty, had diarrhœa six weeks, driving her out of bed early every morning, I gave her *Sulphur* 200, and the next morning her bowels were regular, and she had no more diarrhœa. I believe all these cases were helped by the medicines given, and those who took high attenuations got well as quickly as those who took medicines low enough to satisfy anyone pretending to be a Homœopath. During the prevalence of diphtheria in Lynn a few years ago, the Allopathic report as published in the State Report, was one death in every four and nine tenths, and the Allopaths treated five hundred and eighteen cases, and they estimated that the other doctors treated ninety-six cases. I treated my cases with both high and low and if either did better it was those treated with the 200th attenuations, and of one hundred and ten consecutive cases that I treated, not one died. All the comment I wish to make is, that if more than one hundred and eighty children died in a few months, and most of them might have been saved by Homœopathic treatment, no matter what the attenuation used, the weeping mothers ought to be the death knell of Allopathy.

I lately prescribed for a lady who had been sick several months, and among her symptoms were these: Sharp pains in various parts of body and limbs, that came and went suddenly; was sleepy, but could not sleep. Some of you can name the remedy that ought to help the patient, but made a mistake. In four days reported. "The first two or three doses made me feel much better, and I could sleep well, pains all gone, but I began to feel stupid, and felt much worse lying down, the light hurt my eyes, and they were painful. I feared it was *Morphine*, and stopped it and now feel better." I gave no more medicine. In two weeks reported. My friends think it wonderful. I am gaining so fast. I gave *Belladonna* 200, a dose once in two hours. I ought to have given, but one dose and avoided the aggravation.

A single lady, aged about twenty-five, came under my care suffering from cough, dyspepia, menstrual colic, etc. She was weak, pale, apparently a candidate for the undertaker. She had been ailing some three or four years; had been under the care of several doctors, male and female, without benefit. I cured the cough, relieved the dyspepsia, but at each menstrual period she nearly died. For twenty-four to forty-eight hours she would suffer horrid pains; vomit till her strength was gone, flesh cold, unable to sit up but little for a week. Stomach

weak, appetite poor. I felt sure the remedy that had served me so well for years and its symptoms a perfect simillimum of menstrual colic.—*Veratrum album* would cure the case. It failed, as did *Pulsatilla Xanthoxylon* and many other remedies. I studied the case, but the indicated remedy had been given. Examination revealed nothing. What the others had not tried of baths, injections, etc., I tried. I put one grain of *Sulphate of Morphia* in half a tumbler of water, and gave one teaspoonful once in ten minutes. It aggravated instead of relieving. More in despair than faith, I dissolved a few small globules in one half a glass of water and gave one teaspoonful every half hour. In two hours she was easier. Whether relieved or worn out I knew not. At the next menstrual period I gave the same remedy; she vomited but once, and was around the house the next day—appetite good, and regained her former flesh rapidly. I do not vouch for the strength of the remedy. I procured it of Boericke and Tafel and it was marked *Pulsatilla* 16m. I feel that in some of these cases, fortunately for the patients, I accidentally or otherwise gave the indicated remedy. As to the attenuation, I will quarrel with no one; but it is the certainty of medicinal action if rightly selected and given that I advocate.

Excuse a personal illustration. A few months since a friend handed me a rifle saying, that pigeon on yonder barn is a nice mark. Before he had time to breath twice the headless pigeon was tumbling to the ground. My friend gave a shout of joyful surprise; but I felt sad. Still I felt a degree of pride I should not have felt had I torn the body in pieces with a handful of buckshot. That gun was all right, but had I held it a little too high, or only a trifle to one side, I might have spent a fortune for powder and balls, thrown the gun away as useless and the pigeon gone unharmed. The Homœopathic gun is all right; but if men with weak hearts, trembling hands, or squinting eyes attempt to use it, we shall hear them denouncing a gun that carries such small balls; it never hits. When a youngster I bought a gun and shot at the side of a barn; I didn't hit the barn so I sold the gun.

I have known a doctor, pretending to be a Homœopath, prescribe for a patient every day for a week without the least benefit when one powder of the indicated remedy in a low attenuation cured the patient at once. Let us pay less attention to the attenuations of remedies, but more to the development of their certainties, and in that way stop the clamor of the simple-minded unbelievers of Homœopathy. I

have purposely reported some cases treated with high attenuations, hoping there may be some one present who does not believe in them and will report for our next meeting some cases treated more successfully with low attenuations.

INTERESTING STUDY OF *LAUROCERASUS*.

BY T. S. HOYNE M. D., PROFESSOR OF MATERIA MEDICA AND
THERAPEUTICS, IN HAHNEMANN MEDICAL COLLEGE
AND HOSPITAL OF CHICAGO.

Laurocerasus.— *Cherry laurel*.

Antidotes.— *Ammonium carb.*, *Coff.*, *Tart. em.*, *Camph.*

Duration of Action.— Several days.

Mental Symptoms.— Extreme despondency, or lively joyous mood; he forgets everything very easily; has much confusion of the head; nervous agitation.

Vertigo.— It meets vertigo as if the head or everything were turning in a circle.

Apoplexy.— *Laurocerasus* should be given for bloated countenance; palpitation of the heart; excessively slow and scarcely perceptible pulse; collapse of pulse; cold moist skin; convulsions of the muscles of the face.

Cephalalgia.— *Laurocerasus* meets the following symptoms: Sensation of icy coldness of the vertex as from cold wind, then in the forehead and nape of the neck extending to the small of the back, after which all the pains in the head disappear. Worse in warm room; better in open air. Sensation of looseness of the brain, as if it were falling into the forehead, when stooping, without pain. Dr. Hempel recommends it in chronic headache, with pressure, stitches and even boring pain in the forehead, and occasionally with a sensation in the orbits as if the eyeballs were too large for their sockets. The pulse is slower, the patient may even complain of a feeling of qualmsiness or nausea at the pit of the stomach; an irresistible drowsiness, especially after dinner may likewise trouble the patient. In congestive headaches, with depression of the pulse, or the pulse much smaller than usual, and sometimes accelerated.

CASE I. Miss C. E., aged thirty-one, has suffered for several years from a peculiar headache. She describes it as a dull, heavy aching in the forehead and upper front half of the head, always felt in the morning after rising, and increasing in severity till 11 A. M., from which hour until about 1 P. M., it was at its height. The head felt heavy, and drowsiness always accompanied the attacks. She experienced a melancholy oppression of spirits and a nervous irritability, with indisposition to do any work. The temperature of the forehead of the head was generally higher than normal. The headache was

not affected in any way by the menstrual periods, nor by sal-volatile, camphor, or any of the ordinary palliatives. What alarmed her and her friends most about it was the remembrance of an exactly similar headache having been the precursor of an attack of *insanity* two years before. *Laurocerasus* 1 cured. Dr. J. Murray Moore.

Nasal Catarrh.—This remedy should be given when the nose feels stopped up; no air passes through the nose; coryza with sore throat; sneezing with yawning

Bronchitis.—*Laurocerasus* is beneficial in patients affected with heart disease. Constant irritation and titillation, with a nervous short cough and dyspnoea.

Whooping Cough.—Here it relieves spasmodic cough with whistling sound, especially in the later stages; no expectoration of mucus; aggravation from 6 p. m. until midnight, and from motion, even of the arms alone.

Asthma with a similar aggravation rapidly yields to the influence of this drug. Arrest of breathing as if suffocation would ensue; changing complexion, throbbing headache; burning soreness in the chest; offensive perspiration.

Pulmonary Tuberculosis.—It palliates the apnoea in this affection even when it does not prove curative. Constant irritation and titillation, short cough and dyspnoea.

Pulmonary Hæmorrhage.—Has been successfully employed for the cure of this symptom.

CASE II. Mr. W., a theological student, nineteen years of age was suffering with hæmorrhage from the lungs, was three months under Homœopathic, after this two months under Allopathic treatment; and then again two months under care of an Homœopathist. My wife visited this patient. She found him so low that he spoke in an almost imperceptible whisper. He was a living skeleton. Prescribed *Laurocerasus* ϕ every two hours, one drop in one teaspoonful of water. Saw the patient again after two days—found him in a chair—had not had any bleeding since he took the medicine. He was decidedly better. Could speak without trouble. Continued the same prescription every four hours instead of two. He recovered rapidly. Dr. J. L. Arndt.

Pneumonitis.—Beneficial in typhoid pneumonia if paralysis of the lungs threatens with dyspnoea, hurried and rattling breathing, compressible pulse, cold extremities, continual irritation and tickling, short, little cough, lightness of breathing; is only appropriate for the nervous kinds, most particularly for the *irritative cough, depending on cardiac affections*.

Pleuritis.—In the pleurisy of drunkards or melancholic persons, *Laurocerasus* is useful, at the beginning of the disease, if the small bronchi are continually irritated in the form of suffocative cough, the pain in the pleura severe and localized; hardly any contractile power in the circular fibres of the arteries; pulse soft though quick.

Heart Diseases.—*Laurocerasus* is valuable for organic and functional

disease of the heart. Constant irritation and titillation, short cough, dyspnoea, a *nervous cough emanating from affections of the heart*; a sitting posture causes gasping for breath; coughs as soon as he lies down. Dr. H. N. Martin says: "*Laurocerasus* exerts the most powerful modifying influence on organic diseases of the heart. Although it may not cure, it will relieve, and many times very much prolong the patient's life. Its pathogenesis bears a very striking resemblance to the symptoms common to some forms of organic disease of that organ. The characteristic symptom for its use is the "gasping for breath when sitting up." There seems to be a hunger for oxygen, and probably a spasmodic contraction of the bronchial tubes and trachea. Or possibly there may be no contraction, but a loss of power in the capillaries of the lungs to take the oxygen. It is a remedy first to think of in *cyanosis* also. Dr. Hirschel advises *Laur.* for constant irritation and titillation, short cough, dyspnoea a nervous cough emanating from affections of the heart. I saw lately splendid effects from it on a stenosis of the mitral valve. The patient coughed continually for several nights as soon as he laid down. One dose *Laur.* 1; he slept and could lie down and did not cough for a whole week.

CASE III. Palpitation of heart; Mr. B., aged fifty, has a beating, fluttering sensation in the left breast in the region of the heart; gasps for breath; sometimes has slight cough; no expectoration; occasional headache. *Laurocerasus* 1,000, one dose cured promptly. Also the following case: A lady suffering with spasmodic pains in the cardiac region so severe as to cause fear of sudden death; coming frequently and growing worse during a period of five years, was entirely relieved by *Laur.* 500. She said she had for a long time suffered with a sensation as if something heavy, like a lump of lead, had fallen from the pit of the stomach to her back whenever she attempted to rise from a recumbent posture. Dr. H. N. Martin.

CASE IV. Boy, aged thirteen, had rheumatism during the past winter, which was mostly confined to the lower extremities; he was treated with external applications. We now find him with disease of the heart as the result of such treatment. He says he has cough mostly after midnight; can scarcely sleep, because of difficulty of breathing. Sitting posture causes gasping for breath, great fluttering and beating at the heart. We might, from these symptoms, reasonably suspect a disease of the heart; and upon a physical exploration of the chest we find, by percussion, considerable enlargement of the organ, and by auscultation we find the murmur most prominent near the apex of the heart, with sound of regurgitation, and insufficiency of the mitral valves. There is a very sharp beat of the second sound of the pulmonary artery. Our diagnosis in this case is, insufficiency of the mitral valves, with hypertrophy of the heart. His legs are largely swollen, his face also shows signs of dropsical effusion. He also has that peculiar look of the eye common in this disease. The eyeball seems prominent and full, staring. *Laurocerasus*.

Sept. 21. Feels much better. Can sleep now with more ease. The gasping has disappeared and the œdematous swelling of legs has very much improved. (This boy did not return, but on the 19th of November I sought him out and found him hard at work in a grocery. He was entirely relieved of all his sufferings and felt well. Auscultation revealed the same abnormal sounds of the heart, although somewhat modified in degree). Dr. H. N. Martin.

Angina pectoris with similar symptoms suggests *Laurocerasus*. Attacks of suffocation with gasping for breath; worse when sitting up; a feeling as if he were not going to breathe again; stitches about the breast; pains in the stomach with bitter eructations, and coldness of the skin; convulsions of the muscles of the face.

Asphyxia Neonatorum.—Dr. Farrington recommends it in the asphyxia of new-born children when the face is blue, with gasping.

Intestinal Catarrh.—*Laurocerasus* is indicated for the following symptoms: Green liquid mucous diarrhœa with peculiar suffocating spells about the heart; drinks roll audibly through the œsophagus and intestines; choleraic diseases without vomiting and stool, but great anguish in the præcordial region. Fæces discharged involuntary in the bed. Paralysis of the sphincter ani.

Dysentery.—In this affection also for similar symptoms, with tenesmus during stool and burning at the anus after stool; sunken countenance; violent thirst; skin cold, livid; pulse slow, irregular, or imperceptible.

CASE V. Mr. Mc—, aged forty, is subject to annual attacks of dysentery, for which I have attended him three years in succession. His last attack was of unusual violence, and the *ensemble* of symptoms was extremely puzzling, being of an unusual character. He remarked that every teaspoonful of fluid that he drank, and even the teaspoonful doses of liquid medicine that he had been taking, instantly renewed the pain in the hypogastrium. In fact, he said, the liquid seemed to roll right down to that spot, *he could hear it gurgling all the way down*. His wife, who was present, said there could be no doubt about that. I immediately prescribed *Laurocerasus* 3x, one drop at a dose, a dose every hour until improvement set in, then less frequently. The pain diminished after the first dose. The passages which had for twenty-four hours occurred about once in half an hour, ceased wholly after the first dose, and the patient made a rapid recovery. Dr. R. N. Foster.

Cholera.—Here it may be given for asphyxia; coldness of the body; pulselessness; absence of vomiting and stools; paralysis of œsophagus; tetanic spasms.

Atrophic form of Nutmeg Liver.—Raue advises it for this affection, with distention of the region of the liver, with pain as from subcutaneous ulceration; or as if an abscess would burst; earthy complexion; yellowish spots in the face."

Sago-Spleen.—Has been recommended in this affection.

Diseases of Bladder.—*Laurocerasus* is valuable for these symptoms:

Burning in uretha and pressing after urinating; retention of urine, or pale yellow urine; scanty, acrid, depositing a thick reddish sediment.

Gangrene of the Penis.—It has been successfully employed in this affection, in the form of an external application.

Metrorrhagia.—*Laurocerasus* is valuable for too early and too profuse menstruation when attended with symptoms of stupor or coma; and nightly tearing in the vertex.

One case just illustrates the value of consultations. A lady was suddenly taken with violent uterine hæmorrhage. Dr. H. was called for, who prescribed *Ipec.*, *Hamamelis*, *Nux.*, *Crocus*, etc., but without effect. Finally the doctor advised to send for the German brother. At eleven P. M., eight or ten hours have elapsed, we greeted our brother at the door, and learned that we probably had arrived too late. The patient was almost gone—was cold, clammy, and white, like the sheet that covered her. She had been vomiting, but that was all over, and only constant faint efforts to vomit were made three or four times every minute; there was no strength left to vomit. The eyes were closed; she was unconscious; pulse and breath scarcely perceptible. We gave at once a dose of *Cuprum 2*. (not because we preferred this attenuation, but because we had just *that* and no other,). She immediately made a few violent efforts to vomit, after which that trouble subsided at once. On making a local examination, we found the vagina stuffed with cotton (if with tow too I don't remember). The anxious doctor, who was urged and had to do something, had resorted to this kind of tampon because nothing else would answer. Prescribed *Prunus laurocerasus* ϕ ; drop doses in water every fifteen minutes; removed all the stuffing, and the flowing ceased within twenty minutes. The patient insisted upon being henceforth treated by the consulting physician. But this was refused; the "counsel" justified his young neighbor and vouched for him that he would do well, and so he did. J. L. Arndt.

CASE VI. Mrs. B., a fleshy lady of sixty-two, was flowing sometimes very dangerously for about two months. Allopathic attendance made it worse. The lady was so weak that she could not be out of bed. Prescribed *Laurocerasus*, two drops for a dose. Flowing stopped. Followed with *China* ϕ ; did well and gained rapidly. After three weeks the lady had visitors, and partook freely of strong green tea. A few hours later flowing came on again. Gave *Laurocerasus* ϕ , one-drop doses, alternately with *China 30*. Flowing stopped and the lady got well. Dr. J. L. Arndt.

CASE VII. Mrs. O. sixty-two years old; once very fleshy and robust, but now almost a skeleton. Was flowing more or less for two years past. Had Allopathic treatment, changed doctors several times, but to no avail. My wife met her at her daughter's house, where she had been taken to be treated Homœopathically. Her last physician told her finally that medicine would not do her any good; that she should have a good nurse and strengthening diet; and that was all she needed. When Mrs. A. saw her she was flowing constantly and sometimes pro-

fusely. She had a distressing hacking cough, and much pain in her chest. The uterus was flabby and the os somewhat hard. *Prunus l. s.*, five or six doses, stopped flowing. *Bry.* and *China* finished her up soon. I chanced to meet her only yesterday. She has been fleshy and healthy for about sixteen months past. Dr. J. L. Arndt.

Menorrhagia, requires this drug when the blood is thin, liquid; menses too early, too profuse, with nightly tearing in the vertex; peculiar suffocating spells about the heart; pain in every external part of the thorax on moving it; yellow spots on the face.

Dysmenorrhœa, also with similar symptoms, and severe colicky pains in the afternoon; attack of nausea especially in the morning; pain as from weariness in the small of the back.

CASE VIII. Severe pain in facial region extending to pubis; frontal headache with dizziness and dimness of vision; coldness of extremities, icy coldness of the tongue and great melancholy. Two doses of *Laur.* 200 were given; since she has menstruated twice without pain and improved otherwise. Dr. Osborn.

Chorea.—Raué mentions the following indications: "she tears her clothing; strikes at everything; spasmodic deglutition; she gets angry because she cannot be understood; idiotic expression of the face; cold clammy feet up to the knees; she can neither stand nor sit, nor lie down, on account of the incessant motion; wasting away; after fright."

Harriet A. passed in June through a slight attack of remittent fever, with some typhoid symptoms. Hardly recovered yet, she got severely frightened by a fire in their own house. The family went up the Hudson to spend the hot season, and there, as she was sitting, on the following Sunday, in the parlor, the ceiling fell down, and startled and trembling, she ran for her mother. She is twelve years old, very nervous, (inherited from her mother, who continually twitches with the muscles of her face). She became now very irritable, fretful, trembling, sleepless, and began to twitch with her whole body. Called on her a few days after, the diagnosis of "chorea major" was easily made out, but not so easily the remedy. We put her on *Ignatia*, *Cuprum*, *Pulsatilla*, *Cocculus*, without the least benefit, or rather she got worse from day to day. She tore everything she had on; striking about at everything; spasms of deglutition came on and increased fearfully, so that we were afraid of suffocation; her articulation indistinct and hard to be understood, and her passions got terribly roused because we could not understand her; her face took on an idiotic look, yet her appetite kept up; bowels regular; no thirst, no fever, but cold, clammy feet up to the knees. *Belladonna*, *Stramonium*, low and high, *Agaricus*, and other remedies were given, but six weeks had already passed without the least relief. Some proposed electricity, but I was afraid of it, although manual magnetism (passed downwards by her mother) quieted her for a few minutes. She could neither stand nor sit, nor lie down with this incessant motion, and yet, wasting away; we could only fear a paralysis, to end her sufferings. In consultation

with Dr. M. Baruch, that eminent physician proposed *Laurocerasus* 30, then 100, going up to 500 and 1000, and to adhere to the remedy, even if no progress should be made in the first weeks. She took the remedy steady for two months, with the only interpolation of a dose of *Dulcamara* 30 for a cold, and a few weeks later a dose of *Sulphur* 30, and a full recovery rewarded us for our anxiety. After the first doses she left off tearing things, then the restlessness, and by degrees the involuntary motions subsided, but her gait was unsteady, neither had she power to hold anything in her hand. But, encouraged, we kept on with the same remedy, *Laurocerasus*, one dose a week, *Saccharum lactis* every day, and now she is perfectly well. Dr. S. Lilienthal.

Trismus and Tetanus.—*Laurocerasus* has been suggested in these affections. And in

Catalepsy and Epilepsy, also with stiffness in the left nape of the neck; pain and bruised feeling in the extremities; pain as from weariness in the small of the back; constriction of the chest; stitches in region of heart; palpitation of the heart; dragging pain in the head always accompanied with drowsiness; sensation as if a cold wind were blowing on the forehead and vertex.

Eclampsia (travidarum).—Some authorities have mentioned this remedy giving, however, no special indications.

*Paralys*s of the organs of speech, after apoplexy, has been cured with *Laurocerasus*. Also *paralys*is of special senses.

Intermittent fever with gastric symptoms suggests this remedy. Chilliness in the afternoon and perspiration at night, lasting until morning, the chilliness is relieved by the application of warm clothes to the abdomen but not by the warmth of the stove.

Typhoid Fever.—*Laurocerasus* has been recommended in typhoid fever, for clonic spasms of the upper and lower extremities, with paralytic weakness of the limbs; no loss of consciousness pneumonia; as a complication.

Eruptive Fevers.—Very seldom of service in these fevers, except when the patient is nervously agitated and a well chosen remedy does not act.

[As this article will be published in Part VIII. of "Clinical Therapeutics" (soon to be issued), physicians are requested to forward cases illustrating the curative power of *Laurocerasus*.]

EXPERIENCE IN PROVING REMEDIES.

DIGITALIS AND IODIDE OF ARSENICUM.

I have been testing several remedies, and am astonished to see how few symptoms I can get. I am about seventy years old and perfectly well, doses that will confine others to their beds, have little or no effect on me. I tried *Digitalis* forty days before I got any symptoms, then *my stools were of a grayish white, nearly white* with other liver symptoms. Some one suggested that I should take *Iodide of Ars.*, three grains

three times per day, and stick to it. I followed it forty-two days, on that night, *about midnight*, I was taken with a *painless diarrhœa coming on at that hour every night*, which took me weeks to cure. Was it caused by the medicine? I have given *Iodide of Ars.* in similar cases or with similar discharges very successfully since. I am not able to account for these facts, perhaps you can. I seldom feel a pain, so if medicine would give it, I ought to feel and know it. I have taken the same amount Dr. Burt has taken and felt no inconvenience.

When I have succeeded in getting effects they have been of service to me. I wish to hear from some one who is skilled in testing, and learn the cause of my disappointment.

L. HUBBARD.

Society Proceedings.

Transactions of the Clinical Society of the Hahnemann Hospital of Chicago.

REPORTED BY E. S. BAILEY, M. D., GENERAL SECRETARY.

The regular monthly session was held at the Hahnemann Medical College, Tuesday evening, Nov. 4, 1879. Dr. J. B. Talcott, President in the chair.

An abstract of a report made by Prof. H. B. Fellows, M. D., on
BRAIN SYPHILIS.

The importance of the subject to which I invite your attention to night is such that I bespeak for it an earnest consideration. The prevalence of syphilis as an etiological factor in diseases of the nervous system has forced itself more and more on my attention of late. Dowse says, in his recent work on "Syphilis of the Brain and Spinal Cord:"

"In my own practice for the past seven years at the Central London Sick Asylum, where I have had over 10,000 patients under my care, of whom I have no hesitation in saying that three-fourths were more or less the subject of acquired or hereditary syphilis, I have often been puzzled how to arrive at a definite conclusion as to the exact type of disease with which I have had to deal."

Dr. W. H. Van Buren says, in a clinical lecture published last year "Epilepsy is one of the most common forms of nervous syphilis; indeed, when it makes its appearance after the period of adolescence, epilepsy is, as a rule due to syphilis."

Nearly all the exact knowledge we have of this subject has grown up in the past thirty years; and now with the aid of the modern means of investigating diseases, the subject is rapidly being taken out of clouds of surmise, and made scientifically clear. This enables us now

to diagnosticate this diathetic condition with a certainty which gives a hope to many patients who otherwise would certainly have none; for in these various forms of disease growing out of the syphilitic poison a clear recognition of this element in their causation is absolutely necessary to a successful treatment.

I do not, Mr. President, wish to trespass upon the subjects of other bureaus of this society, but it is necessary for me to briefly discuss the primary conditions of syphilis, to get their practical bearing upon the later symptoms. The duality or unity of the poison I shall leave to the syphilographers to settle, and I shall only mention such facts as have a practical bearing on this subject, and leave the theoretical explanation to others. It is not necessary to have a recognized hard chancre as a starting point for this disease. In many cases the patient will tell you honestly that he or she—for woman is not exempt from nerve syphilis—has no knowledge of ever having any such sore. If we could always get at the definite fact that in the previous years he or she had been afflicted with such a sore, it would often simplify the problem before us. A writer so careful and exact as Althaus usually is, says of neuro-syphilitic affections: "They are invariably preceded by a hard infecting sore." If this is true it precludes hereditary syphilis from the etiology of this class of diseases. Graefe, Hughlings Jackson, Buzzard, Wilks, Dowse and others have given cases where congenital syphilis has resulted in affections of the nervous system. We cannot therefore exclude hereditary syphilis from consideration. Dowse gives a case where an abrasion healed without induration, by the use of a lead lotion, and five years later, the man being in a run down condition from mental anxiety, a hardened nodule appeared on the spot of the previous abrasion, and gummata on other parts of the body. A medical commission, presided over by Mr. Skey in 1865, "stated that twenty-nine experienced witnesses gave evidence that sores, both soft and hard, may be followed by every variety of syphilitic eruption."

A case I was called to last spring is also to the point. This man about thirty to thirty-five years of age, single, had fallen in the street and was brought home in the afternoon. His mind was, as I gather from his friends in a muddled condition, although he was able to talk some, but not fluently, and he had no distinct paralysis. He ate quite a hearty supper, and soon after went to bed. He then rapidly became aphasic, being only able to say yes and no, and not using these words intelligently; he also vomited a number of times. When spoken to he would at times seem to comprehend what was said to him, at other times not. In the morning he was better and had nearly regained his language. In the next few days I saw him several times. He would at times appear stupid, semi-somnolent, as if half-drunk, and at first I was inclined to think him so. His vision was imperfect, and the left disk hazy as if with a beginning infiltration. His mind acted slowly, and he would forget what he was saying in the midst of a sentence. Yet he was able to report facts of his past life

with correctness, but did so very slowly. His condition varied much from day to day, his symptoms were almost hysterical in their behavior. His disposition, his friends informed me, was much changed, and mentally he seemed a wreck. I could not learn of any of the usual secondary skin or throat symptoms, yet I diagnosed the case as syphilitic. He then acknowledged that four months previously he had what was pronounced a soft chancre by an experienced physician, a professor in one of the Allopathic colleges in this city. It was burned out and healed rapidly. This man was a member of a firm which had failed, and had suffered all the annoyance and trouble such an event brings in its consequence. He began an anti-syphilitic course of treatment, removed to a different part of the country, and has made a recovery, at least so far as the present is concerned. There are several points of this case which I wish to refer to, but the practical point I wish to draw attention to at present is, that a sore diagnosed as a soft chancre, was followed by some of the gravest symptoms which follow a hard sore.

Dr. Wilks has made the statement "that in those cases where the primary and secondary manifestations of syphilis are least marked, the viscera and nervous system are affected in an inverse ratio."

Heubner and Dowse also call attention to this fact, that there is no direct relation between the severity of the usual secondary or primary symptoms, and the severity or frequency of the nerve symptoms. Englestedt found out of forty-one cases, that in twenty, nerve syphilis was the only symptom. Even relapses of constitutional syphilis does not seem to especially favor the outbreak of the nervous symptoms.

The time of the affection attacking the nervous centres is indefinite. It may attack them among the earlier constitutional symptoms, but it is more generally during the later secondary or tertiary stages; thus it may be within a few months of the infection, or only after many years. The time of the outbreak of the nervous symptoms depends, no doubt, largely on the general condition of the patient. Hereditary predisposition exerts a powerful influence, and renders the subject not only more liable to an attack, but also to an early attack. Traumatic influences, sunstroke, etc., favor an early development of the neuro-syphilitic phenomena. Psychological causes, excessive brain work, especially when accompanied by great anxiety and care, will act as an exciting cause of the attack. Excesses of all kinds, and particularly in alcohol and venereal indulgence, develop cerebral syphilis. Anything, in short, which causes continued hyperæmia of the nervous centres, and reduces healthy nutrition will render active the dormant tendency.

In studying the pathology of nervo-syphilitic affections, it is found to present certain features.

1. There occur repeated attacks of hyperæmia of the brain. In this form of the disease the observations of Mr. Pietrow point to the sympathetic system as being involved. He found in the cervical sympathetic "a more marked pigmentation and colloid degeneration of the

protoplasm of the ganglion cells, and a proliferation of the cells that form the capsules, and also a transformation of the interstitial cellular tissue into a more rigid and dense mass which compresses the nerve cells." Where early deaths have taken place in this form of the disease, the autopsies have revealed but little change in the brain. Older cases have shown a loss of transparency in the membranes of the brain, and a slight atrophy of the convolutions.

2. Hyperplasia of, and adherent membranes, syphilitic inflammation occurring in the secondary stage. It is an open question whether a simple inflammation within the cranium, neither originated nor accompanied by a new growth takes place in consequence of the syphilitic virus. As the possibility is not denied, we mention it.

3. New growths. These consist of soft gumma, including gummatous meningitis, and hard tumors. They may appear on the bones, and often involve the nerve outlets; they may grow in the membranes, the dura-mater, the pia-mater and arachnoid. Exceptionally they begin in the brain substance. The vascular system also becomes invaded by a new formation beginning in the inner wall of the arteries beneath the endothelium.

The soft tumor consists of a reddish gray jelly, from which on section a pinkish juice escapes. The thinner parts of the tumor are half translucent, and the outlines never sharply defined; they seem gradually to merge into the surrounding normal tissue. The histological elements consist of round cells and nuclei, mixed with spindle and stellate cells and few, but large capillaries. The cell masses lie in the interstices of the original tissue, which may be altered or not. They are found chiefly in the subarachnoid space, but also may be found in the dura-mater. In the former position they are softer, in the latter more fibrous, partaking of the character of the normal tissue.

The hard tumor is dry, yellow, of a cheesy consistency, and, on section, of a homogenous appearance. It may be found within the soft tumors as a hard nodule or streaks; or it may be a distinct tumor. In sections under the microscope it appears granular and devoid of vessels, apparently without further structure; there are heaps of pigimentary granules and crystals, and oil globules near the periphery. The granular elements are considered to be the shrunken remains of the cells of the soft variety. The surrounding tissue is tolerably vascular, and shows infiltration with cells like those in the former variety; it cannot therefore be considered as completely encapsuled. It appears circumscribed to the naked eye, and varies in size up to a pigeon's or even a hen's egg. It is probably the shrunken remains of the former variety. The tumor may proceed from the membranes to the blood vessels and brain tissue itself, uniting them all into one mass. The skull bone over it is often found in a state of dry caries, and thinned. The tumor takes its shape more or less from the space where it grows, and sometimes spreads out over considerable space, especially at the base of the brain, like a gummatous meningitis; it may even extend from the olfactory bulbs to the posterior portion of the cerebellum.

The third form of new growths is the disease in the arteries. The blood vessels most liable to disease in cerebral syphilis are, according to Heubner, the great arteries at the base of the brain. Dowse claims, however, that "the arteries of the pia-mater which serve to supply the gray matter of the cortex and the convolutions with blood, are equally liable to this form of degeneration, leading to softening, infarcts and cysts."

The first change in the appearance of the artery is a loss of transparency and its pinkish hue, and becoming a grayish color. They lose their shape of a flattened cylinder and become completely round, firmer to the touch, and finally quite hard. Upon section the artery is found to have its calibre encroached upon first by semi-lunar segments, and afterwards by zones of new formed substance. These zones grow in length along the artery while increasing in thickness. The disease may progress to the entire destruction of the vessel. The growth starts between the elastic lamina, and the endothelium, by a proliferation of the endothelial cells, which change into stellate and spindle cells, making a firm connective tissue. The small round cells are also found in this new growth, relating it to the other forms of syphiloma. This degeneration may stop incomplete, or may entirely destroy the whole of the affected portion of the artery. Thrombosis will often put those arteries out of commission which have been damaged previously.

About these pathological changes we may group the symptoms more or less completely. It is evident that no typical case can be given as the brain will be affected so complexly by the location of the disease in its different parts. Still certain features of the disorder will stand out so plainly that we can in most cases get some light to guide us in our attempt to analyze a given case.

Among the symptoms which will help to establish the presence of a syphilitic cachexia the eye symptoms take a very important place. Interstitial keratitis, or its remains, point strongly to this condition, so strongly that Solberg Wells argues the question whether it is always of such origin, and Hutchinson and Carter say is of syphilitic origin. The remains of former iritis, often discovered by the physician with the ophthalmoscope, also may be taken with other symptoms as confirmatory evidence. Optic neuritis is a common accompaniment of cerebral syphilis, while choroiditis, at least a certain type of choroiditis, is an almost certain sign of old standing syphilis.

Prodromal symptoms may occur for months before the more active outbreak actually occurs. One of the most important, because one of the most frequent, of these is the headache. This headache may trouble the patient a very long time, running into years. It may last a few weeks then intermit for a time only to return again and again without it is checked by proper treatment, and finally lead to more severe and dangerous symptoms. It is generally nocturnal, or at least has nocturnal aggravations, which pass off toward morning. It is usually limited in area, but may radiate from some point and involve

the entire side of the head. Aggravation is produced by pressure or percussion over the point from which it originates. A dull heavy diffuse headache is also experienced where the pia-mater is affected.

Sleeplessness often torments the sufferer, not only because of the pain, but independent of it. This insomnia, no doubt, serves to hasten very much the debility which is so ready to seize upon the patient. It is certainly of the character of the symptoms which lead nearer and nearer to the more formidable outbreak. Dizziness, coming on in distinct attacks, often holds out a warning signal, and the head feels numb. Mental disorders, sometimes slight, sometimes more grave, begin to appear. The mind becomes confused, and the memory faulty, the speech slow, or temporarily lost, and the disposition irritable. The case given above showed all these mental conditions. These like all the rest of the prodromal symptoms come and go. The degree in which these symptoms may be present, may not be so severe as to cause the patient or friends any particular solicitude. He will explain them by some indigestion or overwork, and flatter himself that a little rest or dieting will restore him. An improvement may take place which will seem to justify this belief, but it is only a lull in the storm.

(To be continued.)

THE HOMŒOPATHIC MEDICAL ASSOCIATION.

The Homœopathic Medical Association held its first regular meeting at the office of Dr. Kinyon, in Rock Island, Ill., Wednesday afternoon, October 22. There were present Drs. Worley, Baker and Porter, of Davenport; Drs. Dart, Lawrence and Kinyon, of Rock Island; Dr. Wessell, of Moline; Dr. C. B. Pillsbury, of Geneseo; and Dr. C. C. Pillsbury, of Atkinson.

After the adoption of the constitution and by-laws, Dr. Worley gave a short but pithy address, in which he reviewed the progress of Homœopathy, which was certainly very flattering as to its success in the west.

The following are the officers for the ensuing year:

PRESIDENT.—Dr. Worley, Davenport.

FIRST VICE PRESIDENT.—Dr. Pillsbury, Geneseo.

SECOND VICE PRESIDENT.—Dr. Wessell, Moline.

SECRETARY AND TREASURER.—Dr. Kinyon, Rock Island.

BOARD OF CENSORS.—Drs. Porter, Davenport; Wessell, Moline, Dart, Rock Island.

Dr. G. W. Lawrence presented to the society a very instructive case of lupus. Dr. C. B. Pillsbury a brief and pointed report upon typhoid.

fever. Dr. Worley gave some very valuable hints upon the qualities of the urine in different diseases, and the treatment of the same which called forth some able remarks from different members present.

Dr. C. C. Pillsbury reported a very interesting case of Potts' disease of the toe, the history of which is quite remarkable. The meeting throughout was characterized by a good degree of vigor.

The Society holds its next annual meeting at Geneseo, the second week in January, at which time six different papers will be read.

College News.

OPENING OF THE TWENTIETH ANNUAL SESSION OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

ADDRESS OF DELAVAN C. SCOVILLE ESQ., PRESIDENT OF
THE NEW YORK EDUCATIONAL SOCIETY.

The Twentieth Annual Session of the New York Homœopathic College, was formally opened on October 7th. A large audience composed principally of students of medicine crowded the spacious amphitheatre; after a prayer by the Rev. Dr. Corbett, Prof. Dowling, dean of the college, made a short address of welcome to the students in which he referred to the continued prosperity of the college, upon closing the dean introduced Delavan C. Scoville Esq., President of the New York Educational Society, who held his audience for over an hour by a most able, eloquent and interesting address, of which the following is an abstract:

The student of medicine has adopted the most difficult and exacting of all the professions in the successful pursuit and practice of which he must toil hard and constantly. The miracle of life that is perpetually wrought in the human body depends upon the action and reaction of a mechanism so complex in its structure, so various in its forces, so multiform in its operations, so delicate in its adjustments, that he who deals with its disorders and disarrangements may well believe that nature herself can restore its proper action. Harvey discovered the circulation of the blood in the same decade that saw the first colony planted on Manhattan Island. Yet the involuntary contraction of the heart and arteries is unexplained. We do not know the process

by which the chemico-vital force is supplied in the capillary passages, nor are we fully acquainted with the genesis of the blood-cells. The rapidity of nerve-action has been established, but we do not know the exact nature of the nerve force, and science fails to explain the process of its generation. Yet medicine is the most learned of all the professions, if by learning we mean the knowledge of the greatest number of facts essential, or conducive to human happiness. Within its ranks are the most earnest and devoted men of these busy times, who are pushing outward the lines of discovery in all possible directions. The young man who enters this profession with the expectation of achieving success, or winning distinction, must bring to his tasks all the firmness and courage of his nature. He must work hard early and late and not be too sparing of his vital force.

A liberal education promotes professional success. Medical students who have had a thorough course in science, or even in classics and mathematics, begin their professional studies at great advantage. Their previous studies have given scope to their perception and judgment, and trained their minds to sound reasoning and correct methods of inquiry. The study of art, literature, or history, brings one into sympathy with the best minds of all times and this furnishes a healthy mental stimulus. Moreover it enlarges the capacity for knowledge. The student should strive to maintain the dignity and distinction of that good old word "doctor"—a learned man. Whatever gives the mental faculties greater range, and tends to lift the student to the level of the times, in measure frees his mind from prejudice and ignorance. Biology has peculiar claims upon the student of medicine. Admitting that its present tendency is strongly towards materialism, it is evident that materialists must come, sooner or later to acknowledge that between mere physical action of the brain and what is termed consciousness, exists a void which even the imagination itself cannot bridge. There can be no better field for the exercise of observation and judgment than biology, because of the vast number and complicated character of the data which it presents. But it must be remembered that the domain of the material embraces but a portion of man's nature, and that by no means the higher portion. There is a spiritual science as well as a material science, and the only true course of the student lies in the conscientious coordination and equal pursuit of both. Undue cultivation of the spiritual leads to superstition. Undue cultivation of the material tends to destroy moral force and results in selfishness and fatalism.

The student of medicine should cultivate a spirit of toleration. The science of medicine presents a great number of unsettled questions, the true solution of which will be determined only by the most patient, laborious and accurate research, by the critical and rigid observation of facts, and the utmost skill in analysis, comparison and classification. We might reasonably expect that in the pursuit and practice of an art which is beset by so many difficulties, and which concerns itself with the relief of human misery, the mitigation of pain, and the protection of life, there would be exhibited the broadest liberality and a common desire to know the truth under whatever form presented, or by whomsoever advocated. But the history of medicine disappoints this reasonable expectation. In no other profession has there been such servile submission to authority, such unquestioning deference to tradition, such bitter opposition to new discoveries. No other profession has suffered its chief benefactors to be so wickedly persecuted, calumniated and traduced. Harvey hesitated to publish his great discovery in vital mechanics lest he should "make mankind his enemy;" and when at last he did announce it, certain of his professional brethren imputed it to him as a crime that he had thus convicted preceding anatomists of error and unsound teachings. Jenner's discovery of vaccination was greeted with derision, and he was publicly ridiculed and abused by men eminent in the medical profession who had not tested his alleged discovery. Hahnemann, of spotless purity of life, was described as little less than a beast, for no other offence than making known a beneficent principle in medicine.

The best way to acquire a spirit of toleration is to learn to love truth. If you love truth sincerely, supremely and for its own sweet sake, your minds are in that condition of easy receptivity that makes true wisdom attainable. Love of truth is coming more and more to distinguish the scientific mind of the age. Dogma and tradition are losing their hold upon men's minds. The bitterness of schools and doctrines is passing away. Medical creeds are filling a smaller place in men's thoughts, humanity a larger. Henceforth appeal must be made to facts and facts alone.

In the conquest upon which you have entered, you have as allies God, Nature and Truth. Your warfare, if wisely waged, is one over which no human heart will ever weep, no angel eye ever sadden. Your ministry is of the holiest, for to you it is given to teach the discipline of suffering. You will enter into the innermost sanctuary of the great Temple of the Family. You will stand beside the broken altars

of domestic love. You will sit by the hearthstone wheron the fires of household affection never die out. You will be at the bedside of the dying when grim death triumphs over your skill and defeats your art. Yours will be the hand that receives the new-born babe naked from its Creator, and shrouds the old man in the vestments of the grave.

Might each of you take upon himself the vow that Hippocrates required of every student who entered the temple over which he presided: "I swear by the physician Apollo, and Æsculapius, and Hygeia, and Panacea, that, according to my ability, I will keep this oath and stipulation. With purity and holiness I will pass my life and practice my art. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption. Whatever in connection with my professional practice, or not in connection with it, I see, or hear in the life of men which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this oath inviolate, may it be granted to me to enjoy the practice of the art respected of all men in times; and should I trespass and violate this, my oath, may the reverse be my lot."

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

LOUISVILLE, Ky., Oct. 30.—City healthy except a tendency to diphtheria, and typhoid fever.

I. R. PIRTLE

MILFORD, N. J., Oct. 22.—Intermittent fever is prevalent here, also diphtheria. Remedies used (1.) *Apis.*, *Nat. mur.*, *Chin sulph.*, *Ars.*, *Ip.*, *Nux v.* (2.) *Nit. acid.*, *Bell.*, *Merc prot.*, *Kali bich.*; especially the two first.

J. N. L.

WINDSOR, Vt., Oct. 27.—Prevailing diseases: Tonsillitis, some bad cases, bronchitis, typhoid fever, influenza. Remedies used: (1.) *Gels.* 3, *Apis.* 3, *Lach.* 6, *Merc. viv.* 3. (2.) *Bry.* 30, *Sulph.* 30. (3.) *Bry.* 30, *Rhus.* 30, *Euphrasia.* 3.

B. G. CLARK.

WEBSTER CITY, Ia., Oct. 23.—Prevailing diseases are: (1.) Diphtheria. (2.) Tonsillitis. (3.) Malarial fevers (the most dreaded enemy of the Homœopath), intermittent and remittent, of unusual severity.

Remedies used: (1.) *Ars. alb.*, *Hydras. can.*, *Kali bich.*, also penciling with a *Sol. Potassa*, *Permang.*, *Acid carbol.*, and grs. v, *Αγυρ βυρ ζν*. (2.) *Ac.*, *Bell.*, *Ars. alb.*, for the exudations inhalations of acid vapors, (3.) *Ars. alb.*, *Eucalyptus*, *Pod. pelt.*, *Phos. ac.*, and lastly my pet remedy, *Carbo veg.* used in appreciable quantities in food and drink.

I desire to enquire of your many contributors if in the experience of any one of our school, they would consider it "orthodox" to turn the fœtus in the uterus from three to five months before completion of gestation, and have every thing correct at the close of the natural term, and dilate the vagina every day or so for two or three weeks of gestation, also crowd the uterus high up out of the pelvic cavity, immediately after expulsion of the placenta, in child-birth? We have a—Young Jesus—as he is appropriately dubbed,) hailing from Montreal, Can., who practices the above delusive, artful hand on his parturient victims. Claiming by this superior knowledge; that after-pains and all tendency to uterine displacements can be prevented. If some one will venture their opinion on this treatment, the advantages to be obtained, and its authenticity, I may have something more to add in the future in regard to the advancements in science out here in Webster city.

J. R. COMPTON.

LYONS FARM, N. J., Oct. 22.—This month has been exceptionally warm until within the past two or three days. We have had a long spell of dry weather throughout the central and eastern sections of these middle states, and its effect upon the public health are being made known in the shape of bilious and other fevers, mostly of a remittent type. Even the intermittents take mostly the form of "double tertians," with a tendency to pass over into remittents. Diphtheria, it appears, has also prevailed of late, quite extensively in and about Paterson, and seems to be giving the "regulars" considerable trouble. A few cases have been reported hereabouts, but we have met none as yet since last spring. From our own observations simply, we had been led to expect an outbreak of this disease as most likely to occur after a prolonged spell of *wet* weather, either cold or warm, when the humidity favors an abundant development of mold, but now the conditions are reversed. Our usual "fall rains" were absent. We have had practically no rain for the past two or three months. Therefore, it is evident we must look elsewhere for a solution, this time at least. But, before closing, we would like to call the attention of the profession to the close relative *ratio* existing between the *death rate* of *diphtheria* and that ascribed to *phthisis pulmonalis*, as furnished us through the annual

records of Vital Statistics. We have neither time nor space for figures, but have noticed such an almost uniform record in this respect as to be really quite remarkable, viz. in those localities wherein the *heaviest mortality for a given period* has been from *diphtheria* for instance, that from *phthisis* has been *correspondingly less, and vice versa*. Here certainly is food for reflection and investigation. Have the two diseases a predilection for the same weakly constitutions? Perhaps some of our physio-pathological wiseacres can give us a satisfactory explanation? We will see.

J. E. WINANS.

MALARIAL VS. INTERMITTENT FEVER.

I am glad to know that some one else is endeavoring to give enlightenment upon this terrible disease, and to distinguish between the "malarial" and "intermittent fever."

While I believe that "malarial poison" as we now understand it, does cause chills and fever. I am also sure that we have chills and fever from this other source namely: rapid changes in temperature.

My experience has extended through five successive seasons, but during the past year I have been particularly impressed with these facts: In the latter part of autumn, say November and December, or as soon as cold weather would fairly set in, and become at all steady, *all* chills and fever would cease. Let the thermometer gradually lower away until it reaches the range of possibly 6° to 20° above zero. Well, everything lovely so far. Now all of a sudden let a January thaw come along, two feet of snow on the ground, weather nice and warm, everybody out enjoying sleighing, for a few days. Abruptly the wind shifts to the northwest and down drops the mercury in *ten hours*, from 30° to 2° above zero. In less than forty-eight hours from this change in the temperature, you will hear this complaint: "Doctor I had a terrible chill yesterday and ever since my left side (spleen,) has pained me considerable."

"Positively known malarial poison" has been frozen up six weeks, yet here is a *recent* case, "never had the chills before in his life." Now this case differs from those caused by "positively known" in just these particulars: That the pains throughout the body in the bones, are absent and the spleen alone is painful, the back across from the spleen may ache a little. Chronic enlargement of this organ continues for some time.

Truly these cases are obstinate; of all remedies for this particular kind of chills *Bryonia 3d* has served me the best. The epidemic remedy for malarial intermittent this season has surely been *Rhus tox.*

PEEKSKILL, N. Y.

P. H. MASON.

A CASE OF PERICARDITIS.

On the 8d. day of March, 1875, I was called to treat Mrs. L., aged forty-seven, for what her former physician called a case of pleuritis with lung complication.

For several days she had suffered with severe pain in the left half of the chest, worse in the precordium, but extending upwards towards the left shoulder, violent dry cough day and night, and dyspnoea. Although the treatment had not been lacking in vigor, she had not as yet experienced relief from her sufferings. Upon my arrival I found her propped up in bed by means of pillows, a position which she maintained nearly all the time in consequence of the greater dyspnoea when lying down, although no position was easy. The pain was worse on motion, rendering a deep inspiration almost or quite impossible, on attempting it, the pain would extend upward into the left shoulder. She complained of great constriction of the chest, but more especially about the heart. The skin was moderately cool, there was some thirst, pulse about 120, weak, irregular and intermitting, urine scanty and highly colored, the respiration short and rapid. Although there was no great amount of flesh nor much mammary development, yet the apex of the heart could neither be seen nor felt. Near the base, tactile fremitus was faintly perceptible at each systole. On auscultation, both sounds of the heart could be plainly heard, although irregular and somewhat enfeebled, but in addition to these, a murmur could be heard in the third intercostal space, and a little below close to the left hand border of the sternum, but not audible at the apex nor transmitted upwards along the great vessels. It was of a to and fro character, the first element of it being the loudest, and heard during and after the first sound, the second fainter and heard immediately after the second sound. Hence it was systolic and post-diastolic in rhythm. It was too high up and too far to the right for a mitral murmur, and too low down and confined within too narrow limits for a basic endocardial murmur. A pleuritic murmur would in all probability have been characterized by respiratory instead of cardiac rhythm, or if car-

diac in rhythm would have been confined to the small spot near the sternum, nor likely to have been heard there at all. It was therefore by exclusion, a murmur of pericarditis. Percussion was not only unnecessary, but out of the question in consequence of the great soreness of the parts, both internally from the inflammation, and externally as a result of the local applications.

I gave *Bryonia* 8d, a dose every hour. Next day no better, all the symptoms about the same. Thinking perhaps I had made a mistake in not attaching due weight to the feeling of constriction, I now gave *Cactus* 1x, a few drops in half a glass of water, a teaspoonful every hour. After a few doses she began to feel decidedly easier, and in two or three days the pain and soreness had entirely disappeared, while the sensation of constriction was very much less marked, but she was still unable to lie down much of the time in consequence of the dyspnoea, and the pulse, although considerably slower, was still as weak, irregular and intermitting as before. The murmur had disappeared. Apex still imperceptible. Being satisfied that there was considerable serous effusion within the pericardium, and the symptoms corresponding well to those of *Digitalis*, I gave that remedy, in the first decimal attenuation, five drops at a dose every two hours, and before many days had the satisfaction of seeing my patient not only on her feet again, but able to lie down and sleep comfortably at night, the dyspnoea having disappeared, the urine having become normal, the pulse regular, and the apex again perceptible to the touch even when lying on the back.

LAFAYETTE IND.

W. P. ARMSTRONG.

Medical News.

Dr. J. S. Daniels has removed from Winneconne to Seymour, Wis.

Dr. C. L. Hart, has removed to the S. W. cor. of 15th and Farmer streets, Omaha, Neb.

G. W. Foote, M. D., is health officer of Galesburg, Ill. He reports finding vegetable or animal matter in all their wells. In every case where they have had diphtheria, the water shows animalcules but not otherwise.

The New York Ophthalmic Hospital. Report for the month ending October 31, 1879. Number of prescriptions, 3793; number of new patients, 442; number of patients resident in the hospital, 33; average daily attendance, 140; largest daily attendance, 200.

J. H. BUFFUM, M. D., Resident Surgeon.

Dr. Alfred C. Jones, Vice President of the Indiana Institute of Homeopathy has been obliged to give up a large practice on account of his wife's failing health. The doctor has located at Minneapolis, and is a man of growing prominence, especially in the surgical field.

Mal-effects from the use of Cuticura.—Thirteen cases of acute dermatitis from the use of *Cuticura* have come to my knowledge and I have heard indirectly that another physician in this city has had fifteen such cases. My first case was that of a man having a slight eczema of the forearm. He received a simple prescription and departed, but returned in a few days, and there was hardly a hair follicle upon the whole forearm which was not the seat of a well-developed pustule. General pain, heat, redness, and swelling were also present. He had not used the prescription, but had substituted upon his own responsibility the *Cuticura*. The use of this being discontinued, the patient speedily recovered. Another case in which chronic eczema existed was made the subject of acute dermatitis from the use of *Cuticura*.—*Boston Med. and Surg. Jour.*

Bureau of Materia Medica, Pharmacy and Provings, in the American Institute of Homœopathy. The special subject to be reported on and discussed at the meeting in Milwaukee, June, 1880 is: *The Limits of Drug Attenuation and of Medicinal Power, in Homœopathic Posology; e. g.:* I. The proofs of drug presence and power in attenuations above the sixth decimal: 1. As furnished by the tests of Chemistry; W. L. Breyfogle, M. D. 2. As furnished by the spectroscope and microscope; C. Wesselhoft, M. D., J. Edwards Smith, M. D. 3. As furnished by the tests of physiology; T. F. Allen, M. D.; Lewis Sherman, M. D. 4. As furnished by analogy from the field of impalpable morbid agencies; J. P. Dake, M. D. II. The proofs of medical presence and efficacy in attenuations above the sixth decimal: 1. As furnished by the tests of clinical experience, in the use of attenuations, ranging from the fifteenth to the thirtieth decimal; A. C. Cowperthwaite, M. D. 3. As furnished by clinical experience, in the use of attenuations above the thirtieth decimal; C. H. Lawton, M. D., H. M. Paine, M. D. At the last meeting of the Institute this bureau reported upon the "History, Methods and Means of Drug Attenuation," in an exhaustive manner. The reports of the current year, passing from the domain of pharmacy somewhat into that of posology, will complete a work of vast importance for Homœopathy. The bureau will be pleased to receive items of information and experimental aid from members of the profession, and, also, from scientific persons outside, who may be interested in any division of our subject.

NASHVILLE, Tenn.

J. P. DAKE, M. D., Chairman.

Locations in Oregon.—On page 239, Dr. Arnold speaks of "fifty locations" in Oregon and Washington. A few of us gray-haired members of the State Society have thought best to say a good word further as to the nature of said locations. They exist, of course; the country is large enough for a thousand physicians. But the doctor's statement appears to us a little too hopeful and enthusiastic. He is so full of zeal for the cause that he expects every one to be like him.

The places needing Homœopathic physicians are quite small villages, having a few hundred inhabitants, and are more or less distant from railroad and steamboat lines. Every desirable place of considerable size is already supplied. The small villages offer no special attractions. Some of them are surrounded by well-to-do farmers, but would not satisfy a man of exalted scientific tastes.

Astoria, Portland, Oregon City, Salem, Albany, Roseburg, Amity, Forest Grove, The Dalles, Walla Walla, New Laocoma, Seattle and Victoria, are all supplied, and the incumbents are abundantly able to fill their respective fields. Within a year two young physicians, both capable men, have started in Portland, and after a few weeks or months, gone to places not so well supplied.

Of the unoccupied villages perhaps the best are: Corvallis, good country, only ten miles from Albany; Eugene and Lafayette, must depend largely upon country work, as indeed in every other place; Pendleton, small village in deep narrow valley, surrounded by barren hills (prairie hill, covered with grass, swept with eternal winds affording pasturage, arable but not cultivated, as the Indian reservation includes them), farmers distant fifteen to fifty miles, town overrun with Indians, county seat, and a trading centre of rich country; Weston, good farms, good school, perhaps the best place, sometimes visited by Drs. Kellogg and Nichols of Walla Walla, twenty miles; Baker City, climate cold and windy; costs a fortune to get there via Portland; Homœopathy needed at last accounts, eighteen years ago.

There are perhaps twice as many more places where a young man of humble aspirations, willing to wait and work, could make a living. But let no one suppose that large and prosperous towns are waiting with open arms to give him a public reception. A recent law in California drove a horde of quacks and specialists into Oregon, and they infest every place of any importance. Portland has about fifty all told.

New places will spring up along the N. P. road, which is now being pushed rapidly forward.

Hoyne's Directory gives many places, some having 6,000 to 10,000 inhabitants, without Homœopathic physicians.

PORTLAND, Oregon.

O. B. BIRD,
Sec. Or. State Hom. Med. Society.

THE
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Consultation Department.

PROGRESSIVE MUSCULAR ATROPHY—WHAT WILL CURE ?

Will you please ask some of our specialists or others, to report cures if they have any, of progressive muscular atrophy. I have met but two cases in fifteen years practice, and no cures.

P. H. VANVLECK.

THAT CASE.

In THE INVESTIGATOR of October 15th, page 299, signed, A Subscriber, will cure this patient with either *Kali carb.* or *Merc. protiod.* unless there is ulceration of the larynx, then *Spongia tosta* will do the work.

ANTIDOTES TO ACONITE POISONING.

Will some of the readers of THE UNITED STATES MEDICAL INVESTIGATOR, tell a new beginner the antidote to *Aconite* poisoning ? Tell us just how to proceed please. A regular friend, who is beginning to use *Aconite* tincture, came near sending one of his patients to "kingdom come," by giving a few drops too much. How many drops would kill a child ?

DAVID CATION.

PATHOLOGY VS. ANATOMY.

Permit me to ask J. K. Eberle, whoever said Eberle may be, whether

the existence of a constriction or stricture of the œsophagus, urethra, vagina, or any other natural canal; constitute an evidence of a natural sphincter? I, for one, believe in Hyrtl's sphincter tertium, for reasons I need not here enter upon; but protest against an isolated pathological condition, whether primary secondary or tertiary, being identified with a tertiary sphincter, or an anatomical fact. G. J. W.

FAT IN BLOOD.

How do you find out that carbonaceous food increases white globules? M.

[White globules are generally conceded to be lymph gland products. These glands are largest, and most active in fleshy children. Fleshy children and people prefer, crave, carbonaceous food and take a great deal of it. In fact, can take so much that in time the blood will look pale, will be loaded with lymph corpuscles. The constituents of the blood are not uniform, but are very much dependent upon the food.—Ed.]

A CURE FOR GONORRHOEA.

Will some of the readers of THE INVESTIGATOR, try the following formula for gonorrhœa. I have used it with the best of success, and in no instance has my patient been troubled with gleet.

℞ Olive oil ʒi., common coal oil ʒ. Mix.

Use as an injection twice a day. If the case is a bad one use one-fourth coal oil instead of one-sixth. I generally give *Aconite* internally and if my patient returns I give *Cann. sat.* The above I got from an old Eclectic physician. He has used it for years, and no internal treatment with it. J. D. G.

CASE FOR COUNSEL.

Mr. F., farmer, aged thirty-five, sanguine temperament, is suffering with an eruption on the hairy parts of the head and body, particularly at the margin of the hairy scalp. The eruption consists of pimples of the size of a pea, discharging some pus, and drying up to a light brown crust, which is removed on combing the hair, leaving a fiery red surface, it is worse in cold weather and has been so, for several years. The itching is so intolerable "that he could tear the skin off." General health good. Has been treated Homœopathically for six months, without getting better. Has been under my treatment for one month; I have given *Ars. 200.* *Merc. sol. 6.* and *Rhus tox. 30.* with no effect. Treatment by former physician consisted in *Sulphur*, *Salt* baths; he was also ordered to eat lemons until he could eat a dozen, which he could not do.

Any information that will help me out with this case, will be thankfully received. Has the *Sulphur* he formerly took, aggravated the trouble or is the itching, which is not relieved by scratching, caused by the remedies I have given?

D. A. D.

CASE FOR COUNSEL.

I desire counsel in the following case which seems to me quite unusual and curious in one or two features. The patient, a man aged thirty-one years, little above medium height, brown hair and eyes, clear, healthy features, occupation fruit grower. Has been married two years; soon after coming to this place a year and a half ago, he came to me complaining of frequent seminal emissions when sleeping, every two or three nights, and said that during sexual intercourse his desire seemed natural, erections also, but failed to have the usual emission and thrill of such connection, the semen passing afterward when asleep, and to this day the same condition remains, not having in any instance an emission during the embrace. When I first met he was somewhat thin in flesh, but now presents a more than his ordinary good appearance, his nightly emissions having almost entirely ceased the other trouble remaining the same. The patient denies any bad habits and never any venereal disease, ascribes his emissions to frequent mild injuries while herding cattle, years ago when he drove a very rough rider. There seems to be no mental derangement, I have questioned closely; the patient is bright, active and to all appearances, well. Early counsel in his case will be gladly received. I have checked the emissions with *Phosphoric acid*, he has taken *Lycopodium*, *Agnus cast.*, and *Sulphur*, rather low. L. J. BUMSTEAD.

ON DIPHTHERITIC CROUP.

Kindly permit a suggestion relative to articles which appear in your journal. Referring more especially to the case given in March 1, 1879, of *THE INVESTIGATOR* as diphtheritic croup, it would be very desirable, at least to some readers, if physicians sending such cases for publication would give their names. For one, I am decidedly sceptical as regards the efficacy of *Bell.* 100,000, *Merc. prot.* 100,000 or any other remedy of such high potency in a case of such importance and malignity as the one under consideration; still, upon the testimony of a practitioner, known to be possessed of good common sense as well as skill (for the two are not always united!) and *not an enthusiast*, one must necessarily, according to the laws of evidence, be more

or less influenced in one's faith and opinion; hence the desirability of knowing the source of evidence. The case described comes very close home to the writer who having lost a favorite child, about same age as the patient referred to in a case very similar in its aggravated symptoms, cannot help feeling that perhaps if she had received other treatment her life also might have been prolonged. T. H. N.

ANOTHER LINK TO TÆNIA.

. Page 139, February 15, 1879. F. Duncan M. D., Osage, Iowa, gives an interesting verification to Dr. Hering's prescription for tænia. He however, introduces his sayings with the imputation that I have ridiculed Dr. Berridge. I defy anybody to find a single expression in my little exposition in defence of the abortive *modus curandi* of tænia which can be construed as a discourtesy to the doctor. I have called Lutze's explanation nonsense, and the "verification" sustains this opinion but this cannot possibly affect Dr. Berridge. He calls the abortive cure "uncatholic and infidel," and I have tried to prove that it is just the contrary. I do not comprehend where the ridiculing comes in there. Rather might I doubt whether Dr. D. has taken the trouble to read my few lines through, for if he had, I must call it astonishing that he had one moment "supposed of course, that I was going to give a positive proof of the remedy having produced the parasite," as I have stated that the usually prescribed drugs taken in large quantities, would destroy animal life and not produce the *smile* (of "the parasite" — "the equal" — I certainly would not speak). And with the conviction that he has only glanced over my article with the physical eye, I can comprehend that he misconstrues my final remark, as if I were "not going to rely on *Filix mas.*," in the way I have prescribed it (not "as handed down from the ancients"). My final remark was (page 460, December 1, 1878.): "if *Kameela* acts as described (by A. F. R. page 565, December 1, 1877.) it supercedes *Filix mas.*," and my exclamation in brackets (next time I intend to try *Kameela.*) is fully justified by the ætiology as I, following authorities, have represented it, and by the wish which ought to animate every physician to cure his client. *Cito tuto et juconde.*" My little treatise did not intend to be aggressive, and I regret that I have to defend myself against Dr. D.'s imputation, while I only can be thankful for his "verification," as it upholds the cure in three to six hours, which must be preferred to the cure from moon to moon. M. A. A. WOLFF.

DR. STEVENSON'S CASE OF "URETHRAL IRRITATION."

Dr. S. having called my attention to his report in *THE MEDICAL INVESTIGATOR*, for ——— and having also replied to my inquiries as to our former correspondence, it may be of interest to pursue the subject a little further.

The doctor had faithfully used dilatation by bougies, and the usual signs of *stricture*, i e., of organic stricture, were absent most of the time, and without seeing and examining the patient, I could not know it was present; its "large calibre" preventing even his attendant from realizing it. Indeed but for Dr. Otis' discovery of this form, it would still be unknown. Should successive cutting operations not succeed at last, the Faradic battery, with a good-sized bougie, insulated by gum catheter cover to within one-fourth inch of the point, and connected with the negative pole; the positive at the sacrum; with such an instrument I have dilated and passed a close stricture in thirty minutes; the effect continuing for several months, perfectly, and longer, with practical sufficiency. If not yet tried, this may yet be of service.

On the question of Grauvogl's hydrogenoid constitution, in this case; G. considers Hahnemann's sycotic taint as really hydrogenoid, and says that the latter may result from gonorrhœa, and also from atmospheric causes. I do not see any conflict between this and Dr. S's facts. G. certainly does not mean that venereal sores are impossible in such constitutions. Such a proposition would be quite untenable. But that constitutional syphilis does not develop well in such, may be true, and may afford a partial solution of the controversy between the unitists and the dualists, in syphilology. Further, the case was of gonorrhœal, hence falls under "sycotic miasm," as a cause; hence, under "hydrogenoid," or hygroscopic constitution. Most probably, however, the patient had before this, a pronounced carbo-nitrogenoid, or oxygenoid structure; and that would bring him under one of Grauvogl's *mixed*, or intermediate types, *not the pure hydrogenoid at all*. These mixed types should not be forgotten.

But why did not anti-hydrogenoid treatment cure him? For two good reasons. First, the mixing of some other type with this; second, the obstinacy of the malady was due to *organic changes*, already accomplished; and which required *mechanical* measures for their removal, after which, residual symptoms must yield to medicines properly chosen.

But even organic stricture is sometimes cured by Homœopathy, after failure, or only partial success by the best modern operators. Let any one who really desires *information*, ask Dr. Lippe for his facts.

J. C. MORGAN.

☞ [Will Dr. Lippe please give us the information?—ED.]

SALTINESS.

We quote from page 467, November number, of THE MEDICAL INVESTIGATOR, speaking of common salt: "The saline blood absorbs more oxygen, and this stimulates the *physico-chemical* action of *histological nutrition*. This *increased trophic activity consumes a considerable amount of assimilable material*, the functions of the stomach and intestines are *necessarrily increased in activity*, but it *soon happens* that these regain by *elaborating without cessation reparative material cannot suffice* for nutritive activity."

When we were attending lectures long years ago, at the College of Physicians and Surgeons in New York City, our friend Prof. Bartlett, used to relate the following: A candidate for graduation was being examined by the doctor in materia medica. The doctor asked him among other questions, the botanical term for the common *Chamomile*. The future M. D. puzzled his brain for a long time, then finally gave it up. The professor then informed him that among the learned it was designated as the *Anthemis nobilis*. "The hell it is," replied the student—"All that for common *Chamomile*!" The reply nearly cost him the loss of his diploma. Now we say, (omitting the expletive.) *all that* for common salt! Why is it our journals are filled with such nonsensical jargon? Why cannot medical men write plain English, say what they mean, that their readers may understand; such writing certainly does not convey to the reader an impression of profundity, or a great stock of knowledge in the writer, but rather the desire for display, which excites a sensation of disgust in all parties obliged to wade through such nonsense.

A non-professional reader would be apt to infer that *salt* was something akin to dynamite, and eschew its use, or like the old toper, who when he attended a chemical lecture and saw water analyzed and heard the lecturer enlarge upon the dangerous properties of its elements, exclaimed, "I'll be d—d if I'll put any more of that stuff in my brandy. It might blow me up."

D. K. M.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

COLUMBUS, Ohio, Oct. 14.—Prevailing diseases are: Diphtheria, affecting the pharynx, cases are bad to handle. Remedies used: *Kali bich.*, *Bromine*, *Phytolacca*, *Merc. prot.*, and *Lachesis*.

R. D. CONNELL.

PUEBLO, Col., Oct. 15.—Not much sickness as yet this fall, some erysipelas and mountain fever (as it is called), the usual treatment for the first answers well, and *Bap.* 1x, *Ars.* 3x, *Acid sulph.* 3x. cures the last.

W. R. OWEN.

LAHARPE, Ill., Nov. 7.—Prevailing diseases are: Typhoid fever and diphtheria. For the former have used *Rhus* and *Bap.*, for the latter *Bell.*, *Merc. iod.*, and *Kali bich.* Success has crowned my efforts and is increasing my business every day. I could not do without THE INVESTIGATOR.

F. M. MARTIN.

JONESVILLE, Mich., Nov. 10.—This fall so far, has been noted for the absence of our usual remittent fevers and bowel complaints, but agues have more than made up for the deficiency. Quite a number of sore throats with ulcerations, have been promptly cured with *Phytolacca*, *Baptisia* and *Merc.* all remedies used in the 3x dil. excepting the latter which was used in the 6x trit.

H. M. WARREN.

FREELANDSVILLE, Ind., Nov. 4.—Prevailing diseases are: (1.) Abdominal typhoid, many cases, also had some cases of (2.) Continued malarial fever, no intermittent as we had other autumns: some cases of (3.) Rheumatic torticollis. Remedies used: *Bryonia* most important remedy in all diseases this fall, also *Nux.*, and *Phos. acid* in (1). In (2) *Bry.*, *Nux vom.*, *Merc. sol.* In (3) *Staphysagria* internally and lotion, *Merc. sol.*, *Rhus tox.*

C. H. VIEHE.

MOBILE, Ala., Nov. 5.—Prevailing diseases are: Malarial, chiefly intermittent, some bilious remittent; we have had since August more fevers of this character than in eight years before. I hear of some

cases under Allopathic treatment running into typhoid conditions too much *Calomel*, but chiefly *Quinine*. I have no deaths to report. Remedies used: *Gelseminum* ϕ in every case, *Ars. 3*, *Nux vom.* ϕ , to 3, *Baptista* ϕ . *Bell.* 1, *China* ϕ , to 1, and *Chininum sulph.*, one grain every hour or two hours to the extent of six to twelve, and in some cases, through the intermission, to sixteen grains, when not felt in the head. *Lilium* has been called for oftener this season than common; usually the first three remedies will break up the attacks. W. I. MURRELL.

MEMPHIS, Tenn., Nov. 7.—Our yellow fever epidemic of 1879 is now at a close. The timely flight of so large a part of the population is the only reason of escape from the fearful mortality of 1878. As the majority remaining were absolutely without means, the burden of caring for the sick fell upon the various charitable organizations of the city, chief of which is the Howard Association. The latter soon found it necessary to employ eight physicians, and my name was presented among the first. This evoked at once a most determined and persistent opposition among a class of Old School physicians; several of the older and more intelligent members, however, be it said to their credit, demanded as a matter of justice that the Homœopathic system be granted a fair field. This created finally comparative harmony of feeling and assured equal facilities for labor. During the present epidemic as well as that of last year, the specific yellow fever poison was in large measure influenced by marsh miasm. Where these conditions obtain the rate of mortality has proved to be greater than when the poison exists in an unmixed form. In this instance the percentage of deaths in my own practice, among all cases of yellow fever is 19. In treating 358 cases of other diseases during the same time, the loss is 2 per cent. The Board of Health report shows a loss of 31 per cent. among yellow fever cases treated mainly by other schools. They have no report of cases of a general nature. S. J. QUIMBY.

CLINICAL RECORD.

A patient had "itching behind the sternum which caused violent, racking, paroxysmal cough." *Kali bich.* 3x, every two hours, cured it promptly.

Another had "tenderness of scalp in region of coronal suture; when brushing or combing it caused violent attacks of sneezing." This case

was of long standing, but promptly got well after a few doses of *Silex* 6x.

In a case of cancer of the breast the patient says: "When I go to sleep my breath fades away and seems to be gone then I wake up with a gasp to catch it." The legs were œdematous, left one most, promptly relieved by *Digitalis* 1m.

These cases were treated three years ago. Of course the cancer patient died, but the others were permanent cures.

H. NOAH MARTIN.

DIPHTHERIA—ERYSIPELAS.

Elsie F., aged two years, of slender build and delicate appearance, when in ordinary health, was on Monday, Oct. 27, taken ill with sore throat and fever. Tuesday evening, much difficulty in swallowing; obstructed breathing, very marked and noisy when asleep; tongue coated a dirty white; tonsils on both sides, covered with diphtheritic exudation; breath loaded with the peculiar, foul, diptheritic odor; externally the neck on *both sides* was much swollen under the angles of the jaw and back under the ears; pulse 120; temperature 102.2-5; scarlet fever in town, but this case presented no sign of eruption at the outset. The above symptoms continued with slight modifications until Thursday morning, when my attention was first called to small patches of hive-like eruptions on each knee; the same soon appeared on the hands, palmar and dorsal surfaces, on the back, on the breast, abdomen, legs, feet, neck, face, eyes, and about the mouth and nose. The eruptions spreading from a multitude of points soon covered almost the entire body. Its color was a bright deep red; the intense heat, and fiery pain of the skin, caused the child to scream aloud and demand constant cooling and soothing applications; there was very little of the external swelling which accompanies true erysipelas. As the eruption became more and more developed, throat and neck improved, so that by the time the general surface was most aflame all signs of diphtheria had subsided. By Saturday evening the eruption was fast receding; temperature 100½; appetite returning; tongue clean and much less red at the tip. Prescribed in the diptheritic stage *Bell.*, *Kali bich.*, *Apis*, and *Ars.*; with *Salt* and *Carbon oil* topically to the neck; also *Sulphurous acid* in the air, and powdered *Sulphur* and *Charcoal* blown into the throat through a straw. For the eruptive stage *Rhus.* and *Nux.* proved

of prompt and effective service. Topically for the relief of the skin, we resorted to *Rye flour*, *Vaseline*, and a weak solution of *Sulphite of Soda*, in various alternations, according to the relief derived.

This case brought a variety of surprises to me. At the outset I quite expected malignant and probably fatal diphtheria to be developed. With the appearance of the eruption I at first felt relief, but as it developed in intensity I again feared that erysipelas would destroy my patient. And almost the entire morbid movement above described was compressed in the short space of six days. This Monday morning my patient is in an advanced stage of convalescence.

Are cases of this kind frequent in the history of diphtheria?

A. DEVOE.

THE TRUE SIMILIMUM.

It is of the utmost importance in dealing with both simple and complex pathological conditions to unmistakably find at the outset the true remedy, this we hold to be the great *desideratum* of our success as physicians, and which conscientiously and creditably releases us from the just obligations we owe our patients. Far too often experience demonstrates that in prescribing we do not find the true similimum readily and surely, consequently we stumble and get results commensurate with what we give; blind ourselves we lead the blind. Give us a perfect *materia medica pura*, with sound verifications, and the less of them (within a sensible limit,) the better; then we shall begin to strike from the shoulder, and Homœopathy will rapidly rise in public appreciation. Concentrated, condensated, truthful characteristic symptomatology, and pathogenesis of drugs is what we most *urgently* need. Nothing more—oh no! and nothing less. Too often, asserted facts, are asserted errors; no matter how honest the claim be made. Perhaps we should become more wise, if we were less sanguine, and did more closely analyze the conditions of our success, when we do seem to succeed. We should not take to ourselves the credit (so often done,) which really and truly belongs to the *vis medicatrix nature*.

However, the proof of the truth of the law of similars is so strikingly and indubitably manifested when principles are correctly practiced, that at times it challenges our surprise and admiration, even after we become familiar with the successful application of its law.

For instance, in corroboration, permit me to state one or two recent cases. Mrs S., aged fifty years, severe rheumatism of right deltoid muscle. *Bryonia*—symptoms, a few gtt. of *Bry. 6* in half glassful of water, pro dosis. After the first dose the pain, and immobility disappeared; no repetition of the dose was necessary. The affection had been of days duration and suffering intense.

Mrs. H., aged twenty-seven years, primiparæ-labor. Mind and disposition timid, weeping, shrinking, fearful, etc. Gave *Puls.* without adequate response. Nine hours had passed with harrassing and but partially efficient pains. I began to observe that the face flushed unusually with the advent of her pains; they come quick and went quick. She had a dry mouth; a choking in her throat; and complained greatly of abdominal tenderness. *Belladonna 6* gtt. three or four in two ounces of water, two teaspoonfuls pro dosis. Instantly the scene was changed, her tears were dried, moaning ceased, and she had the courage of a veteran. There was no further delay on account of the weather. Every sail was filled with the drug's potent prerogatives. An arrival of infantile animation was soon heralded, and the passenger safely landed. All of pain, as well as delay at once disappeared after the tempest was stirred. In her own smiling words, "I have no pain now, but only have to press down so." It almost made me laugh indecorously, to see how quickly little *Bell.* could raise an efficient tempest, in spite of the "laws delay," and my own dullness to the very plain hints given me. In another tedious case *Arnica* applied the whip and spur in a most triumphant manner. *It was the true similimum.*

MILFORD, N. J.

J. NEWTON LOWE.

PRACTICAL NOTES AND COMMENTS.

BY J. C. MORGAN, M. D., PHILADELPHIA, PA.

Effects of the post partum bandage on the female form.

Mrs. N. has had five children, bandaged after the first three, abdomen loose and flabby, not bandaged after the last two. The abdomen is now as shapely as before her marriage. The explanation probably lies in the fact that muscularity is impaired by pressure during nutritive involution, improved by freedom and moderate functional use. This does not preclude the employment of a gently supporting bandage, if desired, until the first few hours of shock and fatigue have passed by.

Sore nipples.—I find two leading causes. 1. Suckling frequently and long, before milk is secreted. 2. Alternate flattening and elongation of the nipple, by pressure of clothing; then suckling. The first cause raises blood blisters on the tip of the nipple. The second chaps or cracks the circumference.

The ulcers are either dry or moist. If dry apply warm bread and milk poultices; if moist apply powdered gum arabic frequently. For protection, and maintaining the normal erection of the nipple, soften a piece of *gutta percha* in hot water, mould it to the shape of a round-top hat, perforate the top, apply constantly to nipple.

Arnica-hæmorrhage, post partum.—In several cases, I have observed severe hæmorrhage within a few minutes after taking *Arnica*, low, post partum; never after the 200th, which I have frequently given.

Arnica in heart diseases.—Two indications are sure, viz: 1. Stitching pains. 2. Bruised sore feelings in the region of the heart; a third is, the effect of exertion, as walking, working, going up stairs, etc., which produce or aggravate the trouble.

Extracting needles or glass from the palm of the hand, etc. I use two instruments prepared expressly for such cases, viz: 1. A fine aluminium wire as a probe, its surface giving a very perceptible friction with the foreign body, readily differentiated from that of fascia, etc., as ordinary probes do not. 2. A pair of straight and fine, sharp-pointed, microscopic forceps whose points can enter the orifice made by the sharp particles, with or without enlarging it, their spring should be only moderately strong. A splinter or needle under the finger-nail or in the palm, can thus be grasped and removed, after exact location by means of the wire probe.

To "wide west."—I would say, get the name of the doctor who cured congestive chills with one dose of Homœopathic medicine, and let us find out both *symptoms* and remedy. That is too valuable an experience to be lost. I have seen reaction follow a dose of *Caps. 30*, in a few minutes, in such a case, having pulse almost imperceptible and a burning from throat to stomach; a large, clumsy man, who looked as if half frozen, his articulation agreeing therewith, yet was walking about, and found his own way to my office! No shaking, only coldness and threatened collapse.

To W. H. S. (Epilepsy.) 1. Have the boys *teeth* examined, and any defects corrected; 2. examine for *worms*. 3. Enquire as to any mental cause, as fright. 4. Consult *Bufo*, in materia medica.

To Dr. John Pearsall. (July 1st No., p. 37.) Curtail the use of tobacco, and give *Lachesis*.

To Dr. L. Hoopes, Secy. of C. D. & M. Counties. *Homœopathic Medical Society*. (July Number, p. 46.) The report of my remarks is erroneous. I spoke of *Petrol.*, as a most important remedy in chronic diarrhœa, with feeling of weakness in the abdomen. (first noticed by Dr. D. A. Gordon, of N. Y.) The prior remark was, that *Kali bich.*, (compare *Tarax.*), is indicated by white coat with red islands; it would be wrong to expect *Petrol.* to cure this symptom, as the report implies. (We owe this observation to Dr. Ad. Lippe, so far as I can learn.)

Eczema. (See Aug. 1st Number, p. 109.) My best results have been derived from *Piz liquida* 50m, (tar,) and *Kali sulph.* 30; not ignoring *Graph.* 2c. For hard, red swelling, *Aconite* 15, and when blue, *Lach.* (*Aconite*, according to Dr. N. Guernsey's indication.) *Piz liq.*, when severe itching at night.

My standard *palliative*, in uterine displacement, inflammation, and ulceration, and for pruritis vulvæ, is a pessary of cotton, with a teaspoonful of pure *Glycerine*, enclosed by a string, introduced through a speculum; after instruction, by the patient herself. The string is allowed to hang outside, for removal; it is to be changed every second day. This always does good service. Dipping the cotton in *Glycerine* may answer, but it should at first be diluted, in this case, to prevent burning, etc.

For *enuresis nocturna*.—If light, delicate skin, *Caut.*; if dark and tough, *Kreos.*; these two remedies have done better work than any others, for me, but should not exclude others, if symptoms indicate.

For *headache, vertigo, etc.*, from *optical defects*, *Magnes phos.* 30 has proved very useful.

Aural polypus, etc.—Dr S., a young physician, had aural polypus, *Calc. iod.* 6, a dose every night for about two weeks, with the local use of milk and warm water, by syringe, twice a day; cured it completely. Some months later he suffered from pulmonary phthisis, under treatment all winter, with apparent recovery; married, and two years later, died of phthisis.

For "nervousness" and sleeplessness from *alcoholic drinks*, and other causes; *Gels.* 3 succeeds better than any of the more reputed remedies.

Diagnosis of cerebral irritation in little children.—I rely very much on the following signs: 1. Pulsation of the anterior fontanelle, synchronous with the pulse, not with respiration. 2. Waking from sleep with

sudden sharp outcries. 3. "Purposeless vomiting." 4. Mental excitement, or rather agitation. 5. Spasmodic symptoms.

The leading remedies for all these, are *Gels. 1m*, and *Ferr. phos. 30*; in addition, spasms yield sometimes very handsomely to *Magnes phos. 80*; sometimes, but more rarely, to *Bell.* Projection of membranes in the region of defective ossa wormiana, at the back of the head, has yielded promptly to *Calc phos.*; effusion was probably present from deficient support.

Insanity etc., from nerve injury. (See Aug. 15th number, p. 163.) Was *Hypericum perf.* used at first, internally and externally? It is only a good use of Dr. T. D. Williams' lauded "therapeutic" *common sense*, for Homœopathic doctors to sometimes "try Homœopathy!"

Black coffee has frequently palliated, and I think materially helped in the cure of various forms of insanity, also *Caps. 200* does good when burning is complained of.

Hare-lip operations. (See July 15th number, Dr. S. B. Parson's case.) I have had satisfactory results by the operation that consists; first, in trimming the surface of the deficient side of the lip; second, in *splitting* the redundant side, so as to *underlap* the other, the thin tip of the flap being perfectly fitted to the trimmed surface, making a continuous natural border to the whole lip, a fine silk suture at this point completing the fastening. This operation I devised for my case, and I am not aware of its being otherwise known.

The *repair* of a badly resulting operation, with a deep cleft in the upper lip, suggests the following, analogous to one of the operations for entropium.

1. A transverse, or slightly curved incision across the cicatrix. 2. The approximation of the *ends* of the incision by a large and strong hare-lip pin, thereby depressing the notch, and converting it into a downward projection.

VASELINE IN LABOR.

Dr. Dubois in the *Medical Record* gives some of the uses to which *Vaseline* may be applied. In labor, in the amount of from three to six hours, shortens the first stage and rendering all the parts easily dilatable in the second stage. The sponge tent when coated with *Vaseline* is easier of introduction. It should be held in situ for a few moments in order that it may be retained. Erosions of the os after the removal of engorgement. Is better than oil or soap to remove the vernix caseosa from the infant. The excoriations of infants. The snuffles; introducing it into the nostrils upon a camel's hair brush.

WEATHER PROVING AND DISEASE TENDENCY.

BY BUSHROD W. JAMES, A. M., M. D., PHILADELPHIA.

C. A. Smith, Sergeant signal corps, meteorological summary for October, 1879. Highest barometer 30.816 (26th). Lowest barometer 29.556 (28th). Average barometer 30.168. Monthly range of barometer 1.260 in. Highest temperature 87.30. Lowest temperature 32 (25th). Average temperature 61.7. Monthly range of temperature 35. Greatest daily range of temperature 28 (1st). Least daily range of temperature 6 (11th). Mean of maximum temperature 70.8. Mean of minimum temperature 54.2. Mean daily range of temperature 16.6. Mean relative humidity 67. Total rainfall 0.41 in. Prevailing direction of wind S. W. Maximum velocity of winds 36 (W. 28th). Total movement of wind 6132 miles. Number of foggy days none. Number of clear days 17. Number of fair days 9. Number of cloudy days on which rain fell 3. Number of cloudy days on which no rain fell 2. Total number of days on which rain fell 6. Frosts occurred on the 20, 25th and 26th. A few flakes of snow fell on the 24th.

COMPARATIVE TEMPERATURE.

October, 1874,	55.0 inches.		
“ 1875,	53.7 “		
“ 1876,	50.8 “	Average for	} 56.1.
“ 1877,	57.4 “	six years.	
“ 1878,	55.1 “		
“ 1879,	61.7 “		

COMPARATIVE PRECIPITATION.

October, 1874,	2.87 inches.		
“ 1875,	1.42 “		
“ 1876,	1.06 “	Average for	} 2.38.
“ 1877,	6.52 “	six years.	
“ 1878,	2.04 “		
“ 1879,	0.41 “		

COMPARATIVE RELATIVE HUMIDITY.

October, 1874,	65 inches.		
“ 1875,	65 “		
“ 1876,	65 “	Average for	} 66.”
“ 1877,	74 “	six years.	
“ 1878,	62 “		
“ 1879,	67 “		

WEATHER STATISTICS—THE EXTRAORDINARY HEAT OF THE PRESENT MONTH.

A close examination of the weather records kept at the Pennsylvania Hospital which extends back to 1825, show that within that time there has been no approach to the heat of the present month, during any

previous October. Since 1825, the warmest Octobers occurred during the years 1835 and 1861, but they were no comparison to the present month. In October 1835, the mean of the thermometer was 60 degrees, the maximum 78 degrees, and the minimum 42 degrees, the mercury rarely marking over 70 degrees. The mean of October 1861, was 60 degrees, the maximum 85 degrees, and minimum 38 degrees, but the mercury only rose to 80 degrees, or over, three days in the entire month.

So far the present month, the thermometer stood at 80 degrees, on 11 different days, as follows: 1st 88 degrees, 10th 80 degrees, 13th 80 degrees, 15th 83 degrees, 16th 85 degrees, and 17th 83 degrees. The mercury has been over 70 degrees every day in the month so far, except on the 5th, it has not at any time fallen lower than 55 degrees. Since 1825 the mercury has never risen higher than 87 degrees in October, except this year, and that for one day only; during October of last year the thermometer was 80 degrees and over, four different days, the average maximum being 66.58 degrees, and the average minimum 50.29 degrees. Within the past fifty-four years, prior to the present, the mercury has only marked 80 degrees or over, during October of those years, 11 times, and then only from one to three days at a time, and it is therefore apparent that the present is the warmest October for at least fifty-four years.

DISEASE TENDENCY.

The unusual warmth, evenness of temperature, and freedom from storms, rendered October a remarkably healthy month, but as there are shades of disease and predisposition existing at all times, we have noted the following: The month was ushered in with an aggravation of malarial and low fever cases, headache, and feeling of languor, debility fatigue, and neuralgia. The cases of obstinate vomiting especially of bile, still continued, while heart diseases were worse, diarrhoea was very common, and children suffered much as they did in the heat of July, and particularly such as were teething, the diarrhoea was mostly of a sudden character, thin, but stools not much altered in color. As would naturally be expected gastralgia and enteralgia were frequent attendants and thus were present often in persons where no diarrhoea came on. Pleurisy, asthma, and conjunctivitis were noticed. Eruptions such as nettlerash ("hives"), prickly heat and herpes, circinatus and herpes zoster were conspicuous. The tendency to prostration and eruptions continued throughout the month, dysentery was more common during the middle and latter part of the month. During the last ten days there was a great tendency to cerebral and spinal con-

gestions, convulsions, apoplexy, and sudden deaths, and heart diseases were also aggravated. At the close of the month the bilious gastric and enteric derangements, diarrhœa and hæmorrhages were prevalent, with an increased disposition to fresh colds, laryngitis, bronchitis, neuralgia, and rheumatic aches. There was a marked increase in the number of albuminurea cases, while there was much less than usual of catarrhal colds, sore throat, rheumatism and lung troubles.

Society Proceedings.

Transactions of the Clinical Society of the Hahnemann Hospital
of Chicago.

BRAIN SYPHILLIS.

BY H. B. FELLOWS, M. D., CHICAGO.

(Continued from page 381.)

The onset of severer symptoms is only a matter of time. The hesitancy of speech becomes a temporary aphasia, the dizziness increases to "vanishings" or fainting fits, the faulty memory becomes more faulty, there is excitement or depression of the mind and temper, fussiness and confusion more and more mark the mental operations, and delusions are often superadded. The general health gives way, first shown by malaise, and followed by loss of energy and debility. The size of the pupil is unequal, the tongue tremulous when protruded, the gait tottering, and abnormal sensations, "pins and needles" and numbness appear in the extremities. Though some times delusions of grandeur appear, depression of mind is more frequent and intelligence decreases slowly but surely. The physical symptoms proceed *pari passu* with the psychical ones, and we get paralysis of one or more limbs. A peculiarity of these paralyses is that after coming on suddenly they may as suddenly disappear. But they appear only to return again, but not perhaps in the same number. Many of the symptoms will show this hystericalness. But all the while a greater mental and bodily weakness is progressing. The writing becomes irregular, illegible, the gait staggering, dragging, and ataxic. The months and years roll by, and the patient finally

dies from cystitis, bed-sores, marasmus or some lung difficulty. These are the chief features when we get the congestive form of the disease and it takes the type of dementia paralytica.

Another form which the disease may take is the epileptiform. This has more or less form similar prodromal symptoms to those already mentioned. Suddenly then we get an increase of psychical symptoms and an epileptiform attack. This epileptiform attack will seldom in the beginning show complete epilepsy. It may be only a local spasm of some group or groups of muscles, notably of the fingers and hand of one side. This spasm will return from time to time, and gradually extend until other muscles are involved, and even until it simulates so closely as not to be recognized readily from the true idiopathic epilepsy. With this there will also be incomplete paralysis. The following are some of the points which will be found to aid in the diagnosis of syphilitic epilepsy from idiopathic epilepsy.

SYPHILITIC.

Long antecedent pain in the head.
Headache, when present, before the fit, and often localized in one spot.
Attacks begin in adult life.
Begins often as local spasms.
Attacks without loss of consciousness, at least in the beginning.
Paralysis of hemiplegic type often present, or following the fit, but seldom complete, and usually transient.
Epileptic cry more frequently absent.
Optic neuritis and its results common.

IDIOPATHIC.

Not usual.
Headache, when present, after fit, and general.
Attacks begin before adolescence.
Are general at first.
Attacks always with loss of consciousness.
No paralysis.
Epileptic cry more frequently present.
Optic neuritis absent.

The paralysis, or rather paresis does not show the strong tendency to attack the cerebral nerves in this type of cases that it does in some others, but it is by no means impossible for them to become implicated. The mind becomes involved, the patient is irritable, forgetful, and suffers a change of the entire character, and often appears quite hysterical. The speech is prone to suffer, varying from a hesitancy for a word, the "*embarras de parole*" of the French, to a complete aphasia. This aphasia, however, is usually quite transient. There is also slowness of ideas, or defect in rapidly carrying out the impulse of the will. All these symptoms are subject to various fluctuations, getting worse and better in a very puzzling and unexpected way. They, however, grow more and more frequent in their attacks, and produce graver and graver results unless checked by proper treatment. The attacks, at first far apart, may increase in frequency and gravity, until a state of epilepticism is established, attended with a loss of intelligence, complete exhaustion, involuntary passage of urine and fæces, coma, and death.

The anatomical basis of this form of disease is a gumma, or a gummatous meningitis affecting the cortex of the brain, and usually growing in the subarachnoid space.

If the morbid growth involves the base of the brain, the cranial nerves are liable to be implicated, and often become irritated or paralyzed early in the case. In fact disorders of the cranial nerves are among the first serious symptoms which arrest the attention and enforce the warning of the prodromal symptoms already mentioned. A sudden squinting, a double vision, a drooping of an eyelid, a persistent attack of neuralgia of the fifth nerve or anæsthesia of some of its branches, a facial paralysis, may surprise the patient or friends after a night of good sleep. Or an apoplectiform attack may usher in a very grave group of symptoms. After a short unconsciousness the sufferer finds himself hemiplegic, and perhaps aphasic. The aphasia may be the only paralytic symptom. In some cases the hemiplegia comes on more slowly and without loss of consciousness, and the victim can watch the course of the paralysis of the limbs, while he reflects upon the follies of his youth.

The immediate cause of the hemiplegic attack may be some excess either mental or physical. Excess in *Baccho* vel in *Venere* seems especially prone to develop attacks.

If the severity of the symptoms increase, unconsciousness may set in, if it did not at first, and death soon follow, as after an ordinary attack of cerebral hæmorrhage. But when the symptoms are not so grave, the patient drops into a half conscious state, like one in a drunken stupor. From this he can be aroused only to fall back again into the same state. As the somnolence is more or less complete, the mental activity will correspond to it. The attention may be secured long enough to get an answer to a question, but the patient immediately drops back into the former condition. Sometimes this semi-somnolent condition supervenes without any paralysis, and then he will often get out of bed, and insist he is in the streets or somewhere else than in his own room. Paralysis may follow as well as precede this state. Contracture of limbs or groups of muscles, or unilateral clonic spasms may be added.

These symptoms may disappear, at times quite suddenly, and the patient will assure you that he was never in better health in his life. The careful observer will, however, usually find some defect of memory or speech, or some trace of the old paralysis left. While these

grave symptoms may pass off suddenly, even in a few hours, they usually take some time to do so. Capriciousness is as characteristic of the improvement, as of the onset of them, and applies to each individual symptom. The palsy may pass off leaving the somnolent condition, or *vice versa*. The return of the attack does not insure the same course of symptoms, and the second attack may have quite a different grouping of symptoms, even though they bear a genetic relation to the former ones.

The somnolent condition may not pass off, but deepen into the final coma, which may last for days before death ends the scene.

This form of the disease not only has gumma or gummatous meningitis at the base of the brain, but has disease of the arteries with it. It is to this latter condition that some of the gravest symptoms are due. To understand clearly the importance of any disease of the arteries of the brain, it is necessary to study its two spheres of nutrition as pointed out by Heubner, Cohnheim and Duret. A brief reference to this will be necessary, which we make only in general terms. The cortex receives its supply of blood from arteries which run for some distance in the pia mater and anastomose freely before they enter the brain substance and become terminal. Not only do the different branches of the main arteries have communicating vessels, but the regions of different arteries are also more or less freely connected. Heubner says this collateral system is comparatively free, and a circulation easily established through it. Duret and Charcot doubt its freedom, and deny that a circulation can easily be established through it, but acknowledge that pathological facts show that it is done in some cases. The arteries of the pia mater send terminal arteries in, and the gray matter and white substance of the brain, and these extend to the plane where the nutrient vessels of the base terminate. These two systems never communicate with each other. The basal system start from the large blood vessels which form the circle of Willis, and for about two centimetres outside the circle, enter directly into the brain, and become terminal without any anastomosing. They supply the basal ganglia, including the corpora striata. It will be evident on a moment's reflection that if the disease of any artery cuts off the circulation from these nutrient vessels entering the base of the brain without anastomosis, and the obstruction is so situated that a collateral circulation can not be established through other parts of the circle, that softening must take place in that part robbed of its supply of blood. The result would be permanent paralysis. If the obstruc-

tion was not complete, or it if was connected with the cortex where a collateral circulation can be established, and if the brain substance have not been too long robbed of its supply of blood, it may again assume its active functions more or less perfectly. The readiness with which the function would be re-established would depend upon the readiness with which the circulation became established. As the syphilitic disease of the arteries tends always to extend, if left to itself, and to attack new points, we get an explanation of the various changeable features of the paralysis. The narrowed caliber of the arteries also prevents a sufficiency of well oxygenated blood going to the cortical sphere of the brain and also constantly disturbs the equality of current, and furnishes an explanation of the peculiar somnolent symptoms and the imperfect mental action. It will be perceived that the softening and chronic infarcts which take place are not specifically due to syphilitic disease in the part affected, but are secondary degenerations dependent on the specific disease in other parts. The post-mortem examination will not, therefore, reveal any of this nature without further examinations are made, and especially of the blood vessels.

When the symptoms of any of the above groups are viewed individually, they can be explained without specific taint, but when viewed as a whole they will certainly justify the belief of syphilis as a cause, even if we cannot get a distinct specific history. Their very oddness and strangeness, the age of the patient, middle age, at which they come on, the irregular ways in which they come on and progress, the evidence of multiple lesions which are present, all have a diagnostic value. If with these conditions other evidences of syphilis are present, we certainly may consider our diagnosis complete. A thorough appreciation of the cause and nature of the disease is necessary, for only when this enters into our treatment can we expect to restore the sufferer. With this appreciation many a seemingly hopeless case can be saved.

Dr. Hawkes.—My knowledge of this subject is derived altogether from objective symptoms, for a long time I have been profoundly impressed with the conviction that a great many of the cases, where there is a peculiar localized bone pain, or a persistent headache, that may baffle our attempts to explain as rheumatic or neuralgic, has for its cause something remote, something the patient will not acknowledge, or may be is entirely ignorant of himself. In such cases it seems to me we should have the courage to trace out, and it is my belief that

we will find that somewhere in the patients history, it will be found that there has been some syphilitic affection. I wish to report a case that I was summoned hastily to see: The man, thirty-five years of age, had apparently been well in the morning of the day he was attacked. Was married and had enjoyed home life quite as much as is ordinary. For some months he had been meeting with pecuniary adversities. His one bad habit was excessive smoking. On the day in question he was working upon the dock superintending the unloading of a steamer. Suddenly and without warning, he fell unconscious on the vessel's deck. He was carried home, his companions leaving as soon as they had placed him upon the bed. I found him weak, nervous, and alarmed, from the effects upon body and mind, of what seemed like an epileptic fit. As I did not think any of the causes above mentioned were sufficient to produce the conditions noted, I subsequently questioned the patient for syphilis and he acknowledged having contracted the disease during the days when he was a gay young man. I immediately placed him upon an anti-syphilitic treatment, and he has not had a fit since. Intense mental strain or excitement will often admonish him of impending danger, but for two years he has escaped. His syphilis had been treated with *Caustics*, and *Mercury* in massive doses. It is my opinion that a majority of the cases of epileptiform convulsions, I have been called upon to treat have had their origin in either acquired or hereditary syphilis. I would add that excessive smoking, conjoined with unusual and protracted mental effort and business anxiety, have a strong tendency to develop such latent disorders into epilepsy, paralysis, etc.

Dr. H. C. Jessen.—As Prof. Fellows in this very able and instructive paper has covered the ground of our subject pretty closely, there will be but little for me to say. As I have had the honor of being called upon to speak upon this subject, I shall simply say a few words on the history, frequency, and exciting causes of some nervous affections. When Prof. Fellows said that it was only in the last thirty years that nervous affections had been considered diseases, the statement fully agrees with my knowledge of facts, for it was Dr. Knorrs, of Hamburg, who in the "Deutsche Klinik," in 1849 called the attention of the profession to the fact, that the nervous affections in syphilis might appear in every stage of the disease. It had been noted by Van Sweiten and other renowned physicians, that nervous affections did occur in syphilitic persons, and that tumors inside the skull had been found, which were supposed to be the cause of convulsions and paral-

ysis, but no connection was noted between the two. Now this may be all right, but in the cases published by Dr. Knorrs, the nervous system had become affected before the gumma could be formed. They belong to the so-called tertiary stage of syphilis and this takes place much later than the time in which Dr. Knorr observed the nervous disturbance. In one of the cases published by him, he noted that, following closely the constitutional symptoms of syphilis, in a strong man twenty-four years old, the right arm became weaker, and the right side of the face was drawn unnaturally towards the left; in another case the eyelids and the skin of the forehead, and the muscles of the right side of the face became paralyzed within two weeks after syphilitic infection; and in a third case the patient, a strong powerful laborer, after having a chancre on the foreskin, and some other constitutional affections, awakened one morning a few weeks after infection, to find the lower half of his body, including the sphincters, paralyzed. He had great pain in the back; the urine was retained, and the fæces passed involuntarily.

As now this affection appeared before the time that the tumors in the brain are formed, and furthermore, as they set in at once and not little by little as they do when caused by the pressure from a growing tumor, Dr. Knorr justly drew the conclusion that the nervous affections in constitutional syphilis might arise from other causes than from pressure upon the brain mass. The publication of those cases caused a lively discussion in the journals etc., in Europe, in which such men as Virchow, Kobner, Recklinghausen, and others took part. But at the present time, I think all syphilographers are of the opinion, that the nervous affections in constitutional syphilis, may be due to other causes than from pressure on the brain mass, at any time after syphilitic infection.

In regard to the time when the nervous affections present themselves after the syphilitic virus has entered into the body, Dr. Gyor of Christiana has furnished statistics of some cases from which it is to be seen that as far as I remember, six per cent of cases occur cotemporarily with the outbreak of the constitutional symptoms, thirty-three per cent from several months to one year after, twenty-four per cent until eight years, and three per cent not before sixteen years after this had taken place.

Concerning the cause why some persons with constitutional syphilis do escape the nervous affections while others not, we are as far as I

know, still in the dark and can not give any explanation thereof, but as exciting causes Prof. Hassing of Copenhagen has given these: Indulgence in sexual intercourse, over-exertion of brain work, mental excitement, intemperance in night work, exposure to the cool night air, etc. It has been claimed by some that the abuse of mercury would cause the nervous symptoms. It is a well known fact that in the Allopathic school, especially twenty or thirty years ago more than now, there was severe fighting in regard to this drug, and while some physicans almost seemed to consider it a special gift from heaven others on the contrary, thought it more likely sent from his black majesty in hell, and seems to charge this drug with all the mischief and diseases of which mankind is suffering. Now I shall certainly not feel called upon to whitewash the abuse of *Mercury*, but nevertheless, in the nervous affections following syphilis it is unquestionably innocent. Dr. Gyor, who indeed is no admirer of *Quicksilver*, says very reasonably, "that if *Mercury* were the cause of said affections it could not be our best remedy for them," and Dr. Yoaren has published forty-one such cases, of which in fourteen of them no *Mercury* had been used.

Although Prof. Fellows has very nicely developed these affections I shall take the liberty to dwell a little upon a certain class of them. Every physician with some practice of constitutional syphilis, knows that this disease is accompanied with a peculiar mental depression, if he has not observed this, he has not the confidence of his patients. This kind of hypochondriasis, in which all things look dark and hopeless to the patient is a very bad thing, is later usually followed by a peculiar severe dull headache. It is however not so usual that a kind of lethargy or somnolence takes place, but this however, happens frequently and I shall illustrate this condition with a case given by Dr. Buzzard in the *Lancet*, from the National Hospital for Paralytics and Epileptics, in London, the case is as far as I can remember it, from a single perusal: A gentleman having had syphilis and being apparently cured, was suffering from a severe headache which lasted a week, a sudden attack of hemiplegia followed without loss of consciousness, he gradually however recovered, but the pain in the head remained, and in this condition he entered into the hospital. It was noticed that his mental powers seemed to be much dulled, his answers were slow, he spoke to no one, cared for nothing that was going on about him, slept all day, ate but little, in a drowsy manner answered questions by gestures, one day he seemed to look for the door and said, "I should

like to go home but I don't know where I am living." Immediately he became paralyzed in his right leg and was unable to stand, he complained of pain in his head, at times he was restless, but usually was drowsy. He was put under mercurial treatment but his condition did not improve. Symptoms of dysentery set in, likely from the *Mercury*, at once there was an improvement in his mental and physical condition. The paralytic symptoms greatly improved. This patient was cured.

Dr. R. Ludlam complimented the report very highly, and expressed his obligation to Dr. Fellows for its very practical character. In times past, Dr. L. said, that he had certainly seen and treated this disease without really knowing what it was, as many other physicians must also have done. In general practice nothing is more common than to ascribe paralysis, and the other symptoms named in the report, to "general debility," "overwork," "brain-fag" and all that sort of thing, in a vague way, without touching the root of the matter. Under such circumstances it was impossible that this disease, or any other, could be treated intelligently. Thanks to the specialists who studied these affections more carefully, we are all in a fair way to do our patients more good, and our profession more credit.

Dr. L. said that he wished to ask a question or two for information, and because he was a learner. 1. In very obscure cases, where the diagnosis by ordinary means is impossible, is there a line of treatment that will settle the question, and cure these patients also? 2. In our school of practice, have we a course of treatment that may properly be styled *anti-syphilitic*?

He had, as a rule, very little confidence in the diagnosis of a case after the cure had been made, but, exceptionally, it may be important to do it then, if we can not do it before. He was glad to have such men as Drs. Fellows and Hawkes acknowledge that the syphilitic dyscrasia played so important a role in special therapeutics; and believed that, if we recognize this especial diathesis, we must also allow that several others are, perhaps, quite as significant. This lesson from clinical experience has nothing to do with the "provings" of our remedies.

Dr. L. concluded by saying that he did not doubt that the lesions of structure and of function described in the essay did often complicate hysteria and certain uterine and ovarian affections in women. For, it is most certainly true, as Dr. Hawkes had just said, that in quite a

proportion of cases, for some unknown reason, the best chosen remedies do fail of effect when given exclusively upon pathogenetic indications. He thought the value of these meetings could have no better illustration than we had had this evening ; and expressed himself to the effect that he could not afford to be absent from the regular sessions of this Clinical Society.

Dr. Fellows.—Hahnemann recognized an anti-syphilitic treatment, and the chief remedy he gave was *Mercury*, and time has proven that his observations were remarkably accurate. He found in the sore mouth, low vitality, caries of bone, dreadful night pains, headaches, bone aches, and glandular changes, etc., where *Mercury* had been given to excess a picture very similar to the conditions noted in syphilis. He gave *Mercury* as he did other remedies used by him and with the same good result. In the law of similia that he promulgated and his illustration of the same, I think we have remedies, which when thus given may properly be called anti-syphilitic. I cannot agree with the Old School physicians that their system of over-drugging is essential to an anti-syphilitic treatment. The very massive doses of *Iodide of Potassium* acts detrimental upon the kidneys ; tube casts often being thrown off, even before the albuminous condition is noted. The sentiment now prevails among the leaders of the Old School that *Mercury* must not be pushed to affect the gums, as more harm is done than good is accomplished, and that *Mercury* given in one-fiftieth, or one-hundredth of a grain is more efficacious than massive doses, and to relieve themselves of any embarrassment regarding the size of the dose, they call it tonic treatment. I have found that *Mercury* in a potency will act well and curatively. I prefer *Mercurius corrosivus* in the 3x decimal trituration, but I have met cases of syphilis which would only yield to cruder doses. On the other hand I have seen the syphilitic difficulties of years standing, which had resisted any amount of Allopathic dosing, relieved by the two hundredth potency. *Kali hydriod.*, *Nit. ac.*, *Aurum*, *Guaicum* have all served me good purpose in the treatment of this disease.

Dr. Hawkes.—In reply to Dr. Ludlam's question as to what I meant by anti-syphilitic treatment, I would say that the remedies are those which are mentioned by Hahnemann as such, and are known to be generally indicated by the symptoms in either primary, secondary, or tertiary syphilis. In this class of remedies *Mercurius solubilis* heads the list in my experience ; I prefer it in the 3x trituration ; *Nitric acid* I prefer in the 200x potency ; *Aurum* in the 200x. I also find *Sul-*

phur in a high potency very efficacious. The different forms of *Potassa* I use low, and derive good results. *Asafœtida*, and *Arsenicum*, also the *Iodide of Arsenic*, should not be forgotten.

I think that in syphilis, as in all other diseases, the characteristic individual disease tendency of the patient, must be considered. It is a disease, however, that it is very unsatisfactory sometimes to treat, and often disappointing in results. It is a poor disease to brag upon, in any sense.

*THE SEMI-ANNUAL MEETING OF THE HOMŒOPATHIC
MEDICAL SOCIETY OF THE WABASH VALLEY.*

This society met according to notice, at the Library Rooms of Dr. H. L. Obetz, Paris, Ill., on Wednesday, Nov. 3, 1879. Physicians were present from Indianapolis, Crawfordsville, and Terre Haute, Ind., and from 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 operations, with which the physician comes in daily contact. "A bungler is no credit, either to himself or the profession." Papers were read by Drs. Elder and Moore, as was also one from Dr. W. P. Armstrong, on the "Effects of Smoking on the Heart." A paper was read from Mrs. Dr. Lizzie P. James, of Springfield, Ill., on her treatment of "Intussusception of the Bowels," all of which were very interesting, and discussed in a spirited, but friendly manner.

Dr. Obetz presented several surgical cases, for the opinion of the convention, and to show the superiority of our system of practice, as compared with that of the opposite school. At a late hour the society adjourned to meet in Danville, Ill., about May 1, 1880.

At 8 o'clock P. M., Dr. Sarchet delivered a very able address, to a highly appreciative audience at Opera Hall, reviewing the history of medicine in short, and showing how much superior is the Homœopathic practice, as shown by 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., Sec'y.

College News.

AROUND THE COLLEGE WORLD.

BOSTON UNIVERSITY SCHOOL OF MEDICINE.

We stopped to absorb the practical things from Dr. Cushing's paper (see page 362). Homœopathy may well be proud of her representatives in Massachusetts from such veterans as Drs. Sanders, Thayer, Holt, Talbot, French, Chamberlain, down to the youngest recruit, they are a noble army of enthusiastic workers. As a delegate from the west, we were accorded a most hearty welcome. My, how staid Boston doctors can cheer! Luncheon was announced and as the doctors mingled, many practical facts were exchanged to mutual advantage. This noon-day luncheon is provided by the society, and is a social link that binds heads and hearts as well as stomachs. Promptly at the hour President Scales' gavel falls and the society is "called from refreshment to labor." Dr. Sanders delivers an eloquent essay. Prof. Woodvine delivers the annual oration, taking for his topic the practical subject of "Sanitary science and its influence on therapeutics." Malaria is ventilated by Dr. Thayer in his able way. The discussion carries as far as "sea." To the query, what is malaria? comes the reply, "no bottom." We ventured the explanation that it is gas (laughter). Gas from decomposing vegetable and possibly animal matter—no doubt carburetted hydrogen. Dr. Farnsworth cited an instance where a ditch from a slaughter-house filled with putrid animal matter did not cause intermittent fever, and in fact nothing that they could charge it with so as to get the nuisance abated. Surely in these scientific days "malaria" should be a known quantity. This windy discussion, and some other gas, generated by *Salycilic acid* and feeble digestion, crowded out the reports on gynæcology and pædology. Mothers and children will be "put to bed" in the transactions to be called up at the next meeting. We wanted to hear these reports badly. The chairman of these bureaux took their lay over very patiently. We hope the children will come in at the first table next time. Dr. Lougee's observations in gynæcology, was the result of gleanings in Europe, and we know would have been most profitable. Dr. Sturtevant's committee on chil-

childrens diseases would have acquitted themselves nobly. They believe in children in Boston; they have two professors to teach their diseases. Prof. C. Wesselhoeft reported a case of abscess of the mesenteric glands, in a child, with ulceration and perforation of the intestines, filling up of the peritoneal cavity, busting of the abdominal walls, and strange to say, recovery!

Dr. Farnsworth presented a unique specimen of hernia of the liver, through the umbilicus, causing the death of the child at birth, from closure of the umbilical vein as it enters the liver.

Dr. Bennett, of Fitchburg, presented an interesting report on "croupus diphtheria," citing several cases cured. He followed the method of Neidhard, i. e. *Kali bich.* and *Chloride of Lime*, with the exception that he used the latter by inhalation. This was a valuable contribution to therapeutics. We do not recall half the good things, but secretary Morse has them all preserved, and they will be printed. It was worth a trip to Boston to meet this energetic society. We hope to have the privilege again.

At an early hour the doctors scattered for their respective fields of labor, although many remained to attend the opening of the

BOSTON UNIVERSITY SCHOOL OF MEDICINE.

In the evening we dined with Prof. Talbot and his estimable wife, fair daughters, and promising sons. Co-education in the home as well as in the University, is the natural as well as the elected method in this family and works well. The carriage was ordered and we were soon "at college" and among the faculty, listening to the original Prof. J. Heber Smith who delivered the opening address to a large and appreciative audience. This college is a model in its way. It has three lecture rooms; magnificent library, containing some rare publications, and is otherwise well appointed. Adjoining is the hospital; it is a neat and well ventilated institution of forty beds. The house physician is Dr. F. B. Percy, and house surgeon Dr. H. Packard, young men of promise. A large dispensary furnishes additional clinical facilities. The students, composed of gentlemen and ladies, numbered about 100, and are divided into three year classes. This keeps the immense faculty of twenty-seven busy, and at the same time enables the students to be thorough as well as systematic. The opening address of Dean Talbot was well calculated to infuse zeal and enthusiasm in all who heard it. We were honored with the privilege of bidding them God speed, and of giving them a few hints on childrens'

diseases which we expect they will reciprocate, and which we hope to incorporate in a future edition of *Diseases of Infants and Children*, for the benefit of the profession and of generations yet unborn. This school has made a good record of which it is justly proud.

It has more of a collegiate atmosphere about it than any medical school we ever visited. Next year they propose to adopt the four-year course.

Boston has three pharmacies, Otis Clapp & Son, A. A. Reeve, and Whitney; Clapp's is the finest pharmacy in this country, one worthy of elegant Boston.

Boston has a fine body of Homœopathic physicians, most of them are busy and well located. At breakfast with Prof. Thayer, who for the last quarter of a century has been curing gallstone livers with *China*, we learned that he was preparing a work on *Diseases of the Liver*. He will be sure to give us a most practical book. The lady physicians are an honor to the cause; our old friend Mary Safford Blake we found busy. We missed the motherly face of Dr. Mary B. Jackson. Drs. Fisher Flanders and Hastings fill her place. We also missed old Dr. Gregg. A decade makes sad havoc in the medical ranks.

We visited the wonderful faith institutions at Grove Hall, under the care of the saintly Dr. Cullis, consisting of Consumptive's Home, Spinal Home, Children's Home, and Deaconesses house, to which a Cancer Home is to be added for the care of incurables.

At Lynn we found Drs. Cushing, Flanders, Radcliffe, and Brown, hard at work. Mrs. C's health compels the doctor to look (1) for a successor, and (2) towards the west.

Looking back we have a conundrum to propound to the New England M. D's. From Albany to Boston, and not able to get breakfast except a cup of something labelled "coffee," at Springfield, and being two hours late, we were whirled on toward Boston at a terrific rate, and "we" became seasick and heaved "Jonah" mixed with bile. Query, was the sickness due to the "coffee," the disturbed cerebral circulation from the rapid motion, or to a high attenuation of sea air, scented from afar?

Regretting we could not visit all the physicians and gather up the fragments of medical facts that, like chestnuts, are scattered all around, we boarded one of the Sound Steamers, bade New England good night, and awoke in New York. More anon,

EDITORIAL QUILL.

Book Department.

THE TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF the State of Pennsylvania, at its fifteenth annual session, comes to us in a bound volume.

It contains some valuable papers, and interesting discussions.

SEXUAL NEUROSES. BY J. D. KENT, M. D. Chicago: Duncan Bros. 12mo.: pp. 144. Price \$1.50.

This author talks with all the abandon of a—well, one who knows and is not afraid to tell it. Perverted sexual physiology is familiar to every physician. One of the most profitable chapters in this book, is the one on sexual neurasthenia. The treatment is Eclectic, a therapeutic hermaphrodite. Some very practical ideas can be gleaned from this book.

WINTER AND ITS DANGERS. BY H. OSGOOD, M. D. Philadelphia: Lindsay & Blakiston. Chicago: Duncan Bros. 24 mo: pp. 160. Price 50 cts.

This is one of a series styled American Health Primers, and is intended for popular reading. The advice for the management of the body and its surroundings during winter is most admirable.

STUDENTS POCKET MEDICAL LEXICON. BY E. LONGLEY. Philadelphia: Lindsay & Blakiston. Chicago: Duncan Bros. 16 mo. pp. 303. Price \$1.00 Cloth, \$1.25 Tuck.

We were informed, when in Philadelphia, by these enterprising publishers, that this new work would supplant Cleveland's Medical Lexicon. This work is far superior to anything of the kind yet published. The pronunciation is given in phonetic which will bother old heads. If that is a new language, so is the metric system which is coming into general use.

A GUIDE TO SURGICAL DIAGNOSIS. BY C. HEATH, F. R. C. S. Philadelphia: Lindsay & Blakiston. Chicago: Duncan Bros. 12mo.; pp. 214. Cloth, \$1.50.

This belongs to the ready reckoning series among medical works. It is a convenient surgeon's hand-book, especially for a beginner. Dr. Heath is professor of Clinical Surgery in University College, Lon-

don, and is without doubt a good diagnostician. He is certainly a clear, concise writer.

A SYSTEM OF MIDWIFERY INCLUDING THE DISEASES OF PREGNANCY AND THE PUERPERAL STATE. BY W. LEISHMAN, M. D. Philadelphia: Henry C. Lea. Chicago: Duncan Bros. 8vo: pp. 732.

This is a third edition of this valuable work and will be noticed subsequently.

HYGIENE OF THE VOICE, ITS PHYSIOLOGY AND ANATOMY. BY C. DURANT. New York: Cassell, Petter, Galpin & Co. Chicago: Duncan Bros. 12mo.: pp. 190. Price \$1.50.

This is a new and revised edition on a most practical subject. We reserve it for a more extended review.

YELLOW FEVER, A NAUTICAL DISEASE; ITS ORIGIN AND PREVENTION. BY J. GAMGEE. New York: D. Appleton & Co. Chicago: Jansen, McClurg & Co.: Duncan Bros. 8vo.: pp. 207.

The author writes to prove yellow fever to be "a nautical disease, a product of foul ships in the equatorial Atlantic caldron." His prevention is "pure and frigid air." The kind of "foul" that produce this disease he believes to be "an addition, to the causes of malarial fever originating from vegetable decomposition, of a miasmatic poison from animal decomposition,—a fœcal poison." Is it not time some one told us what decomposing vegetable matter produces, also that from animal matter, then what the two combined are chemically? Is it poisoning by sulphuretted hydrogen gas, (H. S.)? Does it originate in bilge water? If so, give us the chemical constituents that causes the trouble. Is malaria, marsh gas, *i. e.*, light carburetted hydrogen gas, (C H 2)? Then decomposing animal matter gives us what, besides sulphuretted hydrogen? Is there some deadly nitrogen gas in the compound called "fœcal poison?" Water to wash away the accumulating filth, or cool air to prevent decomposition, and the rapid rising of these deadly compound of gases is nature's remedy.

If this work does no other good, it will doubtless provoke investigation of facts, and in time we may know what yellow fever is. At the same time the etiology of both cholera (cyanogen poisoning) and intermittent fever will be settled. This work will pay careful perusal. It gives no treatment.

THE LAW OF SIMILARITY. BY VON GRAUVOGL. TRANSLATED BY DR. G. E. SHIPMAN; price, cloth, 75 cts.; paper, 50 cts.

This is an open letter to Baron Leibig, and is a scientific and popu-

lar exposition of the law of similarity. It was printed in Germany and had a wide sale. Dr. Shipman who done the cause in America great service by translating the Text-Book of Homœopathy by the same author, has put the profession under lasting obligations by this contribution to the scientific illustration of Homœopathy. It is the book for these popular scientific times. The loan of one of these among the best people of any community, and the wide circulation of our little Law of Cure, the people should be converted to Homœopathy by the hundreds. One physician who reports a large increase in his revenues, says "it is all owing to the judicious circulation of "The Law of Cure." It pays the physician to make them Homœopaths, as well as being a great boon to the people. Keep the fires burning!

Obstetrical Department.

SUPERFETATION.

I have had a singular case recently. I attended a lady—the tenth time in fifteen years—who gave birth to a child of about twelve pounds; and in three days another one came away in a good state of preservation, at about three months development. The placentas were separate. This woman must have started in with twins, the one dying at about three months, and remained until the birth of the live one. The patient did well, and is now all right.

J. A. HOFFMAN.

CRACKED NIPPLES. QUININE.

BY J. MARTINE KERSHAW, M. D., ST. LOUIS.

About two months ago, I was attending a patient (recently confined), who suffered extremely from cracked nipples. I prescribed various internal remedies, and applied as various external applications without any apparent good effect—my patient constantly get-

ting worse. About this time I noticed an article (in the *American Practitioner*, I think), in which the idea was advanced that cracked nipples was not a local trouble but a constitutional one; that patients with this difficulty suffered more or less fever which was distinctly periodical, and that *Quinine* was the remedy. I prescribed *Quinine*, giving my patient forty grains in five days. By the second day the nipples were less tender, and by the fourth day entirely well, and they are so to this day. I have no apology to offer for my treatment of this case; my patient is satisfied, and so am I. It is not improbable that some friend will at once arise and preach *individualization* to me and other benighted ones; yet had individualization done more for cracked nipples than it has, *Quinine* would have been unnecessary in the case under consideration. I notice a short article in this journal by Dr. Hale, advising a trial of this remedy. If the success of others proves as gratifying as mine, they will not regret their action.

INTRA-UTERINE SUB-MUCOUS FIBROID. ELECTROLYSIS. RESULTS.

Read before the Western Academy of Homœopathy.

A lady aged forty, consulted me September 2, 1876, on account of an abdominal enlargement, which she first noticed some seven years before. It had slowly but steadily increased up to the time I saw her, when it had attained the size of a child's head. Her menstruations had been quite regular, but she had suffered more or less pain in the left iliac region, and her health had become very much impaired. On making an examination, per vaginum, I found the growth situated within the womb; there was no cervix uteri; the external os was tightly closed, and the surrounding parts indurated and rigid. By means of sponge tents patiently employed, I succeeded in well dilating the os, and through this, with a bent probe, made a careful survey of the tumor, which seemed to be of a submucous fibroid character. It was hard to the touch, enclosed in a thick, though not firm capsule, and had a strong uterine attachment involving its anterior and left lower half. Having decided to try the electrolytic treatment in this case, the patient being *Chloroformed* I placed the point of a curved steel sound in contact with the upper part of the tumor, and inserted an electric needle into the lower part. With the first I connected the positive pole of Kidder's battery, and with the second, the negative,

and commenced with a current of eighteen cells, which I gradually increased to thirty cells. This I repeated nine times in six months, limiting each operation to fifteen minutes, and with the satisfactory results of softening the growth, reducing it in size and weight, one-half, and in improving very materially the appearance and health of the patient. Judging from the benefit of the treatment so far, I have no doubt that a continuance would ultimately have effected a perfect cure. I ceased, however, for the reason that menopause was setting in, and with this alone these fibroids frequently disappear.

B. P. BROWN.

Medical News.

Firwein is becoming a rival to Cod Liver Oil.

Dr. L. E. Whitney from Lincoln to Carthage, Mo.

Venesection is being revived in a number of Allopathic quarters.

Dr. St. Clair Smith removed to number 11 East 38th street, New York.

A company has been established in Lisbon, Portugal, to cultivate the poppy plant in Mozambique, for the production of *Optum*.

Collodion and *Nitrate of Amyl* are being recommended for sea-sickness, the former over the epigastrium, and the latter by inhalation.

A sample of otto of roses adulterated with parafine, is reported by a German chemist.—*Chemist and Druggist*,

The left kidney of a woman thirty-two years of age has been successfully extirpated by Langenbeck.

Podophyllin should be brown or light brown in color; that having a yellow or greenish yellow color has been adulterated with *Berbericca*.

The Boston Journal says several cases have been recorded of mortification of a stump following the use of Esmark's bandage in amputation.

Dr. Michael, of Hamburg, recommends the use of *Nitrate of Amyl* by inhalation, for the constant and distressing noises in the ears, with which some persons are troubled.

Granite ware (used for culinary utensils) has been analyzed and found not to contain anything injurious, but the marbled iron ware on being tested showed a considerable quantity of lead with traces of *Arsenic*,

A case is reported by Dr. Walker in the *Louisville Medical News* where one extremity of the placenta was attached to the anterior fontanelle of a hydrocephalic infant.

Cotton wool dressings are used for dressing fractures, by Dr.

Montan, of Paris, and he thinks that by it, muscular contraction is materially controlled.

Ammonia carb. in one drop doses, repeated every fifteen minutes, has given great relief in attacks of angina pectoris, and also wards off attacks.—*Cincinnati Medical Advance.*

The pith of the cornstalk is recommended for uterine tents, by Dr. Goldsmith, of Atlanta, Ga. It may be compressed with the finger to one-fourth or one-fifth of its original size, expanding when placed in situ.

Koumyss is made as follows: Best unskimmed milk, one quart; yeast (brewers or old baker's) one hundred grains; cane sugar two hundred grains. Mix and keep at a temperature of eight degrees F. until fermentation is brisk, stirring it frequently, then bottle, securing the cork with wire or cord.—*Med. & Surg. Reporter.*

Correction.—Your compositor makes bad work of my "Case of Pericarditis." At the top of page 389, he makes me say, "or if cardiac in rhythm would have been confined to the small spot near the sternum, nor likely to have been heard there at all." What I wrote was, "or if cardiac in rhythm, would not have been confined to the small spot near the sternum, nor likely have been heard there at all." He omitted the comma and the word "not," and added the word "to." It places me on record in bad shape, and I hope you will correct it in your next.
W. P. ARMSTRONG.

The American Public Health Association and the National Board of Health, met here (Nashville) last week. The meeting of the association was a great success. The papers read and discussions upon them were excellent. The leading sanitarians were present from all parts of the United States. Among them I was glad to welcome Drs. T. P. Wilson and G. W. Foote. The doors of the Association were wide open to all medical men, regardless of creeds and codes. The next meeting will be in New Orleans, and I hope our school will be largely represented there.
J. P. DAKE.

Foreign Prescriptions.—A German contemporary tells us that the following prescription was presented at a Roumanian pharmacy: *Kali permang* 5.0; *Mucil camphoræ* 2.00. The *Permanganate* was dissolved in water and shaken with the mucilage. The color at first red, was soon destroyed, and after a short time the mixture into a stiff jelly, which could not be got out of the bottle. On another occasion was ordered *Kali hypermanganic* 2, *Morphium acetic* 0.05. When these were rubbed together there was a rapid emission of sparks followed by an explosion and a suffocating smell like chlorine.

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 Homeopathy, *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. Baer, 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 St., Washington, D. C.

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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

PLOVER, Wis., Dec. 9.—Prevailing diseases are erysipelas and rheumatism. Remedies used for the former, *Rhus, Bell., Apis*. For the latter, *Rhus, Bry., Arn.*

M. STROPE.

GARDNER, Ill., Dec. 8.—It has been extremely healthy here this season. No prevailing diseases of any kind. Some few cases of diphtheria, but all have yielded readily to *Merc. sol. 3*, if much fever, *Aconite 3*, in alternation.

J. UNDERHILL.

SWANTON, Vermont, Nov. 24.—Prevailing diseases are: (1.) Erysipelas, (Traumatic). (2.) Lung fever, principally among children. (3.) Impetigo contagiosa. Remedies indicated: *Aconite, Bell., Ars., Rhus tox.* (2.) *Aconite, Bell., Bry., Stibium, Phos.* (3.) *Rhus, Ars., Sulph.*

C. J. FARLEY.

INDIA London, Nov. 24.—A dispatch from Calcutta says: The northwest provinces of India, especially the districts of Allyghur, Boolundshuhur, and Meerut, are suffering from a severe epidemic of malarious fever, which has increased to an enormous extent the death rate, and has temporarily disabled a large proportion of the agricultural population.

LONDON, Nov., 15.—Diphtheria, which for several years has made great havoc in Russia, seems to be gaining more and more ground. The disease, says the *Novoe Vremya*, has attained such frightful proportions in some of the regions that the percentage of mortality far exceeds that of births. In the small district of Mirgorod, where the epidemic has been raging since 1875, there were 414 deaths from the disease. In 1876 and 1877 there died, 1,308 persons. In Odessa, since May last, diphtheria snatched away 76 per cent. of children, and in Stavropol, in the course of four months, one-half of the infant population fell victims to the disease. In Kisheneff, and in the vicinity of Kieff and Poltava, the epidemic has been raging for the last two years without interruption. In the village of Kaploonofka, in the government of Kharkoff, fifty children died in two weeks. In the Hamlet of Nakombka more than 200 infants have been carried away by disease since January last, in addition to a large number of adults. In the village of Tamorofka not one child has escaped the epidemic. Mariopol district showed an average daily death roll of ten. The *Novre Vremya* adds a long list of places where diphtheria is raging in the same frightful degree, and even worse. More than eleven vast districts are affected with the disease. The mortality both of youthful and adult population is so enormous that the government has appointed a special commission under M. Karel, physician in ordinary to the Emperor, to inquire into the causes of the epidemic, and has issued strict injunctions to the local authorities about the measures to be adopted for the arrest and extinction of the disease.—*Etz.*

CHELIDONIUM AND HOT DRINKS.

We look eagerly every time a journal arrives, for the most practical points, leaving *theories* for a more convenient season (which seldom comes.) To make the notes from the field of practice more practical, I suppose I am as much to blame as others, so I will endeavor to give something instead of finding fault.

Under *Chelidonium maj.* the symptom, "Desire for hot drinks is very peculiar, and may prove characteristic." I wish to verify this symptom and put it even stronger. In two cases, during the last few months, of persistent vomiting, when nothing could be retained but plain hot water, nearly boiling, *Chel. maj.* 3x, made a complete and rapid cure. In one case nothing had been retained for several days, in the other, for over a week.

This was the only symptom or keynote that could be obtained. In both cases "hot drinks" could not be retained, *only water nearly boiling.*

H. M. B.

DOCTOR'S COLLECT YOUR BILLS.

The Philadelphia *Medical Times* makes one or two suggestions which are especially pertinent at a time when doctors, in common with other members of the business community, select for rendering their accounts. In the first place, the *Times* is able to see no reason why doctors should wait for their money so much longer than do tradesmen, and urges that bills which would be paid willingly when the memory of the recent peril and the physician's skill and care is still fresh, are often paid very grudgingly when time has worn away the vividness of the impression. Moreover, no prudent man likes to have bills accumulating by the year unchecked, and it comes much harder to most men to pay \$500 in January than to pay \$250 at the end of each six months.

Among the poorer classes many bills are lost by being allowed to accumulate. In view of these facts, the *Times* suggests to physicians the propriety of rendering their bills monthly or quarterly. Still further, the *Times* suggests the advisability of including in the bills distinct charges for the several visits instead of making one charge "for professional services" during the year, or the period covered by the bill. The patient has a right to know at what rate he is paying, and there is no reason why a physician's account should always remain an unknown and unknowable charge against the patient until it is rendered. On this point the *Times* observes: "The sooner the profession gives up false notions of professional dignity, and conducts its business relations with the people in a business-like manner, the sooner these relations become satisfactory, and there's no principle more firmly established and more evidently just than the right of a man to know exactly what he is paying for and at what rate." These suggestions are worthy the attention of the medical fraternity, and if they were to be generally acted on, there is no doubt that doctors' bills would be paid more promptly and more cheerfully than now.—*Ex.*

[While business is "booming" now is the time to settle and then keep settled every quarter at least.—*Ed.*]

THE MOSQUITO MEDICAL.

EDITOR UNITED STATES MEDICAL INVESTIGATOR.—Thus undignifiedly do laymen scribblers discourse of doctors and mosquitoes:

“The mosquito has hitherto been regarded by mankind as a simple abomination—an unnecessary nuisance that in a properly regulated world would be promptly abated. But the little beast has at last found a champion. Dr. Samuel W. Francis, of the New York Academy of Medicine, declares that the mosquito has been abused; that he is really a blessing in disguise. He says:

‘It is my firm conviction that the mosquito was created for the purpose of driving man from malarial districts; for I do not believe that in nature any region where chill and fever prevail can be free from this little animal. Now, if man will not go, after the warning is given in humming accents, then the mosquito injects hypodermically, a little liquid which answers two purposes—firstly, to render the blood thin enough to be drawn up through its tube, and secondly, in order to inject that which possesses the principles of *Quinine*.’

“In other words, he is really a beneficent policeman—a sort of philanthropic Homœopathic physician, and no nuisance at all. The benevolent physician simile would also appear to be strengthened by the fact that, like the doctors, the mosquito never fails to send in his “little bill.” We are aware that many hard-headed adherents of the “Old School” will be apt to say that the mosquito’s reputation will not be materially improved by considering him in the light of a Homœopathic physician, but we are liberal enough to accept this theory as in some measure whitewashing the little sinner—although the white won’t wash very well in this locality, where we have mosquitoes and no malaria.”

I believe that the existence here of the mosquito and malaria is in exact proportion, and that this fact can be reduced to a mathematical certainty. It is *certain* that we have *enough* of *both*.

BUFFALO.

H. T. A.

[The mosquito belongs to the Old School, *i. e.*, phlebotomy tribe—
ED.]

MILK SICKNESS.—ACUTE GASTRITIS.

BY F. E. STEINGRAVER, M. D., BLUFFTON, O.

In THE INVESTIGATOR of November 1, Dr. Hoermann asks “What is Milk Sickness?”

Having resided for a number of years in a section of country where this disease occasionally appears, perhaps I can assist in answering that question. Milk sickness is a disease that affects man, cattle, dogs, and hogs. I have never known it to affect horses and sheep. You can seldom get within two or three miles of where it is, unless you happen to run across some of its victims, and then people are loath to

admit that they have it. When it affects animals it is called "trembles" from the fact that they usually tremble and shake like an aspen leaf when they become the least excited by exercise. And bad cases become so weak that they cannot stand or walk, refuse all food and die in a few days. As to the cause there is a diversity of opinion, some claiming that it is a weed (the white snakeroot) that produces it. Others, that it is caused by emanations from the earth, or from stagnant water. One thing is certain, that it never effects cattle that are pastured on land that has been thoroughly cultivated. Wood pasture and newly cleared land appear to be the only places where they get it. Milch cows often escape being affected themselves, but they transmit the disease through the milk to anything that drinks it. It is also supposed to be produced by eating the flesh of diseased animals.

The symptoms in man are : Tired feeling in the limbs ; great prostration and trembling ; high fever ; excessive nausea and vomiting at first of the contents of the stomach, afterwards of whatever may be taken into it. If there is prolonged retching there may be dejection resembling "coffee grounds." There is burning pain in the stomach. The tongue is usually heavily coated at first, afterwards it becomes dry and red. The breath of the patient has a peculiar sickening odor, which pervades the atmosphere of the sick room. The bowels are obstinately constipated, and if the patient is not relieved he may die in a few days or weeks.

Treatment.— In "Old School" practice the first object of treatment is to "physic the patient," and as "nothing will stay down long enough to do any good" but *Calomel*, that is resorted to in large doses. One doctor said in my hearing, "That he had even given *Croton oil*, and rubbed it on the abdomen, and yet it would not physic, and the patient died." In the Homœopathic treatment, *Arsenicum* is undoubtedly the main remedy, as a comparison with the materia medica will show. In a case that fell under my care several years ago, I arrested the fearful nausea and vomiting with *Ipecac 2x trit.*, in a few hours. In another case, a young man, the nausea and retching continued for four days and nights in spite of all I could do. He complained of a "lump in his stomach," but could get nothing up. As a last resort I got him to drink about a pint of warm water in which I had previously dissolved about 15 grains of *Ipecac pulvis*. In about ten minutes the whole business came up, lump and all, which consisted of tough, glairy mucus. The vomiting soon subsided and patient felt

better. Followed with *Arsenicum alb.* 3x, and patient got well.

Other indispensable remedies in some cases are, *Aconite*, *Nux v.*, *Ant. c.*, *Bry.*, *Merc.*, according to the indications. Indeed the treatment does not differ materially from that of acute gastritis. Of the pathological condition I can say nothing, never having held an autopsy, and have never lost a patient that had the disease.

A CASE OF MITRAL DISEASE.

On the 4th day of June, 1876, I was called to go seven miles into the country to see P. N., who was supposed to be lying at the point of death. On arriving I found a young man of about twenty years of age, bolstered up in a bed, and breathing with difficulty. He had not been able to lie down for some time, in consequence of the difficulty of respiration. The friends informed me that two physicians of the neighboring village had treated him for dropsy without having mentioned any cardiac disease, but in this statement I placed but little confidence, from the fact that they were ignorant people, and of a nationality not noted for accuracy of statement.

On examination I found the following conditions: Skin pale, cold and jaundiced; cough, with serous expectoration; respiration somewhat rapid, irregular and labored; urine scanty and highly colored; ascites and general dropsy, which was worse from the ribs down, the legs being swollen to three times their natural size. The pulse was considerably accelerated, and so feeble as scarcely to be felt at the wrist, and frequently intermitting.

Physical examination of the heart was very difficult, in consequence of the œdematous condition of the thoracic walls, but still the heart could be felt beating feebly, the impulse being diffused over a wide space, extending from near the sternum to considerably beyond the left nipple. The valvular element of the first sound was altogether wanting, and the muscular element feeble, while the second sound heard at the base of the heart was feeble but otherwise normal. No murmur was audible. Pulsation in the veins may have been present, but was not looked for, as the œdema would have rendered it difficult to detect.

The patient's present illness had been of several months duration, the first symptoms observed having been shortness of breath, with palpitation on exertion. Some years before this he had had a slight attack of acute rheumatism.

My diagnosis of the case was hypertrophy and dilatation of the left ventricle, and dilatation of the right ventricle, with both mitral and tricuspid regurgitation, the mitral insufficiency being the primary lesion. If the almost entire suppression of the first sound had been the result of fatty degeneration and consequent debility of the heart walls, the muscular element, instead of the valvular, would have been the first to disappear, and the ventricular impulse could not have been felt.

The pulmonary symptoms, then, were the consequence of mitral insufficiency and regurgitation, while the dropsy was the result of venous engorgement from giving way of the tricuspid valve. As the patient seemed to be very near death, I did not deem it advisable to undertake to treat the case. He died three days after. No autopsy.

The principal point I wish to make in this case is the frequent entire disappearance of the murmur of mitral regurgitation shortly before death, this disappearance being the result of the increasing debility of the heart walls. More than one case has been reported in which a cure of mitral regurgitation was claimed in consequence of the disappearance of this murmur, when the patient soon afterward died with all the symptoms of blood stasis from valvular incompetency. It is only when all the other symptoms have improved, that the cessation of the murmur is a favorable sign.

Mitral regurgitation from disease of the valve, is seldom (most authors say never) cured; those cases where it is cured or ceases, generally being those in which it is the result, not of disease of the valve, but of the giving way of that portion of the ventricular wall to which a papillary muscle is attached, thus drawing a segment of the valve away from the orifice, and preventing it from closing properly. This occasionally occurs in myocardial inflammation, and when the weakened portion recovers its tone, the valve again closes naturally and the regurgitation ceases.

But although mitral disease is generally incurable, still, by strengthening the heart walls and removing the consequences of the blood stasis as far as possible, very much can be done in the way of prolonging life and adding to the comfort of the patient, as the experience of many, and especially Homœopathic physicians can testify.

LAFAYETTE, Ind.

W. P. ARMSTRONG.

PHYSOSTIGMA CONVULSIONS.

A bright little boy of about three and a half years of age, was taken with convulsions, and continued to have, from twenty to thirty per day, for eight weeks being constantly attended by one of our very best physicians, and having in consultation, all of the physicians of our city, together with some from adjacent towns, and all, as they acknowledged, to no purpose, when the writer was called to take charge of the case. On examination of the child, I found him suffering with a low grade of gastric fever, pulse rapid, wiry, and irregular, tongue flat and broad, and at the edges and tip, thick white coating, through which could be seen any amount of scarlet red papillæ, ammonical breath, with swelling of the upper lip, and whitish around the mouth and nose. The convulsions put me in mind of a dog that had taken *Strychnine*, except that the movements were more active and rapid. It would seem that every muscle of the body was in the most rapid and active contortion, which would last from one to two minutes, and then one convulsion would succeed another until nature became completely exhausted, and then, there would be an interval of a few hours, and would be more likely to return when the child was asleep. My opinion was and is, that the convulsions came from the gastric irritation, by reflex action upon the nerve centres, through the great sympathetic. My first object then, was, to cure the gastric fever, and being satisfied that it was partly caused by worms, and partly by recession of a rash which had been on the surface, I gave him *Cina* and *Bryonia* in alternation, each of which covered their own special symptoms. I continued these remedies day and night for one week, and the gastric fever was completely cured, but the convulsions continued as before. I thought of *Nux vomica*, *Strychnine*, *Ignatia*, *Hyoscyamus*, *Stramonium*, *Lachesis* and other remedies, but finally concluded to give him *Physostigma*, on account of the extreme rapidity of the movements during the spasms, the dilatation of the pupils, the twitching of the facial muscles during repose, and the peculiar action of this remedy upon the nerve centres, through the great sympathetic suggested to my mind that this remedy completely covered the pathological condition, and symptomatic indications. I put five drops of the second decimal dilution into one-half tumbler of water, and gave one-half teaspoonful every three hours. During the first twenty-four hours, the convulsions had materially diminished, and at the end of one week, had entirely subsided, but left him speechless and paralyzed from the chin downward. I continued the *Physostigma* three times per day, with an occasional dose of *Sulphur*, for some four weeks, and the case was completely cured. I report this case more especially to

show the power of human endurance, and one of the applications of that wonderful remedy, *Physostigma*. J. A. HOFFMAN.

CHRONIC GASTRITIS VS. CANCER.

"Owing to the different views entertained by pathologists regarding the nature of gastritis, the etiology of this disease must necessarily be involved in a good deal of obscurity. Chronic inflammation of the stomach is probably a very common disorder. Except where it results in ulceration, it does not put life in imminent jeopardy; and it is often recovered from," leaving the unfortunate victim to be harassed by the " manifold and multiform symptoms of dyspepsia. The effects of chronic gastritis are various, and the symptoms that denote its presence are apt to be obscure and uncertain," and will often mislead the closest and most observing physician. "Chronic gastritis occasionally follows the acute, but in the majority of cases it is an independent affection, resulting from long persisting, or frequently repeated irritation. The abuse of alcoholic liquors, habitual excess in eating, the employment of indigestible food as ordinary diet, and the excessive use of medicine are the most frequent causes. Owing to the various symptoms of chronic gastritis, it is liable to be confounded with cancerous and other organic affections of the stomach, gastralgia and analogous nervous affections and dyspepsia. And in some cases the symptoms so closely simulate those of cancer in the stomach that it is often impossible to distinguish the two complaints during life. Lancinating pains have been thought to be diagnostic of cancer in the stomach," but the fact has been well ascertained that such pains sometimes occur in chronic gastritis. The cachectic countenance of cancerous patients is one of the most characteristic symptoms, but cannot be relied on, and he who makes a diagnosis from such characteristic symptoms will often be badly deceived, as chronic gastritis has the same characteristic symptoms. How then are we to diagnose a case of chronic gastritis, with any certainty, from one of cancer, or gastric ulcer of the stomach? Simply by letting *tuun aegrotus moriri!* and then hold a post-mortem examination. To illustrate I will give a brief history of a case that came under my observation for treatment.

CASE I. Mr. F., aged fifty-one, merchant had been in poor health for two years, but was able to attend to his business the greater part of the

time. Had taken a great deal of patent medicine, especially pills, as he had been troubled with constipation for several years. Had been in the habit of using bitters and wines, whenever he felt unwell. Mr. F. consulted me August 2, 1876, for blindness which had troubled him for some time, as he could not look up to take goods from the shelves without becoming dizzy and turning blind. I was sent for on November 17th; found him laboring under all the symptoms of bilious colic, and prescribed the remedies usually given in such cases, with good results. Visited him again on the following day and found him in a great deal of pain. Had been vomiting a great deal of bile, with some pain in the stomach. Visited him the next day while on my way to see another patient, and found him resting easier. I gave him a few words of encouragement as he seemed to have doubts about his recovery. Heard nothing more of the case till December 3d, when I was again sent for and found him worse than he had been at any time; had been treated by two regulars since my last visit, with no permanent relief; found him in a great deal of pain and still continued to vomit. I now diagnosed the case gastric ulcer of the stomach. Patient continued to grow worse, and on the 15th, Dr. H., (Homœopath) was sent for in consultation, and owing to the cancerous cachexia, Dr. H. diagnosed the case cancer of the stomach. Dr. W., (Old School) diagnosed the case chronic inflammation of the stomach. The patient died on the 16th. A post-mortem was held, conducted by Dr. H., and assisted by Dr. W., others being present. On examination the mucous membrane of the stomach showed that inflammation had been present; its coats were thickened and of a grayish color, and covered with a tenacious pus-like matter, containing pus globules, as revealed by the microscope. My object in giving a history of this case, is to show the obscurity of such cases, and the uncertainty of diagnosis.

VILLISCA, Iowa.

D. PITTMAN.

STRAWBERRIES AND CONSTIPATION.

Prof. Storer of Harvard University writes the *Boston Journal of Chemistry* in relation to the constipating effects of the fruit of the plant *Fragaria vesca* (strawberry.) He remarks that in this country particularly, "where an immense and well-nigh universal consumption of the fruit is co-incident with the setting in of hot weather, the

constipating action of the berry is complicated, and, as it were, increased by the excessive waste of water from the body by perspiration, which occurs at this period; and there can be little doubt that taking the two causes together, the strawberry season, though perhaps very beneficial to some constitutions, is the occasion of much ill-health among the American people." These observations of the professor we would in a measure qualify, by stating that the temperature and moisture of the atmosphere tend to modify said effect. Constipation, induced by eating freely of strawberries, was more common during the past season than is usual; probably because of the intense heat and dryness of the atmospheric air. Such was my opinion and belief at the time, as I was cognizant of many cases in my own practice. In connection with the subject, I will relate the following:

During the summer of 1873, I was called upon to prescribe for a child aged two years, (supposed by the attending physician to be dying), who it was alleged was sick, her disease being diagnosed cholera infantum. (?) My prescription was *one ripe strawberry every hour until better*. The child speedily recovered. Three months after I was asked to prescribe for another child, aged eleven months; the disorder this time *was* cholera infantum. *One-half strawberry every hour*, proved a successful prescription. I claim the rationale of effect, in the use of the strawberry, in these cases, to be due to the combined action (chemical) of citric and malic acids, and not to any astringency of the several medicinal properties of the plant and its fruit.

T. D. WILLIAMS.

OPTIC NEURITIS IN ACUTE INFANTILE MENINGITIS.

Dr. H. Parinaud, *Broctun*, Paris, 1877, (noticed in *Gaz. des Hopitaux*). *Conclusions*: Optic neuritis in the acute meningitis of infancy has all the clinical and anatomical characters of strangulated neuritis, such as we observe in the different conditions in which the intracranial pressure is increased. It is not the result of any inflammatory alterations affecting the optic nerves in their intra-cranial course, but is due to the hydrocephalus, which is a frequent complication of acute meningitis, and which always accompanies the neuritis. The oedema of the optic nerve that characterises the alteration, improperly designated neuritis, appears to us to be of the same nature as the

cerebral œdema under the same conditions, and produced by an obstruction of the lymphatic circulation.—*Jour. of Nervous and Mental Diseases.*

CHRONIC GASTRITIS CURED.

Was called Aug. 27th to see a Mr. W. aged about thirty-five tall; somewhat emaciated, nervo-bilious temperament, mason by trade, narrated history of sickness something like the following: "Was at work at my trade last fall lifting considerably, when all at once I felt something give way in my left side, continued at work with little inconvenience except considerable soreness and lameness in my side and across my stomach. Was obliged to quit work the last of December, on account of severe pain in my left side extending across my stomach, with extreme tenderness upon pressure; lost my appetite, coughed some with pain between my shoulders; food commenced to sour; stomach to bloat; excessive flatulency; bad taste in mouth constipation of the bowels; occasionally I raised a little blood when I coughed; vomiting after eating; excessive burning in my stomach. Have been gradually growing worse, losing flesh and strength and my physician (Allopathic) says I never can recover, intimating that I have cancer of the stomach. Nothing has given me any relief except a powder of *Bismuth* which seems to help my digestion."

The following symptoms were particularly manifest: Emaciation; dull cadaverous complexion; pulse very feeble; extreme thirst; dry tongue with red edges; vomiting of blood and food; extreme tenderness on pressure over the region of stomach; cough with expectoration of bloody gluing mucus; choking spells with difficult respiration; pain in right side; cold hands and feet; distended abdomen; constipation; breath offensive; extreme burning in the stomach, and a feeling of *goneness* at times. With this condition of things I must say I felt rather reluctant in taking the case, but thinking there is no use of being disheartened (in any case almost), which the Allopathic physicians have failed to cure and believing sincerely in *Similia*, I determined to take the case and do the best I could with it, and as future results will disclose, I was more than surprised in the immediate and complete cure in a comparative short time.

Believing one cause at least must have been the *strain*, I commenced my treatment with *Arnica* 3x alternate with *Ars.* 3x every two hours, with a powder of *Hydrastis can.* 3x before each meal.

This treatment was continued for about three weeks, with gradual but marked improvement in all of the symptoms.

The patient being a user of tobacco, and his appetite not much improved I changed my remedies or two of them, viz: *Arnica* and *Ars.* to *Baptisia* 3x and *Nux v.* 3x with an occasional dose of *Sulphur* 30th. I continued the two remedies *B.* and *N.* with the *Hyd. can.* for a month or six weeks. He has taken *Nux.* after eating more or less, up to the present time.

This patient has gained rapidly in flesh and strength, and can perform considerable labor. I consider the case virtually cured. F.

CALCAREA VS. CHAMOMILLA COUGH.

Calcarea carb. is not absolutely a remedy for cough. The symptoms of the cough are defined in the experiments, and there is defined a dry cough, sensation of roughness, a velvety feeling in the throat and expectoration of thick mucus. It is the most important remedy for conditions connected with scrofula and tuberculosis. It can be employed in disease of this sphere with success; in chronic varieties of cough, especially in ulceration of the larynx, and in those which have an organic origin. The special indications can be drawn from the pathogenesis, as *Calc. carb.* is one of the best antispasmodics.

Chamomilla acts simply upon the nervous sphere, and is thus diametrically opposed to the material action of *Calc. carb.*. The old popular antispasmodic is thus shown to be efficacious in those cases in which the origin of the cough may be determined at the periphery, or at the centre, by irritation of nerves, particularly in women and children. Nevertheless, I ought to confess to little use of it, because other remedies, such as *Bell.*, *Conium*, *Droser.*, *Hyosc.*, *Phosph.*, *Verat.*, offer more salient symptoms. Dry tickling cough is not sufficiently characteristic, but the picture of nervous bronchial asthma is characterized in a capital way by the symptoms: Suffocating dyspnoea, as if the trachea was pressed by a cord, and constant excitation to cough.—*Bibliothèque Homœopathique.*

DIFFERENCE BETWEEN GOUT AND RHEUMATISM.

BY DR. VON GRAUVOGL.

(The following pages are from the Law of Similarity, Grauvogl's letter to Liebig, translated by Dr. Shipman.)

The physiological school makes comparisons at the sick bed, between a predicate, a token or symptom of diseases, and the general mode of action of this or that drug in large quantities, for with this

school, there is, in every disease, only one symptom to be combatted and every drug, has, as far as that school is concerned, only one action against it. If this were not the case, then this contrarium would be the most perfect nonsense.

Thus, first of all, it makes comparisons, for example, between the symptoms of patients affected by gout, and those of a healthy man with regard to his mode of living, and finds that excess and sumptuous living, frequently occasions all that is comprised under the general head of gout, while the abstemious and poor, remain, as a rule, free from it. Hence, although the cow has already been stolen, it prescribes as a main thing, dietetic and prophylactic measures; then emetics and purgatives for the exportation of the unprofitable stock. Since, moreover, gout frequently makes its attack after a checked perspiration, it applies remedies to which it ascribes diaphoretic properties, etc. We found, however, that the over-excitement of organic functions by means of stimulating substances, often leaves it not only in the lurch, but also likely to be followed by injurious though unintentional results. Hence in this juncture it presently turns with affection to vapor baths, though it finds that even these are not without danger. From similar comparisons it administers *Colchicum* too, with the idea of eliminating by this diuretic, as they call it, what the morbid cause has produced; this, however, is impossible since, from no effect can we conclude as to the cause. If any vascular congestion is observed in the parts affected, then by way of comparison with the laws of hydrostatics outside of the organism, in order to impede the return of the venous blood as little as possible, although it knows, on the other hand, that the circulation of the blood and especially congestion takes place chiefly against the law of gravitation. But if, as is natural enough, none of these means should bring relief, then it applies to *Chloroform* as that can soothe other pains, and, if, even then, no permanent improvement manifests itself, it gets vexed and takes refuge with various mixtures, *Colchicum* and *Opium* being the favorites. But if even this terminates in no good, all the mischief which it has occasioned does not as yet suffice to prompt it to reflect, and ask whether any of all these procedures can be read of in the book of nature. It rather prefers to let things take their course as it pleases God, till the appearance of some new violent symptom impels it to array itself again in opposition against that. The necessarily occurring debility of the patient finally warns these Allopathic physicians again, to quit at last, all these hostile attacks which war only against

the organism, and never reach the cause of the disease, and thus it goes on, *ad infinitum* with this pitiable symptomatic method.

The law of nature which is the basis of the treatment according to the indication of the *contrarium* is, hence, the law of causality, that of the necessary connection of cause and effect, hence, in that school ideas such as the following are synonomous; diuretics and the expulsion of uric acid from the gouty nodosities; constipation and purgatives; suppressed perspiration and diaphoretics, etc.; ideas which require but little reasoning, hence are more comparisons of properties among themselves, lacking every organic unit of comparison which should be able to supply the place of the subject or object in the conclusion. Every conclusion must be formed from at least two ideas, one of which has the form of the object, the other the form of the predicate and every indication, even if it has arisen from comparison, must exhibit the form of a conclusion. Since, however, the physiological school can only draw analytical comparisons, between single predicate, none of its indications can for this reason be called a proper conclusion. It could, at most, claim the *contrarium* of its indication as an objective idea, only, however, to fare in its conclusions worse than before.

What now is there in the indication of *Colchicum* so fondled by that school? It is worth the little trouble to answer this question, notwithstanding its confession that this indication often furnishes that school with lack of success, yet, it cannot altogether desist from its uses, since, in some cases, diagnosticated as gout, it afforded relief contrary to all expectations.

According to the Homœopathic drug provings, *Colchicum* produces chilliness and shivering even in a warm temperature. Heat does not generally set in till night, and, in the morning a sour smelling sweat breaks out. The pulse varies in frequency and often is irregular, furthermore, it produces boring headache especially over the eyes; inflammation of the eyes, dimness of sight, weeping and white spots on the cornea, pains in the ears, inflammation of the nasal mucous membrane of the mouth and throat; facial neuralgia, pain in the maxillary joints, acute cutting pains in the cavity of the chest impeding respiration; stitches and tearing in the pectoral muscles; palpitation of the heart with a sense of anguish; stitches about the heart with oppression and sense of congestion; pulsation of the carotids; gastralgia; colic with diarrhœa; urgency to urinate with increased secretion of sour urine; pains in the region of the kidneys; tearing,

rheumatic like pains about the clavicles, in the back, the forearms and shoulders, the neck, which hinders the motion of the head; in the elbow-joints and wrists, in the ligaments of the finger-joints, in the forearm; fleeting stitches in the hips; suddenly stitching, tearing pains in the loins, tearing in the thigh, in the knee-joint with swelling thereof; in the patellæ, in the shin bone, the calves, the ankles, the toes and tendo-achillis. These pains are accompanied with uneasiness, heaviness and incapability of moving the affected parts, etc.

According to the results of these provings, *Colchicum* describes the sphere of operation of the cause of sero-exudative inflammations so-called, with partial implication of the mucous membranes, and paralytic-like sensations which accompany the pains in the extremities. That is thus the sphere of the effect of the cause of the so-called arthritic and muscular rheumatism or even of the sequelæ of gout.

From the foregoing we can now fully understand the embarrassment of the school as regards its indication of *Colchicum*, because it has no differential diagnosis between gout and rheumatism.

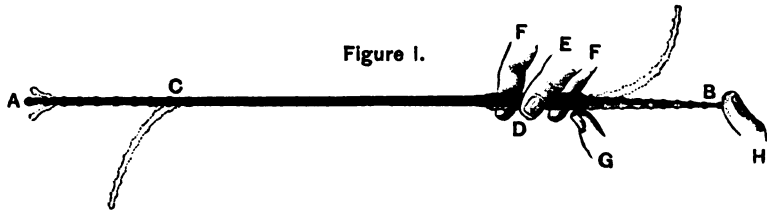
New Instruments.

JENNISON'S *EXPLORING SOUND*.

While in the east our attention was called to some recent and valuable inventions which we shall call attention to from time to time.

Jennison's Patent Sound is an exceedingly practical instrument. It consists of a number of light steel springs about fifteen inches in length arranged upon and parallel to each other, united at their ends, and placed within a small metal tube, which surrounds them, with the exception of about three inches at each end. One end of this tube is covered with hard rubber of size and form to constitute a convenient handle, which allows the instrument to rotate easily within it, affording complete freedom of movement while being introduced; or it may be held above or below the handle if freedom is undesirable. The ends are each about the diameter of Simpson's sound. The whole of the instrument, except the handle, being covered with a delicate,

flexible rubber sheath, is protected from the intrusion of fluids, and in all respects complete and convenient. Its construction being understood, it will be evident that any simple or single curve made in either of the flexible ends will be reproduced in an inverted form at the other; that an **S**, or double curve in one end, will cause the other end to become straight; and that the instrument, while able to conform its distal extremity to the uterine canal, whether normal or abnormal, will reveal its real form at the proximal extremity.



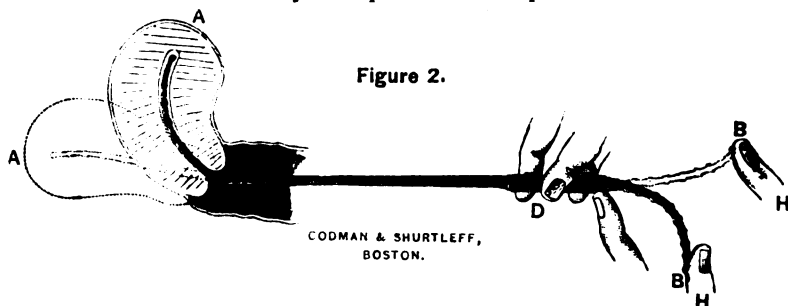
In Fig. 1, the dotted lines show some of the almost unlimited number of positions of the ends attainable by manipulation. In the diagnosis of displacements by the use of flexible silver instruments, their form, when withdrawn from the os, indicates little or nothing, because of straightening; not so however, with this instrument, which at each movement of introduction or of withdrawal, indicates at the exposed end the form of the covered one. In the use of any metal or partially flexible sound in a canal whose axis does not correspond exactly to its own, the sound overcomes resistance to its advancement by compelling the canal to assume its own shape; with this new instrument on the contrary, an undulatory movement, or a slight increase of the curve already indicated, is obtained by gently manipulating its proximal end so that it may be made to pass where other instruments would not.

The method of using this sound is to hold the instrument firmly by the handle **D** in the right or left hand, as may be most convenient, the thumb **E** being uppermost, the fingers **F F** underneath; introduce the end **A**, and with the index finger and thumb of the other hand in the position **G H**, it will be easy to manipulate the end **B** so as to obtain any required curve, combined with whatever undulatory or worm-like movement may be useful while gently pressing the instrument forward.

In explorations of the uterine canal, and in the diagnosis of malformations, growths, displacements, and, to a certain extent, as a repositor, there seems abundant reason for the belief that it is possessed of peculiar and positive value.

F. 2 shows the manner of finding a flexion of the uterus; and the

dotted lines, the method of replacement by reversing the curve of the end **B** with the thumb, causing both ends to assume the new position represented by the dotted lines, thus carrying the uterus to its normal position. Whatever the flexion or version, hold the instrument firmly by the handle, and with the other hand manipulate the end **B** in such a manner as will evidently be required from its position.



Instruments of sufficient delicacy for use as explorers do not possess strength for use as repositors in *all* cases. This instrument for general use will combine, as far as possible, adaptability to both purposes.

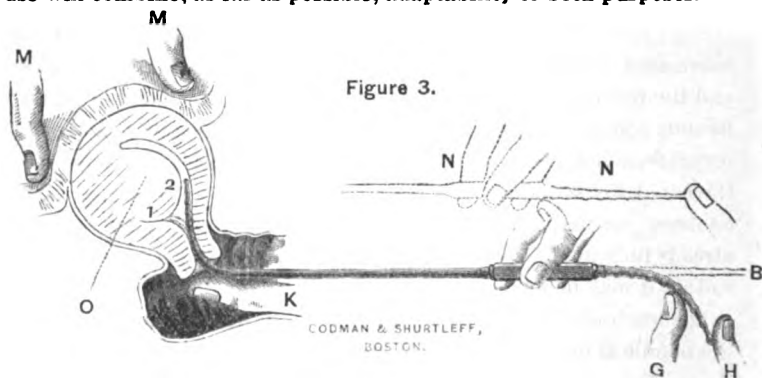


Fig. 3 illustrates its use in diagnosis of growths within the uterus by manipulating the proximal end, as at **G H**, and the readiness with which it may be directed into and out of "pockets," as at **1**, for the diagnosis of growths within the uterus.

Before introducing the Sound for this purpose, pass the forefinger of the left hand into the vagina in contact with the cervix, as at **K**; if there is ante flexion of the uterus, push it away from the pubes, and, with the right hand in position **M M**, feel its surface for external growths; if none are apparent, take the explorer by the handle, and introduce it with the fingers of the left hand in such a position at the

proximal end that any disposition to curve will both be readily perceived, and may be favored, in turn, by corresponding manipulation, as at **G H**. Continue to insert the instrument until it reaches the point indicated by the numeral 1, when its distal end will form a double curve resembling the letter **S**, while its proximal end will be straight. (*See dotted lines B*). The curve of the canal having been explored to this extent, proceed further by slightly withdrawing the Sound, when, if the canal is somewhat similar to the representation, it may be readily penetrated along the passage 2, the proximal end of the instrument assuming corresponding curves, until, having reached the end of the canal, it will again be straight, showing the existence of another **S** curve of the canal (**NN**.) Thus having ascertained that the outer wall of the uterus is of normal form, and that its canal is formed as indicated by the exploration, it seems evident that its distortion is caused by a growth, as at **O**.

The instrument has been thoroughly tested in the practice of several gynecologists, who heartily endorse it. It can be furnished by us for the low price of \$3.00. It certainly embodies valuable and remarkable qualities possessed by no other instrument of the kind.

College News.

AROUND THE COLLEGE WORLD.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

New York is a rushing place. To get into a jam seemed so like Chicago that it made us feel at home. It is a city long drawn out, lacking breadth and thickness. Guess its anatomy makes the people "long headed." Never did we appreciate the elevated railroad as when trying to get around this metropolitan city. Like the telephone it is a modern invention that to be appreciated needs but to be used.

We were cordially welcomed and hospitably entertained by Prof. Dowling and his very pleasant family. Baby Dowling is the finest specimen of a healthy alkaline child that we have seen.

We were conducted to the Homœopathic College in time to hear an interesting clinical lecture by Prof. Doughty on stricture of the ure-

thra. He was followed by that brilliant lecturer, Prof. Helmuth, who always opens his clinical lecture with a quiz, bearing particularly on repair. Among the cases operated on was one of harelip in a very young child. The class is large, over 100, and composed of men exclusively. We were driven to the boat at Bellevue to go to Ward's Island Hospital. At the dock was a host of medical students from all the medical schools going to the clinics at the various hospitals on the islands. It was amusing to watch the Allopathic students as first Dean Dowling's elegant carriage, gay horses in trappings, with colored driver in livery, dashed up to the landing, followed closely by Prof. Helmuth's spanking span and fine turnout. Homœopathy rose in the estimation of that crowd! As the students to the number of several hundred crowded the boat, it was an interesting study to pick out the Homœopathic students. This was heightened when we touched at Charity Hospital, to find that the poorest part of the crowd went ashore and rushed "pell mell" to get choice seats in the hospital amphitheatre. The Homœopathic students were certainly every way superior. The clinics at Ward's Island are held every Wednesday and Saturday. Dr. E. Guernsey opened the course with a valuable and fatherly address, launching out on the subject of ascites, which was well illustrated by several bad cases. One enormous case was skillfully tapped by Surgeon Moffit. Prof. Helmuth followed, opening with a quiz and then he shewed the class some fine cutting. An enormous umbilical hernia gave opportunity for a nice distinction between this and ascites. Prof. Dowling followed with some practical remarks on diseases of the heart in their relation to dropsy, illustrated by an interesting pathological specimen. Prof. D. is making diseases of the chest a special study. He is an adept as well as an enthusiast in diagnosis both of the disease and the remedy. We were very much pleased with the improvements in Ward's Island Hospital since our last visit. Dr. Webb and his able assistants seem to labor *con amore*. The whole staff and nurses are in uniform, and like uniformed persons, are inclined to work in unison. We should like to visit it often.

As we mingled among the multitude of patients that flock to the Ophthalmic Hospital every day, we were overwhelmed with the mass of clinical material here presented for medical study at the dozen clinics held in connection with this college.

The class is appreciative and intelligent, and it was our pleasant privilege to give them some differential points between acid and alkaline children, the food and remedy for each.

This college occupies the upper part of the Ophthalmic Hospital, and it made our old weak heart palpitate violently to reach the amphitheatre on the fifth floor. But this is nothing compared to the six and eight story residences in this city, as well as in Boston. They are not "stuck up" nevertheless, but are cordial and very sociable.

The women are well provided for in the hospital school by themselves. We were just too late to hear Dr. Lozier's lecture. There is a good class here, cultured, intelligent and ladylike. One lady is from Brazil and a protege of the emperor. The ladies connected with this school conduct five dispensaries. The visiting staff are: Drs. Williams, Miller, Brown and Mount. Julia Bradner, M. D., is resident physician. They have four clinics a week, and strange to say, that all the lecturers, but one or two, are men. The requirements of this institution are rigid. They carry out the three year graded course.

We were privileged to meet with the celebrated Medical Club. Pharmaceutist Smith was mine host. Dr. Dowling presided, while electrician Butler acted as scribe. The discussion was interesting, consisting chiefly of reports of cases from practice. After the banquet an interesting discussion on hay fever arose. (We picked up while on this trip, some interesting facts concerning this singular disease. We interviewed Beecher and many physicians on the subject, and collected numerous cases, and hope to get more, all of which will be analyzed and ready for professional assimilation by and by.) We also met at Drs. Minor and Fowler's on another evening, with the Medico-Chirurgical Society, an new organization that meets at the residences of different members, who furnish entertainment. The papers were "The Mechanical Treatment of Prolapsus Uteri," by Dr. Minor, and "The Anatomical Characteristics of the Brains of Criminals," by Dr. Fowler. An interesting discussion followed. The chirurgical element is largely in the ascendant. Dr. Belcher occupied the chair and Dr. Baner kept the records. The high character of the society may be inferred from the above. While calling on Dr. Allen we learned that the index to the Encyclopædia was nearly ready and would consist of one large volume printed on fine paper. He was very glad that the work was about done, for the task had been a herculean one. This the profession will appreciate as the years go by and the great value of the work as a reference grows upon them.

We visited Dr. Swan, and saw his Tom Thumb potentizer or "bottle washer" as it is facetiously styled by those who make fun

of "the highest potencies." A tube runs to the bottom of the vial containing the drop of medicine, the hydrant is turned on and water rushes through the tube, and is forced out over the vial with great velocity. The amount of water is measured as it runs through the tube, and the potencies or attenuations figured from the quantity. Alcohol is added to the last drop that sticks to the glass vial which is labeled with the supposed dilution. If the substance is gummy or oily, we should be uncertain about the dilution. But the same objection holds to the usual or Hahnemannian method of making dilutions. Whatever their potency may be, Dr. Swan has an array of clinical material to demonstrate the value of the many high potencies of many articles hitherto unknown to the profession.

When calling on our old friend Prof. Lilienthal, whom we found nearly buried up among books and journals, we learned of another "potentizer" invented by his assistant Dr. Deschere. This is an automatic "fill and spill" machine. A glass cup receives the medicine which swings under the stream of the hydrant water by a pendulum motion; when just so full it is emptied by the pendulum swinging back again. The number of times filled is registered by a water meter which marks the potencies. In this case also, the succussion or washing is done by the velocity of the water. The same uncertainty attaches to this as to Dr. Swan's apparatus: (1.) There is no true succussion *i. e.*: jolting. (2.) There is no allowance for quantities of air. (3.) There is no rest allowed for commingling of the medicine through the mass of fluid. (4.) The fluid is water, which is objectionable in "running up" certain medicines. If this method of attenuating medicines is reliable, and increase their efficacy, the profession should know it. This we can only know by careful and extensive experiments. We were informed that Bœricke & Tafel's Pharmacy have two of Deschere's potentizers.

The pharmacies in New York are Smith's, Bœricke & Tafel's, Gorman's and Hurlburt's, which is centrally located, and has a large local trade. The Homœopathic profession in New York are an honor to the cause, able, scientific, and well-to-do.

Hahnemanu Hospital, a conception of Dr. Seegar, during the palmy days of Boss Tweed is now an accomplished fact. We were curious to see the young man of so much influence. We found him a modest, fine looking man, much absorbed in literary work which threatens to take him out of medicine. He has promised us, however, a book on throat diseases and their treatment. His associa-

tion with musical people has given him special faculties for studying chronic throat diseases. He will doubtless give us a valuable book. While visiting physicians, hospitals, colleges, bookstores, instrument makers, etc., we picked up many practical facts while in this city, which we shall give to our readers from time to time.

Brooklyn, the city of churches, is a Homœopathic stronghold. The poor are cared for by the Homœopathic hospital, maternity, nursery and dispensaries. The pharmacies are Noxon's and a branch of Hurlburt's. Brooklyn would be a good place to hold the Institute in 1881, before we set sail for the World's Homœopathic Convention in London. Dr. Talbot of Boston, favors Newport, R. I., others suggest Long Branch. The time and place selected should be the most convenient for the delegates to the World's Congress.

Homœopathy is well represented in Brooklyn by an able corps of physicians.

EDITORIAL QUILL.

Consultation Department.

POISONING BY ACONITE.

Give repeated sips of vinegar. Vide "Nelson's Clinical Assistant."

ANSWER TO CASE FOR COUNSEL.

On page 393, December 1st number. Look in Allen's Encyclopædia page 422, 2254th line you will see a similar symptom under *Phos*.

W. W. FRENCH.

ANSWER TO CASES.

In *THE INVESTIGATOR*, page 392, case for counsel, signed D. A. D., can cure his case with *Dulcamara*.

On page 393, L. J. Bumstead, will find if he has a Lippe M. M., page 255, symptom 93, under *Graphites* the following symptom: During an embrace painful cramps in the calves; no emission of urine. The entire drug corresponds well with his patient. J. D. G.

QUERY.

Will J. D. G., page 392 please state what he means by "common coal oil" if he means kerosene oil why did he not say so. I do not feel sure as to what he meant. I thought in writing a prescription it

was essential to do it in such a manner that it could not fail of being understood.

Say to F. H. N., that I would not take stock in 100,000 in such a disease, no matter who fathered it. J.

COLORING MATTER OF THE HAIR.

When the hair turns white suddenly what becomes of the coloring matter? Why does the whiskers turn gray before the hair, and *vice versa*? M. B.

WHAT SHALL I GIVE?

Mrs. G. aged forty-four, brunette, nervo-bilious temperament, rheumatic diathesis, easily excited, and has a habit of doing every thing in a hurry; had three confinements, tedious, requiring instruments in each, (Allopathic treatment,) one child only living, others dying from strumous complaints; her physician pronounced her "of an erysipelatos constitution," has been treated for various skin eruptions, for displacements, taken large amounts of *Quinine* and *Digitalis*.

Present Condition.—Severe pains through each temple, then going to vertex, thence over the whole head, when soon palpitation of the heart sets in and pulsations over whole body, "roaring in the head;" all of this worse when lying down at night; extremities often feel numb and a prickling felt in them as if asleep; much pain in the region of the heart, worse also after going to bed, (unable to lie on left side) then the "roaring in the head" and numbness of the extremities are worse; pain in sacrum, extending around the right side towards the liver, much worse on walking; stomach seems full and bloated after a meal; often has sour acid eructations, distress in pit of stomach as if something had lodged there, making her feel sick; passes urine frequently which often has red sediment that adheres to bottom of vessel, has to take cloth to wash it off, much straining in passing, sits a long time and yet feels unsatisfied, (urine variable in color.) Menses always too frequent and too profuse and lasts too long, bright red containing clots very offensive, odor often, more profuse on moving about, leucorrhœa between menses variable, sometimes glary white, more often dark color, worse on motion and often makes her believe menses are present. When menses are profuse and during menses she is comparatively free from palpitation of the heart or her head pains; but at the cessation these appear until menses again arrive. Bowels very much constipated much straining, stool hard small lumps, seeming to be an absence of expulsive power of the rectum, has always taken cathartics very freely. O. S. H.

ANSWER TO CASES.

In Vol. X, No. 11, of THE INVESTIGATOR, is an article signed A. Devoe, and headed "Diphtheria—Erysipelas." I will venture to say that the doctor gave *Kali bich.* low, for he has certainly had a pretty good proving of the drug. Especially the mind and disposition, and the skin symptoms. *Kali bich.* acts very quickly on persons with light hair, light eyes, light complexion and thin skin, and if inclined to obesity, all the better. I am indebted to O. D. Childs, M. D., of Akron, Ohio, for the following: "That *Kali bich.* is more active in the fall and early winter months than at any other time." And especially such weather as we are having now I find it to act charmingly. There is an article in the second volume of THE INVESTIGATOR, July or August numbers, (am not certain which as I have not got the journals for 1875. I will leave it to some one to look up) but it is a case of *Kali bich.* poisoning, written by some physician in the state of Illinois. The patient, was a clerk in a dry goods store, who was in the habit of covering himself with mosquito netting, and produced a similar eruption. The netting had been colored with *Kali bich.* So to the query are cases of this kind frequent in the history of diphtheria, I say not if you don't give too much *Kali bich.* To Mrs. F. B. Wilkins, you will find a very good and reliable proving of *Kalmia lact.* in Lippe's Materia Medica.

J. D. G.

CASE FOR COUNSEL.

A corpulent gentleman weighing 230 pounds though low of stature, and ought not to draw down to exceed 150 pounds. Temperament lymphatic, light hair and eyes, formerly used spirituous liquors freely. His corpulency, however, is not bloat. Smokes cigars, is married, age about thirty. He called to consult me concerning a very distressing symptom which had been growing upon him of late, causing him some fearful apprehension. Starting up suddenly from sleep with a choking, smothering feeling as though he would never get his breath again, rushes for fresh air, to the open window, or out of doors, feeling that everything before him obstructs his breathing,—a chair or table or the wall, or, as he rushes out of doors, the railing of the porch or stile, further out the fence, all seem to be in his way of breathing. He has also at these times palpitation, or as he puts it, "fluttering of the heart." Thinks indigestion is the trouble, but thinks if his adipose condition was reduced, would be all right. Tried *Fuscus vesiculosus* which did reduce his corpulency, and thought it might have cured

him if he could have continued its use, as these other symptoms were mitigated, but the taste became so disgusting and nauseous, had to abandon it. Aside from the above-mentioned symptom, could not elicit anything further; regular in all organic functions; feels well in every other respect.

W. H. HANFORD.

PETROLEUM AND BALD HEADS.

In your journal for November 15, 1879, I find the following mention of *Petroleum*, made by A. M. Cushing, M. D., in an article entitled "Hints on Materia Medica," viz.: "In the thousands of dollars made by speculators, manufacturing from *Petroleum* or other articles, substances producing a new growth of hair upon bald heads, doctors will soon reap a harvest from its effects, but the greatest harvester will be death." Now I presume Dr. Cushing has had experience with *Petroleum*, or he certainly would not have condemned an article so largely used. He is the first whose voice I have heard in condemnation, and if he is right, the profession should know it, and know the reason why *Petroleum* is deleterious. If *Petroleum* must be ostracised then so must *Cosmoline*, *Vaseline*, and all other allied preparations. I have used all of these preparations and have never yet seen evil result. Let us hear from some of our experienced fraternity, and above all, let Dr. Cushing give his authority for condemning *Petroleum*.

ELDRIDGE C. PRICE.

Book Department.

A CLINICAL ASSISTANT, BEING RELIABLE GLEANINGS FROM PRACTICE. BY R. W. NELSON, M. D., M. R. C. S. L. Chicago: Duncan Bros. Price, \$1.00.

We had thought that man's ingenuity had been exhausted in getting up works on Homœopathic materia medica, but here comes a new candidate for favor, which differs from anything which precedes. It is a very handy ready-reference repertory, and will be found to be very useful as an aid in the selection of the remedy. That it is brief, and the ground which it covers is limited, is only to say, that it is what it pretends to be, a work "for ready reference, not intended to take the place of a materia medica."

Its value can be much enhanced by each individual practitioner if he will interleave it, and carry out the plan by daily additions from his own practice. It is not necessary that everyone who possesses it shall give the 100,000th of dog's milk (*Lac. can.*) in what corresponds to a description of a severe attack of diphtheria. Let him rather select the *Merc. protoid.* 5x, recommended in the same line, and far more consistent with sense and reason. With the exception of one or two specimens like the above, it is an excellent little work, and well worth investing in.

CH. G.

THE SKIN AND ITS TROUBLES. New York: D. Appleton & Co. Chicago: Duncan Bros. Price, 40 cts.

This is No. 7 of a series of Health Primers being issued. It treats of the skin troubles in a very interesting and sensible manner. The little treatment suggested, like the white precipitated, will not be relished by Homœopaths. Cases that need medicine should be sent to the physician.

HORSEBACK RIDING FROM A MEDICAL POINT OF VIEW. BY G. DURANT, M. D. New York: Cassell, Petter & Galpin. Chicago: Jansen, McClurg & Co.; Duncan Bros. 12mo.; pp. 137; price, \$1.25.

The basis of this work is, that motion is one of the functions of life, and that nothing conduces to increase the activity of cellular action like horseback riding. Nothing perhaps will give one an appetite like horseback riding, and it would be a good remedy in certain cases; still even this has its drawbacks. Having spent two years constantly in the saddle, we were occasionally convinced that there was nothing like walking. The value of this kind of exercise depends much upon the horse. Some are easy as a rocking chair, others will jolt the life out of the rider. Cavalry experience teaches that riding is not the best remedy for hæmorrhoids, hypertrophy of the heart, gonorrhœa orchitis, dysentery, nor colic, but is certainly of great value when increased circulation, digestion and respiration are needed. We think that the profession have in many cases over-estimated the value of rest to the neglect of walking and riding. This work although a little too enthusiastic on the subject it treats, still is a valuable contribution to hygienic literature, and should be extensively read by the profession.

THE WOMAN'S MEDICAL COMPANION AND GUIDE TO HEALTH. BY F. J. GARBIT, M. D. Boston: J. P. Dale & Co. 12mo.; pp. 500; price, \$2.00.

While in Boston we were presented with a copy of this book. It is a compound work—a collection of all sorts of ideas strongly tinct-

ured with those of the author. It is evidently intended to please adherents of both medical wings, and the last page shows that its chief object is to capture as many patients and dollars as possible for the author. In fine, it is an advertising medium, but one far more honorable than many resorted to. For notwithstanding the egotism of the author, no one can read this work without profit. The hints to mothers and suggestions as to the care of infants are wise and otherwise.

A GUIDE TO THE HOMŒOPATHIC PRACTICE DESIGNED FOR THE USE OF FAMILIES AND PRIVATE INDIVIDUALS. BY I. D. JOHNSON, M. D. New York: Boericke & Tafel. Chicago: Duncan Bros. 8vo.; pp. 494; price, \$2.00.

This author, who served the profession so well in preparing a convenient pocket companion for the profession (like our Clinical Assistant), has ventured to prepare a book of practice for the people. Like many other authors he has made the mistake in thinking that it is therapeutic hints that the people need. Nothing confuses them more, and those domestic books, like Ruddock's, that contain much hygiene, and little therapeutics, are the most popular ones, both with the people and profession. There are a few heads of families who have sufficient medical knowledge to appreciate and use this work, but for the masses it is too scientific. It will suit a class of "book and case" men and women who have outgrown domestic works and want something plain and practical—the work being really the Therapeutic Key expanded into a domestic work.

POTT'S DISEASE, ITS PATHOLOGY AND MECHANICAL TREATMENT, WITH REMARKS ON ROTARY LATERAL CURVATURE. BY NEWTON M. SHAFFER, M. D. New York: Putnam's Sons; Chicago: Duncan Bros. 12mo; pp. 82; price, \$1.00.

This little book gives us a very neat monograph upon the subject named, by one who, as "Surgeon in charge of the New York Orthopædic Dispensary, and Orthopædic Surgeon to St. Luke's Hospital, New York," has had abundant opportunity, it would seem, to study these diseases clinically as fully as possible. Professor Sayre has great reason to congratulate himself, and the profession has reason to rejoice, that such a profound interest in spinal diseases has been awakened within the last three years, even if it takes the form, as so much of it has, of attacks upon the father of the "plaster jacket treatment," endeavoring to show how fallacious is the method, or how unworthy he is to be considered its author.

Various attempts have been made by surgeons all the way from

London to St. Louis, to improve upon the original "jacket," but it is to be feared these so-called improvements have not yet been made entirely apparent to the minds of those who have no more interest in the glorification of the *improver* than of the original *designer*. It may be a source of regret to some of us, but it is a fact none the less, that not all who would enjoy such a ride, can be carried into the temple of fame upon the shoulders of even so stalwart a man as Prof. Sawyre.

The little book before us gives a very full and able discussion of the pathology of spinal curvatures, especially those resulting from caries. In this the author calls especial attention to the influence of spastic contraction of the flexors of the spine, in the production and maintenance of the deformity, and to the impossibility of our covering this by any form of apparatus, which is practicable and consistent with safety. A form of apparatus is brought forward which appears to be a kind of compromise between the old steel spinal brace and the plaster jacket, and which experience may demonstrate to be a valuable addition to the armamentarium of the orthopædic surgeon. We would advise all those who make any pretensions in this direction to give this little volume a careful perusal. B.

THE HOMŒOPATHIC THERAPEUTICS OF INTERMITTENT FEVER.

By H. C. ALLEN, M. D. Detroit: H. B. Drake. Chicago: Duncan Bros. 12mo.: pp. 234. \$1.50.

If Homœopathy is the science of therapeutics then there is no other therēpia, and the above title is a misnomer. But if treatment or rather management is meant, why not say so. There is no therapeutic science about Allopathic, or Eclectic treatment either, apart from hygiene. This work reminds one of Bell's little work on Diarrhœa, etc. The pathogenesis of each remedy is given very fully, many comparisons interjected and the whole illustrated by clinical cases. It is without question the best work on the subject yet, because a compilation of them all, but it falls far short of being what it should be, a scientific analysis of the disease and its hygienic and remedial treatment. From our somewhat limited experience with intermittent, or splenic fever, we are satisfied that this disease has a natural history, and that some cases can no more be aborted than can a fully developed case of typhoid fever. One quotidian case this season ran on six mortal weeks in spite of the most closely selected remedies, by some of the closest prescribers. When the enlargement of the spleen subsided, the paroxysms subsided also. This also in spite of all remedies. *Quinine* even, given in the fourth week, did not affect the case in the

least. The case was a plethoric young school ma'am who contracted the disease while on a visit to Penn. It therefore ought to have been arrested at once by remedies! But it well illustrates Grauvogl's observations, which are flippantly rejected by this author. When we know more of the spleen and its diseases we shall doubtless understand periodicity in its various forms and its treatment. If the fact was generally acknowledged that some cases can be aborted at once, and others only mitigated, and their course abbreviated, then we should hear less about Homeopathy failing, and there would be less misunderstanding on this subject. It rests with us to write up the natural history of intermittent fever. This book is enthusiastically praised by those who need its help the least.

"It has recently been my good fortune to examine, somewhat critically, a little book by my old friend, Prof. H. C. Allen, on the Homœopathic Treatment of Intermittent Fever. I must beg permission to recommend this work to my professional brethren, as the only book of its kind, to my knowledge, in the English language. To say this is to say but very little; I think all who are privileged to read and study it, will go farther, and say that it is difficult to imagine a *better* book on this subject. The indications for remedies are given in a remarkably clear style; the different kinds of type, at once show the salient points in the indications; the comparison of remedies of a similar sphere of action, are so accurate and unique withal; the illustrative cases are so perfectly *apropos* to the pathogenesis, that the work *must* prove invaluable to the conscientious practitioner. Certainly those who attempt to treat this much abused condition, intermittent fever, without this helpful counsellor at hand will often fail, and lack the gratifying success that will crown the efforts of his more fortunate colleague. To all, let me say, buy this book, there are none that can afford to be without it."

J. G. GILCHRIST.

FIRST LINES OF THERAPEUTICS. BY A. HARVEY, M. D., PROFESSOR OF THE UNIVERSITY AT ABERDEEN, ETC. New York: D. Appleton & Co. Chicago: Duncan Bros. 12mo.: pp. 278. \$2.00.

The full title of this book is "First Lines of Therapeutics as Based on the Modes and the Processes of Healing as Occurring Spontaneously in Disease; and on the Modes and the Processes of Dying as Resulting Naturally from Disease." or to put it briefly, natural recovery or dying. We are glad this book is written, as it opens a new field, for there is little or nothing on the subject. In Europe they have Alison's "Outlines of Pathology." Forbes "Nature and Art in the Cure of Disease," Cleveland's "Modes of Dying," Gubler's "Commentaries Therapeutics," etc. But we take our Scotch friend to task not because he ridicules Homeopathy, but because his work is not on

therapeutics at all — “the object of which is the *treatment* of disease.”

It is a work upon the natural history of disease or pathology, “the science of the ailments.” It might with equal justice be called a book on etiology — *e. g.*, the causes of recovery and the causes of death; “Cardiac death. (1), Asthenia. and (2), Syncope; pulmonic death. (1), Apnoea, and (2), Coma.”

We agree with Flint that “the true point of *departure* for therapeutics is a knowledge of the natural history of disease,” but we did not know before that this knowledge was therapeutics. Not even the “first lines.” Knowing the history of a disease, its course and sequelæ and how it may be limited or prolonged under different hygienic surroundings, and in different constitutions, we are then in a condition to know whether it needs interference. Knowing what remedies will produce and their course of action, train of consecutive symptoms, and having the unerring law *similia* to guide in the selection, we may interpose one that will abridge the course of said disease, *e. g.*, typhoid fever of a *Baptisia* type.

As our friend has missed his mark in this book, so he is sadly in the fog in reference to Homœopathy. “It is the Homœopaths particularly,” says he “that thus speak of this science, and seemingly with glee.” The expressions referred to are: “Therapeutics is in a most unsatisfactory state,” “a disgraceful condition,” “its condition is a shame and a reproach to us.” Homœopathic therapeutics is in no such muddle, but Allopathic therapeutics undoubtedly is, where “opinions are antagonistic and conflicting.”

If there was needed any proof that our friends were in the fog, this book furnishes it. He confounds the “*vis Medicatrix Naturæ*” (the healing spirit according to Hippocrates) with “natural therapeutics” when it may be either physiological, pathological, etiological or hygienic. We are surprised at the confounding of these sciences. Notwithstanding our friend has shot wide of the mark, yet, as introductory *towards* therapeutics, it will interest all who study disease and its treatment in all of its bearings. There is one field that is not touched upon in this work; we refer to the tangled web of chronic diseases, *i. e.*, the state neither of health nor death, often a sad blending of both. The book will well repay perusal and we are thankful to the publishers for its appearance in this country.

CAMPFIELD'S PHYSICIAN'S MEMORANDA AND ACCOUNT BOOK, Duncan Bros. publishers, is good for any day or any year. It is arranged so that the whole account of any patient may be seen at a

glance. Credits can be entered and statement of account rendered anywhere. It is a small compact pocket-book ; price, 75 cts.

ANALYSIS OF THE URINE, WITH SPECIAL REFERENCE TO THE DISEASES OF THE GENITO-URINARY ORGANS. BY M. B. HOFMANN, (Professor in the University of Gratz), and R. ULTMANN, (Docent in the University of Vienna). Translated from the German edition under the special supervision of Dr. Ultzmann. By T. Barton Brune, A. M., M. D., resident physician Maryland University Hospital, and H. Holbrook Curtis, Ph. B. With eight lithographic colored plates from Ultzmann and Hofmann's atlas, and from photographs furnished by Dr. Ultzmann, which do not appear in the German edition or any other translation. New York: D. Appleton & Co. Chicago: Duncan Bros. One Vol.; 8vo.; pp. 269; price, \$2.00.

This translation is intended to supply a need which has been long felt by American students and physicians. The merit of the work is sufficiently attested by the popularity it already enjoys in Germany and Austria, and the fact of its having appeared in three languages, during the year of its publication. It is believed that there is no work in the English language where, in a concise form, so many valuable suggestions and practical hints are offered, both as regards analysis and diagnosis. It is a great improvement on the small manuals on this subject. The methods of procedure are so clearly explained that the student may perfect himself in the rapid analysis of the urine without other aids, and furthermore draw his conclusions from the same. The work is in the usually good style of these publishers.

THE PHYSICIANS VISITING LIST FOR 1880. BY LINDSAY & BLAKISTON, Philadelphia, has reached its twenty-ninth year of publication. They are arranged for twenty-five patients, \$1.00; interleaved, \$1.25; up to 100 patients, \$2.00.

After the diary come various convenient memoranda. Posological tables, metric system and other conveniences for regular physicians. It is a very conveniently arranged physicians diary.

THE THROAT AND THE VOICE. BY J. S. COHEN, M. D. Philadelphia: Lindsay & Blakiston. Chicago: Jansen, McClurg & Co.; Duncan Bros. Price, 50 cts.

This is No. V. of the American Health Primer series and is a very valuable book for the people. It contains many practical facts that physician's should know. Our best people will get these works and they will ask our opinion of them. We should know what they contain. They make very good elementary works for students.

THE HEART AND ITS TROUBLES. BY GEO. LADE. London: Homœopathic Publishing Co. Chicago: Duncan Bros. Price, \$1.25.

This very valuable work is just issued by the Homœopathic Publishing Company of London, and is a credit to the firm. We judge of a book somewhat by its binding, and in this case we formed a good opinion of it before perusing it. The work it is true is small in size, but for that reason, all the more valuable, as it can easily be carried in the pocket. The indications for the remedies are so clear and well-marked that even the merest tyro in medicine could not be mistaken in his selection. Such works as this are needed by every physician. We cannot, however, agree with the author in the alternations prescribed—mostly the 1, 2, 3 and 6. We recall to mind a case of hypertrophy, with severe cough in which *Spongia* 6 greatly aggravated, in fact could not be borne by the patient. *Spongia* 200 relieved at once.

T. S. II.

MEDICAL CHEMISTRY, INCLUDING THE OUTLINES OF ORGANIC AND PHYSIOLOGICAL CHEMISTRY. BY C. GILBERT WHEELER. Second and revised edition. Chicago: S. J. Wheeler; Duncan Bros. 12mo.; pp. 424; \$3.00.

The fact that a new edition of this chemistry is called for is evidence sufficient of its popularity. Every physician should have a medical chemistry, and we can certainly recommend this one.

Surgical Department.

TREATMENT OF STONE IN THE BLADDER.

BY S. R. BECKWITH, M. D., CINCINNATI, OHIO.

For the past few years I have been using *Lactic acid* for phosphatic deposits in the urine, and I believe, with good success.

In several instances the patients had all of the prominent symptoms of calculi, yet I was unable to detect the existence of stone by sounding except in the case reported below. The cause of the prevalence of calculus disease in one portion of this country more than another has never been satisfactorily explained.

In southern Ohio and the states of Kentucky and Tennessee, the

disease is found more frequent than elsewhere. In these regions lime water is used by a very large majority of the people, and at one time was supposed to be the cause of stone. This explanation proved unsatisfactory, as in many regions lime-water is used as generally by the inhabitants, and stone is very infrequent. For example, northern Ohio, Indiana and Massachusetts, furnish but few instances of calculi, yet lime water is drunk by nearly all. I am unable to form any opinion of the frequency or infrequency of stone, as no evidence exists to show that climate, food, drink or occupation has any tendency to the production of the disease.

I have observed that in regions where stone is frequent, a large number of cases of kidney colic are met, and probably the nucleus of calculi are often formed in the kidney, and after reaching the bladder receive their growth.

The analysis of urinary calculi does not show that the nucleus of stone in lime-stone regions are any more frequently composed of lime phosphates than are an equal number of specimens occurring in portions of the country where lime stone is not found.

It then can not be said that the nucleus of stone is due to drinking lime water. But as yet, no explanation exists for the prevalence of stone in sections of the country, and we can only conjecture that the habits, food or mode of living of the people in these regions, are productive of some disturbance in the action of the kidneys that favors the formation of the nucleus of calculi. One thing especially observed in the study of the different analysis of stone, is, that in lime regions a very large proportion of the calculi are composed largely of oxalate and phosphate of lime. For several years I have used with good success, *Lactic acid* for alkaline urine accompanied with symptoms of stone, and deposits in the urine of lime phosphates. In a few instances I believe I have detected stone with the sound. I am of the opinion that in small calculi of recent origin where the exterior consists of lime or mixed phosphate that a fair proportion can be cured with *Lactic acid*. The report of the following cure will better illustrate the nature and character of the disease that has been cured by the treatment.

Wm. P. Walker, aged twenty-nine, clerk. Residence Kentucky, was brought to me in May last by Prof. W. H. Hunt, who had diagnosed the case stone in the bladder. On sounding, a calculi was readily detected, the click was heard by persons in the room. We recommended removal but requested a second examination before

operating. We re-examined in a few days and again found the stone. Desiring to try the acid treatment, with the approval of Dr. Hunt we gave *Lactic acid* 1.02, water 4.02, dessert spoonful three times a day. In two months he passed, with severe pain and straining, the nucleus of a calculus measuring, long diameter, one fourth of an inch, short diameter, two lines. I here give an abstract from a letter he recently wrote me.

"In Memphis 1873 I had yellow fever, previous to that time my general health had been good. In the spring of 1874, I experienced dull, heavy pain in left kidney. From then until the fall of 1875 had frequent attacks of severe pain, sometimes lasting several days. The pain was always confined to the left kidney, and my physicians called it neuralgia. From this time I frequently passed small grains of sand and experienced difficulty in urinating. From October 1878 the difficulty of urinating increased. At times I could make water freely until partly through when the stream was shut off. Other days I could not pass a tablespoonful without great pain and vomiting. The pain was in the bladder, end of the penis and testicle, etc. I commenced taking the acid on May 7, 1879; in a short time I noticed sand in the urine which continued until the first of August, when I passed the stone. Since I have been well."

In this case the nuclei formed in the left kidney, and after reaching the bladder, grew from the aggregations of lime phosphates. And I am of the opinion that in lime stone regions there is a large proportion of the calculi of this formation. Recently I removed a stone that was detected more than twenty-five years since by Prof. Gross, who advised an operation at that time. The patient refused on the ground that he "frequently voided with the urine, particles of sand," and hoped it would all be discharged in that manner. I operated by the lateral method, dividing both lobes of the prostate on account of the great size of the stone. And here let me add, that if both lobes of the prostate are divided as freely as is safe, a large stone can be removed, and I think with better prospects of cure than by any other operation.

SURGICAL HINTS.—Dr Geo. Wegner, of Berlin, has in the case of a woman aged thirty-two removed a cancerous larynx entire, and substituted an artificial larynx on her recovery. She has learned to use it quite successively.—*Maryland Med. Jour.*

Dr J. H. Packard, of Philadelphia, recommends that in operations the knife be held so as to cut the surface obliquely, for the reason that when union takes place, the scar will nearly, or entirely be imperceptible.—*Lancet and Clinic.*

Medical News.

"I received goods promptly and in good condition." C. H.

Dr. T. J. Patchen has located in Leavenworth, Kansas.

The *Herald of Health* is the title of a new aspirant for honors in the field of hygienic medicine, and is published at Bloomington, Ill.

Drs. Pyburn and Beardsley have formed partnership for life, i. e., got married. "THE MEDICAL INVESTIGATOR and wife" send best wishes to George and Jennie. May Dr. Pyburn be doubly successful!

The New York Ophthalmic Hospital. Report for the month ending November 30, 1879. Number of prescriptions, 3272; number of new patients, 360; number of patients resident in the hospital, 44; average daily attendance, 142; largest daily attendance, 200. J. H. BUFFUM, M. D., Resident Surgeon.

Lapis albus, a favorite remedy of the late Dr. Grauvogl's for cancer is, according to Dr. Jas. Buchner, of Munich, dolemitic, occurring in large quantities in some of the mountains of the Tyrol, Southern Germany and French Switzerland. It consists of 47.25 per cent. of *Magnesia carb.* and the rest *Calcarea sulph.*

Trichinæ in the flesh of geese. Sixty soldiers of the garrison of Thionville, lately fell sick of trichinosis, and two of them died. It has been ascertained that the disease arose, not from pork, but from the flesh of geese that they had eaten.—*Med. Press and Circular.*

Marquis de Nunez is no more. Of the particulars of his death we have the following: "A letter from my wife in Madrid, Spain, informs me of the death of the *Doctor le Marquis de Nunez*, the venerable and renowned pioneer of Homœopathy in Spain. He died on the 10th of November, and his loss will be greatly deplored." E. M. HALE.

BE LIBERAL; as doctors of medicine, practice that broad charity that you do as American citizens, and recognize the right of all to cure the sick, be they Homœopaths, Hydropaths or Eclectic.—*Dr. N. W. Webber in his address before the graduating class of the Detroit Medical College.* Such sentiments from such a source! Are they temporary, spasmodic or permanent?

Altitude and Phthisis. Mr. Lagneau, in a paper read at a meeting of the Paris Academy of Medicine, stated that the following regions enjoy an immunity from phthisis, viz.: Certain altitudes in the Alps, Pyrenees, Cordilleras, Andes, the Mexican plateau, and certain northern countries, as Iceland, the Hebrides, portions of the northwest of Scotland, and the Faroe Islands.—*Lancet.*

Iola, Kansas has a fine mineral well of the saline variety. Dr. C. H. Boulson sends us the following analysis of the water, made by Prof. W. K. Kedzie, formerly of the Kansas State Agricultural College, which shows the following total number of mineral grains to each gallon of water: Chloride of Sodium, 980.506; Chloride of Potassium, 17.909; Bi-carbonate of Calcium, 60.687; Bi-carbonate of Magnesium, 31.942; Bi-carbonate of Iron, 3.929; Silica, .602; Organic Matter, 2.000; Suspended Matter, 2.500. Iodides, abundant traces. Bromides, distinct traces. Total, 1100.075. Cubic inches of carbonic acid gas to gallon, 145.892. The temperature of the water is 61 degrees Far., and its specific gravity is 1.0138.

