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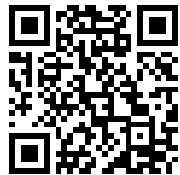
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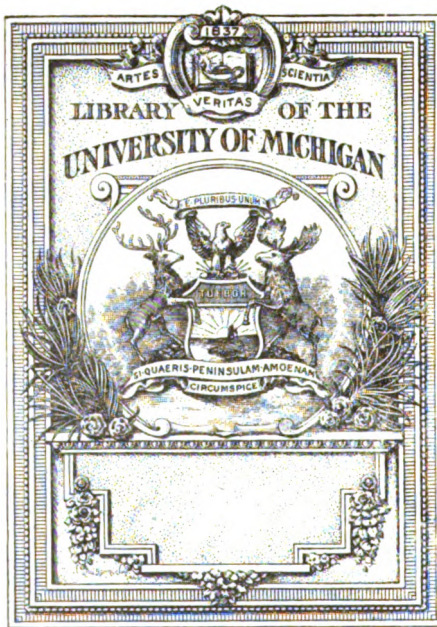




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THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL



OF

THE MEDICAL SCIENCES.

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

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INDEX TO VOLUME XV.

A

A case from practice, 565.
A case of intussusception, 425.
A case of meningitis, 129.
Acid and alkaline children, 361.
Acid and alkaline conditions explained, 494.
Acid carbolic for carbuncles, 61.
Action of *Carica papaya*, 228.
Acute peritonitis in children, etiology and diagnosis, 243.
Ætiology and pathology of the pancreas, 178.
Against vaccination, 221.
Alcoholism and the Opium habit, 203.
Alkaline and acid children, 361.
American Institute of Homœopathy; 105.
American Institute transactions, 203.
Ammoniacal inhalations, treatment of bronchial affections of pulmonary phthisis, by, 92.
Amyl nitrite and Nitro-glycerine in treatment of toothache, 92.
Amyl-nitrite and Chloroform, the alleged antagonism between, 439.
An anatomical curiosity, 268.
Anatomical department, 84.
Angina pectoris, another case of, 216.
Anomalous nature, 269.
Another case of angina pectoris, 216.
Antimonium sulphuratum auratum, 51.
Antimonium tartaricum in sciatic rheumatism, 212, 483.
Aphasia in typhoid fever, 170.
Apis effects, characteristic, 47.
Application of Bromine to chancroids and chronic ulcers, 381.
A practical treatise on hernia, 309.
A proving of *Ferrum muriaticum*, 484.

Arsenical poisoning, 453.
Artificial membrani tympani, lay use of cotton as an, 36.
A *Sepia* case, 128.
A somewhat unusual source of lead-poisoning, 455.
Asthma, *Erythroxylon coca* in, 189.
Ataxic pneumonia, *Moschus* in, 428.
Aural and ocular complications of scarlet fever, 247.
Auscultation, a new point for, in infants, 35.
Axillary dislocation, manipulation of, 438.

B

Bacteria in fresh urine, 291.
Belladonna poisoning, Chloral in 371.
Book department, 55, 203, 255, 309, 403, 509.
Brain, traumatism of the, 545.
Bromine applications to chancroids, and chronic ulcers, 381.
Bureau and proceedings of the Institute, 323.

C

Cantharides as a cumulative poison, 437.
Carbolic acid poisoning, 453.
Carbolic acid for carbuncles, 61.
Carbuncles, Carbolic acid for, 61.
Caruncles cured by *Thuja*, 541.
Case of intussusception, 425.
Case of meningitis, 129.
Cases from practice, 193.
Castration as a remedy, 506.
Cataract, medicines for, 45.
Cavities in lungs treated by incision and drainage, 197.
Chancroids, and chronic ulcers, application of Bromine to, 381.
Chicago Academy of Medicine, 145, 299,

Characteristic Apis effects, 47.
 Chicago Homœopathic Medical College, 302.
 Child, delirium tremens in, 394.
 Children's department, 31, 494.
 Children's hospital report, 81.
 China, medical troubles in, 455.
 China, medical women in, 454.
 Chloral in Belladonna poisoning, 371.
 Chlorate of Potassium, 322.
 Chloroform and Amyl-nitrite, 439.
 Chronic sore throat, 406.
 Cirrhosis of the liver, 567.
 Clinical items, 54.
 Clinical lectures on the diseases of old age, 56.
 Clinical observations, 52, 123, 163, 211, 270, 313, 391, 423, 471, 537, 563.
 Coccyx excision of, 438.
 Codeia in diabetes, 30.
 Colic vs. local spasms, 174.
 College commencements, 230, 301.
 Commencement exercises of the Cleveland Homœopathic Hospital College, 305.
 Commencement exercises of the St. Louis college, 307.
 Common dangers to health, 135.
 Compresses Turpentine, 110.
 Congenital phymosis, 127.
 Conjunctivitis cured by *Mono-tropa*, 104.
 Consultation department, 206, 254, 310, 407, 506, 557.
 Cook County Hospital, 417.
 Cook County Hospital reports, 513.
 Correspondence, 105, 143, 323, 386.
 Cotton as an artificial membrani tympani, 36.
 Cramp, telegraphers, 454.
 Croup diphtheritic, 165.
 Croup remedy, 173.
 Cultured virus, St. Louis society on, 58.
 Cumulative poison, *Cantharides* as a, 437.

D

Development of lymphatic tissue in the urinary passages, 277.
 Delirium tremens in a child, 394.
 Diabetes, *Codeia* in, 30.
 Diabetes incipidus, treatment of, 104.
 Diagnosis and etiology of acute peritonitis in children, 243.
 Died from dosing, 473.

Diagnosis and treatment of tubercular meningitis, 244.
 Diagnosis of pancreatic diseases, 440.
 Differential diagnosis of rotheln, 34.
 Digestive action of *Carica papaya*, 228.
 Diphtheria and its treatment, 275.
 Diphtheritic croup, 165.
 Diphtheria, Tannin in, 207.
 Disease and weather prognosis, 164.
 Disease of the lungs, malignant, 300.
 Disease, Vennor's weather and 572.
 Diseases of old age, 56.
 Diseases of the chest, new facts concerning, 396.
 Diseases of the ear, 45.
 Diseases of the eye, 255.
 Diseases of women, lectures upon, 403.
 Dispensing medicines, 90.
 Dyspepsia a result of uterine irritation, 571.

E

Ear, diseases of, 45.
 Eclectics on specific medication, and pleasant, 575.
 Editorial correspondence, 386.
 Electricity, lectures on, 203.
 Elephantine labor, 267.
 Elimination of the pancreas, 54.
 Erythroxyton coca in asthma, 189.
 Etiological department, 178, 280, 372.
 Etiology and diagnosis of acute peritonitis in children, 243.
 Etiology and pathology of the pancreas, 178.
 Essentials of the principles and practice of medicine, 55.
 Excision of the coccyx, 438.
 Exophthalmic goitre, 37.
 Experience with Ferrum, 521.
 Experience with small-pox, 395.
 Expert testimony, 344.
 Eye and ear department, 36, 247, 533.

F

Fever, *Sepia* in, 89.
 Facts about small-pox, 276.
 Fasting cures ulcers, 54.
 Ferrum, experience with, 521.

Ferrum muriaticum, a proving of, with clinical confirmations, 484.
 Fibres in the optic nerve, 45.
 Food, Pavy on, 55.
 Foreign body in the vitreous, 533.
 Foreign correspondence, special, 17.
 Fractures treated at Cook County Hospital, 518.

G

Gall stones, Iridin in, 127.
 Gall stones, Olive oil for, 215.
 Gastric ulcers treated by fasting, 54.
 General neuroparalytic hyperhydrosis, 50.
 Germany, Homœopathy in, 26.
 Glottis, œdema of, 88.
 Gnaphalium, sciatica cured by, 52.
 Goitre, exophthalmic, 37.
 Gynœcological department, 382.
 Gypsum jacket, 325.

H

Hydrosis neuro-paralytic, 150.
 Hygienic value of sunlight, 131.
 Hahnemann as a medical philosopher, 309.
 Hand-book of uterine therapeutics and the diseases of women, 55.
 Hasty burials, 498.
 Health, common dangers of, 135.
 Health, the public, 55.
 Healthiness of Jews, 134.
 Hernia practical treatise of, 309.
 Hints from practice, 474.
 Holmes' system of surgery, 509.
 Homœopathic medical society of Michigan, 148.
 Homœopathy, how shall we advance it? 28.
 Homœopathy in Cook County Hospital, 417.
 How and why Homœopathy declined in Germany, 26.
 How I teach materia medica, 46.
 How I treat diphtheria, 275.
 How shall we advance Homœopathy, 28.
 How to use the tampon, 473.
 How to use vaccine points, 53.
 Hydrocephalus, tapping for, 61.
 Hydrosis in typhoid fever, 278.
 Hygienic department, 131, 465.

I

Incision into the pericardium, 54.

Indications for Sepia in fever, 89.
 Idiosyncrasy vs. lesion as a therapeutic indication, 434.
 Inebriation treatment and cure, 465.
 Infancy, a new point for auscultation in, 35.
 Infant development, 252.
 Inflammation, 475.
 Influence of nutrition on poisoning by Strychnine, 553.
 Insane diathesis, 93, 115.
 Iodide of Potassium, short proving of, 103.
 Iowa Medical University, 301.
 Iridin in gall-stones, 127.

J

Jews, healthiness of, 134.

K

Kansas Homœopathic Medical Society, 500.
 Kidney, successful removal of, 605.

L

Liver, sources of, 567.
 Lung, malignant disease of, 300.
 Lead-poisoning, a somewhat unusual source, 455.
 Lectures, clinical and didactic upon the diseases of women, 403.
 Lectures on electricity, 208.
 Lesion as a therapeutic indication, 434.
 Leucorrhœa, its concomitant symptoms, 406.
 Local spasms, and some other forms of pseudo-colic, 174.
 Ludlam on diseases of women, 403.
 Lung, diseases of, 396.
 Lungs treated by drainage, 197.
 Lymphadenoma of the mediastinum, 202.

M

Male wet nurses, 322.
 Malignant diseases of the lung, 300.
 Manipulation in reduction of dislocated humerus, 289.
 Manipulation of axillary dislocation, 438.
 Manual of venereal diseases, 55.
 Materia medica, how I teach it, 46.

- Materia medica department, 46.
103, 226, 482, 520.
- Meningitis tubercular, 244.
- Medical education, 411.
- Medical news, 62, 111, 161, 208, 256,
311, 359, 408, 456, 510, 560, 612.
- Medical troubles in China 455.
- Medical women in China, 454.
- Medicating pellets, 172.
- Medicine, essentials of the principles and practice of, 55.
- Medicines for cataract, 45.
- Medico-legal department, 344, 411.
- Medico-legal relations, 344, 606.
- Membrani tympani, lay use of cotton as an artificial, 36.
- Memoranda of physiology, 255.
- Meningitis, a case of, 129.
- Michigan medical society, 148.
- Minneapolis society on vital statistics, 57.
- Minor surgery, 509.
- Model physicians, 230.
- Monotropa in conjunctivitis, 104.
- Monroe's *Materia Medica* Memorizer, 509.
- Moschus in ataxic pneumonia, 482.
- Moschus in pneumonia.
- Mothers guide in the management and feeding of infants, 203.
- Myo-fibromata of the uterus with pregnancy, 200.
- N**
- Nutrition, influence of, on Strychnia poisoning, 553.
- Necrosis, Sulphuric acid in, 190.
- Nerve stretching, 604.
- Nervous sequelæ of scarlatina, 261.
- Neuralgia, 438.
- Neurasthenia, some phases of, 461.
- New croup remedy, 173.
- New facts concerning diseases of the chest, 396.
- New point for auscultation in infancy, 35.
- New York state society, 292.
- Night sweats, 314.
- Nitrite of amyl and Nitro-glycerine in treatment of toothache, 92.
- Notes on typhoid fever, 89.
- O**
- Observations, clinical, 52.
- Obstetrical department, 200, 266, 548.
- Obstetrics progressing, 548.
- Olive oil for gall stones, 215.
- Ocular and aural complications of scarlet fever, 247.
- Oedema of the glottis, treatment by Pilocarpine, 88.
- Esophageal ulcer from digestion, 130.
- Old age, clinical lectures on the disease of, 56.
- On Arsenic, 470.
- On Strychnia, 453.
- On the digestive action of *Carica papaya*, 228.
- On the law of similarity, 539.
- On the nervous sequelæ of scarlatina, 261.
- On the pathology of rickets, 125.
- On the treatment of cavities in the lungs by incision and drainage, 197.
- On the vomiting of *Stramonium*, 226.
- On vaccination, 271.
- Opium habit, 523.
- Ophthalmological and otological society, transactions of the, 56.
- Opium habit, and alcoholism, 203.
- Optic nerve, fibres in the, 45.
- Our *materia medica*, 520.
- P**
- Pancreas and its peculiarities, 84.
- Pancreas, elimination of, 54.
- Pancreas, etiology and pathology of, 178.
- Pancreatic diseases, diagnosis of, 440.
- Papers on infant development, 255.
- Parotitis in children, 279.
- Pathological department, 440.
- Pathology of rickets, 125.
- Pavy on food and dietetics, 255.
- Pædological department, 125, 244, 361.
- Peculiar pancreatic diseases, 280.
- Pericardium, incision into the, 54.
- Period of incubation of scarlatina, varicella, parotitis, rotheln, 279.
- Phosphorus poisoning, 547.
- Physician's model, 30.
- Pink eye in horses, 67.
- Pilocarpine, in treatment of oedema of the glottis, 88.
- Pleasant medication and specific indications, 577.
- Plumbum poisoning by, 519.
- Poisoning by Arsenic, 453.
- Poisoning by Carbolic acid, 453.

Poisoning by red lead, 519.
 Poisoning by Phos. 547.
 Poisoning by Santonine, 44.
 Poisoning from preserved meats, 358.
 Potassium chlorate, 322.
 Principles and practice of medicine, 55.
 Preserved meats and vegetables, tin, poisoning from, 358.
 Proceedings of the Institute, 143.
 Progress in nervous diseases, 264.
 Progress in toxicology, 445.
 Progress of the medical sciences, 453.
 Pseudo-colic and some other forms of local spasms, 174.
 Psychological department, 93, 115, 261, 361, 461.
 Public health, 55.
 Pulte Medical College, 308.

B

Red lead, poisoning by, 519.
 Reduction of dislocated humerus, manipulation in, 269.
 Report of the state board of health, 354.
 Report upon fractures treated in the Homœopathic department of the Cook County Hospital, 513.
 Rickets, pathology of, 125.
 Rotheln diagnosis, 34.
 Rotheln period of incubation, 279.

S

Santonine, toxic action of, 144.
 Scarletina, nervous sequela, 261.
 Scarlet fever incubation of, 279.
 Sciatica cured by Gnaphalium, 52.
 Sciatica cured by Tartar emetic, 212.
 Sciatic rheumatism, Antimonium tartaricum in, 483.
 Scrofulous children, 505.
 Sea-sickness, 108.
 Sepia case, 128, 204.
 Sepia indications in fever, 89.
 Short proving of Iodide of Potassium, 103.
 Silk thread as a source of lead poisoning, 499.
 Similarity, on the law of, 539.
 Small-pox, experience with, 395, 204.
 Small-pox, facts about, 276.
 Society proceedings, 57, 292.

Society department, 109, 145, 450, 500, 554.
 Some new phases of neurasthenia 461.
 Special foreign correspondence, 17.
 Specific indications, and pleasant medication, 577.
 Specific medication, 575.
 Spurious hermaphroditism, is castration warrantable, 508.
 Stannum poisoning of, 358.
 Staphysagria in disease, 509.
 St. Louis society discuss small-pox, 204.
 St. Louis society on cultured virus, 58.
 Stramonium, on the vomiting of, 221.
 Structural or tissue change as an indication for medicine, 315.
 Strychnine poisoning, 553.
 Student's manual of venereal diseases, 55.
 Successful removal of the kidney, 605.
 Sulphuric acid in necrosis, 190.
 Sunlight, the importance of, as a hygienic consideration, 131.
 Suppression of urine, 55.
 Surgery, system of, 55.
 Surgical cases from practice, 193.
 Surgical department, 68, 190, 325, 438, 513, 604.
 Syphilis hereditary, 68.
 System of surgery, 55.

T

Tannin in diphtheria, 207.
 Tartar emetic in rheumatism, 212.
 Tartar emetic, sciatica cured by, 212, 483.
 Tampon, how to use the, 473.
 Teeth in hereditary syphilis, 68.
 Telegraphers cramp, 454.
 That surgical exploit, 82.
 The alleged antagonism between Amyl-nitrite and Chloroform, 439.
 The American Institute of Homœopathy, 105.
 The Child of Promise, 509.
 The digestive action of Carica papaya, 228.
 The Erythroxylon coca in asthma, 188.
 The gypsum jacket, 325.
 The Homœopathic medical society of Michigan, 148.

- The ignorant treatment of the unconscious, 109.
 The importance of sunlight as a hygienic consideration, 131.
 The insane diathesis, 93, 115.
 The Institute, 823.
 The medico-legal relations, 344.
 The model physician, 230.
 The mother's guide in the management and feeding of infants, 203.
 The new croup remedy, 173.
 The nervous sequelæ of scarlatina, 261.
 The North Eastern Ohio Homœopathic medical society, 450.
 The Ohio Homœopathic medical Society, 554.
 The Opium habit, 523.
 The Opium habit and alcoholism, 203.
 The Ophthalmoscope, 406.
 The optic nerve, fibres in, 45.
 The pancreas and its peculiarities, 84.
 The principles and practice of medicine, 55.
 The proceedings of the Institute, 143.
 The relation of pancreatic diseases to other affections, 372.
 The sphygmograph, 509.
 The St. Louis society discuss small-pox, 204.
 The students manual of venereal diseases, 55.
 The way we like them to speak out, 108.
 Therapeutical department, 52, 89, 128, 163, 211, 270, 313, 391, 423, 471, 537, 563.
 Third annual report of the State Board of Health, 354.
 Thuja, caruncles cured by, 541.
 Thuja in verrucæ, 427.
 Tin poisoning from preserved meats, 358.
 Tissue or structural change as an indication for medicine, 315.
 Tocology, progress in, 548.
 Topical use of Sulphuric acid in necrosis, 190.
 Toxic action of Santonine, 144.
 Transactions of the ophthalmological and otological society, 56.
 Traumatism of the brain, 545.
 Treatment and cure of inebriation, 465.
 Treatment of bronchial affections of pulmonary phthisis by Ammoniacal inhalations, 93.
 Treatment of cavities in lungs by incision and drainage, 197.
 Treatment of diabetes incipidus, 104.
 Treatment of œdema of the glottis by Pilocarpine, 88.
 Treatment of toothache by Nitrite of Amyl and Nitro-glycerine, 92.
 Trichiniasis, 218.
 Trousseau on Moschus in ataxic pneumonia, 482.
 Tubercular meningitis, its diagnosis and treatment, 244.
 Turpentine compresses, 110.
 Typhoid fever, aphasia in, 170.
 Typhoid fever in, 278.
 Typhoid fever, notes on, 89.
- U**
- Ulcers, gastric, treated by fasting, 54.
 Urine, suppression of, 55.
 Urinary passages, development of lymphatic tissue in the, 277.
 Uterine hæmorrhage, 382.
 Uterine therapeutics and the diseases of women, 55.
 Uterine irritation and dyspepsia, 511.
- V**
- Vaccine points, how to use, 53.
 Vaccination defended, 219.
 Vaccination refuted, 203.
 Varicella period of incubation, 279.
 Venereal diseases, the student's manual of, 55.
 Vennor's weather and disease, 572.
 Veratrum viride, 49.
 Vermont Homœopathic medical society, 60.
 Verrucæ, Thuja in, 427.
 Veterinary department, 67.
 Visiting list and prescription record, 254.
 Vital statistics, Minneapolis society on, 57.
 Vomiting of Stramonium, on the, 226.
 Vitreous, foreign body in the, 533.
- W**
- Weather and disease prognosis, 164.
 Whooping-cough, 266, 428.
 What does it mean, 272.
 Women, diseases of (Ludlam), 403.
 Why Homœopathy declined in Germany, 26.
- Z**
- Zymotic, whooping cough, 428.

THE
UNITED STATES
MEDICAL INVESTIGATOR

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JANUARY 1, 1882.

No. 1.

Correspondence.

FOREIGN CORRESPONDENCE—SPECIAL.

LEIPSIK, Nov. 20, 1881.

DEAR DOCTOR: Your letter addressed to me at Vienna requesting "facts of an interesting nature to the profession relative to hospitals, teachers," etc., found me in Leipsic, and in brief I will give you a synopsis of my trip from Paris to this city.

HEAVE HO!

We left London in September and reached Paris after one of those *delightful* trips across the English channel, somewhat shaken in confidence, regarding the control one has over his stomach. I really believe, however, imagination has to a great extent, an influence over that organ for the first sight of a sailor carrying a washbowl filled with the accumulations of a London restaurant, had a decidedly

sympathetic influence upon myself and wife, and we did not wait for either sailor or bowl, but utilized the entire deck for a space of ten feet about us; fortunately, this disquietude was of short duration, and after a few hours ride by rail we arrived in "La Belle" city where we had our first struggle with French. One cannot imagine until he has had the experience, how forlorn it is to be in a country where he cannot exchange one word with the people—and I yield the palm—in that particular to France and Holland. I found their deception and cheating unparalleled.

WHAT WAS SEEN IN PARIS.

I remained in Paris two weeks and witnessed several very interesting operations by the French physicians. Their hospitals are well kept but so scattered throughout the city that it is impossible to visit more than two or three a day, and as most of the surgical operations in the different hospitals are performed in the morning from nine to twelve, one cannot see but one operation a day. This is true of nearly all hospitals in Europe. The French use a great deal of Chloral hydrate instead of Ether or Chloroform. They commence administering the drug the night previous, increasing the frequency of the dose as the time approaches for the operation. I do not like it, however, and do not think it would be popular with us at home. They use the antiseptic method in all its branches, also for redressing wounds. Their manner of preparing a woman for examination in the gynæcological wards, is somewhat different than we see in American hospitals; no sheet or covering of any kind, and hence perfect exposure of the patient. The Ferguson speculum is used, more than any other and the dorsal decubitus the favorite position. The Paquellius thermo-cautery is employed in cases where the scarificator or the intra-uterine solid caustic fails to bring about quick results; the patient is then put to bed for nature to complete the cure. Dr. N. Gueneau de Mussy is the authority in gynæcology in France.

STRASBURG AND MUNICH.

We next visited Strasburg and did the wonderful clock and great cathedral. Here I had the pleasure of meeting Prof. Keberle, one of the celebrated physicians of this country, and, by the way, I regard Strasburg as one of the best places for American students in regard to medical advantages and financial consideration. This university affords the best school for histological work I have visited; courtesy and encouragement are tendered our students by all of the teachers. After a brief stop at Stuttgart, we next called upon Prof. Nussbaum at Munich, who ranks next to Prof. Billroth as a surgeon, and who has more military honors and other orders than he can comfortably wear on his coat, but with his cordial manner of receiving one, this aristocratic part is soon forgotten, and the man is admired for his intellect and gentlemanly bearing; I saw him extirpate a tongue for carcinoma by what is known as Langenbeck's method, dividing the inferior maxillary then ligating the lingual artery, and proceeding to remove the entire mass with the scissors; this operation has been quite successful in his hands. The after-treatment is to unite the severed jaw, using ivory plugs to assist in making complete union, After witnessing a number of other interesting operations, I moved on to the great medical centre, "Vienna" or "Wien" as it is called in Austria.

THE GREAT "WIEN" HOSPITAL SCHOOL.

The hospital in this city is indeed hard to describe, and could I secure a picture of it, I would give you a copy, but it is so cut up and divided into "hofs" or courts, that I doubt if any satisfactory photograph could be taken. The exterior is similar in appearance to other buildings and very plain. The entrance to it is through a covered archway, and you are at once in the principal court, which I should judge was about five acres in extent. This is laid out in fine walks, filled with carefully kept trees, shrubbery, fountains, statues of departed medical professors. These walks are provided

with numerous benches and rustic seats for the convalescing patients. This court is surrounded by the hospitals devoted principally to surgery and part of the gynæcological wards. The balance of the hospital is arranged similar to the one above, each set of wards opening out on smaller courts, and the entire structure I think would cover twenty acres of ground, anatomical department included. The construction of the buildings is somewhat different from those in America, and the description I give of the one in Vienna will apply to nearly all the others in Germany. The walls are three to five feet in thickness, *not even vaulted*, noted more for its solidity than hygienic fitness for the sick. One thing I did admire, and that was the height of the ceilings, giving plenty of room for lime, which is freely distributed about the wards in the shape of white-wash. The windows are at the top of the walls and extend nearly half way to the floor. The wards are about 25x100, heated by large cast iron stoves, inclosed in a brick oven, six feet high, this keeps the rooms at a more uniform temperature than if the stoves were not thus inclosed. The wards are kept scrupulously clean, floors painted and waxed, and in fact, the entire appointment of the hospital is almost perfect. They have accommodations for two thousand patients, and the institution is under the control and patronage of the Austrian government. There are quite two hundred Professors and assistants, every chair and the assistants being duplicated, and as a matter of course a certain amount of jealousy exists between each rival chair. Prof. Billroth is the acknowledged head and is the professor of surgery. I think he is one of the finest operators I ever saw; I had the satisfaction of witnessing quite a number of laparotomies by him under the antiseptic method. Dr. Woelfler, his first assistant has made for himself quite a reputation by having successfully performed, twice, the difficult operation of resecting the pylorus for cancer of the stomach, by uniting the duodenum to the severed end of the stomach after removal of the carcinoma.

I also saw Dr. W. in a case of carcinoma of the stomach, where the disease had invaded the adjacent tissue to such an

extent that a resection would not be advisable, unite the greater curvature of the stomach to the duodenum so the food would not be compelled to pass through the constricted mass at the pylorus, and by this operation, while he could not hope to prolong life, it sufficed to relieve that distressing vomiting that always attends the later stages of this dreadful malady; the operation itself is a very simple one and the patient is much relieved. You will hear later on the particular steps of this new departure in surgical work.

Another interesting case of Prof. Billroth's I will relate: It was an ovarian cyst, and when he opened the abdomen he found it was carcinomatous in character, and invaded the bladder three inches in length by one in width, and about four inches of the sigmoid flexure, he coolly performed cystotomy, enteroraphy and ovariectomy on one patient, and strange to say this woman is apparently making a good recovery, one month after the operation. I also saw him remove four inches of the rectum for carcinoma, and make an artificial anus at the illeocæcal valve. This patient was also doing well when I left. His method of removing the tongue is somewhat different from Langenbeck's of Berlin: he simply ligates the lingual artery on both sides, then with a large pair of curved scissors he removes the organ so many people complain of. I saw two men upon whom this operation had been performed one month before I arrived and they could make the nurse understand very well what they said. Naples is placed first, and Vienna second on the statistical list of illegitimate children, and the "gebarhaus" or lying-in hospital is filled to overflowing with obstetrical material, and the student can have, by paying for it, a very good opportunity to study up this branch of practice.

The average number of births per day is twenty-four, and the number of deaths in the entire hospital twelve; at this ratio, there is a gain for *scientific medicine* of twelve. In this department craniotomy is quite frequent, more so than in our country. Most of the common class of people go to the *krankenhaus* or hospital to be confined. They have good care and attendance and are allowed to remain ten

days after confinement, all for the small sum of forty cents per day.

Relative to Vienna as a place for students (American) and practitioners, I have only to add that with a *perfect* knowledge of the German language and plenty of money, or with an estimate of \$100 per month, from the time he leaves home and until his return and a strict eye to economy, this is one of the best cities in Europe for clinical instruction, always more material than they can handle, and for specialities there is no place equal to it, except in gynæcology. In fact outside of London and Edinburgh, this branch of practice is not on a par with America. Each assistant in Vienna, as a rule, gives special courses to students and doctors at a price varying from seven to twenty-five dollars for five weeks. Thus one is enabled to pursue a general or special line of studies. One thing, I was especially pleased to learn, during my two-months sojourn in this city, that nearly one half of the Americans attending the hospital were Homœopathic students or practitioners. This is something to be proud of, and no wonder the Old School makes the remark I overheard in Vienna. "They are becoming powerful opponents." Would to God I could see still more over here, and some of the miserable chaff our school is loaded down with, thrown overboard. We have any number that are a curse to themselves, to us, and to the school they represent. With a little pluck, energy and money, they could soon take a position that would be an honor to their profession and their families. I found eleven Homœopathic physicians in Vienna, a city having a population of over a million. This does not look well, and they cannot make the excuse that the government is against them—'tis not so—they have the same opportunity accorded them as an Old School, yet they have to subsist on the leavings for some reason, still they are obliged to pass the same examination that the Old School practitioner does and that is right. We should know more than they and I trust we shall soon see the day that colleges sailing under the banner of "similia" cannot graduate M. D's. in ten months, one winter and one spring course or even with two.

winter courses. It is a disgrace to our school and an insult to our practitioners.

PRAGUE AND DRESDEN.

From Vienna I went to Prague and here met Prof. Breiskey "a gentleman to the manor born," and a great admirer of American gynæcologists, especially Emmett and follows very closely many of our operations. This city is in Bohemia and I regard it a good place for students, is a quaint old city and full of interesting historical matter. Prof. Kirsch is also a somewhat noted physician here, I found one American student here and he a Homœopath in belief. Dresden was our next stopping place and here I found Prof. Winckle with a fine hospital for women under his charge, with an average of sixteen births per day—he is second, now, to Wells in ovariectomy—that is, in success with his cases.

Dr. Crade, the son of Prof. Crade, of Leipsic, has a private surgical hospital here and performs some very difficult operations. I witnessed the extirpation of a spleen with happy results, the man is still living and is in good health, also saw him extirpate the uterus through the vagina, this however was not a success, still I saw Dr. Bandle, of Vienna, perform this operation with good results, all of these operations were performed under the antiseptic method.

NOTES ABOUT HAHNEMANN.

While in Dresden my attention being called to the fact that Hahnemann's birth place, Meissen, was but a short distance away, and in that town, celebrated for its wonderful china manufactory, I could not refrain from visiting this, to me, sacred place. This old town is one hour's ride by rail from Dresden, is beautifully situated on the bank of the Elbe river and is the King's (Albert of Saxony) summer residence.

I found Hahnemann's old home on what is called Hahnemann's platz, and now it is used for a restaurant—do not take offense at this, for almost every other house in Germany

is a restaurant—the house is a brick structure, two stories high and painted yellow with Hahnemann's bust over the door. I inquired of the women if she were a relation of his, but she said "nein." She had in her possession a number of interesting journals of old date and his photograph for sale, large size and is said by those who pretend to know that it is the most perfect picture of Hahnemann ever published. Under the bust which had the appearance of being composed of ordinary lime cement, which is used so extensively in this country, were the dates of his birth and death. Some one had kindly placed a wreath of leaves about his brow. I also visited his house in Cœthen which was his home from 1821 to 1835. This house is similar to the one at Meissen only more modern in appearance and has this sign on the front over the lower windows "Hier wohute Samuel Hahnemann V 1831 to 1835." While in Leipsic I made it my special business to visit his monument which was erected by his friends and admirers, and is located at the corner of Theater Platz and the grand promenade, in a small park. It is a bronze figure seated in a chair and resting upon a granite pedestal with a stone base, surrounded with a neat iron fence. The height of the monument over all is about twenty feet and bears the following inscription :

Dem
grunder der Homœopathie
Sam. Hahnemann
geb. zu Meissen d, 10, April
1755, gest. zu Paris d, 2 Juli 1848,
Von
Seinem dankbaren schulern
und Verehern.

While in Leipsic I was presented by the firm of Dr. Wilhelm Schwabe, who has the largest Homœopathic pharmacy in this country with two vials from Hahnemann's private pocket medicine case. One vial is one and a half inches long by one quarter inch in diameter filled with small pellets medicated with Borax 30, the cork labeled by him in his own-hand writing. The other vial is much smaller only one half an inch in length by one fifth of an inch in

diameter with a cork having an ivory head fitting down perfectly to the mouth of the vial, this is empty. This firm also had Frau Hahnemann's picture but would not sell it at any price. They promised to have some copies taken. While in connection with the subject of Hahnemann I wish to give my testimony in contradiction to what I supposed was a fact relative to the use of high potencies, among European Homœopathic practitioners; one is rarely found at the very fountain head of Homœopathy, very few remedies are given over the 6x. I came over here with a case filled with one hundred high potencies, 200th, and I have been trying to make some one a present of it, but they always remark "I should like the case as a curiosity only." I sometimes feel like saying, after having had the pleasure of meeting Homœopathic physicians in almost every country in Europe, that "the mighty have fallen." I do not like to strip off thus ruthlessly, the romantic idea most of us have of Homœopathy abroad, but facts are stubborn things and the greater the distance between European and American Homœopathy the better for us. No doubt many of our practitioners at home will take exception to what I have said, but I can prove all and more than I have written. I have carefully collected facts relative to Homœopathy in all its branches and if our American physicians are not hampered by bigotry and spiritualism they will soon be the acknowledged leaders in every branch of medicine. The study and investigation of "unknown forces" has been a dead weight to carry and if not soon thrown off will strangle what progress we have made.

A BERLIN BULL.

At Berlin I met Dr. A. Martin who published a hand atlas of his father's, who has been dead some time, and through it has gained for himself considerable notoriety as a gynæcologist. He amputates the cervix for almost every disease woman is heir to and certainly does perform the operation quite well but that is all. I have his father's photograph, but not his, so I will describe him to you, taking for granted

of course you will assist me with your imagination. He weighs about three hundred pounds, with a neck as large as his body, and if you now add two short horns tipped with brass to his head you have quite a respectable looking bull, his looks and manners are similar, especially to Homœopaths.

Dr. Schraeder is the obstetrician and gynæcologist here and is indeed a fine operator and good teacher. Dr. Virchow is of course well known to you all by reputation. I had a very pleasant call with him and his ability needs no indorsement by me. He is a great politician and has just been returned by the progressionists in opposition to Prince Bismarck's relative at Berlin, he loves America and our laws.

Trusting this rambling letter may have some points of interest for your readers.

I remain fraternally yours,

PHIL. PORTER.

HOW AND WHY HOMŒOPATHY DECLINED IN GERMANY.

MR. EDITOR: We are all interested in the progress of our cause. You have published facts about our profession in Germany. Ruckert explains why Homœopathy declined as follows:

“Formerly, in its early years, what life there was in our young school! Its disciples came forward full of zeal, each willingly contributed his observations for publication, giving the most accurate details, and his reasons for selecting the remedy, stating the exact dose and the result. With such materials one periodical after another appeared. Then was there zeal for proving medicines, the egotism (selfishness) that will take everything and give nothing had not yet appeared. Theorising only came on gradually, and with it came disputes and dissensions among colleagues who all professed allegiance to the same principle, and mutual esteem was extinguished in embittered discussions. Refutations of

the attacks of our enemies were certainly required, but they occupied only a small portion of our periodicals. Most of their space was devoted to histories of cases, and dissertations on the treatment of diseases, wherein it was not advised to change the medicines constantly, but they were of sterling value, and this they will retain after 100 years are passed, like the two cases, Hahnemann gives in his *R. A. M. L.*, where he shows how we should set about the selection of the remedy for the cure of the slightest cases. The *Allg. Hom. Zeit.* had often not room enough for the contributions it received, and had to issue supplements. And now what do we see? The scientific periodicals are all dead except the *Allg. Hom. Zeit.* alone. Instead thereof we have even more popular periodicals, and the greatest pains are taken to give in them the practical indications for the remedies so as to make practice easy for the laity, and random practice gains the upper hand, remedies are mercilessly misused, and patients, if they do come to us at all, have all sorts of miraculous cures to relate. They display before us gigantic medicine chests, full of medicines they can never use, whereas from ten to fifteen remedies are quite enough for a domestic box. And with what is our scientific *Allg. Hom. Zeit.* filled? Enormously spun-out replies to hostile criticisms, which we are expected to read, though they contain nothing new to us, but which have no chance of getting into the hands of those against whom they are written. Then there are histories of cases which savour more of Allopathy than Homœopathy, the last page being occupied with announcements, advertisements, and paragraphs, often not even medical, just to fill the sheet. But a very small number of medical men contribute histories of cases that we can read with pleasure, others communicate their often valuable experiences to the popular magazines where they have no business to be. I often pity the poor editor for getting so little help from his German colleagues, in consequence of which he is forced to ransack all the foreign journals in order to get cases. What must foreigners think when they open the *Allg. Hom. Zeit.* and find in it hardly aught else but

translations from their own periodicals? Why are most of our German colleagues so uncommunicative? Why was it so different formerly? The first reason is, I believe, laziness, the second, egotism. Another reason for this reticence is probably this, that colleagues who contributed their experience and observations respecting epidemic remedies, etc., were often found fault with, though many practitioners, especially such as were in isolated positions, were very pleased to get these hints and are desirous to obtain more of them."

The moral for us in America is plain. We need: 1. Careful observations. 2. Frequent reports of facts added to our common stock of knowledge. 3. Small cases and books for the people with a few clear directions—supplied by physicians and not drug stores. 4. Observations respecting epidemic remedies, *i. e.*, the under current among disease causes. 5. Zeal in the propagation of Homœopathy and the advancement of each others' interests. 6. A large batch of croakers in our ranks, and vigorous opposition outside by old fogies in the Allopathic ranks. J. K. L.

"HOW SHALL WE ADVANCE HOMŒOPATHY?"

Frequently the inquiry is made, and many times very excellent "ways and means" are devised to bring the beneficial character of the Homœopathic system of medical practice to the favorable notice of those still unacquainted with it.

This work is, of course, mainly in the hands of those who minister at the altar of Homœopathy as its high priests; and it is incumbent upon the profession at large, to exercise a censorship over the qualifications and conduct of these who have entered the sacred pale, and have taken upon themselves the duties of public ministration as exponders of Homœopathic law, and as exemplers of Homœopathic ethics.

A case in point—by way of illustration—which occurred a few days ago in this county.

An Allopath, whose child was taken sick, had a disposition to *try* Homœopathy; and accordingly called in a Homœopathic physician of his neighborhood, one who boasts much of his great skill as a Homœopathic practitioner. On visiting the child, the doctor pronounces it a case of croup, prescribes, and tells the parents the child will be better in the morning.

The child has a bad night of it; and early in the morning the father calls on the doctor, and tells him the child is much worse, and fears the result.

And now, it would seem, the doctor becomes completely unsettled, if not demoralized, for he immediately replies, "just as I expected, that is a case of membranous croup, and not one in a thousand ever recovers, I can't do any more for it; I've done all I can, you'll have to get somebody else."

"But," says the father still wishing, seemingly, to give Homœopathy a chance; and, as there are four other Homœopathic physicians residing in the same town, "who shall I call; who would you advise me to get?" The doctor replies in substance, "no one in my school, I've given all the medicine that our books say, and its no use, you'd better get some Allopath!" And the doctor names an Allopathic physician, and the father calls him; and so our redoubtable Homœopathic representative abandons the case and the Allopathic doctor takes it.

And just here is where the *laugh* on one side and the *shame* on the other comes in, for the Allopath gives the child a cathartic and some syrup of a potash salt, and *presto, change*, in twenty-four hours the child is cured and remains so; and the Allopathic neighbors, who are in, nod and smile, and say "that is just what I have always thought of Homœopathy, it don't amount to anything anyway."

And so Homœopathy suffers all though the neighborhood, and from *what, who* and *why*? Let each Homœopathic physician who reads, answer.

The reflections in this case ought to teach a lesson. It

will be abundantly evident to even an *experienced* educated physician, from the treatment of this case and its result, that this was *not* a case of *membranous* croup.

It is also evident that the physician first called in this case is either the subject of a petty jealousy that is *unmanly*, *unprofessional* and *criminal*, is affected with that malady known as *enlarged caput*, and hence would circumscribe the study, observation and experience of his brother practitioners to the limited circle of his own ideas and knowledge, or else he is entirely ignorant of the first principles of the law similia, as well as ignorant of the immense resources of Homœopathy.

With how many such physicians are our ranks encumbered, and who can estimate the evil and disgrace that such bring upon our beloved, beneficent and effective system of medical practice?

Our physicians must be *educated*, must be *men* and *women*, possessing all the higher attributes of *manhood* and *womenhood*, then they will stand together, then will they uphold the principles of Homœopathy which are always true and reliable, then shall we have rapid and permanent advance of Homœopathic ideas among the people.

BENHAM.

Codeia in Diabetes.—Dr. R. Shingleton Smith (*Brit. Med. Jour.* (Sept. 1881, p. 474) brought before the members of the British Medical Association the value claimed for codeia in the treatment of diabetes. Dr. Smith considers that alkalies and all other treatments, even dieting, are inferior to codeia, which may, in this disease, be considered almost as a specific, and should be the first remedy tried, being given in fairly large doses, until some physiological effect is produced. Some of those who joined in the discussion stated that they had given as much as ten to fifteen grains, thrice a day, with benefit, and others, that even one grain a day had caused unpleasant symptoms. In regard to its action, it was suggested that its powers was exerted on the *medulla oblongata*, where the original mischief, that produces diabetes is believed to spring. This speculation is favoured by the fact that codeia is valuable in cough. Dr. Lauder Brunton advises the drug to be given in doses of a quarter to half a grain three times a day.

[Codeia is an Opium alkaloid, and cannot compare with Arsenicum and other remedies.—ED.]

Children's Department.

A CHILDREN'S HOSPITAL REPORT.

REPORT OF THE LEBENSWARTH CHILDREN'S HOSPITAL IN VIENNA FOR THE YEAR 1879.

The number of patients treated was 209; eighty-two boys and 127 girls. The deaths amounted to forty-six = 22 per cent., whereas in two Allopathic children's hospitals in Vienna in 1878, the mortality was respectively 26 and 28.30 per cent. Deducting the cases of tuberculosis of lungs, meninges, and intestines, and those of marasmus, there were 177 cases with twenty-one deaths, not quite 12 per cent. Scrofulosis and rachitis constituted 50 per cent. of the cases received. Of acute diseases there were fourteen cases of measles, eighteen of bronchitis, twelve of diphtheria, twelve of scarlatina, sixteen of pneumonia, seven each of nephritis, whooping-cough, and pleurisy. The greatest mortality occurred among the cases of pulmonary tuberculosis, twelve; tuberculosis meningitis, six; and scarlatina, five. Some cases are given in detail.

1. *Rheumatismus articularum acutus*.—A girl, aged ten, was admitted December 30, 1878, with acute articular rheumatism. There were present endocarditis and pericardial exudation. She complained of palpitation and difficulty of breathing, pulse very weak and quick. Under Aconite and *Spigelia* the subjective symptoms and the pericardial exudation were removed, but on January 28, 1879, there occurred increased fever, violent stitches in the side and cough, and a pleurisy of the left side with moderate exudation was developed, which yielded to *Bryonia* and Sulphur, and the patient was dismissed cured on February 24. The patient retained a bruit at the apex of the heart indicating mitral insufficiency, which, however, had existed ever since a rheumatic attack a year before. Other five cases without complication got well under Acon., Bry., and Puls.

2. *Scorbutus*.—One case, a girl of five, with bleeding gums and ulcers, was cured in three weeks with Merc. dul. 4, and Sulph. ac. 4.

3. *Morbus maculosis Werlhoffii*.—A boy of twelve, whose whole skin was covered with petechiæ and ecchymoses; he had severe catarrh of the stomach, with violent vomiting, sometimes of blood. Some rheumatic pains in the joints were present. Sulph. ac. 3, and appropriate diet, effected a cure in three weeks.

4. *Ileotyphus* in a boy of three years; temperature never very high (39.5°), slight swelling of the spleen, thickly furred, not quite dry tongue, constipation, meteorism, moderate bronchitis. Aconite for two days, then Bry. for twelve days. On the fourteenth day all the symptoms had subsided; Arsen. was given for the sickness. As the patient was about to leave the hospital, he became affected with fits of screaming, burying his face in the pillow and showing great anxiety. These symptoms gradually yielded to Stram., and he left the hospital quite well on the thirty-fifth day. Another case, in a boy of ten years, was more severe. The evening temperature was as high as 41° C. Violent delirium at night, unconsciousness by day. Swelling of the spleen, violent diarrhœa, abdomen greatly distended, sordes on the teeth, tongue quite dry. Cold ablutions were employed and Rhus given. From the eleventh day Bell. had to be given at night for the delirium. From the twenty-first day he got Arsen., afterwards China, and he left the hospital quite well after eight weeks of treatment. During convalescence he had several metastatic abscesses.

5. *Diphtheria*.—Of ten cases admitted, three died. One of these was brought dying into the hospital. The whole of the soft palate was in a state of sphacelus, the brain much affected, the urine highly albuminous. The larynx was already affected. The second fatal case was a girl, aged five, with caries, glandular swellings, and ophthalmia. She died on the second day of her illness. The third case had œdematous swelling of the soft palate, which yielded to Apis, but the disease went into the larynx, and in spite of

Merc. biniod. 4 and Bromine inhalations she died on the fifth day of the illness. The cases that recovered were treated principally by Merc. cyan. and Merc. corr. One with great softening of the palate was successfully treated with Apis.

6. *Measles*.—There were thirteen cases of this disease, all of which recovered under Acon. and Puls., except one very rachitic boy, who died.

All the six cases of *meningitis tuberculosa* died. One case of *meningitis spinalis* was cured by Strychnia 4.

A severe case of *chorea* yielded to Bell. and Cupr. But the child died at home some months afterward of acute articular rheumatism, thus corroborating the observation of Roger, that these two diseases often alternate with one another.

A case of eclampsia in a scrofulous girl of two and a half years, was cured in fourteen days by Bell. 3.

One case only out of five cases of *laryngeal croup* recovered under the use of Spong.

Whooping cough was not very plentiful, only seven cases. Dros. was of no use. Ipecac did good where there was violent retching and vomiting; Conium in nocturnal attacks and cerebral hyperæmia; Cuprum in cyanosis during the fits; Tartar emetic where there was great accumulation of mucus.

The mortality in *pneumonia*, catarrhal and croupous, was four out of sixteen cases = 25 per cent.

The seven cases of *pleurisy* were all cured. Remedies chiefly Aconite and Bryonia, with occasionally Merc. corr., Canth., Sulph., Apis and Iodine.

One case of *peritonitis rheumatica* was admitted. Acon., Merc. corr., and afterwards Sulph., were the remedies.

Nephritis after scarlatina occurred in seven cases. Six were cured by Ars., Phos., Apis, Merc. corr., and two cases in which hæmorrhage from the kidneys was present, yielded to Tereb. 6. One case which was admitted with general œdema, died.

One case of *hydrocele* was cured in four weeks by Sulph. tincture.

Erysipelas occurred three times, and yielded to Bell., Rhus and Apis, and in one case where suppuration occurred Merc. sol. $\frac{1}{4}$ was successfully employed.

Scrofulous eczema of the hairy scalp and face recovered under Merc. sol. in the moist form, Hep. sulph. where there was extensive scabs, Graph. in the scaly form with rhagades.

A case of *impetigo* was cured by Iodine, followed by Calc. carb. Another yielded to Merc. corr.—*All. Hom. Zeit.*

**DIFFERENTIAL DIAGNOSIS OF ROTHELN.
OR "GERMAN (OR FRENCH) MEASLES" FROM TRUE MEASLES
AND SCARLATINA.**

BY JOHN C. MORGAN, M. D., PHILADELPHIA.

Various writers have presented this subject with more or less clearness; among them, recently, Mr. W. G. Burnie, in the *British Medical Journal*. The following, however, is offered with the hope that the matter may be reduced, by means of its tabular arrangement, to its simplest terms, and which are at once descriptive and diagnostic:

ROTHELN.	MEASLES.
Vivid rash.	Dull rash.
Non-crescentic? patches.	Crescentic patches.
Patches small.	Extensive compound patches.
No nasal or bronchial catarrh.	Coryza.
Desquamation; in about 5 days.	Bronchial catarrh.
Sore throat.	Desquamation obscure and tardy.
Strawberry tongue.	No sore throat.
* * * * *	No strawberry tongue.
	SCARLATINA.
Not much tonsillitis.	Tonsillitis.
Not much glandular inflammation	Glandular inflammation.
Temperature, scarcely so high, 102° F.	Temperature high.
Illness, mild.	Illness, severe.
Course, less than a week.	Course, more than a week.
No scarlatinous contagion.	Imparts scarlatina by contagion

A NEW POINT FOR AUSCULTATION IN INFANCY.

Last summer I had my little boy, then about fifteen months old, in my arms, and by mere chance placed my ear over the ear and mastoid process of the temporal bone, and there discovered a distinct *bruit* similar to those heard in valvular diseases of the heart or over aneurismal tumors. At first I was alarmed, and for a time watched him very closely, but could discover no symptoms indicative of organic derangement, so concluded it might be the normal condition of children of his age, and extended my observations to other children that came under my care, and so far have found the same murmur.

I have never seen it mentioned in any of the works on children, and have conversed with quite a number of physicians, who have never heard of it before. Some of the children examined were infants two months old, and the oldest three and a half years—she being my own little girl. The same murmur is heard, but not so distinct. It is heard frequently over the entire head, but most distinct over the mastoid process.

My theory is that while the circulation is accelerated during infancy and childhood, the noise is made by the carotid artery passing through the bony canal in the temporal bone, it being somewhat tortuous.

This may not be new to you and others, but it is to me and also to such physicians as I have conversed with; and may not be heard in all children, but it is in all I have so far listened to. If worthy of note, please give me your explanation of it. The heart sounds in all are normal. Thinking if any one would know, you would be the man, I have written first to you.

J. P. LYTLE.

[The thinness of the bone in infancy would allow the sounds to be transmitted with great distinctness. In older children the sound grows more indistinct. The force and frequency will no doubt yet prove diagnostic in diseases of the head in infancy. We shall make extensive examinations of the children in the Chicago Foundling's Home, and hope our readers will do likewise as occasion offers. T. C. D.]

Eye and Ear Department.

LAY USE OF COTTON AS AN ARTIFICIAL MEMBRANA TYMPANI.

BY HENRY C. HOUGHTON M. D., NEW YORK.

The interest created in the use of the cotton pellet in place of Toynbee's rubber disc as an artificial membrana tympani by the writings of Burnett and others, will give an impetus to neglected means of increasing the hearing. Hence I report a case which has recently come under my notice, only one other being on record so far as I know. Roosa mentions it in his work as follows: "In 1864 a gentleman from New York consulted Dr. James Yearsley, of London, in regard to his deafness, who informed Dr. Y. that he was enabled to improve his hearing power, or that he could produce in his left ear a degree of hearing quite sufficient for all ordinary purposes. This was done by the introduction "of a spill of paper previously moistened with cotton to the bottom of the passage."

On the 2nd of May, 1881, M. E. L. B. consulted me concerning his son, who was suffering from otitis media catarrhalis chronica. During the interview I noticed the father was dull of hearing, and on asking the cause, he stated that he had had scarlet fever when a child, and both drumheads were perforated. I remarked that a device was in use which might be of advantage to him, and when through with the lad I would try it. He remarked that he had been able to improve his hearing very materially by putting cotton in his ear. At one time, while cleaning the ear with cotton, he touched a spot on which, if he allowed the cotton to remain, he could hear ordinary conversation with ease. An examination showed both membranes perforated and cicatrized. The left ear was the one on which he depended. The cotton was applied in the form of a long slim roll, which rested on the floor of the canal and touched the lower por-

tion of the cicatrized membrane below the falciform border. This I removed and introduced a cotton pellet in the lower part of the inner extremity of the canal. Hearing for the watch after the application of the cotton pellet was as 3 to 1. A watch heard 6 inches before was heard 18 inches after, the hearing being about 6.240 without the pellets. The hearing for voice was improved even more than this proportion.

May 7.—The cotton pellet was not as comfortable as the roll as arranged by himself, and he had removed the pellet and substituted the roll. This lay as before, on the floor of the canal, the inner extremity resting on the membrana tympani. I could discover no advantage in this over the cotton pellet, save the comfort which was claimed by the wearer. Future observation may give additional information. I shall try the roll of cotton in similar cases, comparing it with the pellet.—*Trans. O. & O. Soc.*

EXOPHTHALMIC GOITRE.

BY E. W. BEEBE, M. D. MILWAUKEE, WIS.

Exophthalmic goitre is a disease which in one sense does not belong to the field of ophthalmology, yet as the eye surgeon is quite as often consulted by this class of unfortunates as the general practitioner, it behooves us perhaps to give it some attention.

History.—Parry was probably the very first to mention this disease in the year 1825, but to Basedow belongs the honor of first accurately describing it, though some ascribe the discovery to Graves, whose name it sometimes bears, but probably without good reason. Many others have contributed more or less to its history, among which we may mention Charcot, Stokes, Trousseau, Fischer, Von Græfe and others, and almost as many theories have been advanced to account for its prevalence as there were writers upon the

subject, one considering it akin to chlorosis,—another, is quite as positive that it is due to a disease of the heart, while a third considers the whole disturbance of the system to have its origin in a neurosis of the cervical sympathetic or spinal nerves, while others are still in the dark in regard to its etiology.

Etiology.—The disease may be said to be a rare one, though not as rare perhaps as Dr. Flint, Jr., would lead us to infer, it having been his fortune up to the time of the publication of his work on diseases of the heart in the year 1859, to have met with but a single case in his practice, and during the nine years immediately following, although engaged in an extensive clinical practice, only five cases came under his observation.

This disease is common to both sexes, though it is by far the most frequently found in the female sex, being in a ratio of one to two in the male; and although so much more frequent in the female, the results are less often fatal than in the male.

Von Græfe found that in eighteen cases of suppuration of the cornea resulting from the disease fourteen of them were males, showing that the disease when present in the male assumes a much graver form than when it attacks the opposite sex, though why it should is a question which as yet has not been satisfactorily answered. The age at which it is most likely to occur is between puberty and the climactic period, though some few cases are recorded as occurring in children, and even in old age.

Symptoms.—The chief or prominent symptoms are: 1st. Palpitation of the heart, with accelerated pulse. 2d. Extraordinary prominence of the eyeballs. 3d. Enlargement of the thyroid gland.

Both eyes are usually, if not always affected, though one may be more marked than the other, and the disease is usually of slow development, and always accompanied by other disturbances of the general health. That these prominent symptoms are not essential to the full development of the disease is evident, as either of them may be absent while

the other exist quite independently, showing that they are all but the result of a common cause.

Physical examination of the heart at the commencement of the disease seldom reveals anything abnormal—there is simply more or less palpitation, with a quick, feeble pulse, ranging from 100 to 200 beats per minute, varying in each individual case according to the mental condition of the patient, being greatly accelerated when the patient is laboring under excitement or fatigue; with the palpitations there is also sensible beating of the arteries, and the throbbing of the carotids is sometimes so violent as to be actually painful to the patient and visible at a considerable distance. The anæmic murmur is sometimes heard over the heart and a double murmur over the carotids, which also impart a purring thrill to the hand. As concomitant symptoms there is more or less anæmia accompanied by dyspnœa, faintness, pain and throbbing in the head, tinnitus and vertigo.

The thyroïd gland is nearly always enlarged, but seldom is as prominent as in well developed cases of bronchocele. It is usually soft, painless, and irregularly developed, the bloodvessels being especially prominent on the surface. The eyeballs are protruded, and the patient rendered conspicuous by the ferocious staring look, the pinched appearance of the face, depression of the *alæ nasi*, coarseness of the features, and the brown, dull, muddy appearance of the skin.

There is a seeming want of mobility of the upper lids, or failure to take part in the movement of the ball on looking up or down, which was first pointed out by Von Græfe and which is considered now as a characteristic symptom. There is more or less conjunctivitis present, and frequently the conjunctivæ become edematous, especially towards the periphery of the globe. The eyelids are puffy, there is profuse lachrymation, and the lower lids are sometimes dark and discolored. In bad or complicated cases ulceration of the cornea is liable to occur from the loss of the necessary protection afforded by the lids.

The temperature of the body is frequently increased, and often accompanied by an increased secretion of sweat; more

or less symptoms of nervous prostration are present, such as headache, dizziness, and insomnia; and as a rule the patient is peevish and fretful, and frequently annoyed by constipation, dyspepsia, and albuminuria, and in nearly all cases occurring in females, the disease is accompanied by some form of uterine derangement.

Exciting Causes.—Among the exciting causes of the disease we may mention loss of blood, as from hæmorrhoids, metrorrhagia or epistaxis, profuse leucorrhœa, chronic diarrhœa, frequent child bearing and abortion. Pregnancy seems to alleviate all the symptoms.

Anatomical changes.—In few cases where autopsies have been held there has been found dilatation of the veins of the thyroid, with more or less varicosis. The arteries were dilated and tortuous with large anastomoses. The general appearance of the gland is commonly cavernous and sponge-like. Interstitial deposits of gelatinous matter and even of blood are also found. In the orbit, the same sponge-like condition of the connective tissue, the same dilatation of the bloodvessels are to be found as in the typhoid. The connective tissue may become quite dense in some cases, so that the eyeballs remain prominent after death, which is not the rule, however, as they usually assume their normal appearance after dissolution.

The fat cells are found abnormally numerous, and congestions, extravasations and pigmentary deposits have been found in the globe itself. The retinal veins are sometimes dilated and tortuous, but otherwise there are few changes in the fundus, and the function of the retina is generally unimpaired, though hypermetropia is likely to follow severe cases from flattening of the globe.

This abnormal condition of the circulation is probably found in other portions of the body such as the abdomen, the cranium, thorax, spleen, etc., hence the engorgements, hæmorrhages and aneurisms, with which this class of patients are sometimes afflicted.

Diagnosis.—The only affections which are liable to be mistaken for this disease are hydrophthalmia and protrusion

of the globe from tumors within the orbit, but when the concomitant symptoms are considered the diagnosis is rendered comparatively easy.

Prognosis.—The prognosis of the disease from the Allopathic standpoint is very grave, most writers admitting that the affection usually goes on from bad to worse in spite of the remedies used, till confirmed organic disease of the heart is established and death claims its victim. This does not seem so very strange to the Homœopathic physician, when he takes into consideration the treatment which is invariably prescribed by our Old School brothers in these cases, to-wit; large doses of Iron and the bitter tonics, they being their sheet-anchors for the prostration and debility which usually attend these cases.

If after the extravagant use of these drugs the heart is rendered tumultuous in its action (which every Homœopathic physician would expect), then follows the *Digitalis* and *Veratrum viride* in sensible doses to check the tumultuous beating, which the previously administered drugs were chiefly instrumental in producing. Is it any wonder that they fail to cure a majority of their cases?

Treatment.—The disease is plainly one that cannot be successfully combatted by any form of routine treatment, but its peculiarities must be met by the appropriate remedy for the conditions present.

Prescribing from a pathological stand point alone will most surely lead us astray, yet we cannot afford to ignore the knowledge thus gained, but the selection of the remedy must be in conformity with Hahnemann's law, and those symptoms must first be attacked which most annoy the patient, whether it be pain and suffering in the cardiac region or prostration and nervous excitement, to these symptoms must our remedies be directed, and must needs be changed from time to time as the conditions seem to demand.

That there is no specific for this disease as a whole, I verily believe, and personally choose to consider it not as a single entity but rather as a combination of diseases affecting the system at one and the same time, or conjointly, each modi-

fyng the other in such a manner as to produce that strange array of symptoms peculiar to and known as exophthalmic goitre.

The remedies which seems most appropriate for this disease as a whole are Aconite, Spongia, Natrium mur., Iodine, Arsenicum alb., Lycopus vir., Secale cornutum, and Glon-oine, a selection from which may be made according to the peculiarities of the case.

Other remedies such as Arum met., Cal. carb., Cactus grand., Ferrum met., Phos., and Silicia are sometimes indicated in special cases, but do not cover the totality of symptoms, which are usually present in the majority of these cases. The potencies which I use by preference range from the 3d to the 12th.

Aconite is the remedy which would first suggest itself in acute or sub-acute attacks when accompanied by the following symptoms:

Aconite. Over-sensitive to light or noise, peevish, irritable, sad, desponding, vertigo, nausea, faintness. Carotids pulsate strongly, pulse full, strong, or small and quick. Fullness and heaviness in forehead as if the whole brain would start out through the eyes, beating in the head with protrusion of the eyes, eyes staring red, inflammation of conjunctiva, profuse lachrymation, burning, cutting in bowels, colic, constipation, hematuria, prolapsus uteri, menses too late, diminished or else too profuse, copious leucorrhœa, labored anxious breathing, oppression of chest when moving, hemoptysis, oppression about the heart with palpitation, irregularity of beating, great irritation of the nervous system, sleeplessness, cervical or affected parts sweat profusely, worse in evening, better in open air.

Spongia.—Mental dullness, congestion of blood in head with throbbing and pressure in forehead. Pressing and stinging in eyes, pressing heaviness of lids, eyes protruding, staring, face pale with sunken eyes. Thyroid gland swollen even with the chin, suffocation at night, throat externally swollen, better when lying on back. Insatiable appetite and thirst, cannot tolerate tight clothing about the

stomach, constipation, stool hard and insufficient, frequent urging to urinate with small discharges, hoarse voice, dyspnoea, severe on lying down, palpitation violent with pain, gasping respiration, rheumatic endocarditis, loud blowing with each beat, pulse frequent, hard, full or feeble, numbness, heat in feet, veins distended, great debility and prostration, stupid slumber, aggravated in the room or going up stairs, ameliorated by rest in a horizontal position.

Natrum muriaticum.—Difficulty of thinking, vindictive, hateful, vertigo, beating or stitches through the neck or chest; palpitation, short breathed on least exertion; face yellow, pale, livid, clawing in pit of stomach, cramp in stomach; alternate constipation and diarrhoea, hæmaturia, uterine cramps, pressing and pushing towards the genitals with prolapsus, menses too late and scanty or too early and profuse. Leucorrhœa acrid, breathing oppressed and short when walking fast, suffocation, pulsations of the heart shake the body, palpitations when lying on left side, pulse irregular, sensation of limbs going to sleep. Hysteria, chorea, sleepy but cannot sleep, prostration, sweats easily from exertion, emaciation even when living well, skin dirty looking, withered, aggravation at 10 A. M., better when lying on back.

Iodine.—Melancholy mood, low-spirited, irritability and sensitiveness, vertigo with throbbing in the head and all over the body, tremor at the heart, protrusion of the eyeballs, œdematous swelling of the lids, buzzing of the ears, face pale, yellow or brownish, sallow; qualmishness, vomiting and pulsation at pit of stomach, violent throbbing of the abdominal aorta; menses too early or too late; menorrhagia, shortness of breath, palpitation and weakness in going up stairs, violent palpitation, worse from the least exertion, pulse hard, accelerated, beating in the bloodvessels, goitre with marked hardness, swelling of cervical glands, great debility, sweats even from talking, sleeplessness after midnight, swelling of the glands, emaciation, aggravation in evening and in warm room, better from cold or eating.

Arsenicum alb.—Arsenicum may be indicated in cases

where the disease has become fully developed and which is attended with the characteristic emaciation and debility peculiar to this drug. Throbbing, frontal headache with beating, eyes sunken or protruding, pulsative throbbing in eyes, at every pulsation a stitch, eyelids œdematous, ringing in ears, face pale, gray, earthy with œdema, vomiting, violent tearing pain in stomach and bowels, with burning; menses too early, too profuse, amenorrhœa or menses pale and scanty, oppression of chest with difficult breathing, palpitation of heart, hysterical spasms, epileptic convulsions, sleeplessness, aggravation after midnight, great emaciation.

Secale corn.—Anxiety, sadness, giddiness with pulsations in the head, face pinched, earthy-looking, blue rings around the eyes, inclination to vomit, hæmatemesis with no pain but great weakness. Pulsations in umbilical region, watery diarrhœa or hæmorrhage from bowels, bloody urine, uterine hæmorrhage, or offensive burning pains with leucorrhœa, breathing labored and anxious, oppressed, spitting of blood. Palpitation of heart with intermittent pulse, small, empty, thread-like: lassitude, trembling of hands and limbs, covered with cold sweat, spasmodic twitching of muscles, sleeplessness, dry heat or profuse sweat, dissolution of blood corpuscles, blood thin, passive hæmorrhages, neuralgia, tumefaction of the glandular system.

Lycopus vir., according to Hale, comes as near being a specific for this disease as any drug we have. It is considered an excellent sedative tonic, and to have some narcotic and astringent properties according to Old School classification.

Upon the pulse it acts somewhat like *Digitalis*, sensibly lowering it without the cumulative properties or dangerous effects that are often experienced in the above named drug.

It has been found useful in some forms of hæmorrhage. It lessens the momentum of the circulation, irritability and excitability of the nervous and vascular systems.

It has been found very useful in palpitation of the heart, hypertrophy and dilation of the ventricles. It has cured exoph. goitre with the following symptoms. Protrusion of

the eyeballs, cardiac depressions and palpitations, aggravated by exercise or excitement, irregular pulse, headache relieved by pressure, oppressed respiration, trembling of hands, slight rheumatic pains and all symptoms worse in evening.

Glonoine.—Head feels large, vertigo, nausea, beating in with pulse, throbbing in temple, congestion to head, eyes injected, red, protruding, wild, staring, dull or sunken, ringing in ears, audible pulse, symptoms aggravated by wine, faint feeling at pit of stomach with throbbing there, diarrhoea or constipation, urine abundant and highly albuminous, oppressed breathing, heart feels as if laced, oppression of heart, easily excited to action, violent palpitation. throbbing of the carotids, pulsating headache, purring noise in region of heart when lying, intermittent pulse, must have his head high, worse when lying on left side, prostration, restlessness in limbs, must rise and walk, convulsions, epilepsy, drowsy, yawning, face hot and pale, congestions, blood mounts upwards, jugular and temporal veins enlarged and pulsate.

Together with the indicated remedy the hygienic surroundings of the patient should be duly considered, it being essential that the patient should have the most nutritious food possible, and in as generous quantities as out-door air and exercise will enable her to properly digest and assimilate.—*Ibid.*

Fibres in the optic nerve.—M. Salzer estimates at 438,000. The number of cures in the retina is found to be 3,000,000.

Diseases of the ear, will receive a new interest surgically since Dr. A. W. Adams (*Denver Medical Review*) has reported the successful removal of the membrane tympani and dilatation of the eustachian tube from the middle ear. The drum head reforms after the middle ear disturbance is cured.

Medicines for Cataract.—Although medicines cannot cure cataract Dr. Norton (*New York Medical Times*) believes they have a very important sphere in checking its progress. The remedies he has found indicated have been Calc. carb., Calc. phos., Caust., Magn. carb. Phos., Puls., Sepia, Sil., and Sulph.

Materia Medica Department.

HOW I TEACH MATERIA MEDICA.

Having received letters of inquiry as to my private course of lectures, my methods, etc., which calls forth answers strongly bearing on the common need of the Homœopathic profession, I take the liberty of sending you a copy of a portion of my reply. Few students of Homœopathy, graduates or undergraduates, have not felt the pressure of the questions of that letter, written in behalf of a novice, seeking the way, "who is very desirous of obtaining a correct knowledge of the materia medica, and of learning the *best method* of obtaining that knowledge."

"My method is extemporaneous, and, as the title 'Homœopathic *Institutes* and *Materia Medica*,' indicates, I endeavor to explain, first, the spirit of Homœopathy—the nature of the elements on which medication acts; how it acts; various views of drug-action in ancient and modern systems, and their classifications of drugs, their truthful points, and bearing on the selection of the similimum, and the light thus thrown upon the practice of Homœopathy; the various attempts at reducing the chaos of the Homœopathic materia medica to order by *classification*; my own classification, and the bearing of the others (as Grauvogl's, Hausmann's, Schussler's, Hering's, etc.).

Second, *How to study a drug*; clinical method; the analysis of provings; rearrangement of schema in comprehensible order, condensations; comparisons.

Third, *illustrations*, by study of Aconite, Veratrum viride, Belladonna, Hyoscyamus, etc.; with keynotes, clinical observations, etc.

Fourth, written and oral exercises on the above, and on such other remedies as may seem adapted to *call out the independent powers* of the student in the *mastery* of the materia medica.

Such was my first course, which I allowed to shape itself by the needs and wishes of my class. Not many drugs we e thus systematically discussed; but in the way of *comparisons*, over one hundred were more or less handled. My great desire is to put the student on his own feet, for *independent* study of any and all drugs, old and new, by showing him where and how to take hold—and how to hold on—and extract the essence of each, in a nutritious form. The works on *materia medica* are all good and useful, but being in print, can be acquired whenever the *memory* happens to be in retentive order; but these all fail at times; and then, mastery of the whole *materia medica* (not memory of it) is needed. This I seek to secure. Faithful study is *then* not disappointed, but crowned with *victory*."

JOHN C. MORGAN.

CHARACTERISTIC APIS EFFECTS.

BY JAMES HEDDON.

APIS CATARRH, ASTHMA, NEURALGIA, RHEUMATISM.

[The following singular and valuable experience, with Apis by inhalation and from the stings, was contributed by Mr. Jas. Heddon to the Central Michigan Bee-keepers' Association, and forwarded to us, by Dr. R. W. Nelson, of Lansing, Mich., for the benefit of readers of this journal. It certainly brings out some of the characteristics of Apis in a clear and striking manner. Mr. H. should know that he has an antidote ever at hand, *i. e.*, common salt or *Natr. mur.*, while the Homœopathic physician has many remedies which meet its chronic effects, *e. g.*, *Ipec.*, *Lach.*, *Lact. ac.*, etc.—ED.]

For the past fourteen years I have made bee-keeping my special and only occupation. During that time I have been constantly inhaling the odor of bees and their poison and of course have undergone hypodermic injections of this poison, especially in the earlier years of practice.

About five years ago I was attacked with an itching sensation in the ears and in the glands near the roots of the tongue. In about two years this sensation had increased to a sharp itching and burning sensation in the throat just back of the palate. Finally, this same sensation worked into the bronchial tubes clear down around the lungs. This resulted in asthma. My sensitiveness is so great that I have by it ascertained that all bees at all times are constantly throwing off poison in greater or less degree. What effect the poison in the blood, put there by stings, has on the above-named symptoms, I have not yet fully ascertained; but I am confident that this blood poisoning has caused nervous sensations which are the same as neuralgic rheumatism. I believe that I have a chronic neuralgia caused entirely by receiving stings. The law of *similibus curantur*, on which Homeopaths base their practice, is certainly correct in many instances, both in *materia medica* and hygiene. In the cases of one small injection of bee-poisoning curing rheumatism, I believe we have verity of the law, for I feel confident that large doses of this remedy have caused the same disease with me. I have received letters from two German and two Italian bee-keepers in this country who had kept bees over the water, and they told of similar instances known to them in the old country.

If I stay away from my bees from four to six weeks, my throat is well. Then let me go and expose myself to full blasts of their poison and in twenty minutes I cannot speak above a whisper, and the itching, burning, and strangling is almost beyond endurance. I get their poison in ten-fold degree in the fall of the year.

I am sure that the poison remains in the blood from year to year. This is evidenced from the further fact that being stung does not hurt us as it did when the poisonous element was a stranger to our nerves. In aggravated cases like my own, however, another reaction has taken place, and, while in my third to seventh year stings produced but little pain, compared with the first year, now they distress me much more than ever. I believe that our modern pro-

fessors have decided that neuralgia is simply nervous prostration. We all know that acute pain prostrates the nervous system. I wish to be understood that all the direct influences on the throat and breathing tubes are the result of poison inhaled, while that of the nerves in form of neuralgia is caused by injections into the blood by stinging.

When we consider that the apicultural methods of the old world did not bring the culturist in one-tenth as close and continued contact with this poison as the specialist of America is brought, and that specialty and close communion with bees are almost a new thing in this country, may we not look forward with some apprehension as to the chronic effects of a poison which in many cases destroys life in a few moments?

No doubt there are those whose systems are capable of throwing off this poison nearly as fast as it is taken in, but my opinion is that the majority who make the care of bees a specialty will sooner or later feel the direful effects from this volatile substance, used by them to repel their enemies even unto death.

VERATRUM VIRIDE.

[The frequent occurrence of pneumonia of a typhoid type, and the great value of *Veratrum viride* in its management, leads us to give this remedy for study. It serves also as a sample of the Text-book of *Materia Medica* which will be ready in a few days.]

Natural Order. Liliaceæ.

Common Names. American white hellebore, Indian poke.

GENERAL ANALYSIS.—Acts upon the cerebro-spinal system, especially upon the pneumogastric nerve, producing profound paralysis of the cerebro-spinal nerve centres, the reflex motor nerve centres, and of the whole circulatory apparatus, which results in intense congestion and inflammation of the brain and other organs, especially those under

the control of the pneumogastric nerve, notably the lungs and stomach. Thus the action of *Veratrum* will be seen to differ from that of *Belladonna* and other remedies which produce congestion, by excitation of the nerve centres, rather than by paralysis.

On the motor nerves it first produces prostration, but has the power of causing both tonic and clonic spasms, especially the latter, giving rise to a condition similar to chorea. The most essential feature of *Veratrum* is its depressing influence upon the heart and circulation, it being indicated by a loud, strong beating of the heart, quick pulse, and a very slow respiration.

CHARACTERISTIC SYMPTOMS.

MIND.—*Quarrelsome and delirious.*

Insanity from cerebral congestion. (Bell.)

HEAD.—Headache with vertigo.

Headache proceeding from the nape of the neck (*Sang.*); head feels full and heavy.

Active congestion to the head. (*Acon., Bell.*)

Severe frontal headache, with vomiting. (*Iris.*)

EYES.—*Dilated pupils.* (*Ail., Bell., Cic., Op., Stram., Sang.*)

Dimness of vision, especially on rising or attempting to walk.

Unsteady vision.

FACE.—Face *flushed* (*Bell., Bapt.*); pale, cold, bluish; covered with cold perspiration. (*Ver. alb.*)

Convulsive twitching of the facial muscles. (*Agar., Cic., Igna., Nux v.*)

MOUTH.—*Mouth and lips dry*; thick mucus in mouth.

Tongue feels as if it had been scalded. (*Coloc., Iris., Plat., Sang., Sulph. ac.*)

Tongue yellow, with *red streak in the middle.*

THROAT.—Burning in the fauces and œsophagus, with constant inclination to swallow.

Spasms of the œsophagus, with or without rising, of frothy, bloody mucus.

STOMACH.—Painful, almost constant hiccough. (*Cic., Hyos., Igna., Sulph. ac.*)

Violent nausea and vomiting, with cold sweat. (*Ver. alb., Tabac.*)

Smallest quantity of food or drink is immediately rejected.

Excruciating pain in lower part of stomach.

Intense twisting, tearing pains in the stomach.

ABDOMEN.—Pain at right of umbilicus, passing down to groin.

Pain and soreness across the abdomen, *just above the pelvis.*

FEMALE ORGANS.—Menstrual disorders, with intense cerebral congestion. (*Bell.*)

Puerperal mania (*Bell., Hyos., Plat., Stram.*); convulsions.

RESPIRATORY ORGANS.—Difficult, slow, labored breathing. (Falls from 49 to 16 in pneumonia)

Oppression of the chest.

Active congestion of the chest. (*Acon.*)

HEART AND PULSE.—Constant, dull, burning pain in region of heart.

Heart beats loud, strong, with great arterial excitement. (*Acon., Bell.,*)

NECK AND BACK.—Aching in the back of neck and shoulders.

LIMBS.—Cramps of the legs, fingers and toes.

Violent, galvanic-like shocks in the limbs.

GENERALITIES.—Convulsive twitchings and contortions of muscles of face, neck, fingers and toes.

Chorea. (*Agar., Cic., Ign., Nux vom.*)

Convulsions. Paralysis.

FEVER.—Chilliness, with nausea.

Coldness of the whole body; cold sweat on face, hands, feet. (*Ars., Camph., Tabac., Verat. alb.*)

Fever, with full, hard, frequent pulse. (*Acon., Bell.*)

Profuse sweat, and sense of utter prostration. (*Phos., Phos. ac.*)

AGGRAVATION.—On rising; on waking; in the evening; from motion.

THERAPEUTIC RANGE.—Eruptive and other fevers, accompanied by intense arterial excitement. Pneumonia. Pleurisy. Congestion, especially of base of brain, chest, spine and stomach. Chorea. Convulsions: puerperal, epileptic. Meningitis. Cerebro-spinal meningitis. Puerperal mania. Paralysis. Rheumatism. Carditis. Pericarditis. Gastritis. Gastralgia.

CONDITIONS.—in full blooded, plethoric persons. (*Bell.*)

Compare: Acon., Ant. tart., Bell., Dig., Gels., Hell., Tabac., Ver. alb.

Antimonium Sulphuratum Auratum.—Dr. C. Neidhard (Hahn. Monthly) says of this remedy "For many years I have been in the habit of using it in the second trituration with great benefit in cases of acute as well as chronic nasal and bronchial catarrh. In chronic forms I have been particularly successful, having permanently cured cases with it which had lasted for years. In *acne indurata* it has been my chief remedy, I have also used it in several cases of *gleet*.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

PONCA, Neb., Dec. 20.—The open winter is causing considerable sickness, especially among children; such as croup, diphtheria, and capillary bronchitis. Had one case of commencing cerebro-spinal meningitis, which was readily controlled by Bell. 3x and Gels. tincture.

PORTER & BOWMAN.

DODGE CENTRE, Minn., Jan. 2, 1882,—Scarcely any sickness. For the last eight or nine months, has been very healthy, save a few bilious attacks, this fall, easily controlled by Baptisia and Nux. There was one death a month ago from delirium tremens, handled by the old school, and other cases sent to the insane asylum, brought on by treatment I presume. There has been lots of vaccination in these parts, but no small-pox as yet.

J. M. SAUNDERS.

SCIATICA CURED BY GNAPHALIUM.

BY S. SWAN, M. D., NEW YORK.

In November 15th number of this journal, I find report of a case of sciatic rheumatism cured; please ask Dr. Forrester which cured, Bryonia or Nux, and why both were given? In a case of severe sciatica in the right leg, simply unbearable, and patient asking for hypodermic injections of Morphia, as "he could stand it no longer," gave Gnaphalium cmm in water, a spoonful every half hour till better. After the second spoonful pain ceased, and patient fell asleep with no return of the pain since. Don't you think that better than a palliative?

HOW TO USE VACCINE POINTS.

“Having never used, or saw used, “Ivory Points,” to vaccinate, I cannot determine which end is charged with the virus; is it the point end or the other? Also, how many patients will one point successfully vaccinate? Some claim they will only vaccinate two, others three, and so it goes. Please give me as much information as you can.” J. P.

Some points are charged on the sharp end, and others on the square end with lymph, which if pure or clear, and in light the points glisten on the end charged. Sometimes there is a little blood on one of the points in the package, and then the end charged can be seen without extra good eyes and strong light. The “charging” should be visible to the naked eye, and the effect *fell* both by patient and doctor. The arm is to be scarified by a few cross cuts, or the scarf skin removed so as to show the papillæ well. The sharp end of the point will be best and safest to use for this purpose. The “charged” end should then be dipped in a drop of cold water and rubbed into the cuts or abraided surface for full one minute or more; in fact, it should be “well rubbed in,” then allowed to dry. The arm is the choice field for vaccination exploits, but when unsuccessful on the arm, success has resulted from puncturing the leg. Among fashionable ladies the “lower *limb* is preferred by all means.”

The points are charged for one patient, and unless extra charged, should be used for only one, except in members of the same family who do not mind if their blood is mixed.

The freaks of vaccination are many. It sometimes lies dormant for ten to fifteen days and then works. In revaccinations the stage of incubation seems shorter than the usual five days. When small-pox prevails it then “works,” when it “works” to the satisfaction of the most enthusiastic admirer of this “cutting process.” In this city, for several years, we revaccinated all we can every year. Our argument is: “Try it, if it does not ‘work’ then you may feel satisfied that you are protected. Better be vaccinated than

have the small-pox." That fetches them—and the blood—and the dollar. The extra revenue made in that way is considerable.

Those in the laundry business, post office clerks, grocery boys, etc., are vaccinated often.

Successful revaccinations are more frequent on "light" than "dark persons." The former we have known to take vaccination every time, and then take small-pox also. With such people a rash like measles or urticaria is not uncommon—in fact, we have seen a number of vesicles scattered over the body confusing even the very elect expert health officer.

The active alert physician who believes in "prevention" should vaccinate and revaccinate all within his reach. One case of small-pox in his practice destroys the demand for that doctor for weeks to come. Such cases don't pay.

CLINICAL ITEMS.

Elimination of the Pancreas.—The *Wien med woch*, reports two cases where the pancreas was eliminated by stool from perforation of the duodenum.

Incision into the pericardium was recently performed by Prof. Possenstein (Paris) in a case of pericarditis with effusion. The aspirator was used twice and when the effusion became purulent, an incision was made into the sac and its contents emptied. In four months the girl left the hospital well.—*Press and Circular*.

Gastric Ulcers treated by fasting.—Dr. H. C. Orcutt, M. D., Horner'sville, N. Y., reports an interesting case of ulcer of the stomach treated by fasting thirty days. (*Phys. and Surg. Invest.*) The patient, a woman, had vomited occasionally for years soon after eating. The matters vomited were extremely sour. Had also smarting and tenderness over the stomach. The vomiting became persistent and she emaciated. She was put to bed and given nothing to eat or drink for thirty days. She stopped vomiting at once, and had no return of it. She would get hungry but the enemata would satisfy her, it consisted of beef tea, porridge, raw eggs and milk, etc. given four or five times a day. She lost only five and a half pounds during the thirty days. She cautiously resumed eating and exercise and continues well. She took Ars. 3, in pellets two or three times a day.

Book Department.

ESSENTIALS OF THE PRINCIPLES AND PRACTICE OF MEDICINE.
By H. Hartshorne, M. D. Fifth edition. Philadelphia. Henry C. Lea's Son & Co., Chicago. 12 mo. \$2.75.

This work has been well received, and is a fair epitome of Allopathic practice.

THE STUDENTS MANUAL OF VENEREAL DISEASES. By Drs. S. B. Hill & A. Cooper. New York: W. Wood & Co. Chicago; H. T. Keener; Duncan Bros. Price, 10 cts.

This is one of those numerous manuals published in England for students to cram with, "being a concise description of those affections and of their (Allopathic) treatment."

PUBLIC HEALTH.—Papers and Reports. Volume III. Presented at the eighth annual meeting of the American Public Health Association.

This bulky volume is filled with valuable papers that were presented at the New Orleans session of this national body of sanitarians. This organization is doing good service for the public, and every one of our readers should be a member of it.

SYSTEM OF SURGERY. By T. Holmes, M. D., & J. H. Packard, M. D. Philadelphia: Henry C. Lea's Son & Co.

Volume II. of this elegant work takes up diseases of the organs of special sense *i. e.*, eye, ear, nose and tongue; diseases of the circulatory system, digestive tract and of the genito-urinary organs, the whole is a royal volume of 1,064 pages. How exhaustive or practical the work is we are not able to notice here. It aims to be a concise surgical cyclopædia, and as such fills a valuable field.

HAND-BOOK OF UTERINE THERAPEUTICS AND THE DISEASES OF WOMEN. By E. J. Tilt. New York W. Wood & Co. Chicago: W. T. Keener.

This is the Nov. issue of Wood's Library. This is another old work that has reached a fourth edition, and will interest our readers very little with its sedative, tonic, antiphlogistic, etc., forms of medication. It is a relic of antiquity, and aside from that, of little practical value. It is amusing to see the reverence this author has for American gynecologists. Here America leads.

SUPPRESSION OF URINE. By E. P. Fowler, M. D. New York: W. Wood & Co. Chicago: Duncan Bros. 8vo., pp. 86.

This work on Anuria is illustrated with ninety-three clinical cases, tables and diagrams of unusual interest. It is based upon a case of suppression of the urine of *ten days and two hours* duration due to cystic degeneration of the kidneys, the result doubtless of epithelial degeneration of the tubules. To this remarkable case of anuria has been collected the literature on the subject, making it a valuable monograph.

CLINICAL LECTURES ON THE DISEASES OF OLD AGE. By J. W. Charcot & A. L. Loomis. New York: W. Wood & Co. Chicago: H. T. Keener.

This is the June number of Wood's Library for 1881. That old age like infancy has peculiar diseases and forms of diseases is well known to the general practitioner. This work takes up the diseases of old age as appeared at the Salpetriere Hospital among those beyond seventy. These diseases are the febrile state, nodular rheumatism, gout, senile pneumonia, asthma, atheroma, apoplexy, cerebral softening, chronic gastric catarrh, senile constipation, prostatic hypertrophy, etc. The comparative anatomy and physiology as well as pathology could have been given at greater length, also the effect of extremes of heat and cold on the aged.

TRANSACTIONS OF THE OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY, Fifth Annual Meeting, Brighton Beach, N. Y.

The society is to be congratulated upon the neat appearance, and general freedom from typographical errors which is presented by this report of their Brighton Beach meeting. A glance at the contents page gives us at once an idea of the work and the workers of this association of Homœopathic eye and ear surgeons. Much of the material presented in this report is indicative of careful thought and original investigation, and the profession generally will find much to repay them for a perusal of its pages. It deserves a much wider circulation than its former publications have attained. Following the secretary's report of the meeting is the well-worded and thoughtful address of the president, then follows the papers presented by the members in the order in which they were read. Jaborandi, Its Value in Ophthalmic Therapeutics, by Norton, of New York, presents a resume of interesting cases defining the sphere of Jaborandi in eye affections. Branstall, of Baltimore next reports two cases of intermittent tinitus. Winslow, of Pittsburgh, presents a number of cases of Iron in the eyeball, with treatment and results, presenting some excellent suggestions in regard to the care of such cases. Brown, of Leslie, Mich., protests against the employment of "Stilling's operation" upon lachrymal structures, but presents no facts to prove it unscientific. Beebe, of Milwaukee, furnishes a paper on Exophthalmic Goitre, but has added nothing new to the already existing literature of this disease. Houghton, of New York, presents a case of perforated drumhead with improvement of the hearing from use of a "cotton-roll" instead of the "cotton pellet." Campbell, of St. Louis, gives an interesting case of ongrowth of the auricle, a rare tumor affecting the ear. Buffum, of Chicago, details a series of interesting cases under pathological contributions, two cases of bone formation and one of sarcoma of choroid, also a paper on Aural Nausea, and reports three cases of nausea and vomiting arising from diseases of the ear. This form of nausea has not before been given that attention either by our specialists or the profession which its importance would seem to demand. Angell, of Boston, presents a case of rapid loss of vision of one eye, with subsequent recovery. Linnell, of Norwich, Conn., gives the result of the examination of the refraction and color sense of 700 school children. Phillips, of Cleveland, ends the list with a valuable paper upon the Clinical Use of Gelsemium in Hyolitis and Serous Choroiditis. Copies of these transactions may be obtained from the secretary, F. Park Lewis, of Buffalo, or at the pharmacies. B.

Society Proceedings.

MINNEAPOLIS SOCIETY ON VITAL STATISTICS.

At the regular monthly meeting of the Homœopathic Medical Society, held December 2, among other routine business, the following summary of deaths from typhoid fever and diphtheria, compiled at the request of the society from the city records, was presented by the secretary :

THE SECRETARY'S REPORT.

The city records from July 1, to December 1, for the current year disclose the startling fact that in those five months 191 persons died from typhoid fever and 81 from diphtheria, up to November 1, in Minneapolis. Laying aside all questions of hygiene and sanitary regulations, the candid observer must be led to question the ability of the medical profession to cope with the disease. But let the responsibility be placed where it properly belongs.

The Hennepin County Medical Society has a membership of thirty-six in the city. The Homœopathic County Society numbers eighteen. The city directory also contains the names of fifty-one practitioners outside of these societies—not counting transient frauds, most of whom are so-called "regular" graduates, and all of whom are liable to report deaths to the health officer. The total of practitioners thus noted—the law making no distinctions for the protection of the public—is 107.

The following summary will show how the losses are divided among the three classes of physicians :

		TOTAL.	HOMŒOPATHIC.	ALLOPATHIC.	OTHERS.
July	Typhoid.....	5	.....	2	3
	Diphtheria.....	4	.....	3	1
Aug.	Typhoid.....	46	3	30	13
	Diphtheria.....	6	2	4	.....
Sept.	Typhoid.....	41	.....	26	15
	Diphtheria.....	8	1	3	4
Oct.	Typhoid.....	60	1	37	22
	Diphtheria.....	12	1	5	6
Nov.	Typhoid.....	39	3	17	19

From these tables it will be seen that the Homœopathic Society (eighteen members) lost seven cases of typhoid fever, and four of diphtheria ; and the Allopathic Society (thirty-six members) lost 112 cases of typhoid fever and fifteen of diphtheria ; and that the remainder is divided up among the outsiders. It may be objected to this exposition of the facts that the Allopathic losses include those of the city physician and coroner, both of whom are members of the Hennepin County Medical Society. But during the month in which the most deaths are chronicled (October) only five are credited to these officers ; less than one-eighth of the society's total loss !

Perhaps we ought, in charity, to recall that the College Hospital reports *eleven* deaths of thirty-one patients admitted in November!—See Pioneer Press, Friday, December 2, 1881.

If any one believes that a personal inspection of the records would show some discrepancy in these facts, we presume the books are open to any citizen at either the health-office or the office of the city clerk.

WM. E. LEONARD, Secretary.

ST. LOUIS SOCIETY ON CULTURED VIRUS.

A regular meeting of the St. Louis Society of Homœopathic Physicians and Surgeons was held last evening, Dr. Kershaw, president, in the chair. There were present Doctors Walker, Scott, Sautler, Harris, Edmonds, Cummings and Morgan. The essay of the evening was presented by Dr. J. C. Cummings, in which were the following interesting matters relative to recent medical discoveries:

Do epizootic diseases cause epidemic diseases? If so, what is the remedy?

I believe that it is an acknowledged fact that after the so-called epizootic, there was a peculiar catarrh among the people, partaking of so many of the symptoms like those that afflicted the horses, that it was recognized as the same disease. But Pasteur's last experiments have thrown such a flood of light on this subject as to make us hope that the days of epidemic diseases are nearly numbered. I quote from the *Medical Advance* for November, 1881: So long as vaccination stood alone, the alleged prevention of a malignant disease by the voluntary production of a mild disease of a similar type being a fact un-
 que and unexplained, the anti-vaccinationists had a shadowy ground to stand on. The discoveries made last year by Prof. Pasteur in connection with chicken-cholera, and fully described in this paper at the time, made vaccination a fact no longer unique, and gave a most promising clew to the rationale of its operation in making the system less vulnerable to small-pox. As our readers will recall, that distinguished investigator of microscopic life demonstrated the living virus of chicken cholera and proved that by suitable cultivation it could be so attenuated or shorn of its malignant quality that it would produce only a feeble disturbance of the animal organization, which yet sufficed to protect the animal as thoroughly from the more virulent disease as the latter could in case it was not fatal. More recently Prof. Pasteur has investigated in a similar way the virus of the splenic fever of cattle, more widely known as anthrax and the Siberian plague, and at the late medical congress in London he gave an account of a series of discoveries in this new field, which not only add immensely to the scientific assurance of the efficiency of vaccination among men, but put into the hands of cattle owners the means of arresting a disease as destructive to domestic animals as small-pox

ever was to humanity. He also demonstrates a general method of preparing virus vaccine, based on the attenuating action of oxygen and the air, which makes it probable that a virus can be prepared which, while it thoroughly protects against small-pox, will be less open to objection than humanized or even bovine virus, since the possibility of conveying at the same time any syphilitic or septic taint will be entirely obviated. Already these investigations have resulted in the attenuation of four kinds of virus, bringing under control as many types of malignant disease. As a proof of the protective efficiency of the attenuated virus, Prof. Pasteur described the following experiment: "He took fifty sheep and vaccinated twenty-five of them. A fortnight after all of the fifty were inoculated with the most virulent *Anthracoïd microbe*. The twenty-five vaccinated sheep resisted the infection; the unvaccinated twenty-five died of splenic fever within fifty-hours. Within fifteen days after these results were made known, more than 20,000 sheep, and a large number of cattle and horses were vaccinated in and around Paris."

Now, if these investigations of M. Pasteur are true as regards chicken cholera and splenic fever, are we not justifiable in carrying his experiments further? For instance, taking the blood from cholera and yellow fever patients and attenuating it—culturing it, if that is a more scientific term—and use it to prevent these diseases, as we now use vaccine virus to prevent small-pox. Every disease germ produces its own specific disease as certainly as every seed its own kind. And if these experiments prove true with cholera and yellow fever, so they will in scarlet fever, measles and every other epidemic disease. Furthermore, it is now said, that if we give attenuated variola virus in the suppurative stage of small-pox, that the pustules dry up at once and no pitting ensues. It is also said if we exclude the light from small-pox patients we shorten the disease and prevent pox-marks. And further, "if cultured" chicken cholera and cultured anthrax cures these diseases, and cultured variola virus will cure small-pox, then will the cultured virus of every other epidemic disease come under the same general law. Nature has no exception to her rules—So each specific disease is its own antidote.

This may be isopathy—nosodes—what if it is? If such practice prevents and cures epidemics, it will not be long before all physicians will be compelled to keep step to the music of advanced science, or fall out of the ranks altogether.

It is said that tuberculosis is produced by eating rare steak from tuberculous cattle—but consumption is far more likely to be introduced into the human system by drinking the milk of diseased cows than by eating the beef so affected. And here is where the work of the Humane Society can most effectually assist the Board of Health. By compelling dairymen to give their cows plenty of fresh air and light, compel them not only to limit the quantity of swill they give, but to keep their stables clean and well ventilated.

I will close this paper by calling the attention of the members of

this society to a disease that I think is following in the wake of the so-called pink-eye. It comes on with a chill, followed by high fever, inflamed fauces and tonsils, painful deglutition, pains all over the body, much like those of dengue, and a yellow coated tongue.

Veterinary Surgeon Crowley calls pink-eye a catarrhal fever—he says the yellow tongue was a marked feature in every case—stiffness of the fore or hind quarters—sometimes pleurisy—and the kidneys are nearly always affected. The disease to which I allude, is not diphtheria—there is no deposit—no offensive breath.

VERMONT HOMŒOPATHIC MEDICAL SOCIETY.

The thirty-first annual meeting was held in Montpelier, October 19th and 20th, 1881. The president, Dr. T. R. Waugh, of St. Albans, presided, and made an instructive address. The treasurer's report showed the financial condition of the society to be good. Dr. G. E. E. Sparhawk, of Burlington, read the necrological report, showing that four highly esteemed and useful members had died during the previous year, viz.: Drs. C. H. Chamberlin, Barre; A. Colvia, Burlington; N. H. Thomas Stone and Geo. W. Colton, Woodstock. Dr. Thomas was seventy-nine years old at his death, and the oldest Homœopathic physician in the state. Eulogistic remarks were made by various members, and appropriate resolutions adopted upon the death of these physicians.

Addison Morgan, of Waterbury, was elected a member of the society.

Dr. G. M. Ockford, of Burlington, presented the committee's report of the U. S. Marine Hospital service, showing its cost, management and so-called benefits. The report also recommended that the medical profession lend its aid towards abolishing the system, imposing, as it does, a tax upon commerce, and benefitting only those who are able to care for themselves without government aid.

The bureau of sanitary science presented papers from Drs. C. J. Farley, of Fort Edward, N. Y., and G. M. Ockford, of Burlington. Dr. Farley's paper was a general resume of sanitary matters and facts. Dr. Ockford's paper was entitled "Impure Air," and dealt largely on the evils resulting from lack of ventilation, bad drainage, etc., and also contained hints for the avoidance of these evils. The paper called out considerable discussion. Dr. Waugh and Dr. Hamilton, of Brandon, dissented from the views presented, denying that filth was a cause of disease. Dr. Ockford replied by presenting numerous instances wherever impure or polluted air was without doubt a promotive causation of disease, and also instances of a lack of ventilation where the polluted air was a direct cause of disease and death.

The bureau of Obstetrics introduced the subject of areolar hyper-

plasia, which was discussed at some length by Drs. H. C. Brigham, of Montpelier; Hoag, of Waterbury; Waugh, Ockford and others.

Dr. E. C. Whitaker, of Hinesburgh, from the Bureau of Surgery, reported an interesting case of fracture in which a boy recovered with a good arm, after the bone had been fractured four times at the same place.

Dr. C. A. Gale, of Rutland, from the Bureau of Clinical Medicine, presented a valuable paper on the use of defibrinated blood, and spoke of it as a valuable agent for rectal alimentation, citing several cases illustrating its good effects and mode of administration.

Officers were elected as follows: President, T. R. Waugh, St. Alban; Vice President, Geo. M. Ockford, Burlington; Secretary, C. A. Gale Rutland; Corresponding Secretary, G. E. E. Sparhawk, Burlington; Treasurer, W. B. Mayo, Northfield; Censors, E. D. Whitaker, Hinesburgh; Brigham, Montpelier, and S. H. Sparkhawk, St. Johnsbury; Auditors, Drs. Hamilton, Brandon, Clara D. Reed, Bellows Falls; E. A. Whittlesey, West Randolph.

Bureaux for the coming year were appointed by the President:

Materia Medica and Proving.—Drs. Whitaker, J. M. Sanborn and J. M. Van Deusen.

Obstetrics and Diseases of Women.—Drs. Brigham, F. W. Halsey, Henry Tucker, Clara D. Reed.

Clinical Medicine.—Drs. Ockford, Gale and Morgan.

Surgery.—Drs. H. W. Hamilton, A. E. Horton and Whittlesey.

Psychological Medicine.—Drs. M. F. Hamilton, M. D. Smith and Chas. Woodhouse.

Pædology.—Drs. Mayo, Waugh and Brigham.

Sanitary Science.—Drs. Ockford, S. H. Sparhawk and J. H. Jones.

Delegates to the American Institute and State societies were elected and the society adjourned to meet in semi-annual session, at St. Johnsbury, in May, 1882.

The meeting was well attended, and the discussions spirited and instructive, and altogether it was a good meeting, and gave evidence that the Homœopathic physicians of Vermont are alive and energetic.

Carbolic acid for Carbuncles.—Dr. Woods injected two carbuncles with pure Carbolic acid in various places until the whole mass was "white, hard and dead." In a few days the slough detached and the wound filled up. Very little pain attended the operation and the man experienced little inconvenience.

Tapping for a Hydrocephalus acquired in a child 20 months, resulted favorably. 320 grammes was aspirated from the lateral ventricle and 150 on the following day. A rubber bandage was used, and notwithstanding alarming symptoms appeared, the cure was radical.—*Notes from Paris.*

Medical News.

Dr. G. H. Martin, is with *Dr. Currier*, 427 Geary Street, San Francisco.

England's profit on patent medicines last year was a duty of about \$700,000.

Aspiration of the Gall Bladder was successfully performed by *Dr. Keelsschmar* five times.

Dr. C. B. Currier, has removed to 427 Geary Street, San Francisco. *Dr. C.* makes a speciality of diseases of the throat and chest.

Kidney removed.—*Mr. Bardwell* (*Lancet*) removed a kidney for nephrolithiasis. This is the second successful removal of the kidney for stone.

A successful ovariotomy is reported by *Prof. Helmuth*. (*New York Medical Times*.) The cyst was multilocular and colloid. The tumor had been growing three years.

Hot water for bleeding from hæmorrhoid tumors is a plan of *Dr. P. Dandowski*. The hot water enters the rectum through a speculum while the patient is sitting in it.

Glycerine in Hæmorrhoids.—A teaspoonful of Glycerine taken three times a day will arrest hæmorrhage (bleeding piles) in a very short time. It is best taken diluted with water.—*New Press and Circular*.

Hot water for sprains.—*Dr. Brinton* (*reported*) orders the injured limb put into hot water, and boiling water added slowly until the highest endurable temperature is attained. It should be held in 15 to 20 minutes and the pain will disappear in most cases.

Selenium in Enuresis.—Involuntary dribbling of urine while walking urine *dark*. Ferrum has similar trouble with *light* urine. *Dr. Burnett* cured such a case in four weeks with Selen 3, four grains, three times a day.

New York Ophthalmic Hospital.—Report for the month ending Nov. 30, 1881: Number of prescriptions, 4,990; number of new patients, 527; number of patients resident in the hospital, 22; average daily attendance, 170; largest daily attendance, 337.

CHAS. DEADY, Resident Surgeon.

Committee on Legislation.—Now that all the members of the American Institute have returned home, the chairman on Legislation is anxious that the members of the same report progress at once. So far, the receipt of circulars has not been acknowledged by any. He trusts that each will do, and get others to do, something immediately and report.

JOHN C. MORGAN.

Spontaneous healing of wounds.—*Dr. Varona* cites (*New York Medical Times*) several cases of most serious wounds healing spontaneously. One was a negro whose abdomen was transixed; sixty-six cases of gun shot wounds healing without surgical aid and closing of the femoral artery by a clot after being completely severed. This last case finally died of tetanus.

Cow-pox civilized small-pox.—The discussion of vaccination and its protective power has unearthed some early experiments of vaccinat-

ing cows with small-pox virus. This method was found powerful and protective. It is argued with force that some of the virus used to-day is too many removes from the original, while cow-pox is civilized small-pox, it may be so diluted as to be inefficient as a reliable preventive.

Listerism or antiseptic spray, nee Carbolic acid spray, received its death blow at the International Congress. It has been denounced in these columns (see No. UNITED STATES MEDICAL INVESTIGATOR.) Prof. Keith said that he had abandoned the antiseptic treatment altogether for several months. Out of the last twenty-five he had lost seven. He said he almost died himself from the effects of Carbolic acid poisoning. It seems Lister had also lost faith in it.

Medicine on the Fœtus.—Dr. Kubarsow (Russia) has noted the effects of Chloroform, Chloral, Opium and Digitalis taken by the mother on the fœtus. By the microphone, he detected that Chloral first stimulates, then depresses rendering the fœtus quiet, Opium caused prolonged irregularity of the heart's action. Digitalis depresses still more painfully. Thirty grains of Chloral given per rectum would be fatal to the fœtus. Also one and a half grains of Opium.

Homœopathy in Nebraska.—I am a pioneer here, have the best practice in the county, I am the only Homœopathist here. I have been here two and one half years, I am serving my second term as county physician in charge of the county poor house. You may state that there are many good openings in this state, where good live, well educated Homœopathic physicians, young men, can do well. Good pay, intelligent patrons, and people willing to give you a lift if they see you mean to stay with them.
B. BELL ANDREWS.

Drs. House and Jones, Tecumseh, Michigan, is a new firm name. They issue a neat card on which we find these precepts:

"Men resemble the Gods in nothing so much as in doing good to their fellow creatures."

"A man whose word will not inform you at all what he means or will do, is not a man you can bargain with."

"The talent of success is doing nothing more than what you can do well without a thought of fame."

"The effect of noble thoughts, just principles, of elevated conceptions, is never lost."

Homœopathy in Chicago.—In our last we noticed the confirmation of a Homœopathic medical staff for the County Hospital. The next thing on the programme was the resignation of the representatives of Hahnemann College (Drs. Hall and Hawkes.) These resignations were promptly accepted, and instead of throwing out our school entirely as many feared, we have true friends of Homœopathy on the board of Commissioners, who at once assigned two large wards to the Homœopathic staff, and patients are assigned according to their preference. This is a signal triumph for our cause in the face of determined and combined opposition.

The Editors Wish.—The editor often wishes as he sees this journal go off, that he could go with it in its visits to the readers all over this country, in Canada, Great Britain, France, Spain, Germany, Italy, Russia, India, China, Japan, Australia, Sandwich Islands etc., and peer into the thousands of eyes and with his little pencil jot down the many practical thoughts that the perusal of each number calls out. What an array of practical facts would be presented! This wish may be realized if each reader will write out *now* and forward at once the best, most practical fact or case that occurs to him or her. Pass them "along the line."

The President's Case.—THE INVESTIGATOR of Nov. 1st, Page 454 contains an article from the pen of D. S. Kimball. It is an old saying that we usually feel better after speaking our piece, especially if we have anything to say. I trust this relief came to Brother Kimball, after penning the above mentioned article. Guiteau shot the President with the full intention of taking his life. A black, dastardly, pre-meditated act, and is as much a murderer as if the victim had died on the spot of the shooting. No sane physician should attempt to extenuate or palliate his case, by trying to throw around the villain the foible of malpractice. Autopsy has nothing to do with the case, and never would have taken place had it not been for Guiteau's bullet. Palliation should only come if at all after the assassin's lifeless body dangles from a scaffold twenty feet high. What a fitting trophy for the broken-hearted wife of the martyred President, coming from the physicians of America. A mitigation of the assassins crime, a crimination of those who tried to save his life to his friends and country!

J. S. DANIELS.

Homœopathy in Michigan.—"I notice in the last number of your journal you sum up the progress of Homœopathy for the year 1881, and notice some comparatively unimportant matters as Homœopathic gains, but I have never seen any notice in your journal of the fact that this State Prison is under Homœopathic control, so far as the medical department is concerned; and it being a state institution with 500 inmates, and a capacity for 625, it certainly is to the credit of Homœopathy that the above is the case. All male persons over sixteen years of age, convicted in the state of any crime excepting murder in the first degree, may be sentenced here. This prison was completed four years ago, and was under Allopathic control until Aug. 1, 1881, when I received the appointment. I think it would be as well to have it generally known that Homœopathy has that recognition in Michigan it so richly deserves."

O. K. LONG.

[We are pleased to know of this fact and to add it to the triumphs of our cause.—ED.]

American Institution of Homœopathy, officially removed from Richmond, Va., to Indianapolis, Ind.—The meeting of the American Institute of Homœopathy, held at Brighton Beach, N. Y. during the month of June, 1881, adjourned to meet at Richmond Va. on the first Tuesday in June, 1882. Information received by the executive committee, from Richmond Va. and from the "Hahnemann Medical Society of the Old Dominion," satisfies them that the invitation to meet there was premature. It becomes, therefore, the duty of the executive committee to select another place of meeting. As the Institute, by courteous rotation, should this year meet in the west, and having received from Indianapolis, Ind. a renewal of previous invitations to meet in that city, together with assurances of ample hotel accommodations and reduced railroad rates, we, the executive committee of the American Institute of Homœopathy, do hereby officially announce that the next session of the Institute will be held at Indianapolis, Ind., beginning on the 13th day (second Tuesday) of June, 1882, and do appoint as chairman of the local committee of arrangements in that city, O. S. Runnels, M. D., the executive committee of 1881 concurring.

WM. L. BREYFOGLE, M. D.

BUSHROD W. JAMES, M. D.

E. M. KELLOGG, M. D.

J. C. GUERNSEY, M. D.

J. C. BURGER, M. D.

Executive Committee.

[The west will give the Institute a royal western welcome.]

Locations in New Jersey.—*Pennington*, country village, six miles from Trenton, county of Mercer, on Delaware and Bound Brook R. R. frequently communicating with New York and Philadelphia. first class trunk line, surrounded by a rich country, population, 600 to 1000. Schools first class, two seminaries, churches, can do much for one I can safely recommend as reliable *gentleman*, they need one and they say send us one, but send us a *man*. The ground has been recently occupied but, unfortunately the doctor was *indiscreet*.

Harlingen, twenty miles from here in Somerset county, on the same R. R. small town, all country, but formerly was occupied by a Homœopath who did an enormous business, and is now open. The present active physician is in ill repute, can do something for him, not much acquainted, will do all I can. Then, Matouchian on Pennsylvania rail road, nearer New York, is certainly a good opening for one then I am unacquainted there, might do something for him, who would look after it indirectly.

There is in Camden county on Camden and Atlantic railroad country town, Berlin a location has recently been occupied by a young man and formerly by one who did quite a nice business. I understand they desire one there. I can put one in a way to open negotiations, etc., by the former or first one who located there.

Phillipsberg, situated on Delaware river, opposite Easton Pennsylvania, with 5,000 to 10,000 inhabitants, none there, they all go over to Easton. Certainly there is enough for one to go there. These are all at present I can call to mind, will keep you posted from time to time about locations in the state, and anything you might wish to know.

ISAAC COOPER.

The Kansas State Homœopathic Medical Society.—The officers are very anxious to have the next meeting of the society the most interesting and profitable one in the history of Kansas, up to that time; and in order to make it so, we must have plenty of well prepared papers, and an abundance of clinical cases and "practitioners' experience" at the next meeting. Every Homœopathic physician in the state, whether a member of the society or not, is cordially invited and earnestly urged to go to work at once and prepare one or more papers or cases. They should be prepared some time in advance of the annual meeting, so that they will be *ready*. They will be all the better for careful revision just before the meeting in May. Those who attended the last meeting of this society, will need no urging to attend the next. Our School in other states is gaining ground rapidly, and why should we not keep step with them, or even take a long stride ahead? The cause is worthy; the occasion is worthy; let us prove ourselves worthy of both cause and occasion. Great events are transpiring all over the country, in favor of Homœopathy. Let us contribute our quota of these events. Let us turn the eyes of the profession in other states to Kansas for light, instead of having to look to them for it. The opportunity is ours for splendid work. Let us "Find a way, or make one over the Alps of medical lethargy and guess-work."

HENRY W. ROBY,

Pres. Kas. State Hom. Medical Society.

Lively doings in Indianapolis.—The Old School society passed the following:

"*Resolved*, That the Marion County Medical Society, as an auxiliary of the State Medical Society, is and should be governed by the rules, laws and regulations of the American Medical Association; that all honorable medical gentlemen of this society are equally bound by these laws and regulations; that we fully recognize the rights of all who are not members of our society to choose their professional asso-

ciations in accordance with their own views; but we cannot admit that our members should violate either in letter or in spirit the code of ethics; that it is our distinct understanding of the code that no professional association shall be tolerated by members of this society with irregulars."

"Resolved, That it is expressly understood that this resolution is to apply to the incoming members of the board of health of this city."

At a subsequent meeting they were reconsidered, and the motion to omit the second one created a "heap of talk," during which a letter was read from Dr. Atkinson, Secretary of the American Medical Association, in which he stated that it was not a violation of the code of ethics to serve on a mixed board. The second resolution was tabled, and the case goes before the American Medical Association, on a charge against Dr. Elder. "If it is decided in favor of Elder, the older doctors claim that it will be the death blow to Allopathy, at least, as far as the outside world is concerned."—*Indianapolis Journal*.

In New York the year 1881 has been an unusually unhealthy one. The report of Dr. Nagle, Register of Vital Statistics, shows that the total number of deaths from small pox in this city last year was 450, and from scarlet fever, 1,961. This is 419 more deaths from small-pox than in 1880, and an excess of 571 cases of scarlet fever. The record of all classes of contagious diseases shows a great increase over the record for 1880. Small-pox was most prevalent in April, May, and June, and the fewest deaths from this cause occurred in September, when eleven deaths were recorded. The deaths from diphtheria have not varied greatly, ranging from 160 in February to 211 this month. Until this month May was credited with the greatest number of death, from scarlet fever, when 191 were reported. In September only ninety-five deaths were reported from this cause, in November 145, but the report for December shows 314 deaths. Typhus fever was most prevalent in April, when fifty-four deaths were reported. Last month there was one death and this month two. September is credited with seventy-two deaths from typhoid fever. The year has been unusually unhealthy, the total deaths being 38,609, against 31,937 in 1880. The number of births was 26,130, while in 1880 it was 27,356. The superintendent of the Board of Health says that, so far as this city is concerned, there was a distinct beginning to the present small-pox epidemic in October, 1880, when a commercial traveler came home to Harlem with the disease, which he had contracted either in Philadelphia or in a sleeping-car between Pittsburg and Philadelphia. From him several other cases spread in the vicinity, which in turn spread in contagion. Additional cases of imported disease were discovered from time to time, and new centres of contagion were found. In January, 1881, the number of cases swelled to eighty-two. From that time up to the close of May there was with the exception of February, in which but sixty cases were reported, a constant increase up to 141 cases in March. 172 in April and the alarming number of 225 in May. From May there was a gradual decline to 182 in June, eighty-nine in July, eighty-one in August, and forty-eight in September. That last was the lowest point reached. In October it began to increase again. That month there were fifty-three cases, in November seventy-four, and this month, up to the evening of December 30, no less than 116. It is undeniable that many of the cases which have been discovered have been of the malignant, or, as it is familiarly called, the black type. Perhaps if we could get full records of all the cases hidden from us about town we would reduce the general apparent death-rate, which now appears to be about thirty-six. But it is safe to assume that there are three or four cases for every one we get hold of.

GOTHAM.

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Veterinary Department.

PINK EYE IN HORSES.

Will the editor of THE UNITED STATES MEDICAL INVESTIGATOR favor us with the knowledge of what will cure the pink eye in horses. It has just made its appearance among us, and in some instances is making sad havoc. I learn by some eastern papers that some of our Homœopathic brethren are having good success curing it. I would be very thankful for any instructions on the subject.

I believe it would be one of the best things for the advancement of Homœopathy, that has happened publicly for some time, if they would all do the best they could for the horse in his present trouble. Although I do not wish to compare our enlightened fellow beings with the wild red man, I must say, however, that they remind me of his superstitious habits when they say it is faith that cures and not medicine. Under Homœopathic treatment they would scarcely advance the argument so far as to say faith cured the horse.

J. C. P.

[Rhus tox., has cured cases for several of our physicians. It is fortunate that our side has all the faith, and the other side all the doubt.—Ed.]

Surgical Department.

HEREDITARY SYPHILIS—THE TEETH.

BY M. PARROT, PARIS.

Continued from Vol. XIV, p. 386.

Following upon the atrophy and its results, the teeth undergo modifications of another order, which, sometimes give rise to grave disorders in the masticating apparatus. In the larger number of subjects, the diseased portions change color, and we see, notwithstanding the most assiduous care in cleanliness, that the cupules, furrows, and roughened surfaces, take a yellow or brownish tint, which causes the diseased portion to appear with greater distinctness. At other times, in those who take no care of their teeth, thick layers of tartar conceal the alterations, and form a hard shell around one or more of the teeth. The usual yellow coloration of these deposits can be modified by external substances; thus, I have seen greenish shadings upon the teeth of a boy twelve years of age, who was apprenticed in a shop where they worked upon copper.

Of all the secondary disorders, the most formidable without doubt, is *caries*, which I have already noted in connection with the *hatchet-shaped* atrophy; but this is only one of its rarest manifestations. There is not a tooth which is free from its attacks; but it is especially observed upon the bicuspid of the first dentition and the first molars. Their destruction is very rapid, because at the very beginning, a large extent of the crown is invaded, this is more especially true of the bicuspid, which are less resistant than the others. Caries of the first molars, not less rapid in its action, destroys successively the horizontal layers, passing from the cusps to the neck. Sometimes it is arrested in its course, when it attacks the layer of enamel which limits the atrophied portion. At this point, in place of coloring uniformly the whole of the crown, it avoids the coating of enamel and at-

tacks only the dentine. From this cause we have large cavities opening into the mouth. This diseased process goes on symmetrically and the first molars have often disappeared, when the other teeth are scarcely affected, or may even be intact.

When caries destroys in certain subjects, the bicuspid and sometimes the canines of the first dentition, it probably gives rise to a consecutive atrophy of the maxilla and alveoli which contain the teeth of the permanent dentition, so that later a wide interspace exists between the first molars and the permanent incisors of the lower jaw.

The diagnosis of atrophic degeneration of the teeth will not detain us long. If we suspect its presence under the tartar, the removal of the latter brings the condition into view. When it is not covered its characteristic marks are so distinct that it is not possible to mistake it. We do not confound, for example, the crescent-shaped cut of Hutchinson either with the small saw-like notches, which often exist upon the cutting edge of the permanent incisors of a great many children, or yet with the sinus, which sometimes limits the superior median incisors when their free edge is cut obliquely across from below upwards, and from without inwards.

Caries is a very frequent lesion recognizing multiple causes, and considered by itself, has no diagnostic value.

Both dentitions are subject to atrophy. I should stop here in order to insist upon this point, because the contrary opinion is to-day generally admitted. Fournier, in his dictionary and M. Rattier in his thesis, are the only persons who have spoken of this lesion of the temporary teeth; but they are content with affirming the fact without applying any proof.

I find three principal causes for this common error. The first is that, until the present time, no one has attempted to make the pathological anatomy properly so called, of the dental system; and so many children die before the eruption of the temporary teeth, the alterations sometimes considerable, remain concealed in the alveoli. Again, the atrophy

of the temporary teeth is allowed to pass because it is less extensive and less characteristic than that of the permanent set. Finally, their physiological or morbid fall presents a marked obstacle to a prolonged observation. The following order may be adopted as of relative frequency in the atrophy of the temporary dentition; first the canines, then the second bicuspid, next the first bicuspid, and finally, the lateral and middle incisors. As you will notice, this succession is precisely the inverse of that of the eruption, and we can say that the teeth which appear the last are the most frequently and the most extensively attacked. There is no marked difference between the two jaws.

You know that the incisors and the canines undergo cuspidian atrophy, while the incisors are altered near the neck, that is to say in the region the last to be covered by the enamel, from which we get that peculiar hatchet-like appearance of the diseased teeth.

The atrophy of the bicuspid is usually accompanied by that of the canines, whilst the atrophy of the incisors is almost always isolated. The study of the etiology will give us the reason for these peculiarities, and will show us that they depend upon the evolution.

It is the atrophy of the second dentition which has been studied almost exclusively by authors; a fact which is due to the permanency of the teeth and to the more distinct characters of the lesions. The corresponding teeth, right and left upper and lower, are attacked at the same time, but not always with the same intensity. I think I have recognized an undoubted predominance of the intensity for the upper maxilla, and it has likewise seemed to me that the right side was more severely attacked than the left.

All of the teeth of the second dentition are subject to atrophy, with the exception of the second and third molars, to which I would add the bicuspid, never having seen them affected. In regard to the frequency and intensity of the disease precise rules can be formulated. The atrophy of the first molars is the most frequent and the most marked; no other tooth is attacked without these teeth sharing in the

evil to a certain degree. After this we have in succession those of the median and lateral incisors, and finally the canines.

The disease does not always remain isolated in the two dentitions, for in a certain number of cases I have noticed the effects at the same time upon the bicusps of the primary and upon several teeth of the permanent dentition.

I enter now an absolutely new chapter on atrophy, and that is the pathological anatomy on the alterations noticed upon the cadaver. Passing by, intentionally, the maxillæ which should not be separated from the other bones, I will speak only of the teeth. This study is a necessary complement to the clinical observations. It enables us to examine the lesions which were less clear and marked than those noted during life, and instructs us further in their evolution, it especially shows us the greater frequency of the disease.

If we except the last two clinical modalities of atrophy, which are produced secondarily to the eruption, all the others already exist in the depths of the alveoli, whose appearance you already know. I ought to call your attention to some new peculiarities, especially in relation to the enamel. This portion of the dental tissue is, in general, modified both in quantity and quality. It may be entirely wanting at some points and the dentine be left exposed; at other points it may form an incomplete cover, which is almost always unequal and irregular. From these facts there results various anatomical forms which ought to be known. We find the cupules and furrows, similar to those noticed during life; besides, the trabeculæ of enamel, of varying length and thickness, form a net-work which limits the spaces, on the level of which the adamantine element is reduced to very small proportions, or may be entirely wanting.

The qualitative lesions of the enamel are imperfectly known and their histological character has yet to be made, so I will speak only of those which can be seen without the aid of any instrument. The most noticeable lesion consists in a want of density. In place of the compact, tenacious, hard, covering adhering closely to the ivory and of the milky and

brilliant white color which you know, we find a rough, unpolished substance, of a yellowish or brown, sometimes smoked, color, but little adherent to the deep parts, friable, and of a chalky appearance. It is not unusual to see upon the surface cracks and even deeply penetrating clefts following the axis of its constituent prisms, and we might think that the tooth had been submitted to the action of fire. The slightest contact, in some cases, may detach the fragments of this diseased layer and leave the dentine exposed. The first molars and the canines are the chosen seats for these alterations of the enamel. The morbid changes in the ivory are, as may be easily imagined, of a much more difficult determination. When the crown is very thin, as in the cuspidian variety of atrophy, we can not doubt but that its volume is notably less than in the normal state. M. Steinberger (1877) and M. Magitot (1878) have, by the aid of the microscope, noticed upon sections of the tooth, the lesion which Czerinak and Owen have named the *globular dentine* and which are found in a large number of pathological conditions other than those which we are studying.

Here the alteration presents itself under the form of bands, in which the globules are abundant and pressed together, whilst the spaces which they intercept are large, extending in different directions and filled with a blackish, granular matter. The globules are of a very variable volume, at times regularly spherical, at other times ovoid, and have characters of composition and refraction which do not allow them to be confounded with the normal ivory. They are in round masses, homogenous, having a marked resemblance to the spheroidal granulations which we meet in the midst of the same tissue of the bulb, at the time of the initial development of the crown. The canaliculi are not especially disturbed in their tract. The globular layer is ordinarily very closely limited and the tissue remaining above and below it presents the normal composition. It begins upon one side of the crown with a thin point, then under the form of an arc of a circle it advances towards the more elevated region in order to reach the opposite side through

successive stages of thinning. It is one of the concentric lamellæ of the dentine which has become globular.

There are so many of these altered layers in the ivory that the enamel presents traces of erosion. They are regularly concentric, and separated by portions of normal dentine, more or less extensive. The portion nearest the external limit of the ivory, is the most diseased. The underlying layers are less affected according as they are more distant.

What is the cause then which so profoundly affected the dental system during the time in which it is developing? All the writers have ascribed the cause to a perverted nutritive condition; but differences occur when we try to determine the point of departure of this trouble. At first, the pyrexias of infancy were thought to be the cause. This is the explanation given by Fauchard, Bunon, Mahon, Fournier and later by John Tomes and Broca. It comes naturally to the mind and it seems very natural to invoke it. But when we examine it closer we find that it is not satisfactory. At what age do these pyrexias show themselves? Measles, the most frequent of these fevers, is, according to the opinion of Rilliet and Barthez, who are the best authorities, very rare before the first year. Rederet, at the infirmary at Cassel, in 336 cases of measles, has only seen two cases under one year of age. Scarlatina, typhoid fever, and chicken pox appear still later. As to small-pox, it is very seldom observed among infants, and those who are attacked generally die.

Atrophy, then, has accomplished its work upon a great number of teeth and has begun upon others by the time that these pyrexias appear. I would also add, if further proof is necessary against the acceptance of this etiology, that, in the service under my own direction, it is almost always to the attacks of measles, diphtheria, and their complications that the children attacked with dental atrophy succumb; and a second attack of these diseases being very rare, we may consider the onset of the disease to be its first appearance, at least in the majority of cases, and conse-

quently it is impossible to attribute dental alteration to this cause.

Scrofula has also been assigned as a cause. M. Castanie, in his thesis, relates the history of a young girl fifteen years of age, who was treated in the service of M. Lailier, at the Saint Louis Hospital, who was suffering from a lupus of the nose and a pharyngeal ulcer, while at the same time several teeth were atrophied. He does not doubt that we have here the effects of scrofula. Now he says in the observation that at the age of five years this patient had had exostoses on the legs and that her father was syphilitic. You will see later what can be drawn from these teachings in favor of the etiology which I adopt. In the hospital of Saint Louis, almost all the modifications of the dental system which I have described to you are ascribed to scrofula. It is probable that in the greater number of cases, the history of the patients would furnish the elements of an interpretation quite different, and that the intervention of syphilis would appear as closely marked as in the patient of M. Castanie. It will be sufficient, for the present, to observe that the period of activity of scrofula does not coincide with the epoch of the intra-alveolar evolution of the teeth.

Lately, M. Magitot has expressed an opinion in regard to the cause of atrophy, which has a number of followers. This writer attributes the condition, under all circumstances, to the convulsions or eclampsia of infancy. We quote from his treatise on "Dental anomalies": The erosion has a brusque character. It is evident that the cause producing it has had a limited duration proportional to its extent and depth. The formation of the tissues of the enamel and ivory has been momentarily suspended; and as the teeth show imperfections at the moment of their eruptions from the jaws, it is clear that the trouble which has been the cause of the condition has exercised its influence upon the constitution of the organ, during the intra-follicular life, that is to say, during the foetal period of the tooth. It is then in the troubles which attack the subject during this same period, that it is necessary to seek for the explanation

of the erosion." Then follow five observations which I will discuss later. They indicate, says the author, the class of diseases of infancy to which it is necessary to refer almost invariably, erosion. Of the five cases, four relate to infantile eclampsia; the fifth, according to the indications which I have gathered, would have been a meningitis, that is to say, an affection which may take on a convulsive form. These are always the subjects of phenomena of brusque invasion, of short duration, capable of producing disturbances severe enough to arrest nutrition and suspend the process of formation in the very act of evolution. The author thus concludes: "Dental erosion is the indelible and permanent trace of an infantile affection of brusque invasion, of convulsive form, especially of eclampsia. A single attack of convulsions may give place to a furrow, small it is true, but always recognizable."

MM. Castanie, Rattier, Aguillon de Sarran, uphold this view. M. Quinet does not hesitate to call these diseased teeth, *eclamptics*. Broca in a certain number of cases adopts this explanation.

We will now examine this theory and analyze the observations of M. Magitot, for we ought to consider all these cases as types which have served for the establishment of this theory.

"The first is that of a little girl, nine years of age, who presented upon the incisors of the two jaws and first four large permanent molars, a very marked erosion. In the central incisors it occupied two-thirds of the height of the crown. Beginning at the free edge, all the affected part is thinner, deprived of enamel, etc. The first four molars are absolutely deformed in consequence of the same alteration, which renders them almost unrecognizable, and only a few points, indicating the trace of the tubercles, can be found in the midst of a softening due to general caries."

Since it is the free part of the crown which is attacked, and at a considerable height, the cause of the evil has necessarily acted at the beginning of the deposit of the dentine,

that is to say, in the latter months of the intra-uterine life for the first molars which, at the moment of birth, have already, as we know, a height of 2mm and must have acted in the first months of extra-uterine life for the others. It is then impossible to ascribe the trouble, as does M. Magitot, to the convulsions which appeared at the end of the first year.

We will not discuss the second observation which is wanting in precision. The third is susceptible of the same criticism as the first. "In a young girl of sixteen years the two upper middle incisors, the four lower upon their free edges, and the first molars on their triturating surface, were diseased." As I have already said in regard to the first observation, the cause must have begun to act, at the end of the intra-uterine and during the first year. It is impossible then to admit with M. Magitot, that the condition was due to an attack of eclampsia occurring at the age of nine months.

* * * * *

In relation to its neuropathic origin we would further observe that atrophy of the temporary teeth and the first molar is frequent, and that it attacks the portion of the crown which is freest, that is to say, that formed in the latter part of the intra-uterine life; and since, as I have already shown you, we have at the thirty-ninth week a layer of dentine of 3mm in height for the bicuspid and temporary canines, and of 1—2mm for the first molar; and as this casing appears at the twenty-fifth week at the latest, in adopting the theory of M. Magitot, it would necessitate a convulsive state during the last ninety-eight days of foetal life in the subjects attacked with dental atrophy, a fact which is not admissible. Another objection is drawn from the height and depth of the lesion which affects the crown. Permit me to call your attention to one of the numerous cases which I have observed, the indication to be drawn from it will suffice I think to persuade you of the inaccuracy of the opinion which I am discussing. Upon a little boy of twenty-one months, I found, enclosed in its alveolus, a first

molar diseased in the whole extent of the crown which was 6mm in size. The pathological influence had acted then, continuously from the twenty-fifth week of intra-uterine life up to the time of observation or 728 days. In the hypothesis of eclampsia, allowing an interval of five minutes between each convulsive attack, we would have the enormous number of 209,664 convulsions.

Another objection which I would urge is derived from what I have called the systemization of atrophy. You will remember that I said I had never seen any alteration in the permanent bicuspid, nor in the second and third molars. Now convulsions are not rare in the period of infantile life corresponding to the development of these teeth, and they ought, according to the opinion of M. Magitot, to present in a certain number of cases, the cracks, cupules and other marks of atrophy.

From all these considerations we ought to seek elsewhere than in convulsive troubles for an explanation of atrophic degeneration.

According to the earlier observers and particularly Mahon, next the later writers, Horner, Becker (Leipsig, 1875), Castanie, Nicati (*Revue mensuelle*, 1879), it should be ascribed in a great many cases, to rachitis. At the same time the action of hereditary syphilis had been mentioned vaguely however, and without supporting proof. But owing to the exertions of Jonathon Hutchinson, whose first writings appeared in 1856, this theory was lifted out of the oblivion to which it had been unjustly assigned, and has assumed an importance which increases every day.

In syphilitic children, says the English author (1861), although the temporary teeth become prematurely curious, yet they do not present the morphological alterations characteristic of syphilis. We find these only upon the permanent teeth, and also upon the middle upper incisors, which, alone, it is necessary to examine. They have not their normal size, they are short and narrow, more contracted at their lower extremity than at their base, round and resembling pegs. Their angles are round, and in the centre of

their free edges they present a deep vertical notch which is due to a defect in the development of the middle portion of the crown. They are semi-transparent and of a yellowish and dirty color. In 1858, Dr. Hutchinson was not so exclusive as he has since become. The alterations says he at this date, are, observed almost exclusively upon the incisors and canines; the molars are, ordinarily, altered in a very slight degree. Their surfaces are often more unequal than three of the sound teeth; and, here and there, they present marked tubercular projections.

An interesting point to notice is the fact that it is not to the immediate action of syphilis that the surgeon of London attributes the dental alteration, but to a stomatitis; and according to the same authority, it would not be observed in syphilitic children exempt from this evil. On the contrary, every stomatitis of infancy may produce analogous disorders. Thus the permanent teeth of persons who have taken mercury in their infancy are thin, especially upon their edges, of a dark yellow color and covered, especially the lower ones, with a thick layer of tartar. The gums recede; sometimes the edge of the tooth is broken in the shape of a crescent, which renders the differential diagnosis difficult. Those hollowed like a honey-comb or notched like a saw also render the diagnosis difficult; and it is only the notched and dwarfed appearance of the upper incisors which makes a suspicion of syphilis in the parents possible. But it is not only inflammation of the mucous membrane of the gums which can cause these malformations; they are, in a great number of cases, under the influence of a diathesis other than hereditary syphilis; and we often notice in the same family large teeth, with roughened surfaces, but hard and exempt from wear and caries.

In all his works Dr. Hutchinson, pre-occupied especially with the question of diagnosis, has insisted upon the relations which exist between dental atrophy and the different lesions of the eye, such as interstitial keratitis, choroiditis, inflammation of the crystalline lens, amaurosis, affections

which he refers, as well as atrophy, in a word, to hereditary syphilis.

In 1861, A. Holler, while affirming that Hutchinson had exaggerated the signification of the dental deformity, admitted that it was often of syphilitic origin. In the same year Dr. Albrecht, dentist in the medical society at Berlin, said that the alterations of the teeth are produced not only by syphilis, but by any cause giving rise to nutritive derangements at the moment of the formation of the organs. In a discussion which took place in the Society of Surgeon Dentists at London, 1876, Dr. Napier, after insisting upon the immunity of the primary dentition, declared against the view of Hutchinson; Dr. Coleman saw in the dental alteration a probability in favor of hereditary syphilis; while Dr. Cartwright found in it a certain sign of the secondary period of this disease.

In a work upon the characters and dental lesions of rachitis, published in the *Revue Mensuelle* of 1879, Dr. W. Nicati gave the opinions of several authors as well as his own. Horner first, then Sophus Davidson, (1855) ascribe to the zonular cataract and dental atrophy to rachitis. M. Nicati agrees with this opinion and calls attention to the presence of osseous and dental deformities in the numerous cases of zonular cataract which he has seen, and also to the near relationship of the teeth to the bones in regard to their chemical constitution, and that rachitis is the only disease of the bony tissue which attacks children at the time of the second dentition; finally that its frequency explains the dental alterations.

After giving you the various opinions of the causes of dental atrophy, I ought to give you my own opinion. But this you probably already know, if as I hope you have followed me in the previous considerations, and I will not surprise you when I affirm that the *dental deformity which I have described to you depends directly upon hereditary syphilis*. You will easily see wherein Dr. Hutchinson and myself differ. So far as relates to rachitis I will not have any need to refute the authors which ascribe to it the cause

of the dental affection; for as you already know, this trouble is, in my opinion, only the ultimate manifestation of hereditary syphilis upon the osseous system.

The etiological proposition which I have given in general terms could not have been given by the observers who had previously studied this question, since they did not possess the aids for diagnosis by means of which hereditary syphilis can to-day be so easily recognized in a great many cases where formerly it was not suspected. Pathological anatomy has also come to our aid. From its teachings and those of the clinic we know that the subjects, whatever may be their age, who are affected with dental atrophy carry, with rare exceptions, the incontestable marks of hereditary syphilis.

In the cases where the marks are still wanting at the moment of examination we may still suspect its action, since certain syphilides of the skin or mucous membranes are not always followed by scars. On the other side, when the viscera or the bones alone are attacked, as often happens, the disease escapes clinical investigations.

The main facts of atrophic odontopathy are easily explained by this theory.

You know that the teeth belong, as well as the nails and hairs, to the integumentary system. This physiological relationship ought to present great analogies in the morbid entities. It is admitted by all the clinical teachers, that hereditary syphilis alters the hairs and causes them to fall off; it is natural then to suppose that it also exercises upon the teeth its mischievous action, and that after having caused their atrophy in the alveolus, it continues their destruction by caries.

You know also that the osseous and dental tissues are composed of the same chemical elements, and that they differ only in the growth of the former. Now since the bones are the organs which hereditary syphilis most frequently attacks, it would be strange if the teeth should escape infection.

But we have still the facts of chronological order which underlie this etiology. For example, it is admitted that, in

certain subjects, in the seventh month of intra-uterine life, the viscera and the bones undergo alterations which are characteristic of syphilis. At this date all the temporary teeth have a dentine covering of the thickness of 2mm; and upon the first molar the different tubercles are united; it is then in full formation that they are exposed to the attacks of syphilis, and it is very natural that in certain subjects, as the clinic and pathological anatomy teach us, their mass may be thin in proportion to the duration and intensity of the hereditary disease.

We know, also, that if syphilis appears at the moment of birth, or soon after, the earliest of the temporary teeth, the lower middle incisors, remain altogether free, while those which immediately follow them, for example, the upper middle incisors, are attacked, but in a feeble degree and near the neck.

The facts relative to the second dentition are also easily explained, the more prominent one of which is sufficient to overthrow the theory of M. Magitot, viz., the immunity of the bicuspid and the second and third molars. The evolution of these teeth is very tardy, since they only appear between the ages of eleven and twenty-five years. As hereditary syphilis is generally active only during the first three years of life, the disease does not attack them.

If I was not afraid of wearying you, I would explain to you some other particulars; for example: the predominance of the alteration of the incisors over the canines in consequence of the earlier appearance of the former; the presence upon the same tooth of cupules or parallel cracks with intermediary normal zones, with the alternate periods of activity and repose in the evolution of hereditary syphilis.

You see, then, that the etiological theories adopted up to this time leave unexplained everything which follows naturally from the theory which I have adopted, that is to say, hereditary syphilis.

T. M. STRONG.

THAT SURGICAL EXPLOIT.

THE INVESTIGATOR for Nov. 1, 1881, contains an article under the caption "nucleation of the lung in tuberculosis." It is devoted to a description of one of the grandest surgical operations of the age. It occupies an *entire page*. Modern surgery is making wonderful strides, here is an operation reported that must stand without a parallel in all the annals of surgery, past, present or future, mark you, this stands to the credit of Homœopathy.

The most remarkable feature of this surgical innovation is that contained within the report. Any one acquainted with the difficulties encountered in this operation must recognize in this article an astonishing contribution to surgery. You must have observed this remarkable feature. It contains no theory or argument, hence refutation is precluded. It is unscientific and puerile in tone, and, accordingly sinks beneath criticism. Its only claim is upon credulity. Since this is its only virtue (?) it must be this that *found* for it a place in THE INVESTIGATOR. Its only merit turns upon *fact*. It utterly fails to inspire confidence. The diagnosis is easy. The case is one of luxation between credulity and veracity.

I am well aware that I am taking the part of a fighting editor, but I would rather receive a "black eye" or a bloody nose than to suffer self-aggrandizement and misrepresentation to usurp the throne of truth. It is not my purpose to vent my spleen upon any individual. I have come to the front to fight for the right. It is only incidental if the aspiring surgeon or the derelict editor suffers any annoyance. I firmly believe that confidence has been abused, that the journal discloses a weakness by giving the article space, and that such weaknesses are the points attacked by the enemy. Thus, by carelessness on the part of our journals, the whole school is brought into bad repute.

I believe that the operation reported is not practicable or even possible. In other words the operation ~~as~~ reported was never **made**.

Eneucleation of the right lung by ligation of the bronchus and vessels is an operation that belongs to mythological surgery. Yet, grand and important as this operation would be in *fact*, a report of a case passes under your observation and receives a tacit indorsement. It finds lodgment in our literature without a word of protest or comment, I surmise that the readers of that article considered it so much balderdash and unworthy of any mention. I can not impute a mean motive to the conduct of THE INVESTIGATOR, so it must be that either THE INVESTIGATOR fails to investigate or has become a dupe to the ways that are dark and the tricks that are contemptible.

The article tells its own story. It smacks after quackery of the deepest dye, and the motives of the writer, it is evident, are more selfish than honest. It merits only contempt and the waste-basket. How it ever found room in a respectable journal is a mystery. Our school has enough of burdens to bear. To permit any one to foist such palpable nonsense upon the profession only hinders the progress of honest workers and gives a new incentive to evil doers. There must be a line of demarcation between the spurious and the pure. Things have come to a deplorable pass when the journals fail to discriminate between truth and error when the quack and the true physician are given a like recognition.

I do not complain of boyish simplicity or disparage a lack of scientific acumen, when there is honesty of purpose; but when such weakness is coupled to quackery and misrepresentation, indignant speech will not cease to mouth the injustice done.

My only apology for the tenor of these remarks is a conviction of the facts stated or implied. I am prepared to vindicate my position and the truth at all times. I do not court personal controversies, but, if necessary, will make a disclosure to justify this brazen duty.

COLUMBUS, O.

J. W. CLEMMER.

Anatomical Department.

THE PANCREAS AND ITS PECULIARITIES.

BY PROF. A. R. THOMAS, M. D., PHILADELPHIA, PA.

Comparative Anatomy.—The physiological value of any organ may be fairly estimated from the constancy of its presence in the animal series. Applying this test to the pancreas, the inference is a logical one, that this gland is one of great importance in every animal.

While in no animal lower than articulates is found an organ recognized as a pancreas, it is by no means certain that lower forms may not require, and be furnished with a secretion identical with that of the pancreas, the common digestive surfaces being sufficient, by means of their numerous follicles, to furnish a pancreatic as well as a biliary secretion.

In the lower articulates certain cæcal appendages, opening into the stomach, are believed to furnish this secretion, while in higher forms, including the insecta, numerous distinct follicles, or short cæcal ducts, open into and discharge a fluid into the intestines, which is looked upon as identical with the pancreatic secretion of higher animals.

In the vertebræ series, where we find a greater specialization of tissues and organs, the pancreas becomes more positive in its development, and more readily recognized. In some of the lower fishes, however, there appears to be no pancreas proper, a copious secretion from the intestinal tract evidently furnishing this digestive fluid with the intestinal mucus. In most fishes, however, we find a series of long slender pouches opening into the upper portion of the intestine, generally in a circle around the tube. In most cases these tubes open separately into the intestines; in others, numerous tubes unite, forming a common duct, the tubes being held together by connective tissue, thus ap-

proaching the more complex form of the gland in the higher vertebrates.

In reptiles, the pancreas loses its tubular form, becoming a well developed glandular mass, presenting a variety of forms, generally contained within peritoneal folds; of a light gray or yellowish and sometimes pinkish color, and composed of numerous acini, each of which gives origin to a duct, these again uniting and forming larger ones, the ultimate duct finally opening into the intestine either in company with, or near to the biliary duct.

In birds, where there is no mastication of food in the mouth, and hence an imperfect development of salivary glands, we find a large pancreas associated with their gastric mastication. In these animals, the pancreas consists of two and sometimes three narrow, elongated portions, placed between folds of the duodenum, and supported by the omentum. The substance of the gland is firmer than in reptiles, of a pinkish, yellowish, or brownish color, and of a conglomerate structure. The ducts, usually two, but sometimes three in number, open into the intestines at a point higher, as a rule, than the bile duct.

In the mammalia, this gland differs from that in birds chiefly in the progressive development of a transverse portion, directed towards the spleen, which in man becomes the main portion of the gland. In the monotremata, which form the connecting link between birds and mammals, it resembles, in structure, the gland in animals.

In the rodentia, the pancreas presents the peculiarity of its ducts opening into the intestine at a considerable distance below the common bile duct; in the beaver, the termination being eighteen inches below that duct. Physiologists have availed themselves of this peculiarity in the rabbit, which belongs to this class, for experimental research on the action of the bile on the intestinal contents, before their admixture with the pancreatic secretion.

In the elephant, the pancreas is large, and provided with two ducts, one of which opens into the gall-bladder, where the secretion is mixed with the gall, while the other opens into the duodenum lower down.

In the carnivora, the pancreas is long and narrow, with a distinct duodenal portion; the duct usually communicating with the bile duct before opening into the intestine. In the cat, a small reservoir is found for the secretion, with a distinct duct which opens into the common duct, before that unites with the bile duct.

Human Anatomy.—The pancreas of man is situated in the upper and back portion of the abdominal cavity, extending transversely from the duodenum on the right toward the spleen, which it frequently touches on the left. The enlarged right extremity, usually termed the head, is in close relation to, and grasped by the concave border of the duodenum. The body of the gland rests upon the superior mesenteric artery and vein, and extending transversely, tapers, ending in the left small extremity or tail. Its length varies from six to eight inches and its weight from two to four ounces. It is held in position by its close attachment to the duodenum on the right, by its adhesions to the blood-vessels behind, and by the ascending layer of the transverse mesocolon which passes in front.

In structure, the pancreas is a compound racemose or conglomerate gland, resembling, strongly, the salivary glands, though looser and softer in structure. It is made up of numerous small lobules, united by loose connective tissue, these being composed of microscopic vesicles varying from the 1-200 to 1-400 of a line in diameter.

The excretory ducts, originating in some obscure manner among the cells, unite, forming larger and larger branches, ending, finally, in the main excretory duct, which has been named from its discoverer, the duct of Wirsung.

The canal or duct of Wirsung, extends through the whole length of the gland nearer the lower border, increasing gradually in size, until, upon reaching the duodenum, it acquires the size of a quill. Uniting with the main duct, is not unfrequently found a supplementary duct springing either from some portion of the head, or from that portion projecting from the posterior portion of the body, known as the lesser pancreas; this unites with the main duct, which,

upon reaching the duodenum, unites with the ductus communis choledochus, and passing obliquely with that through the coats of the intestine, they terminate, usually, by a single orifice at the apex of a papilla of the mucous membrane.

The pancreas is supplied with blood, partly from the splenic artery which passes along its upper border, and partly by the pancreatico-duodenalis artery. Its venous blood is returned to the portal vein through the splenic and superior mesenteric veins. It receives its nerves from the solar plexus of the sympathetic.

The position of the pancreas may be indicated upon the surface of the abdomen by a line drawn transversely at a point about midway between the umbilicus and the lower end of the ensiform process of the sternum. To reach the gland in post-mortem examination, the great omentum should be torn from the lower border of the stomach, when by lifting the latter and dragging down the transverse colon, the pancreas may be seen in the back part of the cavity of the lesser omentum.

Physiology.—The pancreas secretes a clear, colorless fluid which bears a strong resemblance to the saliva. It is found to differ from that fluid, however, first: in containing nearly double the amount of solid residuum, in which albumen and casein are abundant, while in saliva they exist in very small quantities; second, saliva contains sulpho-cyanide of potassium, while in the pancreatic fluid there is none. Both fluids usually present an alkaline reaction, both containing varying proportions of salts of soda, potassa, and lime. The chemical composition of pancreatic juice is given by Bidder and Schmidt, as follows:

Water,	900.76
Organic Matter, (pancreatin),	90.38
Chloride of Sodium,	7.86
Free Soda,	0.32
Phosphate of Soda,	0.45
Sulphate of Soda	0.10
Sulphate of Potassa,	0.02
Combinations of: Lime,	0.54
Magnesia,	0.05
Oxide of Iron,	0.02
	<hr/>
	1000.00

As might be inferred from similarity of composition, the pancreatic fluid serves to continue and complete the process of conversion of amylaceous or starchy foods into sugar, after they have passed into the intestines.

From carefully conducted experiments of Bernard, it appears that the pancreatic juice performs another and important function in the digestive process, viz.: that of emulsifying fat, and thus preparing it for absorption. It is well known that fat enters the duodenum from the stomach, unchanged, except that it is melted and set free from the dissolved animal tissue. Becoming mixed with bile and pancreatic juice, it is soon converted into an emulsion, giving the characteristic milky color to the chyle, and brought into a condition capable of being taken up by the lacteals.

That this power of forming an emulsion of fats is connected more with the pancreatic juice than with the bile, is shown, first; by treating fat with these fluids separately, outside of the body, when the emulsion formed with bile will be found much less complete and permanent than when formed with the pancreatic juice; second, observations on the rabbit, where the pancreatic duct opens into the intestine some ten inches below the opening of the bile duct, show conclusively that emulsification of fats is very incomplete until after the admixture of the pancreatic juice; and third, ligation of the duct of the pancreas in an animal, and some forms of disease of the gland in man, are followed by the distinct appearance of fats in the lower intestines, and in the stools.

Treatment of Œdema of the Glottis by Pilocarpine.—M. Sorel, who is a military surgeon at Setif, Algeria, sent to the Societe de Therapeutique in Paris, a case of œdema of the glottis consecutive on typhoid fever, and cured by Pilocarpine. A previous application of fifteen leeches had not given any relief. Ipecacuanha had no effect whatever, and subcutaneous injections of morphia had only given temporary relief. Almost in despair, M. Sorel tried an injection of a centigramme of nitrate of pilocarpine. A slight perspiration appeared, and the troublesome symptoms were removed. On the same evening a fresh injection of a centigramme was made, and on the next day two centigrammes. The patient soon recovered his strength, and became convalescent.

Therapeutical Department.

SEPIA INDICATIONS IN FEVER.

In the retention and suppression of urine that often occur in fevers, Sepia, in the 30th or 200th dilution has done most excellent service, in restoring the secretion to its normal character. It is indicated by delay in voiding urine, after the desire is felt, along with scanty, muddy discharge, the sediment of which *sticks to the vessel*, and the *odor* of which is abominable. If these symptoms are *not* present, some other drug than Sepia must be exhibited; notably, Lycopodium, Apis, Belladonna or Opium, in high dilutions. This fall, I have found Sepia very frequently indispensable, and always prompt in action when indicated.

It has seemed to me that while delirium in children occurs very easily in most febrile states, it is comparatively rare in infantile typhoid; while this is just the fever that in adults most surely induces delirium.

EDWARD CRANCH.

NOTES ON TYPHOID FEVER.

Notes on typhoid fever not touched upon in discussion, in the December number of *THE INVESTIGATOR*. Thirst, dryness of throat, inability to expel accumulations, small pieces of *ice, ad lib.*

To remove fetor of body. To a dilution of Bromo Chloralum, may add alcohol, or soda, as per indication, warm, so as to suit patient. It is a pleasure to the patient, as well as to the nurse, does good all around. Also use it round the room especially in the pot or chamber, I deem it indispensable and shall use it until I can find a better disinfectant.

To relieve the tympanitis. I have seen woolen cloths wrung out of hot salt water, relieve it when all else failed.

Keep a pot or kettle on the stove, part full of water, with a quantity of salt in the bottom *undissolved*.

By using two cloths you will avoid any trouble as to leaving the bowels exposed, as you do not remove one cloth until you get to the bed with the hot one. Wring the cloths enough to prevent dripping, and if done by hand as it ought to be, it will not burn the patient. Keep an extra cloth over all, to keep the bedding dry. If *each* would contribute the *little* things it would conduce to the benefit of all.

PALMYRA Mich.

P. WILBUR.

DISPENSING MEDICINES.

The article in the December number of THE UNITED STATES MEDICAL INVESTIGATOR, on dispensing Homœopathic prescriptions, was very interesting, and gave me food for some thoughts, not wholly new, but puzzling.

It is true enough that Homœopathic medicines are easily *mixed*, but how can we surely prevent it? In *all* pocket cases, the lips of vials will be crowded into contact, if even the original place be kept, and *dry contact* is said to communicate potentized drug agency. I would like to ask you how you *fill* your vials in the pocket cases; whether you use only *dry* pellets, or whether you are not forced, (as you hint), to use such as have only lately been moistened. Now here is my dilemma, in filling a case-vial with moistened, (or dry) pellets, the pellets always come more or less in contact with the *fingers* that hold the empty vial; and in filling several vials in succession, and as quickly as possible, (which I have to do many times a day), may not the different case-vials have their contents vitiated, even though it happens that (as I always do), I rub my fingers off on my coat before taking up a new vial? Do you see my point? and do you not think it an important one? I have used medicine in this way for many years, with the same case-vials for often three or four years at a time, and yet I know by effects, that

some, at least, of my medicines are *pure* and *active*, whether *all* are so, I know not. Please let me hear from Dr. Morgan.

EDW. CRANCH.

DR. MORGAN'S REPLY.

I should have alluded to your point in my article. To prevent contact of lips of vials, when first moistened, and indeed, whenever I handle them, I wipe the lips carefully with a new powder-paper, when first put away, I envelope lip and cork with a paper, before putting the vial in place. Pocket cases are now made which receive the vials on *alternate sides* of each row, so that nearly *every lip* lies between the *bottoms* of two other vials.

There are many bad practices anent this subject. Doctors are satisfied often, with bits of newspaper, or old books, for tumbler-covers, instead of clean dishes. I have repeatedly seen a Pharmacy-clerk, with dirty fingers, besmeared with (who can tell what, or how many?) drugs, proceed to handle corks, vials, and dilutions as freely as though common cleanliness, even, were a mere bore, and quite out of place in Homœopathy. I want none of his wares. He would disgrace an Allopathic drug-store.

I have known a professor of materia medica, to furnish a student with thirtieth triturations; the latter using *a single paper*, by which to transfer a score of different medicines to vials; merely flipping the paper with his finger, after using it for each drug! Comment seems superfluous; but beginners should be cautioned to use a fresh piece of paper for each medicine, and to strictly and absolutely prevent the slightest contact between them.

I have seen a good Homœopath heedlessly pour medicine into a vial, above an open drawer containing a variety of drugs and dilutions, some drops of the liquid falling thereon. This is bad indeed.

In *filling* vials, I commonly use medicated (wet or dry) pellets; or dry, moistening them in the vial. In introducing pellets into a vial, I know physicians too often use their thumb and fingers as a funnel; but it is a slovenly practice

and should be avoided. My plan is to first remove the cork, place it upside down, without touching the interior part; then, wipe with a new powder paper, the mouth of the vial; then surround it with another new paper, and pour the pellets along this as a trough. One paper may suffice, if a little care be taken.

If such precautions be needless, it must be because the similar remedy will cure, despite admixture. That this is *sometimes* the case, is probable; but it is far from certain that it is always so. If it were, we need only *mix* all our remedies, to secure an absolute *panacea*, and with it, "cure all the ills," etc. Very truly, yours,

JOHN C. MORGAN.

Nitrate of Amyl and Nitro-Glycerine in the Treatment of Toothache.—Dr. Atkinson finds (*Practitioner*, Oct. 1881, p. 263) that cotton wool steeped in one per cent. solution of nitroglycerine, applied to a decayed tooth, will give instant relief; if, so soon as the pain has ceased, laudanum be applied by means of fresh cotton-wool, the pain may be kept off regularly for four hours or more at a time.

Treatment of Bronchial Affections of Pulmonary Phthisis by Ammoniacal Inhalations.—M. Melsens highly recommends (*Bull. de l'Academie Belge, et Paris Med.*, Oct. 22, 1881) the therapeutic employment of ammonia by inhalation in phthisis. Knowing that ammoniacal emanations may be respired without danger, of which the proof is the perfect health of workmen who dig guano, and also knowing the good effects of the air of cow-houses in pulmonary phthisis, effects which are generally with justice attributed to the emanations of carbonate of ammonia generated in these stables, M. Melsens conceived the idea that continuous but moderate respiration of this salt might be useful in other affections of the respiratory organs. He decided, after an attack of acute bronchitis, to make the experiment on himself. For that purpose, he wore outside his shirt a bag containing some pieces of carbonate of ammonia; after some time he was absolutely relieved from the affection; improvement set in from the first day. Several invalids who employed the same means obtained great benefit from it, even in cases of long continued chronic bronchitis. Amongst others, a physician at Brussels, who had suffered for a long time from an obstinate cough, due to chronic bronchitis, with dilation of the bronchi, complicated with emphysema, asthma, and sometimes to acute laryngitis. He used the bag of carbonate of ammonia, and found himself perfectly cured.

Psychological Department.

THE INSANE DIATHESIS.

BY SELDEN H. TALCOTT, A. M., M. D., MIDDLETOWN, N. Y.

Dr. Duncan, of Chicago, classifies babies under two heads, namely: the "acid" and the "alkaline;" and from such a physiological standpoint, he argues new methods by which our infant population may be best trained in the way it should grow.

Dr. Grauvogl in his metaphysics of medicinæ, entitled "Text-Book of Homœopathy," designates the various constitutions of the body human as "Hydrogenoid," "Oxygenoid," and "Carbo-nitrogenoid."

As inherent physical characteristics may be thus classified and designated, why is it not equally legitimate to specify either natural or acquired mental peculiarities by terms of a similar basic or inherent import?

Mental abnormality is always due to either imperfect or eccentric physical development, or to the effects of inborn or acquired physical disease, or to injurious impressions either antenatal or post natal, upon that delicate and intricate physical structure, the human brain. Some forms of physical imperfection more than others, give rise to mental derangements. Some persons more than others, when affected by any bodily ailment, tend to aberrated conditions of the mind. Some impressions more than others, are peculiarly unfortunate by reason of their corroding effects upon the tablets of a sensitive mind.

To these natural defects and unnatural tendencies, we apply in a general way, the term, "The Insane Diathesis." It is a state or condition in mental pathology corresponding to those diathesis so common in physical pathology, to wit, scrofulous, cancerous, scorbutic, rheumatic, gouty and calculous.

“The Insane Diathesis” is a general term applying to all those conditions which tend to the inception and growth of mental unsoundness. There might be sub-divisions, such as the melancholic diathesis, the maniacal diathesis, the paretic diathesis; but we do not propose in the brief limits of this paper to pursue the question to its ultimate ramifications. It will suffice if we expose a few of the large roots of this growing and gigantic curse upon the human intellect.

The insane diathesis may be either hereditary or acquired; in the former case it might be compared to the scrofulous, in the latter the gouty diathesis.

Those who are born to become insane do not, necessarily, spring from insane parents, or from an ancestry having any apparent taint of lunacy in the blood; but they do receive from their progenitors certain impressions upon their mental and moral as well as their physical being, which impressions, like an iron mould, fix and shape their subsequent destinies. Hysteria in the mother may develop the insane diathesis in the child; drunkenness in the father may impel epilepsy, or mania, or dementia in the son. Ungoverned passions in the parents may unloose the furies of unrestrained madness in the minds of their children. Even untempered religious enthusiasm may beget a fanaticism that cannot be restrained within the limits of reason.

As the development of progression is slow and gradual, so likewise is the development of degradation. As men attain high moral or intellectual achievements only through the efforts of succeeding generations, so it seems but natural that the insane should, oftentimes, trace their sad humiliation and utter unfitness for the duties of life, back through tedious line of passion unrestrained; of prejudice, bigotry, and superstition unbridled; of lust unchecked; of intemperance uncontrolled; and of nerve resource wasted, exhausted, and made bankrupt before its time.

Here are dangers to the human race which potent drugs cannot avert; here are maladies which medicines cannot cure. But the medical man, the conservator of the public health,

realizing the dangers which threaten his community or state, may help, if he will, to parry the rude blow which the present thoughtlessly aims at the future; and by timely warnings and appeals to his clients of to-day, may save for his own treatment, rather than that of an asylum, his clients of to-morrow.

This is not a warning against fictitious danger, for in many minds the idea prevails that insanity is alarmingly on the increase. Even if that be not true, we are at least prepared to assert that insanity "is holding its own," so to speak, while there ought to be, in the world's mighty march to higher and better things, a constant lessening of those evils and perils which beset mankind.

Now what are the causes, the outward evidences, and the best means for prevention of this early beginning, steadily growing, far reaching curse, which comes only to torment with purgatorial tortures, its victims before the time. We have already hinted at some of the causes. These are most frequently traceable to the methods of life of those who produce children under such conditions that their offspring bear the indelible birthmark of the insane diathesis. A cause is found in the early dissipation of that father who brings to the work of perpetuating his kind, only an exhausted and enfeebled body, and a demoralized and *blase* mind. A cause is discovered in the mother who contributes her mite to earthly immortality, but who tarnishes that mite with the dross of her own unhallowed and unhealthy existence. Causes are developed from the parents' unclipped imagination, or sordid desire, or base motive, or succession of mean action, or trial of fear, or passion of remorse, or depletion of the bodily system, or undue gratification of appetite, or from any perversion of the physical, mental, or moral powers. The insane diathesis is a product of all those forces which tend to rack and wreck the minds and bodies of those whose lives do not conform to the highest precepts of the laws of nature. It is a "genetic evolution" of the *worse* from the *bad*.

"Cursed be the social wants that sin against the strength of youth?"
"Cursed be the sickly forms that err from honest nature's rule!"

Not only is the insane diathesis the fruit of wrong living and wrong thinking in the early lives of the parents, but it is often the result of peculiar states in which the producing pair find themselves at the supreme moments of impregnation, and likewise in the unpleasant emotions induced by the surroundings of the mother during pregnancy.

Drunkenness, lust, rage, mental anxiety, or even incompatibility, if admitted to participation in the act of conception, will, each in turn, often set the seal of their presence in the shape of idiocy, imbecility, or insanity. The famous Diogenes recognized this fact when he reproached one of those half-witted, cracked-brained unfortunates, with the remark: "Surely, young man, thy father begot thee when he was drunk." Burton, in his "Anatomy on Melancholy," also states that "if a drunken man begets a child it will never likely have a good brain." Other unfortunate passions and conditions exert as deleterious an effect upon the formative process of new human life as drunkenness. As an example we give the following authentic case: A father had the pleasure of seeing two of his sons grow up strong and vigorous, mentally and physically, while a third was weak, irresolute, fretful, suspicious, and half demented. He confessed to his physician the cause of this family mishap, in these words: "In the summer of 18—I failed, owing to my rogue of a partner running off with all our money. No man, perhaps, ever felt such a misfortune more keenly than I did, and it seemed to me I should never get over the shock. I was completely unmanned and feared I should go crazy. Well, during this state of things my wife conceived, and *there is the result*. Poor S! He inherits just the state of mind I was then in."

Scores of such cases might be cited. Such warning are not single or singular. Such consequences are the inevitable results of an utter disregard of the simple and plain requirements of nature. A sound body and a cheerful mind can only be produced from a healthy stock; those who multiply

with disease in their bones, care on their minds, and canker in their hearts, simply perpetuate and intensify their own pains and sorrows and cares. Unpleasant influences brought to bear upon the helpless mother during the delicate period of pregnancy, or the free exercise of unholy passions in her heart while thus living a duplex life, are so marked by the production of a vast variety of mental peculiarities that historical, scientific, and medical works are replete with the untimely records.

Rizzio was murdered in the presence of that beautiful and gifted, but unfortunate, Mary, Queen of Scots, she being at that time pregnant with James VI. Her son, though a monarch and born to rule, had a constitutional timidity of temperament, and a great terror of a drawn sword; nor can it be doubted that the shock upon his mother's mind, occasioned by her being the unwilling witness to the brutal murder of one she unwisely loved, and that, too, while she was *enciente*, contributed to stamp upon him those peculiarities which distinguished him in so marked and discreditable a manner from all the rest of the line of Stuart.

Ishmael practiced the insanity of hate, because his mother lived with that emotion uppermost in her heart, while bearing within her own body the germ of a nation of haters. The first Napoleon became a great warrior, and cherished the delusion of destiny, because his mother, while carrying him in her womb, "exercised queenly powers over her spirited charger and the subordinates of her husband," and daily associated with the bravest and best, as well as most superstitious, of the French army. Surely her state of mind during her son's formative process had much to do with the subsequent great Captain's passion for war, and likewise his delusive belief in destiny.

Children born under influences of fear are most likely to take on that bent of mind which leads to insanity. Mr. P. murdered his wife and nine children. Fear pervaded the minds of several pregnant women in the neighborhood, lest they should meet with a similar fate; and the children, born soon after, grew up to be crazed by the same emotion that

had almost paralyzed their "feminine progenitors." An insane man always manifested the greatest fear of being killed, and constantly implored those around not to hurt him. His mother had lived with a drunken husband who had often threatened to kill her, once pursuing her with a carving knife. She managed to escape, and shortly afterwards gave birth to this son, who was constantly possessed with the pangs of fear, until he finally took his own life that he might escape apprehended dangers.

Not only individuals but whole communities are sometimes affected in the manner we have mentioned; and the strongest facts prove that "the faculties which predominate in power and activity in the parents, when the organic existence of a child commences, determine its future mental disposition." Esquirol remarks that "the children whose existence dated from the horrors of the first French Revolution turned out to be weak, nervous, and irritable in mind, extremely susceptible of impressions, and liable to be thrown by the least extraordinary excitement into absolute insanity." I believe that the noticeable increase of insanity throughout this country during the past few years, is due quite as largely to the anxieties, depressions and fears caused by our late civil war, as to the financial crisis which followed it. The crop of children springing from parents whose married life dates from the early part of the war, is now furnishing a large quota of this increase to the ranks of insanity.

As we have already stated, the insane diathesis may be acquired, as well as inherited, and by the following means:

First, by imperfect nutrition; *secondly*, by slight and almost imperceptible injuries to the brain; *thirdly*, by those fears which are sometimes excited in the minds of children *for purposes of government*, (diabolic doings of parents and nurses); *fourthly*, by cruelty and neglect; *fifthly*, by overtaxing of the undeveloped physical powers; *sixthly*, by unwise forcing of the mind in its immature stage; and *seventhly*, by the premature and unnatural excitement of the sexual organ of the young.

Insanity is a result of diseased conditions of the brain. It

manifests its presence through the medium of the mind, but the materials it feeds upon are the tissues of the cerebral structure, and the force it assails is the *vis vitalis*. Hence it is easy of comprehension that whatever tends to the weakening of the cerebrum, or the exhaustion of the sources of life, must necessarily favor the inception and growth of insanity. Lack of proper nutrition for the brain is, therefore, a prime cause of acquired mental abnormalty.

As severe blows upon the head cause concussions, congestions, and inflammations which speedily terminate the lives of those thus injured, so slight blows, quickly forgotten, perhaps, often result in stealthily developed, but none the less dangerous conditions which eventuate in derangement of all the mental faculties.

Fright, occasioned by threats of punishment, by locking up in dark rooms, by stories of greedy bears or grinning ghosts, produces oftentimes a mental shock that not only renders the child wretched during its early life, but brands the brow of its victim with the mark of impending insanity, a mark as deep and indelible as the trace of an actual cautery. This wound upon the child's mental being may apparently heal, but the rude chafings of the world will, at some future time, rend the cicatricial tissue and produce an irruption of insanity. These deplorable results may not only follow the emotions of fear aroused in the minds of the young, but the diathesis may develop from all those cruelties and neglects which are thoughtlessly or wilfully practiced by those parents who have never realized the vast responsibility of their sacred charge. Such practices by the parents, foster in the children the growth and unchecked use of those passions which, unchained and uncontrolled, tend most surely to the overthrow of mental poise.

As insanity is most prevalent among the working classes, and as it frequently succeeds the utter exhaustion of all the physical forces, it follows most conclusively that overwork of the young and immature is a pre-eminent cause of their gravitation toward that abyss, into which the full grown and the strong are so readily precipitated, when their grasp

upon reason has been paralyzed by the grinding toils of life. Our factories, shops and stores are not only for the production and display of artistic and useful wares, but when the young are employed in them, and overtaxed by day and by night, they become the feeders of asylums for the insane, as well as the producers of material for premature graves.

But by far the most common cause of acquired insanity is the forcing system adopted at the present time for the education of the young. While we believe that proper education and training of the human mind is one of the best of prophylactics against insanity, we also hold that, like all other agencies which when properly applied, are most patent for good; and which, when misdirected, become the most terrible instruments of evil; the system of popular education, as now practiced, is fraught with dangers that are likely, unless checked, to destroy the very end it is intended to accomplish. Instead of seeking first to insure a sound physical basis for the mental superstructure, our present methods tend to break down physical health; to dry up the primal sources of existence; and to bring to eventual wreck all the powers of body and of mind. It is only by violating the prevalent methods of education, and by playing truant in spite of threats or entreaties, that we have enough of real genuine Yankee vitality left in the nation to cope with the difficulties, and cares, and labors, which the demands of the times put upon us. Well might the eloquent Dupaty exclaim, when gazing at the magnificent anatomical museum at Florence: "Philosophy has been in the wrong not to descend more deeply into physical man; there it is that the mental and moral man lies concealed." When our public educators come to appreciate the sublime fact that the human body and the physical brain must be first sufficiently developed and perfected, and that mental growth must follow, not precede physical growth, and, if need be, be restrained with a steady hand, and that the minds of the young must be guided to grand achievement with discriminating judgment, then our schools will no longer be hotbeds for the propagation of imbecility, nor gardens for the culti-

vation of lunatics. Mental culture may *accompany* physical growth, but always in the order of an army following its leader. When perfect discipline is attained, and the hour for battling with the world arrives, then the mental forces will certainly march to the front, and they will take with them the inspirations of health and good blood.

That grand philosopher, Herbert Spencer, referring to the evils of intellectual cramming, voices a timely warning to both youth and age in these emphatic words: "On old and young the pressure of modern life puts a still increasing strain. Go where you will, and before long there come under your notice cases of children or youths of either sex, more or less injured by undue study. Here, to recover from a state of debility thus produced, a year's restriction has been found necessary. There, you find a chronic congestion of the brain that has already lasted many months, and threatens to last much longer. Now you hear of a fever that has resulted from the over excitement in some way brought on at school. And again, the instance is that of a youth who has already had once to desist from his studies, and who, since he has returned to them, is frequently taken out of his class in a fainting fit."

"We state facts—facts that have not been sought for, but have been thrust upon our observation during the last two years, and that too within a very limited range. Nor have we by any means exhausted the list. Quite recently we had the opportunity of marking how the evil becomes hereditary, the case being that of a young lady of robust parentage, whose system was so injured by the regime of a Scotch boarding-school, where she was under-fed and overworked, that she invariably suffers from vertigo on rising in the morning, and whose children, inheriting this enfeebled brain, are several of them unable to bear even a moderate amount of study without headache or giddiness."

Thus, from apparently small beginnings, are the evils of our race perpetuated and intensified. How long, think you, will it take to propagate, from stock *progressing* (?) in this direction, the insane diathesis?

Again Herbett Spencer remarks: "How commonly constitutions are thus undermined will be clear to all who, after noting the frequent ailments of hard-worked professional and mercantile men, will reflect on the disastrous effects which undue application must produce upon the undeveloped systems of the young. The young are competent to bear neither as much hardship, nor as much physical exertion, nor as much mental exertion, as the full grown. Judge, then, if the full grown so manifestly suffer from the excessive mental exertion required of them, how great must be the damage which a mental exertion, often equally excessive, inflicts upon the young."

A marked case of imperfect nutrition and mental overwork, resulting in insanity, has lately come to my knowledge. The patient, a young ambitious Welshman, was brought up on a farm where he was overworked and (in common with many of the poorer classes of Welsh) but indifferently fed. From this hard and monotonous life he passed to the severe study and indoor confinement now thought necessary to preparation for college. Though slight in form and weak in body he succeeded in his new work remarkably, and was a leader in intellectual achievements at the academy in his native village. Last summer he entered college, but only to break down under the unnatural strain; for in a few months he passed on from the quiet shades of learning to the shadier refuge of an insane asylum. The diathesis in this case was acquired by the means mentioned, for there is no history of hereditary taint, and no other causes for insanity to be found. Such a case illustrates both the un wisdom of the victim for pursuing such a suicidal course, and the folly of his parents for permitting it to be entered upon by the son. It should also serve as a warning to those who are yet free from the distressing toils of unwise scholarly ambition.

(To be continued.)

Materia Medica Department.

SHORT PROVING OF IODIDE OF POTASSIUM.

The following short and involuntary proving of Kali hydriodicum was made August 1, 1878. Was in perfect health at the time.

Took by mistake about thirty grains of the crystals of Iodide of Potash. I immediately afterward got into my buggy and rode out into the country. I felt no ill-effects from the drug for about two hours. The first symptom which manifested itself was a tingling, prickling sensation, accompanied by violent sneezing in paroxysms. Would sneeze four or five times in succession; these paroxysms would return in about ten minutes. The nostrils would become completely occluded, alternately, first the right then the left. Great heat in the nasal sinuses. Discharge from the anterior nares of a very acrid nature, so much so that the parts coming in contact with this discharge were excoriated. Excruciating pain in the maxilla and teeth coming in shocks very much like facial neuralgia, (for which I have since found it a valuable agent when accompanied by coryza.) Great stiffness and immobility of the jaw. About 7 or 8 o'clock P. M., great difficulty of respiration. The heart seemed to be unequal to the task of circulating the blood. Pulse heavy, slow and irregular. The exact number of beats to the minute, I did not ascertain, but I should say about fifty, (my pulse generally averages eighty to ninety.) Great anguish. Attempted to go up stairs but had to stop several times from the great dyspnoea and excessively dull pain in region of the heart. Crackling in the right ear when attempting to swallow. About 2 A. M., sounds as of rain falling on the roof, and I insisted it was raining, although my wife assured me it was a clear, still night. Sounds as of a large river sweeping by. Faint sensation in the stomach. Great pain in the back of the head. Dreams of a wander-

ing character. Dreamed of danger. Pain and soreness in the lumbar region. Next morning, tongue dry, stiff and covered with a dark brown coating. All day, August 2, could not sit up from a fluttering palpitating of the heart, that made me feel faint and sick. This sensation did not entirely disappear for weeks, and for days had a severe frontal headache. These are the symptoms as made at the time, and though proving was very imperfect, it certainly calls attention to the efficacy of Kali hyd. to neuralgias of the face, teeth and jaws, coryza, asthma and heart troubles. I have used it in angina pectoris accompanied by fainting on arising or moving about, patient has to keep perfectly quiet in a recumbent position. I have never fully recovered from the effects it had on my heart.

GRAND FORKS, Dakota.

S. W. RUTLEDGE.

MONOTROPA IN CONJUNCTIVITIS.

A farmer brought a horse to me that was blind, the eyes were inflamed and swollen, and very tender; had been blind four days, would walk against the barn with eyes open. I concluded that it was pinkeye that had been talked about in the news-papers; the eyes were a dark pink color and water discharging from them constantly. I gave him two drachms of the expressed juice of the herb of *Monotropa uniflora* in a half pint of water, all to be injected in the eye in four days. The fifth day the horse could see as well as ever; swelling gone, discharge stopped and only a slight color remaining.

L.

Treatment of Diabetes Incipidus.—Dr. Pror, in the *Lancet*, Oct. 1881, p. 862, reports a case of this disease in which large doses of valerinate of zinc (10 to 12 grains three times a day), given in combination with tincture of valerian in two-drachm doses was, after two months' perseverance, followed by a perfect cure.

Correspondence.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

EDITOR OF THE MEDICAL INVESTIGATOR: I have just received a notice stating that the next meeting of the American Institute has been removed from Richmond, Va., to Indianapolis, Ind., and that "information received by the Executive Committee, from Richmond, Va., and from the 'Hahnemann Medical Society of the Old Dominion,' satisfies them that the invitation to meet there was premature."

As I was the one who presented the invitation, this seems to reflect upon me, as though I had taken the personal responsibility of doing so without consulting any of my conferees in Virginia. The facts are these: Every Homœopathic physician in the State of Virginia, and many in North Carolina were consulted by letter, with one exception, a physician in Richmond, who was consulted verbally. With only two exceptions every one was heartily in favor of it, many urging it, and signifying their willingness to paying expenses if necessary, to the meeting of the Institute at Brighton Beach, if I would only push the matter. They were anxious for it, and willing to help, except those two, and only one of those was a member of the Institute. All the physicians who were in favor of it, with the exception of three, new comers in the state, were members of the "Hahnemann Medical Society of the Old Dominion," two of them were officers, vice president and corresponding secretary. The number who were anxious to have the meeting held in Virginia, were twelve, those opposed two. I did not consider that I was acting in any manner "prematurely," with so large a majority in favor. To show that there was nothing "premature" in this, the city had been pretty well canvassed, and the great majority of Homœopaths (citizens) were glad to know the Institute was to meet there, and

willing to do all in their power to make the visit of the members one to be remembered pleasantly, arrangements were being made to secure a most excellent and beautifully situated meeting room. The hotels were canvassed and good arrangements there and at many private boarding houses, could be made to *well* accommodate *all* who come. The local papers had noticed the fact of the Institute coming next summer, and in fact every thing was being done and *would* have been done to make the meeting both pleasant and profitable. The "information received by the executive committee from Richmond, Va., was only from *one* individual, and he one of the two who originally opposed the plan. Although he happened to be an officer of the "Hahnemann Medical Society of the Old Dominion," he was simply *one* member of it, and had no right to represent the society as he did, when the *large* majority of that society were strongly in favor of it.

I think the Executive Committee of the American Institute, make a great mistake in making this change.

In the south, the great battle for Homœopathy has been and is being fought, those physicians who have gone there are doing pioneer work, and need all the aid and comfort possible. They are comparatively few in number, and not wealthy, but with few exceptions, they are a determined band of hard workers. The people of the south knew very little of Homœopathy, and know nothing of the physicians as an organized body. The presence of the members of American Institute, meeting in different points in the South, would give courage to the band of workers there, and give an impetus to Homœopathy in that section, that nothing else could so well accomplish. We could not have treated the Institute with the gorgeousness that was shown in New York, but we could have welcomed them with warm hearts and willing hands, every comfort would have been attended to, and we should have given them as much pleasure as possible. But, as I stated at Brighton Beach, when I gave the invitation, we *need* the influence the presence of the Institute would give us. I stated to many members that we

could not give them any grand entertainments, but we could make them comfortable, would treat them hospitably, and do the best we could. Many said to me "we are tired of the feasting, and we don't want you to go to any such expense, give us good comfortable accommodations and a good hall to meet in, and arrange to let us have time to visit the many points of interest around Richmond." Ah this and more would have been done.

Several physicians in Virginia, sent in their names by me last June, for membership in the Institute, feeling that they wished the state to be as well represented as possible. Many others had signified their desire to join the Institute upon its meeting next June, in Richmond. The cold water now dashed upon them by the change of meeting, will have the effect of stopping many good men from joining the Institute, and will seriously injure our cause in the south. The chairman of the executive committee was informed of these facts, and I am surprised that in the face of them he allowed himself to take the action he did.

Some have thought my removal from Richmond would affect the meeting. The loss of my wife and breaking up of my family caused my removal, but made no change in the arrangements for the reception of the Institute. My former partner, an active man, was equally interested with myself, we were working together, and would have continued so, in fact many things had been done since my removal, and I would have gone there next spring and aided in the final arrangements. Suffice it to say the change is wholly unnecessary, and is an injury to our cause in the section where we need the most help and influence.

If the American Institute simply meets to have a grand time and a big hurrah, then its days of usefulness are ended. But I do not believe the action of the executive committee is the real voice of the Institute. A. R. BARRETT, M. D.

THE WAY WE LIKE THEM TO SPEAK OUT.

I this day received the Twenty-ninth Annual Announcement, Medical University of Vermont, from which I cull the following: "To prevent any misunderstanding with regard to the requirements for graduation, the faculty desire to state that the only courses of lectures recognized, are those taken at medical colleges recognized by the American Medical Association. The tickets and diplomas of Eclectic, Homœopathic, or Botanic Colleges, or of colleges devoted to any special system of medicine are considered irregular, and will not be recognized under any circumstances. Certificate from preceptors, who practice any peculiar system of medicine, or who advertise or violate in any way the code of ethics adopted by the profession, will not be received, under any circumstances, even if the preceptors be regular graduates in medicine."

This is to the point, and, the way we like them to speak out, even if they are cutting off their own noses to spite their faces.

This should be given wide circulation, that our people may know just the feelings that animates the breast of the Allopaths. I have reason to believe that there are but few students of Homœopathy who have any intention of entering or taking a course in an Allopathic college, yet if there are such, I hope the above extract will meet their eyes.

There was a time when a student of Homœopathy might have taken a course at an Allopathic college, perhaps with benefit. The necessity for such a course has fully passed away. As our colleges, "Homœopathic" we call them, are many, and equally as good as the best of Allopathic.

C. I. WENDT.

Sea-Sickness.—Mr. Charles Gibson, draws attention to the great value of bromide of sodium in large doses in the treatment of sea-sickness. Amyl nitrite he has found only occasionally useful; but for readiness of application, especially among emigrants, the hypodermic use of morphia is the most convenient and efficacious remedy. [That is the latest Allopathy can offer. We can improve on that.—ED.]

Society Department.

THE IGNORANT TREATMENT OF THE UNCONSCIOUS.

The St. Louis Society of Homœopathic Physicians and Surgeons held its regular meeting last evening, Dr. Kershaw, President in the Chair. Those present were: Doctors Walker, Cummings, Peariman, Valentine, Campbell, Sauter, Scott and Parsons. Dr. S. B. Parsons read the paper of the evening, his subject being "Unconsciousness—the differential symptoms observed when due to opium, alcohol, apoplexy," etc. Dr. Parsons' paper concluded with several local illustrations of his theme as given:

And if we who have made this subject a study of years sometimes meet with cases that puzzle us, is it right to expect any person uneducated in the science, misinformed as regards the various causes of unconsciousness, their special and general symptoms, progress, etc., to be able to distinguish one case from another? And yet this is what our police officers to-day are attempting to do, with what results the daily papers too often tell us in obituaries and comments not flattering to an enlightened public, nor creditable to our worthy police commissioners. Not unfrequently do we read of a victim being taken to and locked up in the calaboose, as a case of drunk because he was found in an unconscious or bewildered state, that afterwards proved to be one of poisoning or one of injury. A few weeks ago a young man was found at the corner of Fifth and Market streets, helpless and unconscious, and from thence taken to the calaboose by a police man and locked up in a cell to "sober off." The next day, consciousness not returning, he was sent to the city hospital, and there died without again becoming conscious. A post mortem examination revealed a fracture of the skull, and compression of the brain from effusion of the blood thereon.

Another man was discovered insensible in the snow at the Union Depot by a policeman and lodged in a cold cell in the jail as a person drunk from liquor. The next day he was discovered by a friend, who cared for him, but the victim was unable to walk. On investigating the cause both feet were found frozen stiff and hard, and gangrene appearing they were cut off, but without avail, for he died a few days afterwards. This man was not a drinking person, never took liquor in any shape, but for years had had epileptic fits. Another man was carried to the calaboose as a case of intoxication who died in his cell before morning. A post mortem showed it to be a case of hæmorrhage into the brain. I could give you still other cases of a similar nature that received similar treatment, and that either ended similarly or in some injury that maimed the patient for life. Now, I again ask, is it right or proper to expect or permit any person not familiar with the

action of poison, and all other agents that produce insensibility, to assume the responsibility of deciding upon the condition of persons unfortunate enough to become unconscious from any cause, that may by chance be thrown upon their hands? Is this 'guarding life' for which our patrols are paid? Their intentions may be in fact good and honest, but their judgment must of necessity be very defective.

There is another point in their treatment of unconscious and stupefied persons I wish to speak of, and that is the habit of beating the soles of the feet with their clubs to arouse the victim to a state of sensibility. This plan may answer in some cases of simple intoxication, but if there be gravescent apoplexy, or compression of the brain from any other cause, its infliction is worse than useless, it is positively hurtful, and may prove fatal. And not in such cases only is it injurious, but sometimes also in instances of a simpler nature, when the ill effects are permanent and progressive, and end in total disability for any active labor afterwards. I have read of a case where the clubbing led to atrophy and wasting of the entire limb and its complete uselessness thereby, and from which the patient never recovered.

If, then, they are incapable of distinguishing under all circumstances the true cause of insensibility, is it at all reasonable, is it good law or good order that such responsibility should be imposed upon them if it is? Or should such a serious matter be intrusted to them to dispose of as they see fit, one case like another? To remedy these wrongs let our police commissioners order a careful removal of all persons found in an unconscious state to a proper place, and none but a physician attempt their restoration to consciousness, and let them also appoint one physician for each station house, a physician who is well informed on the subject, whose duty it shall be to attend upon and personally examine every case brought in that presents "a mind diseased," and especially those cases in an unconscious state.

Turpentine Compresses.—M. Vidal, in a communication to the Therapeutical Society of Paris, Oct. 26, 1881 (*Gaz. Hebdom. de Med. et de Chir.*, Nov. 4, 1881), reminded the Society that in 1771 he had recommended the use of compresses of flannel, wetted with turpentine and covered with oiled silk. If the compress remain *in situ* for more than half an hour, vesication is generally obtained. The intensity of the revulsion may, however, be diminished by not putting on any impermeable covering, such as oiled silk, and allowing the turpentine to evaporate freely. M. Vidal attributes the remarkable success which he has obtained in cases of peritonitis not of a puerperal character, not only to the energetic revulsionary character, but to the absorption of the turpentine by the skin; the pulse rises, the general state and facies rapidly improved, and cure is abundant in cases which seemed desperate. He has also obtained excellent effects in the bronchopneumonia of infants.

[M. V. would learn more of the general effects of this remedy, if he would study the Text-Book of Materia Medica.—ED.]

Medical News.

Dr. J. S. Lowell has removed from Nevada to Clinton, Ia.

Dr. H. E. Colvin has removed from Waukegan to Elgin, Ill.

Dr. H. Knapp has removed from Virginia, Nev., to Stockton, Cal.

The Buffalo Homœopathic Hospital has had a bequest of \$10,000 from the late Robert G. Stewart.

Dr. S. W. Clark, of the house staff of the Homœopathic hospital, W. I., succeeds to the practice of the late Dr. J. J. Youlin, at Jersey City.

Died.—Mrs. R. B. House, of Tecumseh, Mich., died January 4, of consumption. We extend our sympathies to the doctor in this bereavement.

Mrs. Craig, living at Los Angeles county, Cal., on December 29, 1881, was delivered, by Dr. Joseph Kurtz, of six perfectly formed female children.

Medical Families.—Dr. E. A. Lodge has three sons, physicians. Prof. H. P. Gatchell has five sons besides Mrs. G., who lawfully write M. D. after their names.

Hereditary syphilis has been well discussed in these pages. The articles by Parrot have given us the latest views on this practical subject, and they deserve careful perusal.

Prof. Franklin has been acquitted on two charges before the Board of Regents. It is rumored that Prof. F. will leave Ann Arbor. He is an able surgeon and should have more elbow room.

The Sixth Course of Private Lectures on Diseases of Children, will be given by Dr. T. C. Duncan, to physicians, in connection with the practitioners course, during March and April, in the Chicago Homœopathic Medical College.

Dr. A. R. Barrett, formerly of Richmond, Va., has removed to Orange, N. J., and has formed a partnership with Dr. F. Ormsbee. He thinks the Institute should go to Richmond and do missionary work for Homœopathy, as in honor it should.

The Insane Diathesis.—The article on this subject which we lay before our readers by special request is one worthy of special attention. It is one of those bold generalizations that our schools are becoming famous for. With our knowledge of the remedial side of medicine we are able to see landmarks of great value.

Prof. Lienthal has a cataract forming on his left eye, and his surgeons, Drs. Allen and Norton forbid night work. Our editorial friend should practice a round hand. His microscopic chirography

drove several printers out of our office. There are plenty of young eyes ready to spell our old friend. Rest brother Lillenthal.

New York, December 14, 1881.—The annual meeting of the Homœopathic Medical Society, of the county of New York, was held this evening. The following officers were elected for the ensuing year: President, E. Carleton, Jr., M. D.; Vice President, F. E. Doughty, M. D.; Treasurer, T. F. Smith, M. D.; Secretary, F. H. Boynton, M. D.; Librarian, Chas. Deady, M. D. Censors, Geo. E. Belcher, M. D.; Jno. M. E. Wetmore, M. D.; H. A. Willard, M. D.; C. A. Bacon, M. D.; Geo. M. Dillon, M. D.

The Dawn of Freedom of Opinion in Medicine is the title of a leader in the *Monthly Homœopathic Review*, (London), in which it notes the remarkable action of the Lancashire and Cheshire Branch of the British Medical Association, at a meeting held in Liverpool, in which it refused to pass a resolution "that it is inconsistent with professional honor and honesty for practitioners of medicine or surgery, to meet Homœopathists in consultation, and repudiates the views expressed by the readers of addresses in medicine and surgery, at the late meeting at Ryle." An amendment granting "the freest exercise of individual judgment" was lost by nearly a tie vote. Freedom is certainly dawning.

Homœopathy in England.—Dr. W. Bayes, who has removed from London to Brighton "to breathe in Ozone," writes: "I am much occupied in the reconstruction of our London School of Homœopathy, and in an attempt to obtain certain concessions in the *new medical act*, which is at present being considered by a commission appointed by Parliament, of which the Earl of Camperdown and the Bishop of Petersburg with many other members of Parliament, and men of position are members. We are hoping to obtain some part of our rights. At present we are content to ask but three things: 1st. To ask some representation of our body in the Medical Council. 2d. The power to examine in Homœopathy. 3d. The power to grant the degree of licentiate in Homœopathy, to those who are able to pass an examination in Homœopathy, in addition to having obtained a diploma under the state examination."

Percentage of the Annual Number of Deaths Caused by Phthisis.—We have consulted the census of 1870 in our preparation of the following table, showing the percentage of the annual number of deaths caused by phthisis. In Arkansas, Georgia, South Carolina, and Texas, the percentage of deaths by phthisis is 5 per cent. In Tennessee, 5½ per cent. In Florida, Utah and Mississippi, 6 per cent. In Colorado, Kansas, Louisiana and North Carolina, 8 per cent. In Missouri, Montana and Nebraska, 9 per cent. In Illinois, 11 per cent. In Iowa, Virginia and Dakota, 12 per cent. In Indiana, Kentucky, Minnesota and Wisconsin, 14 per cent. In Michigan, Ohio, Pennsylvania and West Virginia, 16 per cent. In Connecticut, New Jersey and New York 20 per cent. In District Columbia, Maine, Massachusetts, and

New Hampshire, 25 per cent. In Rhode Island and Vermont, 25 per cent. In Delaware, 26 per cent.

Enucleation of the Lung.—The report of this exploit is severely criticised. Whether it is true or not, we have no means of knowing. The operation of opening the attenuated walls of the chest of a consumptive, and removing a mass of diseased lung tissue, where the bronchi are atrophied and the blood vessels shrunken and partially occluded, does not seem so formidable a surgical exploit as removal of the spleen or stomach, as reported in our last number. A physician who would deliberately plan a falsehood and attempt to lay it before thousands of medical confreres, will surely come to grief. We have found in our editorial experience of fifteen years, that the person who sows such seed through our pages soon reaps a whirlwind of indignation and contempt. We do not forget that facts are often more wonderful than fiction. Which we have in this case, we leave Dr. L. R. Palmer, of Terre Haute, Ind., to rise and explain. As to the criticism on the course of this journal, we have only this to say: we consider our thousands of readers as competent to judge of the truth or falsity of a statement as ourselves, and they need no censor. Credulity we think is one of the weaknesses of some in our school, and if we can infuse or provoke a little doubt, (or at least caution in believing everything that is printed), THE UNITED STATES MEDICAL INVESTIGATOR will not have lived in vain.

Dr. Boynton and Garfield's case.—The bills of the physicians and surgeons for attendance upon the late President Garfield, amount to about \$68,000. Dr. Agnew's charges are \$30,000, Dr. Hamilton's \$25,000, Dr. Bliss' \$8,000, and Dr. Reyburn's \$5,000. Barnes and Woodward will, of course, present no bills, as they are surgeons in the United States army. Dr. Agnew's charges are at the rate of \$500 a visit. He charged \$5,000 for the first operation he performed on the president. Drs. Boynton and Edson, who were with the wounded president almost day and night acting as nurses, have not presented any bills for services. Unquestionably Congress will give them something for their valuable services.

WASHINGTON, D. C., December 29.—Marshal Henry says, the attempt to class Dr. Boynton as a nurse in the Garfield bills is unjust. Dr. Boynton was most faithful, but was fought because he was a Homœopathist. Dr. Bliss deceived Mrs. Garfield, by saying the cabinet wanted him in the case, and deceived the cabinet by saying the same of her. Dr. Boynton's attentions were for the love of Garfield. The president told Marshal Henry just before the shooting that he had given Dr. Boynton a check for \$1,000 for his care of Mrs. Garfield, and he had refused to take it.

TOPEKA, Kans., Dec. 29.—In reply to the statement of Marshal Henry, as telegraphed from Washington, concerning the expenses incident to the illness of president Garfield, Dr. S. E. Boynton says that he never made any charges during the president's sickness. He states that he had been his physician in Ohio, and had, at the request

of the president, attended Mrs. Garfield during her illness at the White House. When he left, General Garfield sent him a check for \$1,000, which he immediately returned, with an explanation that he visited Washington as a friend, and did not desire any remuneration for his services. In regard to Dr. Bliss, he said a physician never labored more earnestly, and that he and his associates in the case deserve the fairest consideration. Dr. Boynton is living quietly in this city. After twenty-two years of steady practice in Cleveland he is here seeking that rest which was denied him there.

Notes from New Jersey.—I sent Register to enable you to know who our New Jersey Homœopathic physicians are, etc. We did this to know from whence each one came, and his authority to practice medicine and surgery in our state. We have had to carry a number of *half-breeds*, who were odious to us, and the requirements of our present law requiring each one to file a *copy* of his or her diploma, and none only who have complied with the law of the state are included in our Register, and none will be admitted to membership in our society who do not thus comply with the law of the state. The work has been performed entirely under my own supervision and direction, as one of the legislative committee. Some names are not included, who I understand, are good practitioners, but not meeting the requirements of the law, have been omitted.

Our society now assumes the initiative in legislative matters, only watching the nature of what our Allopathic brethren project, then we mass our forces to have a *say*. Many have been our bitter fights against unnatural and unwholesome laws, they have presumed to project. The present is an outgrowth of an unwholesome projection by them, but they acknowledged our influence and became reconciled to what we proposed. This matter of legislation among some of our Allopathic friends has become of a chronic nature to inaugurate and project laws, ostracising us, until they have lost influence in the legislature, and are objects of some derision at times. We are not contemplating any action this winter, our election is over, we begin to instruct our board of registration and statistics, which is scattered over the entire state, to devote a time to learn and make known their influence with their representative, etc., hence you see we have an influence that is considerable, and generally can influence them in the right. Our Next meeting (annual), will be in May next, in Newark. They are generally fairly attended, though our membership is small, in comparison to the number in the state. We are now trying to interest our young men, the young practitioners who are among us. We are determined to grow in influence and numbers creditably.

There are locations in our state, excellent openings for Homœopathic physicians, and have one in mind where I could install one in business almost immediately, paying, and growing from time to time. The ground has been broken and many adherents.

New Jersey is somewhat behind some of our other sister states in influence and patronage, etc., but we trust the day is not far distant when we can command something in the way of our state institutions.

We have recently been called to mourn the loss of one of our veteran workers, and we will feel the loss of his influence and determined energy, always relying on him to aid us by his counsel and voice, whether in society or our legislative combats, of which we have had many. I mean Jno. J. Youlin, of Jersey City. Now, I must congratulate you upon conducting one of our best journals, one that is always a welcome visitor to our sanctum.

ISAAC COOPER.

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Psychological Department.

THE INSANE DIATHESIS.

BY SELDEN H. TALCOTT, A. M., M. D., MIDDLETOWN, N. Y.

(Continued from page 102.)

A final cause inducing the insane diathesis lies in that growing and deplorable social malady—the permature and excessive excitement of the sexual organism. It is scarcely needful to argue the fact that masturbation is alarmingly prevalent among the young. The books are full of printed proofs; and the appearance of the young, in our schools and on the streets, is an open page of the most indisputable evidence. Most of the insane in asylums, who are yet adolescent, present histories and marks of this damning practice. A medical friend* living in the west, in a recent letter, says: “I have recently cured a case of epilepsy, in a lad of three years of age, due to masturbation. (?) At least he performed all the tactics of that ‘manual.’ He had been circumcised, but it did no goo. For some curious

*Dr. Samuel A. Jones.

similar instances see *London Hospital Report*, Vol. II., p. 58."

That such a practice tends not only to epilepsy, but to imbecility, mania and dementia, the experiences of the past in almost every asylum abundantly demonstrate.

Now the question arises, "What are the outward evidences of the insane diathesis?" They are numerous and complicated, yet withal not difficult for the experienced eye to detect. They present themselves in every varying shade of imperfect physical development in endless varieties of cranial contour, and in numerous types of facial expression. To understand them most fully, let us present an historical model of a well balanced brain, and contrast that with the appearance of an afflicted being whose inevitable tendency is to mental obliquity. Every one recognizes a healthy constitution and rare mental equipoise when the name of the illustrious Washington is mentioned. Who ever suspected the father of his country of leanings towards insanity? What regularity invested his every feature. What benevolence characterized and tempered his every expression. He had passions like unto other men; but he likewise possessed magnificent powers of self-control. While strong, he was not erratic; while intense he was thoroughly self-poised. While towering like a mountain, he was yet broadest at the base. While impassioned as a heated furnace, and resistless, under excitement, as an avalanche, he was at the same time steady with reserved force, and always calm and unruffled as a sphinx. There were, in Washington, no tendencies to insanity. Few men are farther removed from inclinations towards madness. Contrast the brain symmetry of such a man with the uncanny shapes and illogical mind action of one whose bent is ever toward that which is incongruous and intellectually dicrotic. Picture the benign features of the first president; and, again, behold the distorted countenance of a Quilp chattering vengeance against those around him. Contrast the beaming expression of him who was first in his countrymen's hearts with that wretched Barnaby Rudge, of whom the master of novelists writes: "He was

about three and twenty years old, and though rather spare, of a fair height, and strongly made. His hair, of which he had a great profusion, hung in disorder about his face and shoulders, and gave his restless looks an expression quite unearthly—enhanced by the paleness of his complexion.

“Startling as his aspect was, there was something plaintive in his wan and haggard looks. *For the absence of the soul is far more terrible in a living man than in a dead one*; and in this unfortunate being, its noblest powers were wanting. In his face there was wildness and vacancy.”

In the faces of all whose diathesis is that of a sickly mentality, there are always the marks of disorder and desolation. Their “dome of thought” is but a dilapidated “mansard,” and the windows of their souls are darkened from within by an unseemly and non-protective armament against approaching storms.

The heads of those born or bred to insanity are almost always mis-shapen. One side is fuller than the other; one ear is set higher than the other; the eyes peer forth in a restless, uncertain way, from beneath beetling brows; the nose slants slightly across the face; the mouth has an uneven cut, and the lips match each other but poorly. The cheek bones are unusually prominent, or, what is more likely, flat or receding; the head is not set squarely and firmly on the shoulders but inclines to almost any angle rather than the position perpendicular.

There are also, in such persons, great varieties of expression—the sinister, the ugly, the mock sober, the leering, the vacillating, the tricky. There may be developed, unmistakably in the features, the malice of the mule, the cunning of the fox, the grinning fiendishness of the hyena, or the sedate sottishness of swine. All these external marks and appearances are but the mirrored images of distorted minds. Inherent crookedness is thus forcibly displayed; and the tendencies of the inner man to wallow in the mire of mental ruin are ever thus revealed.

Are there means for avoiding the development and growth of the insane diathesis? Are there means for the cure or

relief of transmitted or acquired physical or mental defects! Here are questions which previous generations have left unanswered; questions which the century we live in, the mightiest in achievement the world has ever known, has thus far failed to satisfactorily solve. Yet the solution of such problems is not difficult. The only cause of failure to solve thus far, lies in the facts of misapprehension, inattention and neglect.

To avoid the evils liable to arise from the propagation of the insane diathesis, the parties to the crime must pause, and study the new philosophy of life, a philosophy which shall guide them to the accomplishment of high and noble results, rather than to those which are ignoble and demoralizing to humanity. The avoidance of debasing passions, the putting away of that cup whose contents are adders' juices, the shunning of all unnecessary anxieties, and carking cares of life; and in their stead, the patient cultivation of all higher virtues, and better tempers, will insure an offspring that will not only bless their ancestry, but will fill the earth with happiness and health, and unruffled contentment of mind and spirit.

“Like begets like,” (though with increasing or decreasing intensity) not only in physical contour, but in mental symmetry, or mental idiosyncrasy; and not only are the *general* thoughts and emotions of the parents impressed upon posterity, but even the fitting passion of a moment may cast a cloud of darkness over an entire life, just as the silvered sheet of the photographer receives a fadeless impression from a transient ray of sunlight. The mind of the unborn like the slip that revolves in the phonograph, may receive impresses of happy or unholy thoughts, and reproduce them with faithful accuracy in the years to come; aye, even when the brain of the mother is but dust, and her heart no longer responds to any emotion, and her guiding hand is palsied in the grasp of death. To that holy of holies, then, the sacred temple of procreation should be brought only such offerings as are certain to prove acceptable to the Lord of Nature. While the mother bears within her being the helpless and

impressionable new life, there should surround her a magic presence of benign and stimulating influences, from which influences the coming mind may draw inspirations that shall feed, and nourish and develop all its forces to a symmetrical perfection.

When once the human being has appeared upon the carpet of life, then the practical work of nourishment, development and training of a physical body and an immortal mind has fairly begun. The great end should now be to remedy, as far as possible, all inherent defects, and to promote the growth of all possible virtues and powers. The children should be watched over, and guarded and guided with the same jealous care that was (or ought to have been) exercised toward the mother during the sacred semester of pregnancy. The youth should be trained after the fashion of the Persians, who taught their sons to ride magnificently on horseback, to shoot with accuracy, and to always speak the truth; and when these accomplishments were acquired they left them to pursue their mental work in the manner most suited to their individual tastes. Even the ungainly in body, and the disordered and distorted in mind, would develop approximate symmetry and usefulness if subjected to such methods with patience and perseverance. Even in the worst types of mental disease there are some salient and bright spots upon which good influences may act, and against which may be directed valuable curative agents.

“There is some soul of goodness in things evil,
Would men observing distil it out.”

Bright surroundings, pleasant associations, stimulating encouragements, abundant food of the best quality, air, exercise and sunlight, together with simple direction, not forcing of the mental faculties, will, in the course of patient time, produce from even poor stock, such a robust and cultured race as to be the astonishment of those who furnish and mould the material.

And to crown all, we may, I think, be permitted to state that Homœopathy, from her fruitful mines, has already dug out those motor medicines which are not only of assistance

in the cure of disease, but which may, if properly applied, act as mighty stimuli in the growth and perfection of the human body, and as a consequence the clearer and stronger action of the human mind. Such remedies as *Calcareo carbonica*, and *Hepar*, and *Graphites*, and *Phosphorus*, and *Sepia*, and *Silicia*, and *Sulphur*, have here a field for action surpassing any in which they have heretofore exercised a commanding and potent influence. The "tissue remedies," so-called, are, we believe, destined to win triumphs in this new arena which shall transcend all the glories of medical achievement in the past. God hasten the day when we may learn how to wield these mighty weapons against fateful heredity and acquired degeneracy aright!

We now take the liberty of presenting the methods adopted by a few of earth's great ones for their own education and intellectual self-advancement. We give them both as models worthy of study and imitation, and as means to be adopted for the prevention and avoidance of those mental evils which have already made blank and short the lives of so many of the fair and young.

" They the holy ones and weakly,
Who the cross of suffering bore ;
Folded their pale hands so meekly,
Spake with us on earth no more."

We present the experiences of those whose ideas of education are in harmony with our own firmly settled beliefs. That the views thus taken, upon this great question, are sound, practical, and common sense, we are convinced by a contemplation of the results.

Chancellor Kent thus narrates the pleasant story of his early and later life:

" I was brought up among the highlands and hilly parts of Connecticut, and was never kept on the *high pressure* plan of instruction. It was not then the fashion. I went to school, and studied in the easy, careless way, until I went to college. I was daily and sometimes for a month or more engaged in juvenile play, and occasional efforts on the farm. I was roaming over the fields, and fishing, and sailing, and

swimming, and riding, and playing ball, so as not to be but *very superficially learned*, when I entered college. I was not in college half the time. I was at home at leisure, or at gentle work, and much on horseback, but never in the least dissipated. I easily kept pace with my class, for it was in the midst of the American War, and there were no scholars or much stimulus to learn. *Silent leges inter arma*. When I went to study law, I had my own leisure, and great exercise and relaxation in enchanting rides, and home visits, until I got to the bar. I lived plain—drank nothing but water—ate heartily of all plain, wholesome food that came in my way—was delighted with rural scenery, and active and healthy as I could be. Here I laid the *basis of a sound constitution*, in which my brain had not been unduly pressed or excited, and only kept its symmetry with the rest of the animal system. It was not until I was twenty-four, that I found I was very superficially taught, and then *voluntarily betook myself to books*, and to learn the classics, and everything else I could read. The ardor and rapidity with which I pursued my law and literary course, was great and delightful, and my *health and spirits* were sound and uniform, and neither has faltered, down to this day.”*

You all know the magnitude and glory of the great chancellor's life-work. Can there be a stronger argument in favor of moderation in the acquirement of knowledge during early life, and in favor of persistent storing up of vital capital for future drafts, during the formative period, than this brief autobiography of the distinguished and truly learned Kent?

Harriet Martineau, in her fascinating essay on the *Genius of Sir Walter Scott*, while speaking of his early education, says:

“Here is a boy lying about in the fields, when he should have been at his Latin grammar; reading novels when he should have been entering college; spearing salmon instead of embellishing a peroration. Yet this personage came out of this wild kind of discipline, graced with the rarest com

* Written in 1833, at the age of 60.

bination of qualifications for enjoying existence, achieving fame, and blessing society. Deeply learned, though neither the languages, nor the philosophy of the schools, made part of his acquisition; *robust* as a ploughman; able to walk like a peddler: industrious as a handicraftsman; intrepid as the bravest hero of his own immortal works. Here is enough to put us on inquiring, not whether learning, and even school discipline be good things, but whether the knowledge usually thought most essential, the school discipline which is commonly esteemed indispensable, be in fact either the one or the other."

One thing is certain; few schools, where rigid mental discipline is practiced, have ever turned out a man who has strictly performed all the requirements of the curriculum, and who has subsequently risen to the stature of such an intellectual giant, as Sir Walter Scott. Yet we are in favor of schools and colleges. We only condemn their tendency to put the intellectual cart before the physical horse.

It is written of Adam Clarke that he was "a very unpromising child, and learned but little before he was eight or ten years old. But at this age he was 'uncommonly hardy' and possessed bodily strength superior to most children. He was considered a 'grievous dunce,' and was seldom praised by his father but for his *ability to roll large stones.*" It was that kind of ability, however, which enabled him to become in later years, the intellectual master that he was.

The examples we have given happily demonstrate the wisdom of primarily developing the physical forces, and the ease and rapidity with which mental acquirements may then follow. The wisdom seems to have been owing to an inborn impulse in the children, rather than to mature and guiding judgment in the fathers.

Over against these illustrious examples of wise and proper growth, we may place those of Becklard, the celebrated French anatomist, who went down to death in his early and promising prime through the effects of youthful over-study; and Casimer Perrier, one of the chief ministers of France, who succumbed to brain disease brought on by premature

mental anxiety and work, while he was yet in the vestibule of manhood; and Chatterton, the boy poet, who left early glory through the black portals of suicide, having been driven thither by the madness of an overwrought brain. To these might be added the names of John Keats, and Kirk White, and Edgar A. Poe, and many other gifted individuals, whose premature deaths are clearly tracable to excessive drains upon the nervous system, largely due to general and powerful excitement to mental activity ere the corporeal structure had reached maturity.

To emphasize still further, I would quote, in brief, the wise reflections of Paulding: "Knowledge should only keep pace with the natural growth of human faculties. When I see a little urchin, who ought to be enjoying nature's holiday, and strengthening his constitution by wholesome exercise to bear the vicissitudes of the world in after times, kidnapped and sent to school, to sit on a bench for four or five hours together, employed in learning by rote what he is unable to comprehend, I cannot help contemplating him as the slave and the victim of the vanity of the parent, and the folly of the teacher. Such a system is only calculated to lay a foundation for disease and decrepitude, to stint the physical and intellectual growth, and to produce a premature old age of the body and mind."

In conclusion, we offer another warning and another injunction to the young—to the effect that not only must the mental powers be protected from premature exhaustion by overwork, but they must also be fortified against the too common dissipations of youth, and sustained by the recuperative influences of timely and abundant sleep. It is natural to be spendthrift of those gifts which are lavishly dispensed to us, and of which we seem to have an exhaustless supply. Hence we waste our youthful vigor, amid scenes of exciting folly, not only by day, but through the long drawn and precious hours of the night—hours that are precious because of their designed purpose to replenish and restore the inevitable wastes of life. Through moderation alone are happiness and health long conserved. The midnight lamp of the

worker, and the midnight lamp of the pleasure seeker, alike consume with undue avidity the cruse of oil allotted to each one's life. Therefore, these must be "put out" early if the owner would live long and well in the land. Not only must excessive waste be shunned, but restoration and repair must be steadily and perseveringly attained. The sin of omission is quite as heinous as the sin of commission. To neglect the maintainance of one's powers, in their fullest possible measure, is as deplorable and wrong as the throwing away of strength already acquired. Therefore, we press home with the utmost earnestness, the necessity for sleep, and the plain duty of securing so much of the "sweet restorer" as shall abundantly compensate for the fatigues and cares of each day's life. And to make the lesson more impressive we finish our appeal in the eloquent and beautiful language of a distinguished friend:*

"Since from so many incontrovertible circumstances we are naturally prone to undue activity of mind, and since we are additionally exposed to the dangers attending upon over-taxed intellects, let us put the warder of repose between us and that state of mental tension which so constantly threatens our intellectual health. Let us, then, cultivate sleep—not the sleep of sloth and inertia, not the listless reverie of ennui, not the *Keff* of the Arab, or the noonday siesta of the tropics, but that other and nobler Somnus, whose temple opening only at night-fall, invites the weary, day-worn traveler to rest. Here, with the silent stars for his everlasting ministers, he sits enthroned in halls of sweet obliviousness, waiting with the lavish and impartial affection of a parent, to crown us all with the poppy wreaths of sleep."

The precepts embodied in such experiences and such teachings as we have endeavored to trace in this paper, are, we believe, sound and practical. If the medical profession would rise to the duty of properly warning both the young and their natural guardians, and if these would give heed to such warnings, then the incomputable evils of premature forcing of the brain would be averted; the folly of dissipation would be shunned; the necessity for ceaseless repair would be recognized; and the sources of mental unsoundness, now burdened with a topical luxuriance, would become barren and unproductive as the shores of the dead Dead Sea.

*Dr. John Ordranax,

Pædological Department.

ON THE PATHOLOGY OF RICKETS.

BY DR. ADOLPH BAGINSKY, BERLIN.

1. The clinical experience, that congenital rickets is met with, that the majority of children born with congenital syphilis become rickety even under the best nursing, that rickets arise as a sequelæ of grave febrile disease, and of grave chronic gastro-intestinal disorder, that it arises in consequence of bad nourishment and want of fresh air, the future experience that rickets is associated with considerable troubles in the nervous system (*Laryngismus stridulus hydrocephalus, hypertrophy of the brain*), all combine to exclude, from a clinical point of view, the possibility of explaining the disease, by a simple deficiency of the inorganic constituents of the bone.

2. The opinion that rickets consists only in a deficiency of the lime is also excluded by the fact that the proportions between the inorganic and organic (minus fat) constituents of the bone are so considerably altered—160:100 instead of the normal 563:100—that supposing the lime is eliminated from the food of the child for a whole year, the proportion would by a proximate estimate be found to be still 513:100.

3. In a certain opposition to these clinical experiences are the experimental studies of some authors (principally Roloff in Berlin), who have proved that rickets may be produced in animals by withdrawing lime from the food.

I have repeated these experiments, and found:

a. Simple elimination of lime from the food produces, in fact, considerable changes in the bone.

b. The change appears macroscopically and microscopically about the same as a slight rickety change.

c. The degree of change produced is, as it is shown by

anatomical, and principally by chemical, examination, only a mild one.

4. If, besides the elimination of lime from the food, lactic acid is added to the latter, the alterations are considerably increased. This is shown by: *a.* By the macroscopical and microscopical examination of the bone. *b.* Especially by the chemical test.

5. The considerable influence which the addition of the lactic acid has in connection with the elimination of lime from the food, proves that withdrawing of the lime alone cannot be the determining cause.

6. In fact, both factors, the elimination of lime and the addition of lactic acid have this in common, that they produce an alteration in the general nutrition, the one by withholding an indispensable constituent of the organism. The other by introducing a substance apt to disturb the digestion.

7. The lesion of the bones is only the most prominent feature, because the disturbance of the general nutrition happens in a time when the growth of the bone is most active.

8. Further is it possible to prove that neutral solution of peptons have the faculty of dissolving lime.

9. This faculty of the peptons shows how in children suffering from an alteration in the composition of the blood in consequence of faulty nourishment, lime combination may be dissolved in the growing and ossifying bone and carried away from it.

10. The elimination of the carried off lime combinations takes place through the intestinal canal, as can be shown by the examination of motions from rickety children.

11. Rickets is, therefore, a dyscrasia originated by an alteration in the general nutrition which may be caused by various noxious influences working upon the infantile organism.

12. In accordance with this view are the well known successful therapeutic results of such remedies which are suited to improve general nutrition, especially good hygienic conditions, normal nourishment, the use of baths, and tonic medicines.—*Med. Press and Circular.*

CONGENITAL PHIMOSIS.

A case of congenital phimosis of sixty years. December 1, 1880, I was consulted by Mr. L., giving his age at sixty, states he had been exposed and thought he had contracted gonorrhœa. From the symptoms I got, I prescribed for the same without making an examination; he left the city to return in one to six days, came to my office in seven days after, complained of great pain in the testes; on examination I found orchitis. I now noticed a long prepuce and considerable discharge. I requested the old gentleman to retract the foreskin, he informed me he could not, it had never been accomplished.

Here then was congenital phimosis of sixty years standing, accidentally discovered by treating a simple case of clap.

He now gave me his history: Had buzzing in the ears for the last forty years; amaurosis for twenty-five to thirty years, very nervous, had a family of three children, was a railroad contractor. The orchitis yields to ordinary treatment. After the case of the gonorrhœa, the 25th day of the month, same year, assisted by Dr. Brown, I performed the operation of circumcision; the old gentleman made a good recovery. I then prescribed for the nervousness and amaurosis for which he said, had been treated by all kinds of physicians for the past twenty years. My last prescription was about five months ago; he at that time was not nervous, was somewhat deaf in left ear, though had not been troubled with buzzing in either ear, for ten months. Eyes a great deal better. His own remark was, "I can see better than I could fifteen years ago."

The phimosis was the cause of all the trouble *except the clap and orchitis*.

AMITY, Oregon.

A. E. SANDERS.

Iridin in Gall-stones.—Dr. P. A. Young in the *Brit. Med. Jour.*, Oct. 1881, p. 694, speaks highly of the value of iridin as a preventive to the formation of gall-stones. In several cases in which this drug has been given a fair trial, the results seem to justify the favourable opinion that Dr. Young had formed of its value.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

BURLINGTON, IOWA, DEC. 26.—Pneumonia, bronchitis, croup and other inflammations are quite common with us, and of a severe type. S. E. NIXON.

FORT WAYNE, Ind., Jan. 19.—We have had about fifty cases of variola and varioloid; nearly one-half died. I have prescribed for near four hundred cases to prevent their taking it, and have been perfectly successful. G. W. BOWEN.

A SEPIA CASE.

Dr. Hart, (*American Observer*), reports a case of difficult breathing due to enlarged muciparous glands upon the posterior margin of the aryteno-epiglottidean fold in front of the left arytenoid cartilage, in a woman aged forty-five, who had suffered with scant and painful menses. For seventeen years she had suffered with backache, and from a smothered feeling in the chest, worse before the menses, also a yellowish leucorrhœa and pruritus vulva. Sepia 30, dose every half hour relieved the dyspnoea. A vaginal examination revealed a chronic endocervicitis and a highly congested hypertrophied, ulcerated and nodulated state of the cervix. Sepia 200, a dose at bedtime cured the case. First the nodulated condition of the cervix gave way, then the dorsal and lumbar pains disappeared, and at last the leucorrhœal discharge after gradually diminishing, until it ceased in the intermenstrual period only, finally disappeared altogether,

and with it the terrible pruritus which had harassed the patient so many years. The anæmia, languor and dispondency disappeared and she became rosy, cheerful and well.

A CASE OF MENINGITIS.

A boy eighteen months old was taken sick Monday Aug. 22, 1881, and the first thing that attracted the parents attention was a weakness of the neck and to such an extent that he could not hold up his head.

No physician was employed until Thursday Aug. 25th, when I made my first visit and found the child with pulse 130, the skin hot and dry, with the exception that every time he was moved, he would break out in a copious perspiration and cry very hard.

He had no power to move his head, and his hands were under only partial control, but the lower limbs could be moved comparatively easy, whenever the attempt was made to move the child his eyes would jerk and twitch and the pupils dilate. The face was bloated and quite red; tongue clean; appetite extra good; bowels constipated and had been for some time. Very irritable and cross, when he wanted things and they were not given to him as soon as he wanted them, he would become very angry and throw his body around as much as he could without moving his head and neck.

Aside from these symptoms he would have spells of crying as if in great pain which would come on him about once an hour and last for ten or fifteen minutes.

Treatment.—Gave Gels. tincture and Bell, 3x in alternation once in two hours. His father came to me Sunday eve, Aug. 28, and reported some improvement but said the child still had those crying spells, bloated face and dilated pupils. Gave him Bell. 30th and stopped the other remedies.

I went to see the child again Monday Aug. 30th, and found the face still bloated and covered on the right side

with a fine, red, eruption. He was very fretful. Bowels still constipated. Gave Bry. 30x in place of Bell.

Thursday, Sept. 1st, made another visit and found the child with no fever and lying quiet in his crib, but he set up a howl of agony as soon as he saw me, and kept it up for ten minutes or more and then quieted down again. These spells of crying were at longer intervals. The face was not bloated and the rash had disappeared. The neck was better, so that he could turn himself over in bed without help. The pupils had ceased to vibrate and the bowels moved natural. The sleep was also natural and for four or five hours at a time.

The mother said he commenced being so much better after commencing on the last medicine. I left some Hyos. 4x for him to take three times a day, and to give Bry. every three hours the same as he had been taking it. I did not change the prescription after this, and the child kept on gaining steadily until Nov. 11th, when I saw the father again and he said the child was now as fat and stronger than ever and seemed more healthy than he ever was before.

GREENE, Iowa.

A. K. JOHNSON.

Œsophageal Ulcer from Digestion.—Professor Quincke of Kiel published some time since observations to show that ulcers may occur in the œsophagus from the action of gastric juice. Three cases are now (*Deut. Archiv fur Klin. Med.*) published in support of this. 1. The first case was that of a patient suffering from cancer of both ovaries. The ulcer was in the lower part of the œsophagus; and in this, as in the other cases, the absence of cancer at the spot was proved by microscopic examination, as was also the possibility of corrosion *ante mortem* or digestion *post mortem*. 2. The second was that of a patient affected with ovarian cyst, in whom an œsophageal ulcer in the lower half had perforated into the right pleural cavity. 3. The third case was that of a man, 50 years of age, cachetic, and to all appearance suffering from cancer. The *post mortem* examination, however, showed the cause to be marked narrowing of the œsophageal opening of the stomach by a cicatricial stricture, evidently the remains of a previous ulcer involving the neighbouring mucous membrane, and giving rise to muscular hypertrophy of the œsophagus and chronic swelling of its mucous membrane.

Hygiene Department.

THE IMPORTANCE OF SUNLIGHT AS A HYGIENIC CONSIDERATION.

BY C. B. CURRIER, M. D., SAN FRANCISCO, CAL.

Imperfect sewerage, water pollution, air, diet, etc., are all matters which have been so thoroughly discussed in their various relations to hygiene, that this subject would seem to be well nigh exhausted, and yet the mortality existing among the apparently best cared for and most tenderly sheltered, would lead us to examine and consider if among the avoidable causes of disease, there may not be some which command special consideration, and yet which are commonly regarded of minor importance.

I will invite attention to one subject, which though at first sight may appear a trivial matter, unworthy of careful thought, is yet one of the hygienic items which deserves special mention, since it has an important bearing upon the preservation and improvement of human life.

Among the many agents provided by nature for man's preservation and restoration to health, there are none more important than the solar rays; but like other of God's free gifts, their value is often overlooked or unduly appreciated.

In planning to erect a home, the first consideration to the man of liberal means, is that the site secured shall be one of sunny exposure. The architect appreciating the same principle, introduces into his plans, broad and spacious windows, but the house-carpenter and upholsterer, the one with his cunningly devised blinds and sashes, the other with his heavy and sombre window draperies, conspire to shut out the broad, cheerful sunlight, and substitute a "dim religious" twilight, extolled by poets and fine ladies, but inimical to all sanitary conditions.

In our crowded cities, where space must give way to so-

called improvements, where the *how* to live is lost sight of in the *where* to live, the houses of people of moderate incomes, are as a rule, built in such close proximity to neighboring houses, that in only a few rooms can sunshine penetrate, and if it chance that such rooms be devoted to the social conventionalities, or the housekeeper have a careful eye to the small economies of life, be sure that the faintest suggestion of a friendly sunbeam is religiously excluded.

If the time ever comes when careful housekeepers shall have more regard for the health and lives of their families than they have for the perishable tints of carpets and furniture, and when they shall admit the necessity of sunlight to dissipate the germs of disease and to purify the air of their dwellings, then we shall have less nervous diseases to contend with in wives and mothers, better developed and healthier children, and patients with stronger recuperative power.

In the homes of the poor there is often no choice; crowded tenements offer small chance for the admission of sunlight and life to the children of the city poor is at best a retarded growth, and after sustaining a sickly existence for a season, they wither and die, because denied proper vital force and nourishment. We all know, that as the light and heat of the sun enables the plant to take into its organization the nourishment provided by nature for its sustenance, and which without such nutritive material, would die from exhaustion, so it is in the animal kingdom; and though a feeble development may ensue, if withheld from direct solar influence, there are facts by scores that prove to us how important to a perfect physical development is the direct light and heat of the sun.

In the valley regions of Switzerland where the towering Alps have for successive generations hidden the inhabitants in everlasting twilight, the deformed cretins dwarfed in body and mind, and the unsightly goitres so common to the people of those regions, attest to the truth of the principle that active and vigorous growth is best nourished and sustained where the solar rays are most freely admitted; and my daily conviction is that physicians cannot too strongly

urge the recognition of this law upon the understanding of those among their fellow creatures who appeal to them for relief from suffering and disease. All medical men are impressed with the fact that the causes of suffering and premature death which they are called upon daily to witness, often lie very near to the doors of the sufferers themselves and not wholly to exposure, pre-disposition or inheritance, but by non-compliance with the laws of life. Ignorance and suffering go hand in hand; and few there are who begin to realize how necessary to life and health and cheerfulness of spirit is the bright sun that God commanded to shine, and never intended to have shut out from the dwellings of men. Sunlight is as necessary as air and food, and imperfect drainage and sewerage would have far less fatal influence if the sun were allowed free access to every corner and nook of apartments occupied by day and night.

Nowhere is sunlight more valuable in its influence than in the sick room; and especially is this true in the lying-in chamber where the faint spark of new life needs light and warmth to kindle into vigorous growth its dormant power, and the mother will all the sooner regain strength and be able to take up her life work, if she be not deprived of nature's great restorative agent. Of course there are cases where the eyes of the patient cannot endure exposure to direct sunlight, and even refracted light becomes torture, but for such conditions provision may be made in screens so arranged about the bed that while the sensitive eyes may be shielded from too glaring light, admission may still be given to the sick room to the curative and invigorating effects of the life-giving sunshine. And the day is fast approaching, I trust, when in the interests of humanity, ignorant nurses and attendants shall no longer be allowed to shroud the sick-room in Stygian darkness and gloom.

In ophthalmic cases the old regime was to keep the patient in a room where no ray of light could penetrate, but advanced modern science detects that a light cool bandage shall shield the afflicted eyes, and nature's great restorer need no longer be banished as an enemy, but rather welcomed as a

friend to poor suffering humanity. In venturing upon these remarks I make no pretense at offering any new ideas upon a subject so universally acknowledged and so generally understood; but while the subject of general hygiene is one of deep and constant concern to all, and although the importance of sunlight to physical development is a self-evident truth thoroughly appreciated by every thinking person, I know of no topic so seldom commented upon by the profession and medical press, and no greater enemy to vitality and health, than the tendency of the present age to live behind closed blinds and in semi-darkened rooms.

HEALTHINESS OF JEWS.

“Dr. J. Gibbon, medical officer of health for the Holborn district in London, England, has given out that there is no doubt that the Jew’s life in London, is, on the average, worth twice as many years as a Christian’s. The Hebrews of the English metropolis are notoriously exempt from tubercular and scrofular taints. It is seldom consumption is found among them; the medical attendants of their large schools in London have testified that Jewish children do not die in anything like the ratio of Christian children. In White-chapel, a closely-packed industrial district, the medical officer of health has reported that on the north side of High street—the principal street—occupied by Jews, the death rate is about twenty per thousand, while on the south side, occupied by English and Irish Christians, it is forty-three per thousand.”

We take this from a French paper, and our conviction is, that the attention which Jews pay to food and cooking has a great influence on their health. No Jewish family, however poor, goes without warm food; some member of the family is sure to attend to it; much fish is eaten; not so much coarse meat; the meat must be sound and healthy; condiments are used in cooking, and this operation is carried

on thoroughly. No wonder that the well-cooked meats of the Jews produces better health and longer life, particularly among the working classes, than the slovenly rapid cooking of the English and Irish London workman's wife. Naturally, there are exceptions, but, upon the whole, the Jewish women of that class attend more carefully to the family wants than the Christian women.

With them there is a religious basis to this careful management, and there should be with us.—*Food and Health.*

[We have seen this statement questioned. Some of our readers can explain.—Ed.]

COMMON DANGERS TO HEALTH.

REMARKS TO THE ILLINOIS STATE BOARD OF HEALTH, BY
JOHN M. GREGORY, LL. D., PRESIDENT OF THE BOARD.

GENTLEMEN: In taking the seat to which your suffrages have raised me, you will allow me to express my sense of the importance of the work which the general assembly of the state has intrusted to us. Aside from the enormous and difficult task which the medical practice act assigned this board, and which has occupied necessarily so large a share of our attention up to this time, we are commissioned to watch over the public health of the state as far as this is liable to be invaded by epidemics and contagions from abroad, or endangered by preventable diseases at home.

Sanitary science is teaching us that much of the sickness which afflicts our race is the result of causes which may be avoided, or whose baleful effects may be lessened or destroyed. Out of our own ignorant carelessness, spring, too often, the frightful diseases which invade our homes, and fill them with sickness, sorrow and death. No modern science is more needful or more beneficent than this which proposes to aid men to stay the ravages of preventable diseases, and to lessen the death rate. Tried even by its commercial or money values, our work is second to no other in its large public

benefits. To save life is to save working, wealth-producing power. To save population, is to preserve all those values which the very presence of population reflects on the soil itself, and on all the productions of human skill and toil. To lessen the amount of sickness in any community, is to relieve the laboring power of that community, by so much of the extra burden of caring for the sick, and to give back the sick man to his place in the ranks of the workers. None but those who have computed the cost of rearing and training men from infancy to manhood, and who have taken account of the great expenditures and losses caused by disease and death, can tell the immense value of the services which sanitary science may render the country. We may almost question whether the famous applications of science in the great manufacturing and wealth producing arts can add more to the sum-total of wealth and well-being, than the health sciences are already doing in some communities, by their mitigation of the pain and fear of sickness, and the conservation of life and health.

It is doubtless the first duty of this Board, in its sanitary work, to aid in checking the spread of infectious and contagious diseases, by suggesting the proper and necessary sanitation, and by enforcing proper and effective quarantine regulations. But there is a second and more important, because more radical work devolving upon us. It is to investigate as far as our resources will permit, the common and public causes of preventable diseases existing among us, and to warn our people of the dangers to which they are ignorantly or thoughtlessly exposing themselves and their families. Whatever health officers and boards of health may do officially, much remains to be done by individuals to protect the public health. Let us seek, as far as possible, to instruct and inspire them for this work.

Let me enumerate some of the common causes of sickness, which, though quite familiar to sanitarians, are still unrecognized by thousands of our fellow citizens. The enumeration will serve a valuable purpose, and may help to warn the unwary.

1.—POLLUTED AIR.

Fresh, pure air for breathing stands in the front rank of the conditions of life and health. And unfortunately this condition is the one most frequently and most fatally violated by all classes of society. Food, drink and exercise are required only at intervals, and may, in case of need, be dispensed with for days together; but breathing must be constant, through every minute of life, by night and day. Loaded though it be with dust and dirt, with foul and deadly gasses, with miasma and germs of disease, the air must be received into the lungs. Volumes have been written to prove and enforce the truth that pure air is life and health, and that foul air is disease and death; but still we sin, and suffer for our sin, against this truth.

Twice within the last few weeks, I have been, for an entire evening, confined to rooms where a crowded company of exceptionally intelligent people remained for hours, breathing over the same air, and suffered for days afterwards, from the poison inhaled. Only a few days since, I visited an assembly of scientific men, of national reputation, who sat for hours, in a closely packed room, where the atmosphere reeked with the hot breaths of the listening crowd. Go to any social gathering, and, as often in the mansion of wealth, as in the cottage of the poor, we shall find the same blind daring of the disease-generating atmospheric poison. Days of headache and of lassitude follow, and disease is engendered; but the fashion and folly go on. Social clubs and coteries crowd small club rooms; meetings for business or for pleasure, for instruction or for prayer, are held daily in insufficient, and ill-ventilated apartments; and the failing health of those who attend these meetings, is attributed to any and all causes but the true one.

But worst of all, the schools provided for the education of our children, continue, in spite of all protests and all warnings, to be housed in rooms too small for the number of pupils, and with a ventilation too often a mere mockery. Thus we plant the seeds of disease along with the seeds of

knowledge, and fatally weaken the physical, while professing to cultivate the intellectual powers. Frequently the school house is the central, and chief agency for the spread of epidemics and contagions.

Let it be known that *no schoolroom; occupied, as is now the custom, by the whole school, during all the school hours, can be sufficiently ventilated to make it entirely healthful.* Let any physiologist be asked to make the computation of the air needed and he must confirm this statement. From the moment the children are assembled the air of the school room begins to deteriorate; and, since no system of ventilation sweeps the whole body of impure air out at once, the best it can do is to keep the mixture from becoming as bad as possible.

The first rule should be to use the minimum of confinement for each pupil. The second should be to keep the fewest possible seated at their studies in the same room. Every pupil that can be trusted to study his lesson elsewhere, should be advised to visit the school room at lesson time only; and instead of the foolish ambition to keep every seat filled, let it be sought to have as many vacant seats as may be possible without remitting any of the teaching.

It is not, however, in crowded parlors, club rooms, lecture halls and schools alone that impure air is to be feared. In all houses, bad air can be found. Dust and mouldy damp haunt the rooms reserved for special occasions, while those in daily use are saturated with the breath, smoke, steam and gases from all the household life and work. And frequently the source of corruption is found in the very soil which the house covers. This is especially the case with those houses built in our prairie towns, where without removing a foot of the soil, or opening a foot of drainage, the house is set upon a few low posts, and then boarded around to prevent the cold winds getting under the floor. In the winter, it is not uncommon to bank it with straw or even with barn yard litter. The half decayed mass beneath, in the dark and damp, unvisited by sun or wind, generates poisonous gases, which are sucked up through every crevice in the floor, and

fill the house with their deathful influence. Such houses are death traps. I have known more than one family to pine, and even perish, in such a dwelling.

Half of the ill health of women over that of men must be charged to the in-door life which forbids them the life-giving influence of heaven's free pure air and sunshine.

Our houses want more windows, larger chimneys, more transoms, more grate fires in winter, and less poisonous furnaces. It is to the stoves within our own bodies, fed by abundance of fresh air, that we must look for healthfulest heat, and not so much to the stoves whose porous iron plates offer so little resistance to the deadly carbonic acid gas. We make our houses comfortable at the expense of their healthfulness, when we shut out God's sunshine and pure air. Better, in this respect, the wind-searched hovel of the poor, than the padded homes of luxury and wealth.

Especially should our sleeping rooms be made larger, and be better ventilated. Better the open window and the night air, often so foolishly dreaded, than the slow poisoning which the bad air gives, and which leaves the sleeper to awake weak and unrefreshed by his slumbers. No more serious mistake is made in our house building than that of the small bed chambers. Sanitary science says that these apartments should be the largest, sunniest and airiest of all in the house. Let them never be on the ground floor, and let the bed be rolled at night into the middle of the room, so that the air may move freely around the sleepers.

2.—IMPURE DRINKING WATER.

The common drinking water of thousands of families is filled with foulness and the seeds of disease. In the country places the wells are frequently so shallow as to be supplied with the mere surface water filled with organic matter washed from the soil. As the summer heats and droughts diminish the supply, the family continue to use the dregs till no more can be dipped from the muddy bottom, and often till some, to them, unaccountable disease seizes upon several members of the family in quick succession. In the villages,

the wells are commonly placed near the kitchen door, for convenience sake, and the slops and washings from the kitchen are thrown on the ground close by, to filter into the well with but little change in their condition. In many other ways the drinking water of the family is rendered impure, and typhoid fever, or some other filth disease follows as naturally as harvest comes from seed sowing.

It ought to be urged with a tireless tongue that a plentiful supply of good, pure drinking water is one of the first and most important conditions of health, for man or beast. And whenever any member of a family is seized by any form of zymotic or filth disease, the water supply of that family ought to come immediately under suspicion, and the most thorough examination be instituted. Let them make sure that the well or cistern is free from all impurities. For a small sum a cheap filter may be constructed which will remove nearly every impurity, when the source of the water supply cannot be readily cleansed or changed.

3.—UNWHOLESOME FOOD.

I can only hint now at the ill effects of unwholesome, badly preserved, and badly cooked food, as one of the common dangers to public health. It is an old saying that "many men dig their graves with their teeth;" but not so much by their gluttony as by the unwholesome viands which they force upon their stomachs.

Perhaps no department of hygienic science is so little understood as that which concerns food. No where, at least, do more radical differences of opinion prevail. Professional judgements are almost as much at variance as popular whims. Chemistry has, indeed, analyzed many of our foods, and patient observations, in hospitals or in camps, have settled the nutritive values of some of them; but the knowledge gained is, as yet, locked up in professional books and reports, and every man is left to be a law unto himself as to what he shall eat, how much, and when. And so the unwholesome feeding goes on. Tainted and disease-marked meats, immature or decayed vegetables, pernicious or adulterated gro-

ceries and condiments, and bad things made worse by bad cookery, are spread upon our tables and forced upon our stomachs, till failing appetites and disordered digestion tell of nature's recoil from the abuses which are destroying us.

Our schools of domestic science, cooking schools, food collections and popular lectures and books on food and dietetic, may at length bring more light; but till then, let the people be warned that danger lurks in their feasts, and that only the most careful attention to themselves can tell them when their food is meat and not poison to them.

All foods are not alike healthful to all men. There is truth in the old saying, "One man's meat is another man's poison." Each for himself must learn by experience what food agrees with him, and what harms him. If, after eating he feels headache or any pain or distress of stomach or bowels, let him suspect his food and seek to discover the offending dish. A few experiments, carefully made, will tell what to take, and what to avoid, and the instructed mind will soon control the destructive appetite for what has been found harmful.

CONCLUSION.

I cannot continue, much less complete, here and now, the list of foes we are to fight in this cause of public health. Sanitary science has but just begun its great work. Man, so strong, so scientific, so full of bravery and resource elsewhere, still cowers with the timidity of ignorance, and the craven fear of conscious weakness, in the presence of disease, the dread minister of death. We tame the lightnings, defy the ocean, pierce the mountains, and make nature's subtlest forces do our work; but we tremble and turn pale at the first approach of sickness. We cannot, it is true, finally conquer the great destroyer, death, but we may drive him from fields usurped, and from scenes not meant to be invaded by his terrors. At least, we may refuse to make ourselves his executioners, and hasten by ignorant suicide his final stroke.

Sanitary science is the new battle man is making for life

and health. Having with a mightier magic than that of the old-time wizzards, mastered and made slaves of the most powerful forces in nature, he may now put to flight the demons of dirt and disease-breeding filth. At last he confronts hopefully the terrible contagions, the pestilences which walk in darkness, and the destruction that wasteth at noonday.

As a board of health, it is one of our highest duties to promote,—as much as in us lies,—sanitary science, and its diffusion among the people. The sanitary battle must finally be fought by the people themselves. We may, by quarantine, fence back, for sometime, the invading march of the epidemic. We may display our warning signals when the plague is in the houses; but it is for the people to face the enemy when he comes, and to favor his advance by their ignorant neglect and terrors, or to stay his progress by barricades of cleanliness, care and courage. The best quarantine is a thoroughly instructed people.

Let the people be assured that much of the sickness from which they suffer is of their own causing, or from their neglect of simple precautions. Let them be taught that certain conditions, like those named in this paper, are dangerous to health and life, and even their economy which dreads the loss of money, will lead them to guard against the needless sickness which so often ruins fortune as well as life. Tell it to them perpetually, that bad air, bad water and bad food are always slow poisons, and must ultimately cost loss of health and loss of life, and we may hope to see the remedy complete.

I would not lessen nor remit the other important labors set by the laws, for the state board of health, but I would most earnestly call your thoughtful heed to the great sanitary problems to be solved, and the sanitary reforms to be set in motion for our whole state.

Correspondence.

THE PROCEEDINGS OF THE INSTITUTE.

SOME POINTS OF IMPORTANCE TO MEMBERS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

For the two past years I have received in a pamphlet form what purports to be the "report of the bureau of general sanitary science, etc., to the American Institute of Homœopathy." This pamphlet comes with "the compliments of Bushrod W. James, M. D., Philadelphia, chairman." Some member might properly ask, who issues this pamphlet? Who pays for the printing and distributing of the same? But I seriously ask, who is its editor? The papers contained in said pamphlet have by their respective authors, and by the American Institute of Homœopathy, been trusted to Bushrod W. James, M. D., chairman, but this gentleman only returns "his compliments," and gives no assurance of having edited the pamphlet. It is, however, certain, that through the influence of Chairman James, this pamphlet is spread before the people to mar the literary standing of those who had the misfortune of contributing to it. In the pamphlet of 1880, issued by order of Dr. James, my paper and my part of the discussion was so incorrectly reported as to make me blush that such grammar and incoherent expressions could possibly be believed to have been uttered by me. I wrote to Dr. James then and remonstrated against this outrage, but he quickly informed me that he was not responsible for the editing.

This year the same outrage is perpetrated. In my paper I find errors which would stamp the author with the grossest ignorance. On page 23, I am made to say "borrowing from Kuperland, mærobiology should take its place," Every intelligent physician must have read Hufeland's macrobiology; but the editor not satisfied with the above

goes further to prove my ignorance by making me say that "mæros" means "long." On page 24 I said, "But what if the unhealthiness of this dwelling should crop those little ones who to often tumbled in the lap of his love!" But the editor destroyed the pathos of that sentence by changing erop into "cross." Again on page 23 I find "the sanitarium must then come in the field." How a sanitarium can come any where I do not know, but I said "the sanitarian" of course.

When will the American Institute of Homœopathy put competent men at the head of its bureaux? and thus save the guiltless writers from the mortification of finding themselves in print so distorted and misrepresented?

Is it negligence, indifference, or ignorance? Whatever it may be, the American Institute of Homœopathy is bound to protect its members from the indifference or ignorance of its officers. Moreover the American Institute of Homœopathy must care too much for its own standing to permit its officers to destroy the reputation of its members.

TULLIO S. VERDI.

Toxic Action of Santonine.—Dr. Testa (*Il Morgagni*, 1881) desires, by his experimental researches, to call attention to the use and the too frequent abuse of Santonine, and to show that it has a toxic action, even when administered in relatively small doses. It is necessary to be careful of the slowness with which it becomes eliminated from the organism, and of its accumulative power in the blood when it is administered in varied successive doses. Testa has made experiments on frogs, pigeons, guineapigs, cats, and dogs. He deduces as the results of his experiments that the Santonate of soda, injected under the skin of frogs, acts slowly. Pigeons are more sensitive to toxic action, and at the same time, the phenomena are more distinct and more sensible. In dogs, even when administered in large doses, in the form of subcutaneous injection of from three to four grammes of Santonate of soda, the action of the salt is very slight. M. Testa, as a conclusion of the necroscopic researches performed on the bodies of animals submitted to experiment, has been led to admit that the action of Santonine does not affect the spinal cord. In his experiments on pigeons, he has noted that by removing one of their cerebral lobes before the subcutaneous injections of Santonate of soda, the toxic action showed itself more sensibly, and was even stronger, especially on that side of the body which was no longer under the nervous influence of the lobe which was removed. He therefore concludes that the action of Santonine is general with regard to the brain, but that its special action is localised in the medulla oblongata.

Society Department.

CHICAGO ACADEMY OF MEDICINE.

DISCUSSION ON UTERINE HÆMORRHAGE.

The regular monthly meeting of the academy, was held at the Tremont House Thursday evening November 6th. Professor J. S. Mitchell in the chair. The minutes of the October meeting were read and approved. The report from the bureau on obstetrics was called for.

Professor R. N. Foster responded. He confined himself to the various forms of hæmorrhage liable to take place in the state of pregnancy and to the most sure means of stopping such hæmorrhage. The various forms of hæmorrhage incident to this state were due to mechanical causes mainly and should be met on the same principles. In all cases there was a rupture of blood-vessel or vessels and as these blood vessels could not be reached to be ligated, pressure, the next best mechanical means for checking hæmorrhage, was always available and surely and promptly effective. To assume that these hæmorrhages were diseases which in all cases might be met with remedies, is false in theory and ruinous in practice. It was not denied that several remedies well known to the profession were often efficient agents in promptly arresting hæmorrhages of various kinds.

But for the peculiar hæmorrhages in question life was often momentarily at stake, pressure was always available, and when skillfully directed, was sure to arrest it at once. This could be demonstrated at all times, hand under all circumstances but the same could not be said of remedies. Therefore for these ills, let our chief study be in the line of pressure and how most skillfully to direct it. To arrest post partum hæmorrhage press on the fundus uteri, or grasp it until it vigorously contracts, or if this does not bring on contraction, with pressure on the fundus with one hand, introduce the other hand through the vagina into the uterus, turning out clots or disengaging placenta if necessary and then press the bleeding walls of the former site of the placenta, between the two hands, the abdominal walls intervening. This brings on rapid contraction when the hand within may be slowly withdrawn.

In abortive hæmorrhage plug the os uteri, and thus by pressure again stop hæmorrhage, until membranes are disengaged and ready to be withdrawn or spontaneously expelled. In placenta previa find by touch the broken placental site and on it put pressure with the finger, or with a sponge held in the hand or introduce an air bag or water bag and pull down on it; or resort to other various measures for keeping pressure on the bleeding surfaces, or if you cannot reach the bleeding

surface press down on the foetus, and cause the foetal head or other presenting part to be a pressure hæmostat.

The custom of some physicians of giving crude Ergot just previous to the third stage often results disastrously, one very frequent sequence is irregular contraction or so called hour glass contraction of the uterus. The placenta being often thus retained. The doctor here gave an illustration from practice of the ill effects of Ergot, in such cases at the same time giving a receipt which he had learned from practice for intra uterine manipulations for accouchers with the natural defect of a large hand. The case referred to was one of retained placenta. A physician in charge of the case had made traction on the chord, till it had been broken. Then Ergot was given. This caused tonic spasms of the womb, with rigid leathery close closure of the os uteri.

The doctor in charge, in despair sent for Dr. Foster. Dr. Foster in responding to the call, found it impossible to begin to penetrate the os with the finger. He ordered Chloroform, and instead of forming his hand in the form of a cone as is usually directed, and does well with obstetricians with small hands, he according to his invariable custom introduced one finger gradually, then another in the same manner, afterwards another and so on until the whole hand was within the uterus. The womb contracted regularly and promptly, and expelled all within it. In this extraordinary case the time consumed in getting the hand into the womb, was nearly one hour, when any sudden forcible pressure more especially with the hand in the form of a cone would have been perfectly fruitless. As a preventative of post partum hæmorrhage, the doctor recommended close attention to the fundus of the womb, immediately succeeding the birth of the child, one hand over the fundus should keep guard ready to grasp and give pressure if the womb should not contract.

Dr. Duncan agreed with the report that the various accidental hæmorrhages of the pregnant state, were mechanical and should generally be treated by manipulations or mechanical means. He had learned from experience, that the early day teaching of Homœopathy, to rely exclusively on remedies, in these cases, was erroneous, often causing some peril to the patient, and always causing useless anxiety to the doctor. Still such remedies as Arnica, Bell., Ipecac, Hamamelis and Nux vomica when rightly selected has a wonderful control over the various uterine hæmorrhages, and were most effective aids to the various surgical appliances.

One means used by the doctor to prevent post partum hæmorrhages was, after the shoulders were born, to keep back the child during one pain, thus giving time for the womb to contract. He further mentioned women who were liable to post partum hæmorrhage, as being spare with red lips, and having a history of prolonged menstrual periods. These in parturition were especially to be guarded during the third stage.

Dr. Wells has great faith in remedies and gave evidence of prompt and effective results by their use.

Dr. I. N. Wilkins in all her practice has never had a severe case of post partum hæmorrhage. Her invariable rule in the third stage of labor is to dip her hand into cold water and place it over the site of the womb of the parturient women. She has used with great success Caulophyllin 2x to prevent miscarriage and to check the hæmorrhage of threatened miscarriage.

Dr. Cross thought that there were more deaths and more hæmorrhages undermining the health, from miscarriages or abortion, of the first two months of pregnancy than from post partum hæmorrhages. In these cases manipulation was peculiarly effective. Even in these cases, however, remedies were often promptly effective. One case was remembered in particular of a patient in other hands suffering at intervals for three weeks, with abortive hæmorrhage, when the doctor was called, and being disabled from employing manipulation on account of having diphtheritic patients in charge, cured by one prescription of Aconite, Ipecac and Phosphorus, his feverish, hæmorrhagic patient. But as a rule he believed in these cases the physicians of both schools delayed too much, and in the Old School often much harm was done by prolonged crude doses of Ergot. He maintained that the remedy is, to promptly enter the womb by dilatation or otherwise, introducing a finger or fingers turning out the membranes however small or large, thus giving the womb a chance to contract and press on the bleeding vessels. The flow is thus checked promptly and without fear of return.

Dr. Mitchell had never used material doses of Ergot for uterine hæmorrhage of any kind. He also believed in surgical means for checking hæmorrhage, and thought the early remedial practice in such cases faulty. Not so much from danger to the patient (as he had never lost a patient from uterine hæmorrhage) as from worry to the doctor, who relied on remedies exclusively. The doctor sees less of post partum hæmorrhage of late. He prevents a hurried birth of the child after the shoulders are born. The doctor has never had to use hot water as a hæmostat. He finds manipulation always sufficient. His plan is, immediately succeeding the third stage, to place the hand on the side of the womb from half to one hour, ready to exert pressure if necessary. The doctor spoke with much enthusiasm of the efficacy of Homœopathic remedies for parturient women in carrying them so securely past the various possible perils of child-bed to speedy convalescence. He referred to an epidemic of puerperal fever a few years ago among patients of the regulars which escaped the patients of the Homœopathic physicians without he believed a solitary exception.

On motion the society adjourned.

E. Cross, Sec'y.

THE HOMŒOPATHIC MEDICAL SOCIETY OF MICHIGAN.

(Continued from Vol. 14, page 356.)

PRESIDENT LONG ON THE DOSE AND MEDICAL EDUCATION.

There remains to be glanced at by me one issue, which, as I view it, is all important to our profession. We cannot magnify beyond its actual significance by any process of reasoning the bearing which the question of "dose" must have upon our life continuous as a distinct school of medicine, if not upon our success at the bedside, and I would like with boundless respect to express my dissent from the views of many of our brethren who in their zeal for the infinitesimal approach the bounds of absolute nothingness, with millionth dilutions further diluted until the contact theory of dynamization caps the climax; the adherents to this theory are usually of the number who believe that the powers of nature unaided by art and science to effect cures is a problem about which there is a philosophic doubt, notwithstanding all that has been written about that force, the *vis medicatrix naturæ*.

But the powers to react is undoubted or medicine would be valueless, and that tendency must be considered in the presentation of required remedies in quantities sufficiently small to avoid aggravation of the symptoms; but with all deference for the opinion of eminent men from whom I have the courage to differ in this particular, the medicine exhibited should be sufficient in quantity and power to show the operation of the distinctive principle on which our system of treatment is based: *similia similibus curantur*. I know what has been said with much force and elegance and what will doubtless be said again, about microscopic spores and germs of disease, and imponderable forces without number that are visible only in their effects in the phenomena of life; but we understand too little about the operation of such agencies to found arguments thereupon for or against any system that may be propounded by scientific men.

I am aware that we are met by those who exhibit remedies of such extreme tenuity that arithmetic would fail to express in figures the fraction of a grain administered to the patient; that there are diseased conditions which may be influenced advantageously even by psychological methods. But whilst we are prepared to admit that the mind has such sovereign influence over the body with which it is connected as to enable it to pronounce that sentence, "Sleep no more to the house of Cawdor," and cause that interrogation to be made in hopeless tones, "Canst thou not minister to a mind diseased?" yet its effect upon more remote matter is of such a doubtful character as to make it a matter of empiricism which has few charms for the educated and experienced Homœopathic practitioner who prescribes for his patient upon a well founded pathological basis or a scientific analysis of the symptoms arising therefrom. In either case he diagnoses the disease with severest scrutiny, and thus enabled with certainty to pronounce upon the ailment which has succumbed to his skill and

perseverance. Science, the crystalization of learning, observation and experience of the past, is the enduring foundation upon which Homœopathy is builded to continue to the end.

It is indeed gratifying to observe in this seat of learning and everywhere around us, evidences in the reading of which even a child need not err, that Homœopathy is gaining ground. For more than forty years the enemies of the system have sustained their courage by hazardous assertions—the wish being father to the thought in most cases, and wilful ignorance in others—that our system must degenerate; and now we find ourselves stronger than ever before in popular regard. Every state in Europe has its well-disciplined corps of Homœopathic physicians recognized by the law and appreciated by the community; and in this country the progress that has been achieved is illustrated by one fact among ten thousand in our well-earned representation in Michigan University, the admirable institution within whose walls this session of our society is being held. As goes Michigan, so goes the Union. In almost every state, and certainly in the very large majority of all the states, we have legal recognition. Societies have been formed under the protection of the law in every state in furtherance of our common purpose. The American Institute of Homœopathy, which struggled into existence with only fifty members, in New York, in 1844, has now a membership of well nigh nine hundred. We have fully equipped medical colleges in Boston, Chicago, Cincinnati, New York, Philadelphia, St. Louis, and elsewhere, where the therapeutics of our school are taught with always increasing effect, and the public accept our services with the favor that naturally follows the faithful administration of a truly excellent system.

The history of the founder of our system is too well known to you all to require but a passing reference to it here. After a young manhood, commenced in actual poverty, and studies pursued under every obstacle that genius could possibly surmount, having attained eminence in a liberal profession, made that position his point of departure for new investigations in which his own bodily health was the field for experimentation and when his inquiries had assured him that the medical faculty, then in unquestioned authority, had not mastered the *modus operandi* of the drug system, he did not hesitate to publish the results of his observations and even change his practice in accordance with his increasing knowledge; although by so doing he arrayed against him in bitterest hostility a large majority of the medical men of his time and all of the apothecaries backed by the power of the law, which frequently compelled him to quit an established home to escape penalties which his devotion to science had incurred. The greater part of his life was a well ordered war upon rampant errors reinforced by authority, and a struggle for daily bread. We fight the good fight under auspices much happier. The people better educated and better informed than their predecessors and having no class prejudices to sway their decision are judges

between the old and the new. The press in all its forms is largely in the hands of men who recognize our claims or have given in their adhesion to our system, and the learned societies which in former days were the strongholds of bigotry, are now swayed by men of vast attainments in the realms of science, whose minds are open to every development of the new truths we are applying to the amelioration of suffering and the perfection of human life.

There are those present who as yet have not undergone the transition from student life to that of actual practice; most of you hope sooner or later to be enrolled in the *alumni* of the college. It is a sweet word to lisp, and marks an important epoch in each individual history. You will go forth into the world with avenues of usefulness open to you. Fame will point to the names engraven indelibly upon her scroll and beckon you onward. Illustrious deeds which are household words will challenge imitation. This is the field that is yours to explore.

I shall disturb your college dreams, but it is perhaps as well that I should. Were I empowered to-night to reach out into the curtained future and present to you the wisely hidden panorama of your lives, dispel your dreams never to be realized, even you to whom fate has been the most indulgent could not face the picture and go hence to battle hopefully with the world; the lack of appreciation of merit, the wealth of censure compared to the poverty of praise, the failure of the deserving on account of its usual accompaniment modesty and the success of the undeserving on account of the public mistaking loquacity for erudition, and obscurity for profundity will lead you to look upon your profession as the school of bitter disappointment and cruel misfortune; and the fact that future executives, senators and commoners, must take the place of the present great representative men, will cause many of you to direct your attention to the field of politics for the realization of your ambition; yet if you look back on those who have gone before you and who as the world judges have achieved greatness, you will find that the inner history of human achievements teaches a strange lesson. You will learn that "One Cæsar lives, a thousand are forgot." If I were to weary you with the whole list of ancient and modern orators and statesmen, show to you how wearily and laboriously their names have been made memorable, there are few of you who would accept their labors for their fame. Campbell in the dream of youth gave us "The Pleasures of Hope," but he toiled through his allotted years to tell "how hopes are blighted and that fame is a bubble that must soon burst," and with what bitterness of spirit did the perverted genius of Byron write:

"And know whatever thou hast been
'Tis something better not to be."

It has been said the happiness of the many commonly depends on causes independent of victories or defeats, of revolutions or restorations—causes which can be regulated by no law and which are recorded in no archives, and your power to increase the happiness of

others and the peace and comfort consequent upon a consciousness that you have done your duty must be your consolation through life and comfort you when you are setting your house in order for the inexorable messenger.

Dr. T. P. Wilson moved that the able address of the President be referred to a committee of three. Agreed to.

Drs. T. P. Wilson, A. B. Grant and M. Rorabacher were appointed as such special committee.

Dr. J. G. Gilchrist offered the following resolutions, which were adopted.

WHEREAS, The formation of bureaux, or scientific committees, in medical societies, it is for the purpose of marking and condensing the progress and improvements in medical art and science, for the benefit of the whole membership; and

WHEREAS, The system obtaining in this society, in the matter of organizing the various bureaux, has hitherto failed to secure the full meaning and purpose of such organization; therefore

Resolved, That hereafter this society shall elect a chairman for each bureau at the close of the report of such bureau, care being had to elect such person chairman who is known to the profession as being particularly engaged in the study and practice of such topics as fall more directly within the domain of the bureau.

Resolved, That the chairman of the bureau, select his associates, whose name will be given to the Recording Secretary, the number of said associates to be determined solely with reference to the proposed work of the bureau.

Resolved, That each bureau, as far as possible, select a single subject for discussion, and so divide the topics into which it is naturally divisible, that each member will work up exhaustively the topic falling to him, thus putting the society in possession of a complete and valuable argument of the questions engaging the attention of the medical world.

Dr. R. B. House announced to the society that Drs. H. M. Parmalee, A. Clappool and W. T. Rowsey, from Toledo, Ohio, were present, and moved that they be received as delegates from the Homœopathic Medical Society of the State of Ohio, and be invited to take seats and participate in the proceedings of this convention. Agreed to.

Dr. T. P. Wilson moved that the delegates from the Homœopathic Medical Society of the State of Michigan to other societies be requested to report. Agreed to.

The President called for reports from delegates.

Dr. T. P. Wilson reported that Dr. R. B. House and himself had met with the Homœopathic Medical Society of the State of Ohio, at its meeting held in the city of Toledo on the 10th and 11th inst., and he was happy to report that society in a prosperous condition, having in attendance sixty-five members and visiting physicians.

Drs. Parmalee, Rowsey and Clappool each in turn made a few remarks, expressing their pleasure in meeting with their brethren of Michigan, and extended a cordial invitation to the members of the society to meet with them at their next annual session, which would be held at Springfield, Ohio, next May.

The Secretary presented the credentials of Dr. E. D. Weed as a delegate from the College of Physicians and Surgeons of Michigan.

On motion the credentials were received, and Dr. Weed invited to report.

Dr. Weed reported the society to be in a prosperous condition. They held weekly meetings on Monday evening during the year except through the summer months. A paper was read at each meeting, followed by a free discussion. Out of thirty Homœopathic physicians in Detroit, eighteen were active members of the society. Connected with the society was a Homœopathic Dispensary, and considerable progress had been made towards collecting material for a museum and library.

Dr. C. J. Covey, Chairman of the Board of Censors, presented the following applications for membership, and recommended their election:

Dr. W. W. Fanning, Lapeer, Hah. Medical College, Chicago, 1879.

Dr. W. W. Mumm, Lansing, N. Y. Hom. Med. College, 1861.

Dr. A. F. Randall, Lexington, Detroit Hom. Medical College, 1873.

Dr. A. R. Wheeler, Ann Arbor, University of Mich., 1879.

Dr. A. W. Hendrick, Paw Paw, Hah. Med. College, Chicago, 1871.

Dr. Geo. L. Bailey, Battle Creek, Hah. Med. College, Chicago, 1879.

On motion the report was accepted, and the Secretary instructed to cast the vote of the society for their election.

The Secretary casting the ballot in the affirmative, they were declared duly elected to membership.

The Chairman of the Board of Censors made an additional report of the following applications for membership:

Dr. C. H. F. Briggs, Grand Haven, Charity Hosp. Med. College, Cleveland, O., 1864.

Dr. D. M. Bennett, Port Huron, Hom. Med. College of Mo., 1881.

Stating that the applications were not recommended in accordance with the usual form, and as they were unable to get any information respecting the same, the Board of Censors would respectfully refer them to the society for action.

Dr. T. P. Wilson moved that the additional report be laid upon the table; Agreed to.

The annual report of the Secretary, Treasurer and Corresponding Secretary were then respectively read by those officers and accepted and referred to the Auditing Committee.

The President announced the following standing committees for the ensuing year:

Auditing Committee—Drs. H. C. Allen, L. M. Godfrey and W. J. Mills.

Judiciary Committee—Drs. J. G. Gilchrist, E. C. Fuller, H. C. Allen, B. Deffendorf and D. J. McGuire.

The President announced that he held the resignation of Dr. Charles Hastings, of Detroit.

On motion the resignation was referred to a special committee of three.

Drs. R. B. House, A. F. Randall and W. J. Mills were appointed as such special committee.

The President announced that the report from the bureau of Ophthalmology and Otology would now be in order.

The Chairman, Dr. J. F. Brown, being absent, Dr. T. P. Wilson reported three papers present and one expected by mail from Chairman. One from D. J. McGuire, M. D., entitled "Veratrum viride in its action on acute diseases of the fundus oculi;" one from J. G. Gilchrist, M. D., entitled "Specialisms in Medical Practice," and one entitled "Prescribing Lenses for the Eyes" by himself, and that he would call upon Dr. McGuire to read his paper first.

Dr. McGuire then read his paper, which was quite freely discussed, by Drs. Gilchrist, S. A. Jones, McGuire, Parmalee, Randall and House.

On motion the paper was accepted and referred to the publication committee.

Dr. Gilchrist then read his paper, which he stated was not a paper which would strictly come under the province of this bureau, but as he only expected to stay until afternoon, it would be as proper at this time as in any bureau which would be called upon to report during his brief stay.

On motion the paper was received and referred to the publication committee.

Dr. T. P. Wilson then announced that he would read his paper which would close the work of the bureau.

The paper was discussed by Drs. Randall, Wilson and McGuire; and on motion was accepted and referred to the committee on publication.

On motion the society adjourned to meet at 2 o'clock P. M.

AFTERNOON SESSION.

The President called the society to order promptly at 2 o'clock.

Dr. C. P. Burch, of Lansing, asked permission to present a clinical case to the society, and that the patient was now present. The case was quickly pronounced to be "Locomotor Ataxia," by several physicians, and after a few moments spent in a rambling discussion and the suggestion of several remedies to be employed, T. P. Wilson, M. D., moved that the case be referred to a committee of three, with instructions to give the case a careful examination and make a prescription. Agreed to.

The President appointed as such special committee Drs. S. A. Jones, J. G. Gilchrist and D. J. McGuire.

Dr. R. B. House, in behalf of the special committee to whom was referred the resignation of Dr. Chas. Hastings, submitted the following report:

Your committee, to whom was referred the resignation of Dr. Chas. Hastings, of Detroit, recognizing the right of any individual member to terminate their membership in this organization, would respectfully recommend to the society that the resignation of Dr. Chas. Hastings be accepted.

R. B. HOUSE,
A. F. RANDALL,
W. J. MILLS,
Committee.

On motion the report was unanimously adopted.

The Chairman of the Board of Censors reported the following application for membership, and recommended his election:

J. O. Spinning, M. D., Litchfield, Hah. Medical College, Chicago, 1878.

On motion, the report was accepted, and the secretary instructed to cast the vote of the society for his election.

The secretary cast an affirmative ballot, and the applicant was declared duly elected to membership.

D. J. McGuire, M. D., was elected Chairman of the Bureau of Ophthalmology and Otology for the ensuing year, and subsequently announced that the following members would constitute the Bureau of Ophthalmology and Otology for 1882: D. J. McGuire, M. D., Chairman, Detroit; T. P. Wilson, M. D., Ann Arbor; J. F. Brown, M. D. Leslie.

The Bureau of Pædology was announced as the next in order to report.

Dr. R. B. House, the Chairman, reported that he had selected diseases of the respiratory tract for consideration at this meeting, and had assigned the following topics, as follows:

Acute Bronchitis—J. W. Converse, M. D., Wayne.

Chronic Bronchitis—B. Deffendorf, M. D., Fowlerville.

Capillary Bronchitis—O. R. Long, M. D., Iona.

Pneumonia—H. R. Arndt, M. D., Grand Rapids.

Infantile Coryza—L. M. Godfrey, M. D., Colon.

Broncho-Pneumonia—R. B. House, M. D., Tecumseh.

He was sorry to announce that there were no papers prepared by the members of the bureau excepting a brief one by himself, which he would read by title—"Broncho-Pneumonia," and present to the society.

On motion, the paper was accepted and referred to the Publication Committee, and the bureau was declared closed.

Dr. R. B. House was elected Chairman of the Bureau of Pædology for the ensuing year, and subsequently announced that the following members would constitute the Bureau of Pædology for 1882:

R. B. House, M. D., Chairman, Tecumseh; J. D. Crane, M. D., Detroit; J. N. Reynolds, M. D., Grand Haven; W. F. Thatcher, M. D., Pinckney; F. Woodruff, M. D., Detroit; A. F. Randall, M. D., Lexington.

Dr. H. C. Allen, Chairman of the Auditing Committee, submitted the following report:

Your committee of Auditors have examined the reports of the Secretary, Treasurer and Corresponding Secretary, and find their accounts correct.

Report and papers from the Bureau of Obstetrics and Gynæcology was announced as being next in order.

C. J. Covey, M. D., Chairman, reported a promised paper by F. Woodruff, M. D., but that he had not yet arrived, and that he had prepared a paper entitled Gynæcology, which, on request, was referred without reading to the Committee on Publication.

Dr. A. B. Botsford was elected Chairman of the Bureau of Obstetrics and Gynæcology for the ensuing year, and subsequently announced that the bureau would be composed of the following members:

A. B. Botsford, M. D., Chairman, Grand Rapids; E. D. Weed, M. D., Detroit; Phil. Porter, M. D., Detroit; T. Baker, M. D., Union City; J. L. Cady, M. D., Niles; L. M. Jones, M. D., Brooklyn.

The president announced the report and papers from the Bureau of Materia Medica would come next in order, but as he had just received a telegram from the Chairman, Dr. H. R. Arndt, informing the society that he could not reach Ann Arbor until evening, the bureau would be postponed until Dr. Arndt's arrival, unless objections were offered. No objections were offered, and the Bureau of Mental and Nervous Diseases was called upon to report.

Dr. A. B. Grant, Chairman, said if the recommendations contained in Dr. Gilchrist's resolutions which were offered during the morning session had been observed last year, he would have been spared from reporting upon a subject of which he had no special knowledge; but recognizing the necessity of performing the duties that were laid upon him by the society as best he could, he had prepared a paper for the bureau entitled "Insanity;" also that Dr. Rorabacher, who was present, had a paper, and one was promised from Dr. L. T. Van Horn, of Homer. He would call upon Dr. Rorabacher to read his paper.

Dr. Rorabacher then read his paper entitled "Tic-douloureux," which was quite freely discussed by Drs. Wilson, Craig, Gilchrist and Avery.

Dr. A. B. Grant then read his paper, and requested that the paper from Dr. VanHorn be referred with the others to the Publication Committee.

On motion the papers of the bureau were accepted and referred to the Committee on Publication.

Dr. C. J. Covey moved that the special committee appointed to

examine and prescribe for the clinical case presented by Dr. Burch, be requested to report. Agreed to.

Dr. S. A. Jones, Chairman, reported that they found the case to be one of locomotor ataxia of long duration, and consequently a hopeless prognosis was given. The committee would prescribe *Argentum nitricum* 3d dec. trit., with a moderate use of a current of electricity.

Dr. J. D. Craig was elected Chairman of the Bureau of Mental and Nervous Diseases for the ensuing year, and subsequently announced that the following members would constitute the Bureau of Mental and Nervous Diseases for 1882:

J. D. Craig, M. D., Chairman, Detroit; J. M. Long, M. D., Coldwater; H. Whitworth, M. D., Niles; M. Rorabacher, M. D., Litchfield.

The Bureau of Organization, Registration and Statistics was announced as in order to report.

Dr. R. B. House, Chairman, reported that the only paper the bureau had to present to the society was one which he had prepared and which he would now read, entitled "Homœopathy in Michigan."

On motion the paper was received and referred to the Committee on Publication.

Dr. House moved that the Bureau of Organization, Registration and Statistics be discontinued. Agreed to.

Dr. T. P. Wilson moved that the ladies of the Homœopathic Hospital Aid Association be permitted to occupy time enough to bring some statements and facts concerning their society before the convention. Agreed to.

Mrs. Cole, in behalf of the association, then requested the assistance of the members of the society when they should go to their homes in organizing auxiliary societies to the association.

As Chairman of the State Executive Committee of our association, I feel that the past year has been quite a failure in accomplishing what I hoped to accomplish, which has been partly from failing health and partly from failure to respond to my appeals for help as I anticipated. We request your help, your advice and your membership.

The Secretary, Mrs. Bishop, then read the following report, which was submitted to the society:

On April 15, 1880, a few ladies met together to talk and put into action plans of work that would be agreeable to the Homœopathic Institution of our city. It was suggested that we extend our work throughout the State, therefore our constitution and by-laws were framed to this effect.

We are officered like other associations, with a State and local committee. Five ladies constitute our executive board; their duties are to organize auxiliary associations, and procure assistance in different parts of the State. Our local committee duties are to devise ways and means for furnishing supplies for carrying out the object of the association.

We have received during the year \$55 in memberships; \$44 in contributions. We have furnished one bed and paid the expenses of six patients. We have held business meetings each month, appointing committees for visiting the hospital, also a flower and fruit committee consisting of young ladies, their duty being to supply as far as they could fruit and flowers to all the sick.

Notice of our organization has been sent to 324 editors; copies of our constitution and by-laws, accompanied with President Angell's letter endorsing our work, to 375 Homœopathic physicians of the State. We have received one letter in reply.

At the time the Hospital closed for its summer vacation we had a very feeble patient from Battle Creek occupying the bed. Her case was pronounced hopeless by the physicians, yet the association cared for her till the treasury was gleaned, and as she was unwilling to return to her old home, having found true friends here, we were

obliged to take her to the County House, where she lingered but two weeks, then passed away. Members of the association, with Dr. Haskell of the Baptist church, and Rev. J. Alabaster of the Methodist church, attended her funeral services, which were held at the home of our President.

We begin our second year with two patients in the Hospital; free from debt, with \$62 in the treasury.

Mrs. SARAH H. BISHOP, *Acting Secretary.*

Dr. T. P. Wilson moved that a special committee, consisting of Drs. O. R. Long and A. B. Botsford be appointed to take into consideration the report from the "Michigan Homœopathic Hospital Association," and make recommendations to the society. Agreed to.

The Bureau of Microscopy and Histology was then announced as next in order to report.

Dr. T. P. Wilson, Chairman, announced that there were no papers from the bureau, but that he had prepared a large number of Pathological and Histological specimens.

The convention then adjourned to the Amphitheatre, where twelve compound microscopes had been provided, and specimens enough to interest the entire convention for hours in viewing the wonderful formations which are only visible through the aid of the microscope.

After an hour or more spent in this interesting study, the society adjourned to meet at 8 o'clock A. M. on the following day.

SECOND DAY—MORNING SESSION.

The society was called to order at 8 o'clock A. M. by the President in the chair.

Dr. C. J. Covey, Chairman of the Board of Censors, presented the following applications for membership, and recommended their election:

S. S. Moffatt, M. D., Norvell, University of Mich., 1878.

J. L. Cady, M. D., Niles, Eclectic Medical Institute, Cincinnati, O., 1853.

S. F. Chase, M. D., Caro, Detroit Homœopathic Medical College, 1873.

On motion the report was accepted, and the Secretary instructed to cast the vote of the society for their election.

The Secretary casting the ballot in the affirmative, they were declared duly elected to membership.

Dr. C. J. Covey moved that the Bureau of Obstetrics and Gynecology be reopened for the purpose of allowing Dr. F. Woodruff (who was now present), to read a paper which he had prepared for that bureau. Agreed to.

Dr. Woodruff then read his paper entitled "An Instructive Case," which was received and referred to the Publication Committee.

Dr. R. B. House moved that the Bureau of Ophthalmology and Otology be reopened for the purpose of allowing Dr. J. F. Brown to read his paper, as he was now present. Agreed to.

Dr. Brown then read his paper entitled "Hints to help in the diagnosis of different diseases of the eye."

The paper was quite freely discussed by Drs. T. P. Wilson, J. F. Brown, A. F. Randall, D. J. McGuire, J. G. Gilchrist, R. B. House and S. A. Jones.

On motion the paper was received and referred to the Committee on Publication.

Dr. S. A. Jones was elected Chairman of the Bureau of Microscopy and Histology for the ensuing year, and subsequently announced that the following members would constitute the Bureau of Microscopy and Histology for 1882:

S. A. Jones, M. D., Chairman, Ann Arbor; Robert King, M. D., Kalamazoo; D. J. McGuire, M. D., Detroit; R. C. Olin, M. D., Detroit,

The President announced that the report and papers from the Bureau of Surgery would be next in order.

No member of the bureau had any report or papers to present.

Dr. J. G. Gilchrist moved that the paper which he had read should be transferred from the Bureau of Ophthalmology and Otology to the Bureau of Surgery, in order that the bureau should not be destitute of any report or paper. Agreed to.

Dr. J. G. Gilchrist was elected Chairman of the Bureau of Surgery for the ensuing year, and subsequently announced that the following members would constitute the Bureau of Surgery for 1882:

J. G. Gilchrist, M. D., Chairman, Detroit; E. C. Franklin, M. D., Ann Arbor; O. R. Long, M. D., Ionia; A. I. Sawyer, M. D., Monroe.

The Secretary offered the following resolution, which was unanimously adopted:

WHEREAS, At the eleventh annual session of this society W. W. Walker, of Lyons, Mich., did make application for membership in this society, representing in said application that he was a graduate of Pulte Medical College of Cincinnati, Ohio, for the year 1874; and

WHEREAS, That he was elected to membership but failed to sign the constitution, thereby completing the requirements of membership; and

WHEREAS, It appears on good authority that W. W. Walker never received a degree from the above named college; therefore

Resolved, That the action of this society at its last session in electing W. W. Walker, of Lyons, to membership be rescinded.

A letter was received from Dr. C. S. Morely, Pontiac, tendering his resignation as a member of the society.

Dr. J. G. Gilchrist moved that the resignation be laid upon the table. Agreed to.

The President then called upon the Bureau of Hygiene as next in order to report.

Dr. A. B. Avery, Chairman of that bureau, reported that he had two papers to present to the society. One by J. N. Reynolds, M. D., entitled "Hints on Hygiene of Infants and Children," and one by himself entitled "Diphtheria, its causes from a Hygienic Standpoint," and that he would call upon Dr. Reynolds to read his paper first.

J. N. Reynolds, M. D., then read his paper which was discussed by Drs. J. D. Craig, J. N. Reynolds, F. Woodruff, W. F. Thatcher, J. G. Gilchrist, H. Whitworth and H. R. Arndt.

Dr. Avery then read his paper, which elicited quite a spirited discussion, which was participated in by Drs. Woodruff, S. A. Jones, Grant, Chase, House and L. M. Jones.

On motion the papers of the Bureau of Hygiene were received and referred to the Publication Committee.

Dr. F. Woodruff was elected Chairman of the Bureau of Hygiene for the ensuing year, and subsequently announced that the bureau would be composed of the following members: Bureau of Hygiene and Climatology for 1882. F. Woodruff, M. D., Chairman, Detroit; O. R. Long, M. D., Ionia; L. M. Godfrey, M. D., Colon; H. C. Allen, M. D., Ann Arbor.

Dr. A. B. Grant moved that when the society should finally adjourn that it should be to meet in the City of Lansing, at the time specified in the constitution.

Dr. L. M. Jones moved as an amendment that the society meet in Jackson.

Dr. H. R. Arndt moved as an amendment to the amendment that the society meet in Grand Rapids, which on being put to vote was carried, and it was then made unanimous that the next annual session of the society should be held in the City of Grand Rapids, on the third Tuesday and Wednesday of May, 1882.

Dr. C. J. Covey, Chairman of the Board of Censors presented the

following applications for membership, and recommended that they be elected :

A. A. Allen, M. D., St. Johns, New York Homœopathy Medical College, 1876.

E. D. Weed, M. D., Detroit, Detroit Homœopathic Medical College, 1875.

On motion the report was accepted and the Secretary instructed to cast the vote of the society for their election.

The Secretary casting an affirmative ballot, they were declared duly elected to membership.

J. G. Gilchrist presented the following resolution which was unanimously adopted :

Resolved. That it is the sense of this society that the time allotted for the sessions of this society be devoted entirely to the legitimate work of the society.

Dr. Geo. A. Robertson offered the following resolution, which was adopted :

WHEREAS, Errors are apparent in keeping the accounts of the society in years past; and

WHEREAS, Members have made complaint to the society of not receiving proper credits for money paid; therefore be it

Resolved. That the Treasurer, President and Secretary be instructed to investigate cases occurring prior to 1881, and if found satisfactory they be authorized to make the necessary corrections.

The President announced that the Chairman of the Bureau of Materia Medica was now ready to report, which would now be in order.

Dr. H. R. Arndt, Chairman of the bureau, reported that he had three papers to present to the society; one by Dr. A. B. Avery, one by Dr. H. C. Allen, and one by himself; and that he would now call upon Dr. A. B. Avery to read his paper.

Dr. Avery then read his paper entitled "The relation of the dose to the law of cure; the practical bearing of the question of the dose upon the school of the present day."

Dr. H. R. Arndt then read his paper entitled "The question of dose viewed in the light of clinical experience," which was followed by Dr. H. C. Allen reading his paper, entitled "The minimum dose, considered theoretically and practically, an essential feature of the Homœopathic practice," when on motion the society adjourned to meet at 1:30 o'clock P. M.

SECOND DAY.—AFTERNOON SESSION.

Dr. F. Woodruff stated that with reference to the miscellaneous business and election of officers which was yet to come before the convention, and that the members were all extremely anxious to leave on the afternoon trains for their homes, he would move that the reports and papers from the Bureaus of Pathology, and Theory and Practice, be received and the papers be read by title and referred to the Committee on Publication.

After some remonstrance by several of the members the motion was carried.

Dr. F. Woodruff, Chairman of the Bureau of Pathology, then presented two papers, one by Dr. Covey and one prepared by himself, both entitled "Pathology."

Dr. L. M. Jones was elected Chairman of the Bureau of Pathology for the ensuing year, and subsequently announced that the following members would constitute the Bureau of Pathology for 1882 :

L. M. Jones, M. D., Chairman, Brooklyn; J. F. Brown, M. D., Leslie; T. Baker, M. D., Union City; C. J. Covey, M. D., Grand Ledge; F. Woodruff, M. D., Detroit; H. C. Allen, M. D., Ann Arbor.

Dr. T. P. Wilson, Chairman of the Bureau of Theory and Practice,

then reported that he had only one paper to present from that bureau, and that was one which he had prepared, entitled "The necessity of recording our cases."

Dr. T. P. Wilson was elected Chairman of the Bureau of Theory and Practice for the ensuing year, and subsequently announced that the following members would compose the Bureau of Theory and Practice for 1882:

T. P. Wilson, M. D., Chairman, Ann Arbor; I. N. Eldridge, M. D., Flint; F. Woodruff, M. D., Detroit; S. F. Chase, M. D., Caro; L. M. Jones, M. D., Brooklyn; G. L. Bailey, M. D., Battle Creek; Mrs. K. C. Betts, M. D., Lansing.

The President announced that the discussion on the papers of the Bureau of Materia Medica was in order.

Dr. R. B. House said that in view of the limited amount of time remaining to the society, he would move that the discussion be limited to thirty minutes and that no member be allowed to speak but once or longer than five minutes, except the chairman of the bureau. Agreed to.

Dr. S. A. Jones moved that the papers of the Bureau of Materia Medica be referred to the Committee on Publication without discussion. Agreed to.

Dr. A. B. Avery was elected Chairman of the Bureau of Materia Medica for the ensuing year, and subsequently announced that the bureau would be composed of the following members: Bureau of Materia Medica for 1882.

A. B. Avery, M. D., Chairman, Farmington; S. A. Jones, M. D., Ann Arbor; H. R. Arndt, M. D., Grand Rapids; O. R. Long, M. D., Ionia.

Dr. O. R. Long, Chairman of the special committee appointed upon the report of the ladies of the "Michigan Homœopathic Hospital Aid Association," reported that the committee were unable to recommend without more time and leisure from the duties now before them any clear course of procedure to raise funds for the association. The committee recognized the worthiness of the cause and hoped that each individual member would do all they could for the society.

Dr. T. P. Wilson recommended that every member would try and raise funds by soliciting among their patronage at home.

The president appointed Dr. H. C. Allen as a committee to go through the convention and solicit funds and memberships from the members present.

The society then proceeded to the election of officers for the ensuing year with the following result:

PRESIDENT.—H. R. Arndt, M. D., Grand Rapids.

FIRST VICE-PRESIDENT.—C. J. Covey, M. D., Grand Ledge.

SECOND VICE-PRESIDENT.—H. Whitworth, M. D., Niles.

GENERAL SECRETARY.—R. B. House, M. D., Tecumseh.

CORRESPONDING SECRETARY.—A. B. Grant, M. D., Lowell.

TREASURER.—Geo. A. Robertson, M. D., Chelsea.

BOARD OF CENSORS.—J. N. Reynolds, M. D., Grand Haven; L. M. Godfrey, M. D., Colon; A. B. Avery, M. D., Farmington; W. F. Thatcher, M. D., Pinckney; M. Rorabacher, M. D., Litchfield; L. M. Jones, M. D., Brooklyn.

DELEGATES.

To the International Homœopathic Convention, 1881.—T. P. Wilson, M. D., Ann Arbor; A. I. Sawyer, M. D., Monroe.

To the American Institute of Homœopathy, 1881.—R. B. House, M. D., Tecumseh; H. C. Allen, M. D., Ann Arbor; A. B. Botsford, M. D., Grand Rapids; E. C. Franklin, M. D., Ann Arbor; L. M. Jones, M. D., Brooklyn; S. A. Jones, M. D., Ann Arbor; J. G. Gilchrist, M. D., Detroit; B. C. Olin, M. D., Detroit.

To the Western Academy of Homœopathy, 1881.—H. R. Arndt, M. D., Grand Rapids; H. Whitworth, M. D., Niles; J. N. Reynolds, M. D., Grand Haven.

To the New York State Homœopathic Medical Society, 1882.—T. F. Pomeroy, M. D., Detroit; A. F. Randall, M. D., Lexington.

To the Ohio State Homœopathic Medical Society, 1882.—T. P. Wilson, M. D., Ann Arbor; Geo. A. Robertson, M. D., Chelsea.

To the Indiana State Homœopathic Medical Society, 1882.—W. F. Thatcher, M. D., Pinckney; G. L. Bailey, M. D., Battle Creek.

To the Illinois State Homœopathic Medical Society, 1882.—J. F. Brown, M. D., Leslie; E. D. Weed, M. D., Detroit.

To the Wisconsin State Homœopathic Medical Society, 1882.—A. A. Allen, M. D., St. Johns; E. L. Roberts, M. D., Marshall.

On motion the minutes of the last annual session as printed by the Secretary were adopted, and upon the roll being called, it was ascertained that the following had been present during the sessions of the society:

O. R. Long, Ionia; B. B. House, Tecumseh; George A. Robertson, Chelsea; H. C. Allen, Ann Arbor; A. B. Grant, Lowell; W. J. Mills, Howell; L. M. Godfrey, Colon; M. Rorabacher, Litchfield; A. F. Randall, Lexington; K. C. Betts, Lansing; J. O. Spinning, Litchfield; J. R. Hyde, Eaton Rapids; A. B. Avery, Farmington; Geo. B. Foster, Detroit; J. N. Reynolds, Grand Haven; B. Deffendorf, Fowlerville; A. B. Botsford, Grand Rapids; J. D. Craig, Detroit; E. L. Roberts, Marshall; C. J. Covey, Grand Ledge; T. P. Wilson, Ann Arbor; J. G. Gilchrist, Detroit; E. C. Franklin, Ann Arbor; C. P. Burch, Lansing; S. A. Jones, Ann Arbor; D. J. McGuire, Detroit; H. Whitworth, Niles; L. M. Jones, Brooklyn; F. Woodruff, Detroit; S. F. Chase, Caro; H. R. Arndt, Grand Rapids; A. A. Allen, St. Johns; J. L. Cady, Niles; W. W. Munn, Lansing; W. F. Thatcher, Pinckney; J. F. Brown, Leslie; E. D. Weed, Detroit; D. D. Loomis, Bay City; J. M. Long, Coldwater; C. D. Parsons, Burr Oak; M. B. Beals, Ovid; S. B. Parsons, Ann Arbor; A. Claypool, H. M. Parmelee and W. T. Rowsey, Toledo, Ohio.

The president appointed Dr. H. R. Arndt chairman of the executive committee.

Dr. T. P. Wilson, chairman of the special committee to whom was referred the president's address, submitted the following report:

To the Homœopathic Medical Society of the State of Michigan:

Your committee to whom was referred the president's address beg to report that they have carefully examined the address and cheerfully recommend that it be referred to the committee on publication. The president's suggestion that a Bureau of Climatology be established, we endorse and advise its creation. Respectfully,

T. P. WILSON,
A. A. GRANT,
M. RORABACHER,
Committee.

A motion was offered to amend that portion of the report recommending the establishment of a Bureau of Climatology so as to incorporate the bureau with the Bureau of Hygiene. Agreed to.

The report then as amended was unanimously adopted.

Dr. H. R. Arndt moved that the secretary be instructed to print the proceedings and papers of this session of the society. Agreed to.

A vote of thanks was tendered the executive committee and the press.

On motion the society adjourned to meet in the City of Grand Rapids on the third Tuesday in May, 1882.

R. B. HOUSE,
General Secretary.

Medical News.

Advertisements.—Be sure to look over the advertisements in this issue.

Mrs. Dr. T. C. Canfield has removed from Titusville, Pa. to Indianapolis, Ind.

Dr. S. R. Beckwith, and family are spending the winter in Europe, and are having a good time.

"Score another for Homœopathy".—*Dr. J. C. Nottingham* has been appointed examining surgeon for pension at Marion Indiana.

Married.—*Dr. D. A. McLachlan*, of Holly, Mich., class 1879, U. of M., and *Miss Bertha M. Hadley*. *Dr. J. C. Wood*, of Monroe, Mich., class 1880, U. of M., and *Miss Julia K. Bulkley*, Dec. 23, 1881.

For sale.—A McIntosh Galvano Faradic 18-cell battery. Been run but a short time, almost as good as new. Cost \$45.00, will take \$30.00 for it. Address Medical Battery, care Duncan Bros.

Located.—*Dr. L. B. Richards*, class 1881, University of Michigan, Stafford Springs, Conn. *Dr. Addison Morgan*, class 1881, Waterbury, Vt. *Dr. G. E. Gray*, class 1880, has settled in South Pueblo, Colorado.

The New York Homœopathic Medical Society, will hold its thirty-first annual meeting, in Albany, N. Y. Tuesday and Wednesday, February 14th and 15th. Commencing at 10 o'clock, A. M. A full attendance is anticipated.

On to Richmond.—Since the American Institute has declined the invitation to visit Richmond the Homœopathic physicians of the south, should meet there and organize as was proposed a Southern Homœopathic association.

Doctors bills.—"Doctors disagree too much. They should stick together, stand up to their fee-bills, and collect thirty days after date, ten per cent. on bills over due. Make a business of your profession, and you will be respected by having money in your pocket."

New York Ophthalmic Hospital.—Report for the month ending December 31, '81. Number of prescriptions, 4,153; number of new patients, 442; number of patients resident in the hospital, 16; average daily attendance, 160; largest daily attendance, 210.

CHAS. DEADY, M. D., Resident Surgeon.

Homœopathy in Chicago.—Homœopathy is at work in our hospital. A canvass among the surgical cases revealed the fact that many would like to change if they did not dislike to leave their present attendants, while thirteen declared their desire for the new treatment. Others were turned over to fill the eighty beds—a mass of incurables. Singular to say several of those have already been helped and some discharged! Our men are working day and night to make a record for Homœopathy. The inside history of this Homœopathic victory will make racy reading when it appears.

Homœopathy in Minnesota.—THE INVESTIGATOR is a welcome visitor with me. Perhaps it would be gratifying to you to know something about the state of Homœopathy here. Our school represented by three practitioners has as patrons more than its share among the educated, and is generally popular. I lately received the appointment as physician to the "State Institute for the Deaf and Dumb." One of the leading ones of the other school illustrates well the tendency to scientific hobbyism. His favorite diagnosis is accumu-

latious in the colon," which in many of the cases proves to be "too abominably utter." I shall try your tracts, there seems to be a good field for that kind of seed.

P. G. DENNINGER.

The Committee on Legislation.—At the late meeting of the American Institute of Homœopathy at Brighton Beach, N. Y., the following members were appointed as the committee on legislation. This committee at once held a meeting for consultation, and agreed on the programme of their work for the ensuing year. They believe it to be an exceedingly important matter that their report be a full one, and trust that all members of the Institute as well as of local and state societies, and the profession at large, will contribute all the information, aid and co-operation in their power as to any division of the same, and at *as early a moment as possible*. The facts to be obtained should be in possession of the committee soon after New Year's day, and its members, in accordance with the vote of the institute, should make their final return or report to the chairman "two months prior to the meeting of the institute," next summer—that is, by April 5th, 1882, at farthest.

I. The programme adopted requires, under each head, first a historical statement, in concise form, of past legislation on medical matters, both *favorable and unfavorable to Homœopathy*; 2d, a similarly concise account of contemplated legislation, favorable and unfavorable; the steps to be taken in favor of our school and the prospects of success; 3rd, suggestions as to ways and means whereby the American institute may officially aid in the local and national struggles of our profession everywhere, *at home and abroad*.

II. The programme is as follows:

1. National. A. Incorporation of the American Institute of Homœopathy, as to its feasibility, methods, duties incurred and privileges secured. B. Admission of Homœopaths to the Army and Navy Medical Corps. C. Admission of Homœopaths to the medical civil service, viz: Boards of Health, Marine Hospitals, Pension Examinations.

2. State. A. Boards of Health. B. Port and Quarantine Physicians. C. Hospitals, General and Insane. D. National Guard and Militia, Surgeons-General, Brigade, Regimental and other Surgeons. E. Restraint of Allopathic Medical Societies from *libeling* or censuring their own members in *punishment* for professional association with Homœopathists. F. Incorporation of Colleges, Societies, etc.

G. Money appropriations to Hospitals, Dispensaries, etc.

3. Municipal. *a*. Physicians to the poor. *b*. Vaccine physicians. *c*. Hospitals. *d*. Boards of health. *e*. Coroners and coroners' physicians. *f*. Police-district physicians.

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

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

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

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

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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

CHICAGO, FEB. 1.—This winter has differed from last one, both in the weather and in the type of diseases. Diphtheria so prevalent last year and in the fall, seems to have disappeared, and tonsillitis has taken its place. Bronchitis has been very prevalent, ushered in with a sharp fever which has terminated in a short titillating cough, a loose cough or a low typhoid condition. Some cases Aconite has controlled promptly. Belladonna has stopped the titillating cough. Kali bich has met the loose cough, while Arsenicum has raised the patient out of the low prostrate condition. In some of the cases of bronchitis the indications for either Aconite or Bell. have been so close that it is not strange that Ruddock advises their alternation.

Typhoid fever has prevailed a never before at this season

of the year. Panelli has been a great help, as well as the discussion in the December number of this journal. It would seem as if not only the weather but the type of disease is changing: Chief remedies, Ars., Bapt. and Phos. Small-pox prevails as it never has before. The peculiar atmospheric condition of the air seems to favor its spread. Arsenic seems to control it. C.

WEATHER AND DISEASE PROGNOSIS.

Vennor, basing his study of weather upon remarkable couplets of years of similar weather, predicts February as follows: "Feb. 1-13.—Generally very mild weather, with heavy rains west and south. Frosty in northern sections about third and fourth days. The January mildness will extend well into February. Changeable but generally mild weather, with occasional days of sharp frost and copious rains in western and southern sections. Light snow-falls in Canada and northern and middle states. Snow disappearing in many localities. Colder weather generally toward the close of the week. Feb. 13-28.—Probably snow-storms west, and colder weather generally; moderating again to snows and rains, according to locality; altogether a more wintry week. Windy and colder weather between 17th and 20th days, and snow-falls and drifts probable in far west and in maritime provinces of Canada. Cold and stormy weather due in most sections. Mild weather generally for this week, with alternations of snow and rain in northern and western sections. Rains in middle and southern states and gulf ports. Stormy weather toward close of the week, with general rains and high winds. Rains, sleet, and gales probably at New York about the 26th, and through Long Island Sound and adjacent parts, with scattered snowfalls in northern sections. Stormy weather on the lake and the St. Lawrence. Probably colder in proximity to last day of the month. The month of February will this year be a somewhat exceptional one,

with some very sudden transitions from frost to mildness."

We can easily predict from such weather throat diseases, tonsillitis, possibly diphtheria, pharyngitis, croup, bronchitis, and pneumonia (of a typhoid type). Aconite, Belladonna, Arsenicum, and Kali, rarely Mercurius, will be the principal remedies. Calc. iod. (the new form) will do good service in croup.

N.

DIPHTHERITIC CROUP.

BY H. K. BENNETT, M. D., FITCHBURG, MASS.

Diphtheritic croup is a disease where the deposit has extended from the fauces to the larynx and trachea and sometimes to the small bronchial tubes. The disease always commences above and extends downwards, never the reverse. Diphtheritic croup and true croup, or cynanche trachealis, have often been confounded with each other and not a few pathologists contend that there exists no difference between the two.

True croup is purely an inflammatory condition of the mucous membrane and contiguous tissue of the larynx and trachea, followed by an exudation of a fibro-plastic material, which gradually increases in thickness until the calibre of the trachea becomes too small to admit sufficient air into the lungs for the proper aeration of the blood. This fibrous membrane is deposited on, and not incorporated into the mucous membrane.

True diphtheritic croup consists in the formation of a whitish-gray, compact, felted membrane, which is incorporated into the mucus membrane, elevated above and penetrating beneath, thereby becoming intimately connected with the mucous membrane. This diphtheritic membrane can be removed only by dissolution or suppuration. If by dissolution, the mucous membrane remains intact; if by suppuration, the pus collects between the scab and the healthy part, and is thereby cast off, leaving an ulcer which is disposed to heal

by cicatrization; not unfrequently however the process repeats itself again and again, at the same place.

It will always be noticed upon inspecting the fauces, after recovery from an attack of diphtheria by the suppurative process, that there is always some, and often a very considerable loss of tissue, we therefore conjecture that the same process takes place in true diphtheritic croup during and after recovery. In true croup, if the patient recovers (which is rare), the membrane is either dissolved or cast off, leaving the mucous membrane uninjured. There is, from a pathological stand point, a close similarity between true and diphtheritic croup, but not an identity. I will yield to no one in this opinion. It will be observed that I have frequently used the terms true croup and true diphtheritic croup. This fact should always be borne in mind, that we have catarrhal croup and catarrhal diphtheria, which may or may not involve the trachea, and there is as much difference in the therapeutics between true croup and diphtheritic croup, as there is between true and catarrhal diphtheria.

It is not my purpose to enter into a controversy as to the etiology of diphtheria, but will hastily consider the therapeutics of diphtheritic croup. The number of remedies recommended for diphtheria is legion, which, if they were adapted to the condition from a pathological and etiological stand point, would be equally as applicable in the croupous form of the disease, but from my personal observation and large experience where such remedies as the Mercurial preparations, such as the Cyanide, Iodide, Proto-iodide, etc., Sulpho-Carbolate of Soda, Lachesis and many other remedies prove curative in the catarrhal or pseudo-membraneous form, there is but one remedy in true diphtheria and diphtheritic croup, aided by external adjuvants, and that remedy is Kali bichromicum. Other remedies may be needed after the disappearance of the membrane, especially after suppuration to favor cicatrization and limit the suppurative process such as Hepar sulphur and Silicea, or as a restorative to the broken down and enfeebled condition of the system such as Arsenicum album or China officinalis, but from beginning to end, from

the first manifestation of the croupal symptoms, to their disappearance, the Kali bichromicum should be used from the first to the third decimal trituration. The external adjuvants, which I make use of during the first forty-eight hours of the disease are compresses of cold water to the throat and the inhalation of steam from slaked lime, every two or three hours.

As soon as the suppurative process commences I dispense with the use of the external application of cold water. A steam bath, four to six times in twenty-four hours, is very efficacious in relieving the dyspnoea. The steam bath is given in the following manner, to wit, envelope the patient with flannel surrounded with a rubber or oil cloth blanket, leaving only the head and neck exposed; take the patient into a small room filled with steam by the boiling of water, allow the patient to remain in this bath half an hour at a time, the steam continually generating. Care must be used not to let the patient take cold after coming from the bath room, by avoiding all draughts and attending to the temperature and humidity of the sick room.

The modus operandi of these adjuvants is as follows: the steam from the slaked lime dissolves the membrane. It has been demonstrated that aqua calcis is the best solvent of the diphtheritic membrane we have. The steam baths not only relaxes the tissues, thereby relieving the dyspnoea, but it favors the decomposition of the membrane and hastens the suppurative process. The inhalation of slaked lime, in controllable patients, might be more thoroughly and scientifically applied by means of an atomizer. This method of treatment should be carried out even in mild cases, as there is always a tendency in mild cases to become severe and rapidly progress to a fatal termination. Until quite recently it was my opinion that cases of true diphtheritic croup were uniformly fatal in their termination. Such a prognosis was based upon observation, experience and our best literature. Smith in his work on the diseases of children, page 238, says as follows, "When the inflammation extends to the larynx and the phenomena of croup arises, there is slight prospect

of recovery. * * * true croup we know to be ordinarily fatal and more unfavorable, evidently is the prognosis, if a similar condition occur in diphtheria. When the croupy cough, voice and respiration are observed, he will seldom err who predicts a fatal result within a week, and often death follows in two or three days."

West in his work on the diseases of children, pages 339 and 340 says: "As a general rule it may I think be said that the laryngeal affection which is so grave a source of peril, does not so frequently occur in cases where constitutional symptoms of diphtheria are most severe, as in those in which they wear a milder form. At the same time, however, no guarantee is furnished against its supervention by the gravity of the disease in other respects, while when the larynx becomes involved, in severe diphtheria, the case must be regarded as at once utterly hopeless."

Notwithstanding such a grave prognosis from two such eminent writers as Smith and West, yet I believe by carrying out the plan of treatment, which I have to the best of my ability endeavored to describe, that croupal diphtheria will be robbed of a portion at least of its terror and the physician permitted to record quite a percentage of cures, although the mortality will always be large. I report a case in point.

On the 12th of June, 1879, I was called to visit Hattie R., four years of age. She had been ill some two weeks with a "sore throat," her grandmother during the time had been treating her for "canker" as she called it. She was now having a croupal cough, hoarseness, difficult respiration and they thought best to call a physician. Upon examining the fauces, I at once recognized that she had been having a mild attack of true diphtheria, which now had involved the larynx and trachea. The fauces including the tonsils were completely covered with an ash-gray deposit, extending downwards as far as the sight could reach, did not use the laryngoscope. I prescribed *Mercurius cyanatus*, in the 3rd decimal trituration, compresses of cold water were applied to the throat and changed frequently.

June 13th, patient no better, cough more croupal, appear-

ance of fauces same as yesterday, continued same treatment.

June 14th, child decidedly worse, cough tight, husky, occasional attacks of dyspnoea, voice very hoarse, respiration sibilant; prescribed Kali bichromicum, first decimal trituration in water, sufficient to color the water yellow, dose two teaspoonfuls every hour. June 15th, no change, continued same treatment.

June 16th, child worse, in the night voice suppressed, frequent and violent attacks of dyspnoea, so violent that suffocation seemed imminent. Called Dr. Whittier in consultation, we both considered the case as utterly hopeless, discontinued the cold water applications to the throat, continued same remedy, every half hour instead of every hour and made the solution stronger. Dr. Whittier suggested the use of inhalation of steam from slaked lime.

June 17th, visited the child again with Dr. Whittier in consultation, no better; no diminution of the membrane in the fauces, voice almost extinct, child lay most of the time in a lethargic state, face swollen; attacks of dyspnoea more frequent and severe, cyanosis well marked, pulse small, frequent and very irregular; in fact the child was apparently in articulo-mortis. Three other physicians saw the child on that day, at the request of the family, our diagnosis and prognosis confirmed. Same treatment continued as before with the addition of steam baths every four hours.

June 18th, Dr. Whittier saw the patient with me again, found a slight improvement, dyspnoea not quite as severe and attacks less frequent, voice less hoarse and the cough not quite as harsh, breathing less sibilant; prognosis still unfavorable, although I had faint hopes that recovery might be possible, but not probable, continued same treatment.

June 19th, patient decidedly better, had a fair night, cough loose; the diphtheritic deposit in the fauces disappearing by the process of dissolution, continued same treatment. From this time on, the patient rapidly improved and was convalescent and discharged cured June 25th. Other cases have been treated similarly with like result.

It may be surmised by some that as my patient did not

commence to improve until resort was made to the steam baths, that these contributed more to the cure than all other treatment combined. I will state that it is my belief that the child would have died if we had not used the baths, also, had it not been for the persistent use of Kali bichromicum, in strong doses, and the inhalation of the steam from slaked lime,—they all contributed to her recovery and the three should be used from the first, and not wait until the patient was nearly moribund as I did.

APHASIA IN TYPHOID FEVER.

I send you the notes of an interesting case that came under my care during our recent epidemic of typhoid fever. Was called Sept. 15, 1881, by Mr. K. He was about fifty-three years of age, large bone and muscles, and about six feet in height; weight about 200 pounds. He complained of pain in chest when breathing, had been weak and tremulous for several days; exercise aggravated all his symptoms. He was better when lying quietly, yet while quiet he had at times heavy abdominal breathing. Prescribed Bry. 30x.

Was called next day to see him; he was lying quietly, but had severe jerking pains in right side of head; pulse was accelerated; temperature, 100°; tongue dry; occasionally he would take large draughts of water. Bry. 6x and Nat. mur. 200x.

Next day pains were relieved, but heavy breathing often came on, was weak, prostrate, and was fearful of the result of his sickness; predicted death if his case should be typhoid fever; pulse 85; temperature 100½°; bowels moved only by injection. Prescribed Acon. 3x and Bry. 6x.

After this the fever kept up a very typical rise and fall for one week with very little change in symptoms. About the tenth day the breathing became alarming, fever had now risen to 102½ morning, 103.1-5 evening. He had to be supported in sitting posture, leaning forward; tongue dry,

and catches on the teeth, and he can only preface his remarks. When he comes to make his point in talking he stops and looks around him with a wild expression and fails to speak. His stock of words were about this, "Doctor, I would suggest that—!" Prescribed at that time Lach. 200, which gave prompt relief to the alarming symptoms, but fever and delirium, with heavy breathing and occasional deep sleep continued, and was always worse from 4 P. M. until late in the night, with incarceration of wind in abdomen. Lyc. 200 now modified the most prominent symptoms.

About the fourteenth day the same set of symptoms as appeared on the tenth day came up, aggravated by a cough; coughed and gagged and then retched with desire to belch, finally a little tough phlegm was loosened and thrown up. Violent belching of wind followed; he is then better for awhile. Carbo veg. 200x and Lach. 200x was now prescribed. Improved some for three days.

The eighteenth day showed great restlessness at night until 1 A. M. Great prostration; delirium of mild character; dreams of home; tongue triangular red on tip, dry, brown coating; tired after a disturbed sleep. Bryonia 6x, Rhus 200x were given.

The twentieth day he lay with jaw drooping and had stertorous breathing at times, deep sleep. Opium 200. The loss of speech had prevailed at times, and the bowels were not disturbed except with flatus; slight tenderness exists in the ileo-cæcal region.

The twenty-first and twenty-second days brought great relief and he improved rapidly until the twenty-seventh day, when the tongue suddenly became moist and the most alarming breathing came on with spasms, grinding of teeth, great fear and anguish, utter despair, and he could not make known his wishes at times. Then again he was delirious; eyes open, sees horrid sights, feet and hands seem large; says he is getting better; drinks large draughts of water, is worse at 4 P. M. In spite of my remedies he had about twenty spasms, with grinding of teeth, looking from side

to side with horror depicted on *his countenance* (and also the doctor's). They occurred about one-half hour apart. The fever heat was now $103\frac{1}{2}$; pulse 125. I diagnosed the case pathologically as probably thrombus of the middle cerebral artery as described by Hammond on *Nervous Diseases*, and considered it sub-acute, as I had, of course, suspected passive congestion of the second or third convolution of the brain previously. I was unable to discriminate between Acon. and Hyos. so I gave them in alternation, only waiting about ten minutes after giving Aconite until I gave Hyos., and in one-half hour quiet sleep prevailed and brain trouble came speedily to a happy end. The bowels now became diarrhœic and it was hard to tone the stomach up, but we soon improved all these milder conditions and our patient was able to "take up his bed and walk" and departed for his home in Ansonia, Ohio, about the 25th of October. He was as emaciated as any of the patients who had the more exhausting discharges, and was slow in regaining his strength.

MIDDLETOWN, Ind.

L. P. BALLENGER.

MEDICATING PELLETS.

There is nothing more particular in the preparation of medicine than medicating pellets. My plan is, take a small glass, I use a small cupping glass for that purpose, be sure it is perfectly clean and dry, put in your pellets, but never fill it more than two thirds full, pour on a few drops of whatever dilution you require, cover it with the lid of a small glazed jar, shake it well, up and down, and round about so as to get every pellet well moistened, which will be known by the glass becoming coated with a white coating. After about five minutes, empty them on a saucer, then cover them over with a tunnel till dry, empty them into your bottle, label with name and attenuation. I never medicate pellets in my portable case, nor dispense to

patients moist pellets. Never let your patients pour out pellets into their hand to take the dose required, there is always a certain amount of moisture on the palm of the hand which will affect them. In the handling and preparing Homœopathic medicines it is necessary to be very careful, otherwise you will not get the desired effect, they being so very delicate.

R. W. NELSON.

THE NEW REMEDY FOR CROUP.

I should like something in *THE INVESTIGATOR* in regard to the new remedy for croup, (Ca. I. N. 2.) I have had many cases this fall, all responded nicely to treatment with two exceptions, these proved fatal in spite of my best endeavors.

CH. E. JOHNSON.

At your suggestion we have gleaned what we can of this remedy. "The first I knew of it" said Prof. Beebe "was when with Dr. Robinson, of LaPorte. He used it for prairie itch (psoriasis.) In studying out its action I thought of its use in fibroid tumors of the uterus with severe metrorrhagia, so I put a powder in water and ordered a dose every hour. It acted promptly. I have used it for weeks without bad effects. One case of uterine fibroids took it a long time. I would put about a drachm of the 2d in an eight ounce bottle, and she took a dose about four times a day with decided benefit. I look upon it as one of the best hæmostatics we have."

Its use in croup was suggested by Prof. Foster, and Dr. B. had found its use in this disease one of the neatest bits of practice he knew of. It has helped him out with some desperate cases. It differs from the ordinary Calc. iod. and must be kept away from the light or it rapidly loses its strength. He usually gives a three grain powder every hour till improvement sets in. The powder is dissolved in water before it is given. It should be tightly corked in a bottle and kept in a dark place. In mild cases a powder

may be dissolved in a half glass of water, and a teaspoonful given every hour. The crude drug should not be used.

PSEUDO-COLIC AND SOME OTHER FORMS OF LOCAL SPASMS.

BY JOHN C. MORGAN, M. D., PHILADELPHIA, PA.

Peculiar cramps of the abdominal muscles sometimes occur, of which the following are examples:

Diagnosis from spasms of the intestines is not always easy, the most careful expository palpation being required. The upper half of the abdomen is, according to my observation, the most frequent site of this condition. Especially the short bellies of the rectus muscle. Some of the cases of so-called "protrusion of the distended transverse colon, like a pad," are like Case I, unquestionably of this nature. As in many other cases of disease, mistaken diagnosis does not prevent the Homœopathic cure by Bell., this being the remedy for such cases.

Case II. Another locality in which I have met with this symptom is on the boundary between the umbilical and the left hypochondriac regions, in a little spot no bigger than the end of a finger, leading to the suspicion of renal colic, but not changing its position for hours, during which unsuccessful use was made of the sitz baths. Nux vom., *Lycopodium*, *it id omne genus*; the painful fibres distinctly felt elevated beneath the skin. Ferrum phos. would probably have done better, but he was cured by resorting to a purge, followed by Quinine.

Case III. Another similar case presented a considerable lump in the corresponding spot on the right side, and cured after a Homœopathic physician not succeeding by the *same means*. In this case, however, an intussusception of the *colon* was probably present.

Case IV. In the region of the gall-bladder severe spasms, not followed by escape of gall-stones; of habitual occur-

rence, resisting Nux vom., China, Lycopodium, were speedily cured by Ferrum phos. 30.

Case V. The same day I relieved another habitual case, due to indigestion and gastric spasms. After failure of Lycopodium and Nux vom. Locality, the epigastric region.

Case VI. I was called at night by a young man in slippers, who mysteriously asked me "to see a party" who was very ill with cramps in the hands. On the way, he explained to me that the attack occurred immediately after sexual intercourse. This robust young woman I found suffering severely with spasms of both flexors and extensors of the hands, the former worst. She stated that she had retired feeling below par on account of slight indigestion. No other reason appearing. Drugs seemed *nil*. Ordering a basin of hot water, I submerged the hands, and with prompt relief, the cramps entirely subsided, by continuing this treatment a half hour.

Case VII. A stout and florid middle-aged man had morning diarrhœa; took China 2c. Better, but cramps supervened, beginning at the feet and extending to the chest. A single dose of Cuprum 2c speedily relieved, and Sac lac soon finished the treatment. This patient suffered severely, being obliged, during exacerbations, to rise and stand on his feet for relief.

Case VIII. Another stout, and florid man, taken in the night with cramps in the calves, also in the leg muscles, coming on in paroxysms, found relief after the same remedy, Cuprum, (Nux vom., also Sulph., in old people, often cures cramps in the calves.)

Case IX. A teething child had intermittent spasms of the great toes, inverting the feet, with outcries during exacerbations, promptly relieved by Gels. 1m.

Case X. Another, entirely similar, except that the morale was positive, (the former being negative) got worse under the same remedy, and died of cerebral symptoms. (Bell. might have done better.)

“ON THE CAUSE OF TYPHOID FEVER.”

The paper with the above title read before “The Homœopathic Medical Society, of the State of Wisconsin,” by W. Danforth, M. D., is worthy of the genius that he is. No drone could ever evolve the ideas contained in that essay. That paper is an advance in opposition to transcendentalism and the cue of the charlatan. It is a bold aggressive step on the ground of self-sufficient science, and a needed one. It to me opens up a thought and clears away rubbish that I have been trying to get through for five years.

I wish to object to vaccination as being a “manifold blessing.” Is it not rather a curse? Does not variola prevail more extensively, and is it not most malignant where vaccination is compulsory or practiced most? Is it not possible that the medical profession is deluded, and misleading the people? Does not vaccination destroy the equilibrium, or “rhythm” of the “positive and negative currents,” and change their “polarity,” thus producing a vitiated condition, or psora, which we are calling “hereditary taint?” And when this condition is induced, is not the subject more susceptible to an attack upon the specific organs so interrupted? Vaccination, whether to prevent anthrax in sheep, or small-pox in man, is but introducing a disease into the organism to prevent a disease of like character, and according to the law that two diseases of the same character, and like intensity, cannot exist at the same time. Vaccine produces a specific irritation, or stimulation of certain fluids or tissues, which excites greater activity and consequent resistance to subsequent like contagium, and the length of time this condition continues, gives us the immunity from the given disease, which fact (the duration of action,) is not subject to any law, else we could establish a law to govern the repetition of dose, but so long as the psora remains latent that long, is immunity preserved.

This being true, are we not inconsistent when we endeavor to remove causes of disease (psora, sycosis, malaria, etc.,) and induce the very condition we oppose?

I agree with the learned essayist, as to the condition named in his interrogatory forming a cause of typhoid fever, but something produces the congestion of the medulla oblongata, to give rise to the disturbance indicated, what is that? May not a vitiated digestive system, imposed upon by improper hygiene, have something to do with inducing a susceptibility to an attack of the structures implicated and referred to in subsequent interrogatories, by producing intestinal engorgement, especially engorgement of the cœcal portion of the colon and the adjacent illium, thereby inviting congestion of the glands in this vicinity, with stasis to follow for the want of that equilibrium in the rythm of the positive and negative currents? And is not this condition the source of a worse sewerage miasm "interrupted human sewerage," than that of our modern sanitarians? May not this be a source, as well as all other depressing influences which operate upon the organisms, of accumulating miasm? And while noxious vapors may not produce specific diseases, or become poisonous, while mingled with the atmosphere, may they not deteriorate, displace, or exhaust, for a time, those elements so necessary to life, as to weaken the vital resistance and predispose the organism to an attack upon the tissues especially rendered anæmic by condition of season, habit or influence, thus producing by change of alimentary and partially digested products, a zymotic substance, whose specific nature, or influence, may depend upon conditions of subject, external influences, or, as I believe often occurs, the stimulating influences of drugs, so universally given for the rigors attending the invasion of diseases, causing rapid absorption of the morbid matter generated, and subsequent deterioration of most, if not all the vital fluids of the organism, which exerts its specific influence in accordance with the non-resistance of organs or functions susceptible to invasion, and from this condition result the "change of polarities" and the consequent congestion of the medulla, produced by the vital energy in resisting the attack.

J. C. NOTTINGHAM.

Etiological Department.

ÆTIOLOGY AND PATHOLOGY OF THE PANCREAS.

BY J. C. MORGAN M. D., PHILADELPHIA.

The characteristics of pancreatic diseases are apprehended with the greatest difficulty. Nevertheless, this general remark may be made, by way of encouragement, that in all cases a proper knowledge of possible symptoms thereof will include the pancreas among the organs to be placed under suspicion; while a due use of the method of exclusion, by which these other organs are determined to be healthy, will sometimes devolve upon the pancreas the responsibility of originating the symptoms. Lastly, however, several of these organs and tissues may suffer simultaneously; hence, the existence of other diseases does not preclude the presence of pancreatic disorder, which should still be held as possible, and pancreatic disease does not negative other organs.

In autopsies, its examination should never be neglected.

Reserving a general resume for the end, we proceed now to the individual forms of pancreatic affection.

Anomalies of Location.—Surgically: The gland is occasionally displaced, along with the stomach, colon, or spleen, through a hernial opening or a laceration of the diaphragm, into the thoracic cavity, or into the umbilicus, or a wound of the abdominal parieties. In the last named injury, the head of the pancreas has been found protruding, and, being cut away, the healing process went on without interruption. Again, in one instance, that of a woman, the tail of the pancreas has been found displaced upwards, at nearly a right angle with its body, the cause being unknown.

Medically.—We have to consider: First, the possibility of invagination of the gland, with the duodenum, into the ad-

jacent colon, such a case being recorded; second, the sloughing off of bits of the pancreas in connection with adjacent gall-stone accumulations; Rokitansky having observed such a case, in which a considerable portion of the gland was found in the stools, the canal of Wirsung being plainly visible in the fragment.

Anomalies of Structure.—The pancreas has been found abnormally divided, with the duct of Wirsung, only, left to connect the parts; the division mostly occurring at the points crossed by vessels. The anomaly may well have been congenital.

Congenitally, also, occurs the accessory pancreas, always located between the coats of the alimentary canal, between the cardiac end of the stomach and the last loop but one of the ileum; usually in the upper portion of the small intestine and frequently opening on its mucus surface by a small duct and papilla. These accessories vary from the size of a pea to that of an English half crown piece. They appear like swellings in the wall of the gut, showing the glandular structure, on minute examination. Sometimes they are located at the extremity of a true diverticulum, or pocket, in the wall of the gut.

The last of the congenital anomalies, is the presence, in the substance of the pancreas, of a small accessory spleen, according to Rokitansky, a not uncommon object observable in the head of the gland. It has also been found in its tail.

Foreign Bodies in the Duct.—The presence of the round worm, *ascaris lumbricoides*, is the only known case of extraneous bodies here found. In one instance, the gall-ducts high up in the liver, were simultaneously invaded. This is doubtless a post-mortem event, medically unimportant.

Hyperæmia of the pancreas is physiologically present during digestion, it being then turgid with both blood and secretion; even its venous blood is bright red and arterial in quality, although dark in the intervals of that function. Pathologically, venous hyperæmia results from vascular obstruction as in diseases of the heart, lungs or liver; and there

results, as usual, hyperplasia of the interstitial connective tissue; sometimes followed by contraction and organic atrophy.

Anæmia of the pancreas may be only a part of a general anæmia, as after hæmorrhage, or from any other cause; or it may occur through obstruction of its arterial supply. Physiologically the gland is anæmic during fasting.

Inflammation of the pancreas exists in both the acute and chronic forms, and may affect the ducts, the cells and acini, or the connective tissue.

Acute Pancreatitis may be either primary or secondary; that is, it may occur *ab initio*, or by extension, or by metastasis, or it may form part of a more general affection, as the acute infectious diseases, so-called, by the Germans, in which are included malarial, typhoid, and other fevers; and in which the liver, spleen, kidneys and other tissues are more or less concerned in a like process. In addition may be named the catarrhal inflammation, the hæmorrhagic, the purulent, the simple metastatic and the pyæmic; six forms being defined, probably referable to two or three original types.

The first is the catarrhal; it usually begins with duodenitis. The second is called parenchymatous degeneration, but is strictly an inflammation in which the gland-cells are distinctly concerned; these being found, on section of the reddened and enlarged gland, so distended and opaque as to defy definition under the microscope. The tendency is to acute fatty degeneration, the cell-protoplasm being found, even early, granular in appearance, obscuring their other contents. However, by adding the solvents, acetic acid, then solution of potash, this granulation, composed as it is of fatty particles enveloped in albumen, is cleared up and the inflammatory multiplication of the nuclei is made visible; from two to five of these being found in each affected cell, with their nucleoli. This is a type of this kind of inflammation in general. The old "neuro-vascular pathology," probably applies here, hyperæmia being concomitant. The recognition of this, the so-called acute parenchymatous pan-

creatitis, is almost complete, with the mere presence of an acute infectious disease, also so-called (*i. e.* a specific fever"), and with swelling of the liver and spleen, affording evidence of a like gland-cell inflammation in these organs; and in extreme cases, albuminuria, consequent on a similar process in the gland cells of the kidney. Parenchymatous pancreatitis is the ordinary associate of these.* The same is also found in the muscular system, in such cases. Frerichs, in discussing acute yellow atrophy of the liver, advocates the similarity of these several processes, and considers that typhoid fever, in particular, presents this condition in a moderate form. Poisoning by Arsenic or Phosphorus produces a similar cell-change, as well as many like symptoms during life. Pyæmia causes a like alteration, added to its deposits of its puruloid matter. The jaundice often attending these various diseases may, possibly, according to Friedreich, sometimes arise from compression of the gall-duct by the swelled head of the pancreas, and not alone by catarrhal tumefaction of the duct itself. Jaundice, in its several forms, should always raise the question of pancreas-disease. Here we have, then, a common but scarcely thought of, form of inflammation of the pancreas. The cure of the total disease by Homœopathic remedies, given versus the symptoms, has been often accomplished, without doubt, in the absence of even a suspicion of this point in fever-pathology, just as in thousands of other conditions.

The third form of acute pancreatitis is the hæmorrhagic, which must not be confounded with pancreatic apoplexy, to which reference has yet to be made.

The known cases number but few as yet, only those of Lœschner and Oppolzer being quoted by Friedreich. The latter occurred in a previously healthy man, proving fatal within a few days; beginning with violent cardialgia, which steadily increased; vomiting came on, with frequent evacuation of bile-like matter; constipation; great aggravation of pain by pressure on the epigastrium; high fever; then deathly pallor, great restlessness, and frequent faintings,

*Friedreich, in *Ziemssen's Cyclopædia*: vol 8, p. 696.

collapse, death. The pancreas was found trebled in size, surrounded by extravasated blood, and with extravasation in the acini of the gland. The other case supervened upon an old gastric (?) disorder, in a man of twenty-six years, addicted to the excessive use of tobacco and liquor. The symptoms were like those of Oppolzer's case, but the fever was slight; the pain was at first like colic in the upper abdomen, then a continuous, agonizing burning, with great anxiety, nausea and vomiting without relief. Then the upper abdomen became distended and hot, with shooting or drawing pains, violent, continuous, and greatest along the greater curvature of the stomach, but shooting to the duodenum, to the spleen, to the navel, and upward toward the scapula; persistent constipation; constant thirst; moist, thickly coated tongue, with only a little viscid saliva; belching; headache; vertigo; cold sweat; pulse 75. Collapse was imminent, and, finally, after a few days, the extremities becoming very cold, this event occurred, and death ensued.

The autopsy showed the head of the pancreas dark red, livid, and here and there infiltrated with blood. The mucous membrane of Wirsung's duct was darkly reddened, and in the head of the gland were small exudations, yellowish and finely granular. Catarrhal or croupous inflammation is suggested by these appearances, as perhaps the initial stage of the hæmorrhagic. The former case appears more like the parenchymatous form.

The fourth form is purulent pancreatitis. There are also two cases of this kind quoted by Friedreich; the symptoms differ very little from these last, and one is led to suppose a similar beginning. One of the subjects was a man of sixty-three years, an old dyspeptic, often vomiting, cachectic. He ejected, now, a thin stained fluid. Death occurred by acute collapse. A large abscess, involving the pancreas, was found behind the stomach, with three perforations as large as peas in its posterior wall; the cavity extending backwards to the spine, and to the pylorus and spleen. The pancreas itself was grayish, discolored, flaccid, and extensively infiltrated with pus.

The other patient was a strong man of forty years, who was suddenly seized with symptoms of acute peritonitis, without known cause. The abdomen was very painful, worse on moving; tongue dry; high fever; constipation; great meteorism and tension; elevation of the diaphragm; dyspnoea; belching; bilious vomiting.

The autopsy revealed general peritonitis, greatest above, with sero-purulent exudation, matting the organs together. The pancreas was the seat of a multitude of little abscesses, many of which had burst into the peritoneal cavity, thus developing the fatal peritonitis. Atelectasis of both lower pulmonary lobes had also supervened.

Our late colleague, Dr. H. E. Reinhold, of Williamsport, Pa., succumbed to a not strictly treated intermittent fever, of irregular type latterly, with severe twitching of the muscles of the neck, etc., especially during exacerbations. The autopsy showed multiple pancreatic abscess; probably founded on a typical febrile parenchymatous inflammation, aggravated by the use of the combined alkaloids of cinchona.

In the future, we should suspect in malarial fever which has become chronic and irregular, that such changes may have occurred. All these cases happened in males, but Schœnlein and Mœndiere regard menstruation and pregnancy as capable of promoting acute pancreatitis, and they are known promoters of parenchymatous inflammation. Analogy dictates that such cases are to be assimilated with the second form. Trauma is another of the possible causes.

The fifth, or metastatic form, is that which seems to be possible, in the course of parotitis, thus comparable with the same process occurring in mumps, in the testes, the mammæ, labia majora, etc. Friedreich refers to several apparent cases, with no little reservation, however; but one, a syphilitic woman with parotitis, was first violently salivated, and was seized, on the subsidence of this, with symptoms of acute pancreatitis, with copious diarrhoea. The stools, about thirty per day, were yellowish, watery, and like saliva. This also ceased, and suddenly, at night, both parotids swelled, without salivation. Collapse came on and she died.

The pancreas was found swollen, reddened, very full of blood, and indurated; both parotids were inflamed; there was a little serum in the pleural cavities; other organs healthy. The possibility of such metastases is thus made pretty evident, but Friedreich rejects the notion of functional sympathy between the pancreas and the salivary glands.

The sixth and last form of acute pancreatitis is the pyæmic. It is to be inferred, if symptoms such as those described come on during an attack of puerperal fever, or of pyæmia; as the conclusion is then probable, that pyæmic foci have been formed in this gland. But the much less tumultuous second form will probably, in some degree, occur in all cases of pyæmic fever as of other "acute infectious diseases," as before said; simultaneously with like changes in the liver and spleen.

Sub-acute Pancreatitis is allowed by Friedreich, as a transition to the chronic condition. The possibility of implication of the supra-renal capsules and solar plexus, in pancreatic disease, is a most important matter for the physician to consider, and this involvement of the plexus may explain, through cardiac paralysis, the sudden death repeatedly occurring in such cases. No case of sudden death, indeed, can be considered as fully investigated until this organ has been attended to. In chronic cases, Addison's disease may ensue, with its characteristic bronzing of the skin, etc.

Chronic Pancreatitis.—Owing to the loose use of descriptive terms, the older cases of this kind are in doubt; the post-mortem traits of the normal gland also being somewhat undefined, and the variations arbitrarily estimated; mere chronic inflammation and induration being often called scirrhous, or steatoma; and normal glands being pronounced indurated, etc. Later cases are yet few, but afford the basis for a more careful study in the future, having been well observed and recorded.

As in the acute, so in chronic inflammation, indeed, in all forms of pancreatic lesion, we have first to consider peripancreatic disease; thus of the retro-peritoneal lymphatic glands, connective tissue blood-vessels, nerves, abscess, de-

generation, hæmorrhage, etc.; and secondly, to estimate the effect of extension of disease from these to the pancreas; thirdly, on the contrary, the effect of pancreatic disease on these parts; and fourthly, the pathological relation subsisting between the gland and the peritoneum; a simple allusion to these will be sufficient; fifthly and lastly, the physiological and pathological relations subsisting between the pancreas and other viscera of the upper abdomen. A resume of these is reserved for the end.

It is in chronic pancreatic disease that these questions become most interesting as well as puzzling; the ætiology of even such diseases as diabetes mellitus, and Addison's (bronze) disease, being developed in some cases; while dyspepsia, etc., must often involve this gland.

Three principal kinds of chronic pancreatitis may be considered, viz.: the catarrhal, the parenchymatous, and the interstitial. The term parenchymatous inflammation, already introduced in describing acute pancreatitis, and constantly in use by the German pathologists, it will be remembered, is not applied exactly as of old; it now signifying a pathological irritative multiplication of the cellular elements of a part, as distinguished from a similar increase of its interstitial framework, and of the connective-tissue corpuscles which are its living elements. (Vide acute pancreatitis.)

Chronic Parenchymatous Pancreatitis.—In the case of the pancreas, parenchymatous inflammation concerns the secreting gland-cells gathered in acini between the ramifications of its fine ducts.* These cells swell, their nuclei multiply by division, the cells develop, and the gland enlarges, wholly or in part; subject, afterwards, to the various processes of degeneration, fatty, and other, so common in newly-formed tissues of some duration.

As in other cases of parenchymatous inflammation, this form of pancreatitis is apt, as time advances, to be complicated with more or less inflammation of the framework—i. e., with interstitial inflammation. For the sake of clear-

*Kuse' Physiology, loc. cit.

ness, however, it will here be considered as if entirely distinct.

What effect does parenchymatous inflammation of this gland produce on its functions, what symptoms characterize it? In the acute form, some sort of answer can be returned to this question, but in the chronic form, the greatest uncertainty exists, since its functions are so little exclusive, its situation so deep, its symptoms so dubious, in the present state of our information. A knowledge of antecedent causes, however facilitates this. The principal of these causes is, perhaps alcoholism; another is tobacco smoking; to which we may add old fevers and specific taints, as scrofulosis and syphilis. The drunkard's pancreas, however, does not present this condition simply. True, the gland-cells, according to Friedreich, have been found proliferated, multiplied, and with increased number of nuclei, as above described; but besides the interstitial connective tissue may be greatly increased, forming a large, indurated, nodulated mass; in short, cirrlosed, along with cirrhotic liver, kidneys and heart. The cells of the pancreas showed, in the case quoted, however, no sign of fatty degeneration, as might have been expected, and no symptoms during life led to the suspicion of disease of this gland; although gastric catarrh, asthenia, and dropsy were present. The later digestive functions ought to be specifically considered in such cases.

As the sequel of old and maltreated fevers, this inflammation may well appear; but no facts are as yet forthcoming on the point, if we except that of Dr. R's case. Scrofulous pancreas and syphilitic pancreas will be separately mentioned.

Chronic Interstitial Pancreatitis.—Inflammation of the interstitial connective tissue frame-work of this gland, as in other organs, usually occurs more or less at the expense of the parenchyma, or proper cell-structure, sometimes even to its destruction, by encroachment, by pressure, by starvation of blood-supply, and thus by simple atrophy, or by fatty or cheesy degeneration; the organ, in chronic cases, at first enlarged and indurated, becomes contracted, irregularly; in

other words, cirrlosed; and the causes are analogous with those by which the liver and kidneys are similarly destroyed. Microscopically, the connective-tissue corpuscles multiply by division, their fibrous processes extend and increase, the whole frame-work thereby thickens; the young and succulent tissue thus formed becomes more solid, and gradually contracts, as does the similar, cicatricial tissue; the gland-cells perish by fatty change; the organ becomes nodulated and indurated, until the cirrhosis is complete; sometimes causing the appearance, and even the erroneous appellation of steatoma, or of scirrhus. Glandular atrophy is the proper designation of extreme states of this kind. Such a pancreas has not infrequently been found, after death from diabetes mellitus; to which allusion will again be made.

Primary cases are confessedly rare; secondary cases, less so. Of the latter there are two principal causes known, viz.: first, the venous congestive, due to primary lung, heart, or liver diseases; and second, the obstructive, or retentive, depending on the closure of the duct of Wirsung, by whatever cause, as concretion, tumor, etc., etc., with retention of secretion, and resulting inflammation.

The former condition, the congestive, existing, the probability is considerable, that all organs from which the outflow of blood can be thereby retarded, and backflow induced, will undergo, naturally, the cirrhotic change, except so far as the engorged vessels relieve themselves by serous or dropical exudation.

In these congestive cases, the structure and function of the gland suffer but slightly. If retentive causes operate, the result is more pronounced. Here, the pressure of the confined secretion creates resistant nutrition of the connective tissue, and cirrhosis thus occurs; often varied by the gradual yielding of one or more points of the duct system, and the consequent formation of cysts, sometimes containing pus, blood, etc. Induration is the general result, however, here and in the first form.

In either case the gland may present on examination, in addition, various changes of later date; thus, its nodular

portions, on incision, may be found to contain hæmorrhagic, or, if old, pigmentary deposits; or fatty matter, the debris of the starved gland-cells; or chalky substance, the later residue left by the resorption of such debris.

The existence of cirrhotic disease (sclerosis) in other organs is sufficient to raise the question of this form of pancreatitis being also present during life.

Symptomatology of the two forms.—The symptoms of parenchymatous pancreatitis, like those of other glands in a like state, *e. g.* the kidneys—ought to present a scanty, condensed, but inert secretion, and complaints during late, or duodenal digestion; modified or not, by the abundance or deficiency of bile, and benefited by the use of prepared pancreatine. 2. The symptoms of chronic interstitial pancreatitis, also comparable with other glandular cirrhoses, should suggest a somewhat copious, but gradually weakening secretion; with slowly progressive dyspepsia; looseness of the bowels, some time after eating, and fatty stools.

In both cases, indeed, fatty matters should be looked for in the stools, increasing as time advances; and diabetes mellitus is always to be inquired after, if the symptoms indicate pancreatic disease of any duration; both of these symptoms being frequently found, owing to indigestion by this organ of the several forms of hydro-carbon, *viz.*: the starchy or saccharine, and the fatty.

Partial or limited cirrhosis may occur in the head of the pancreas; less often in the body; rarely in the tail.*

The *tout ensemble* of primary chronic pancreatitis, however, remains very uncertain: first, as to the knowledge whether the gland is diseased at all; second, whether mere inflammatory, or some other lesion exists, as cancer. A typical inflammatory picture would be as follows: the previous abuse of alcohol, tobacco, mercury, quinia; old and maltreated malarial or other fever; followed by fatty stools, oily or saccharine urine, with deep-seated, dorsal-epigastric pain;

*Cirrhosis of the tail of the pancreas, with valvular heart disease, existed in the person of our late lamented colleague, Dr. David James. He suffered from paroxysmal pains, referred by himself to the transverse colon.

neuralgia; a deep-seated, transverse swelling, tender on pressure; subsequent implication of the biliary duct, or vena porta, or vena cava, with obstruction of either, and consequent jaundice, or dropsy of the abdomen or legs; or disease of the pylorus or duodenum, with progressive regurgitation or vomiting of food (blood, pus, if suppurative). These symptoms, appearing in such order, may well mean primary inflammatory pancreatic disease; a reverse order would imply secondary extension from other inflamed organs, as the liver or intestine.

(To be continued.)

The Erythroxyton Coca in Asthma.—You may remember what wonderful benefit I derived from the use of fluid extract of Coca last spring, while under your observation. I was suffering from anæmia, shortness of breath, and general nervous prostration. Shortly after commencing the use of Coca I noticed a decided improvement in my case, and this has continued its use, so that now I am able to go about and walk reasonable distances without suffering from weakness or shortness of breath. Under the circumstances, it is pardonable if I feel a good deal of gratitude to the Coca. For nearly forty years my mother has been afflicted with periodical attacks of asthma, which are particularly troublesome in spring and early fall, September being the month during which she chiefly suffers. Almost every remedy had been tried by her, but without any benefit. Last week she was suffering even more than usual. She could hardly draw her breath, she was in a bath of cold perspiration, and her pulse was running at over 120. I prevailed upon her to take a little Coca, half teaspoonful in a tablespoonful of water. The effect was truly surprising. In less than half an hour she was able to leave her chair. Since then, each afternoon when the attack comes the same quantity of Coca effectually checks it. I really believe if I could prevail upon mother to take the Coca oftener the attacks would not again show themselves, but she is so afraid the remedy will lose its effects (as remedies have frequently done in her case) that she only takes it when the attack manifests itself. I have recommended the Coca in two other asthma victims in the neighborhood, and in both cases decided relief has followed. It is, of course, impossible to say, from these few examples, that Coca is a specific in such cases, but it certainly seems worth while to give it a trial, as if it does no good, I do not believe it can do any harm. I thought the foregoing might interest some of your readers, hence I forward it to you.—*C. H. Poizat, in Medical and Surgical Reporter.*

Surgical Department.

THE TOPICAL USE OF SULPHURIC ACID IN NECROSIS.

BY H. I. OSTROM, M. D., NEW YORK.

The conditions which precede necrosis are not distinguishable from an impaired circulation which results in breaking down of tissue through strangulation, and death. These initial symptoms may be easily recognized as pointing to deep seated inflammation of the cellular and connective tissue in immediate relation with the bone, and if early treated by a free incision of the soft parts, will I believe arrest the progress of the disease and avert the sequela of bone complication. But when the osseous circulation has become so far impaired as to cause plugging of the nutrient canals, this procedure which has for its object relief of pressure will not avail. The bone dies, and is separated from the living bone by the line which marks the free from the obstructed circulation. The two natural methods of removing dead bone when separated from living, disintegration and *en masse* are imitated by art with certain advantages in favor of the latter, rapidity and hence limitation to the spread of the disease.

The necessity for the early removal of the necrosed portion of bone exists in the fact that contact of the pus which accompanies osseous degeneration is unfavorable to the establishment of health, because this purulent matter possesses in a pre-eminent degree the quality of furnishing food for putrefactive germs. It is also probable that the sequestrum occupies the position of a foreign body in the lesion, and hence retards those changes which are a part of the process of repair.

Operations for the removal of necrosis are severe in proportion to the region involved and the extent of the disease,

but aside from these objections, neither the finger nor the guage can accurately detect the boundary of the disease, and therefore, the result of an operation is frequently either to remove too much or too little bone; in the first instance doing violence to healthy tissue, and thus favoring a return of the initial stages of necrosis, and in the second instance leaving a nucleus for continued development and growth.

In pursuance of these facts, surgeons have sought to obtain some solvent for dead bone, the use of which would exclude the necessity of extensive mutilation of the soft parts, and render it possible for the diseased portion to be discharged through the sinuses which almost invariably coexist with necrosis, either as small particles or wholly disintegrated as a constituent of pus. Progress in this branch of conservative surgery has been arrested by the difficulty encountered in procuring a solvent that would act only on the diseased bone, because if the healthy bone is injured, the disease is not arrested, and if the vitality of the soft parts is impaired, dangerous complications arise. Caustic potash, Hydrochloric, Nitric and Muriatic acids have been used for the purpose of a bone solvent, but each is open to the objection that it is not confined in its action to the diseased structures. Sulphuric acids, however, though powerful in its effect upon dead bone, excites no more than a slight stimulating action in the surrounding parts. This acid dissolves the sequestrum completely, and the actual line which separates the dead from the living bone is absorbed as the boundary of activity. The action is chemical, the acid dissolving out the phosphates of the bone, very much after the manner of the preparation of Phosphorus for commerce; but the affinity is in a measure annulled in healthy bone by the presence of animal matter. It is not here maintained that every case of necrosis is amenable to treatment with Sulphuric acid. I believe that the chemical dissolution of dead bone will be limited to those cases in which the subperiosteal layers are involved, and will prove quite impracticable when the deeper structures are affected because of the difficulty experienced in bringing the acid in contact

with the dead tissue, but I have thought that such cases would be successfully treated if the necessary incisions for removal of a sequestrum were made, and Sulphuric acid substituted for the guage. Thus it would be possible to avoid the shock attendant upon the use of bone instruments, and also to have respect to the line of demarkation.

The length of time necessary to accomplish the dissolution of dead bone varies with the strength of the acid used. I am in the habit of preparing the strong Sulphuric acid, diluted with an equal quantity of water. A stronger dilution than this will cause irritation of the healthy structures, and is quite unnecessary, unless the removal of the sequestrum becomes imperative.

In the treatment of necrosis with Sulphuric acid, it is usually sufficient to apply the dilution to the bone once every day. For this purpose either a half ounce syringe, having a fine silver nozzle, or a glass pencil will be found appropriate.

Severe cases may require more frequent application of the acid, and in some instances the removal of the bone has seemed to be expedited by retaining a piece of lint saturated with the acid preparation in contact with the diseased tissue. I have selected the following case of necrosis as illustrative of the action of Sulphuric acid in the severer forms of bone disease:

A boy three years o'd was brought to me with necrosis of the os calcis which had originated in an injury received eighteen months before. During the last ten months, occasional spiculæ of bone had been discharged from a small sinus situated on the inner side of the heel. All previous treatment, even excision performed a few months before I saw the case, had failed to arrest the disease, and the entire bone was fast becoming involved. He received an injection composed of equal parts of Sulphuric acid and water every day for one week. On the fourth day, a number of small pieces of bone were found in the pus. After this the pus became reduced in quantity, and within fourteen days the sinus had healed from the bottom, and presumably the bone,

for five years have elapsed, and there has been no recurrence of the disease. During the use of Sulphuric acid, the child received Silicea 200 every night, the injection being administered in the morning, and I believe that the cure of the case depended upon the internal medicine, but I am convinced that the cure was rendered more rapid by the chemical action of the acid. While dead bone remains in contact with the healthy structures from which the healing must come, the establishment of health is retarded, and therefore, the indication is to remove the foreign body as quickly as possible, and afford the curative remedy an opportunity to act. That medicines alone will accomplish this result admits of no doubt, but the process is necessarily slow, and the removal of the cause retarded until the irritating body has been taken away.

It is, therefore, here submitted:

1. That many cases of necrosis are advantageously treated by the local use of Sulphuric acid.
2. That Sulphuric acid may frequently be used as a substitute for excision; and,
3. That Sulphuric acid is not curative but mechanical and conducive to a cure.

SURGICAL CASES FROM PRACTICE.

BY E. CARLETON, JR., M. D.

Harry S. aged seventeen, contracted syphilis, which made its appearance in the form of chancroids. Thenceforward the outward manifestation of the disease was rapid. The young man was alarmed, but feeling ashamed to face his family physician, he applied to a quack, who administered a vile draught and promised a speedy cure. Matters went from bad to worse for about three weeks, when, thoroughly frightened, he summoned me March 14, 1879. I found the penis enormously swollen, about two and one-quarter inches in diameter, livid, phymosis partially acquired; pha-

gedenic ulcers upon the edge of the prepuce and far back upon its inner surface; also upon the glans, profuse, thick and ichorous pus. Worse than all the rest, three fistulous openings into the urethra, all dribbling urine when it was voided. The fistulæ were in and near the raphe, near each other, and communicated with the fossa navicularis and interior portion of the urethra. Of course, micturition caused intense agony. The impure connection, rapid onset and destructive course of the malady, and the character of its action left no question of diagnosis. I had to deal with soft chancres. What should be done? The patient had always enjoyed good health previous to this attack. From my knowledge of him and his family, I believed him to be free from all chronic miasms. That being the case, all the complications with which we are obliged so often to contend were eliminated, and I was left free to grapple with syphilitic poison alone. So far *Mercurius* was indicated according to the law of similars. In addition there were the following symptoms: white-coated, large flabby tongue, showing the imprints of the teeth; nightly fever, and free perspiration excited by slight muscular exercise, this confirmed the choice of the remedy.

I gave one grain of *Mercurius sol. H.*, first centesimal trituration, four times a day, and directed the young man to cleanse the parts with warm water three times a day, to prevent the accumulation of pus; to wrap the penis in soft linen smeared with mutton tallow; to maintain the recumbent position; and to eat lightly. Then I kept a sharp lookout. In a few days the ravages of the disease had abated somewhat, and he was instructed to take his medicine but three times a day. By the last of March there was better color, and from that time there was general improvement visible. Consequently the drug was given in the second degree of strength, grain doses, thrice daily. By the last of April the ulcers had healed, the tongue was nearly right, and the fever had subsided. The fistulæ showed improvement too, and urination was tolerable. After that he received only two doses of medicine a day, morning and evening. One

week later, the drug was raised to the third degree. The middle of May two of the fistulæ were healed, and the third nearly so. Then I gave him a powder at night, only, until the last of May, when he seemed well in every respect. That ended the matter. There has been no relapse, no aggravation, no other involvement up to the present time. He is in perfect health.

Mr. W. G. R., a down town merchant past the meridian of life, always enjoyed good health, with the exception of an occasional slight attack of indigestion from error in diet. One day he noticed "two little sore places like fever blisters, he says, beside each other upon his lower lip, which he pricked with a needle, supposing he should let out a little matter thereby, to be followed by quick healing. Instead of that however, the bad places enlarged, coalesced, a broad, thick crust formed, and the lip swelled and turned livid. He then came to me—December 11, 1879—and I found that he had malignant pustule. No history of inoculation could be elicited, unless the needle were at fault. He steadily grew worse, the swelling and discoloration involving the lower part of the face. The lip was tender, circumscribed and hard. He said that the lower lip felt like an attached weight, lifeless and heavy. Occasionally, a sharp burning pain was felt, and the application of heat was agreeable. He could not sleep well at night, and especially from midnight to morning. He had some thirst but not characteristic. There being no question of the remedy, I gave him Arsenicum 200, in water, a teaspoonful every hour. To favor the desire for warmth we resorted to the flaxseed poultice, mixing it large, hot and moist, and changing as soon as dry or cool. By these means the disease was kept thoroughly under control. For three days the treatment was persevered in, while the indications remained unchanged. The swelling became prodigious, the crust attained a size of a quarter dollar, small openings appeared externally and internally, only liquids could be swallowed, and yet the patient was able to sit in a chair a short time every day. Slept some, and no typhoid symptoms developed. I was obliged to leave the city for a

short time, long enough for a scare, because the lip was no better. The result of this was, that on the 15th day of December, Lachesis third, in water, was given every hour for twenty-four hours. At the end of that time, I reappeared upon the scene and found trouble existing. The lip was almost black, shading off on the face to a light color; pulse quick, wiry and feeble; great prostration; foul, liquid stools, followed by hæmorrhage of dark blood; no sleep; restlessness before midnight. Here was a quandary. Should I go back to *Arsenicum*, the remedy which had yielded good results, or prescribe for the mixed drug and natural disease symptoms as I found them? The modality of the restlessness decided me, and I gave him *Rhus tox.*, two-hundredth, in water, a teaspoonful every hour. Next day, December 17th, a slight improvement could be seen. We kept to the *Rhus*, lengthening the intervals between doses as improvement advanced. Soon the crust sloughed off, giving vent to thin, ichorous pus which also discharged from the inner openings. By January 1, 1880, as near as I can learn from my notes, the lip had healed with small scars, only slight swelling and tenderness remaining. He still had a coated tongue with pulse about 80, easily increased to 100 by slight exercise. Soon after this, I allowed him to take a short drive in a close carriage. There was never after that any halt in improvement. A walk of two blocks to my office invariably ran his pulse up to 100, till three days ago, when 85 was the *maximum*. He then seemed quite well. Some of his friends assure him that he had no malignant pustule, for in that case he surely would have died.

Mercurius low was given to the first patient because there was no psora or other complication, and the unmistakable indications for the drug, rendered the test which ensued desirable. By diminishing medicine in proportion as improvement advanced, no aggravation was caused and a speedy cure resulted. This case demonstrated the needlessness of local medication to soft chancres of the most destructive character. Also the power of a drug which is similar in its action to a natural disease, to cure important organic lesions—notably the fistulæ.

The second case demonstrates the power of high potencies in acute disease of the most deadly nature, as the patient was thoroughly under control when the proper remedy was given, in high potency, and rapidly became worse when under the influence of unsuitable medication; it also shows, the unwisdom of abandoning the similar remedy when it controls the constitutional or subjective symptoms; at the same time corresponding to the objective symptoms, just because it does not prevent the development of that local morbid anatomy, which the natural history of the disease in question leads us to expect will follow; it also proves that the remedy which is similar to the totality of the symptoms, will finally yield the best local result, when compared with other methods of treatment.

ON THE TREATMENT OF CAVITIES IN LUNGS BY INCISION AND DRAINAGE.

Dr. Fenger and Dr. Hollister, of Chicago, report in the *American Journal of Medical Sciences* for October, a successful case of drainage of a gangrenous cavity in the lung, and refer to five previously recorded instances in which a similar treatment had been carried out. Professor Mosler, of Greifswald, was the first to expose and drain a pulmonary cavity; but, as the results in this case were not satisfactory, the surgical treatment of such condition was abandoned for a time. During the last three years, six other cases have been recorded, including that detailed in this paper, which case alone seems to have had a permanent and good result. The patient was a male, aged thirty-four, who had a large fetid abscess in the middle lobe of the right lung, caused through suppuration around a large hydatid cyst of twelve years' standing. There was much fœtor of breath and expectoration, and an insufficient outlet for the discharge through the bronchi. There was subsequently diffuse purulent bronchitis in the remaining parts of the right lung,

and the patient suffered from high fever and became emaciated and exhausted. After exploratory aspiration, an incision was made in the third intercostal space, in front and two inches to the right of the sternum. The cavity in the lung was then explored with the finger, and a counter-opening made in the fifth intercostal space in the anterior axillary line. The sac of the echinococcus-cyst was then removed through the first opening. A large India-rubber tube was then passed across the cavity and through both external openings, and the cavity was washed out with a solution of Carbolio acid. The external openings were covered by antiseptic dressings. During the subsequent six weeks, there was decided improvement, with cessation of fœtor of the breath and expectoration. In the seventh week after too early removal of the drainage-tube, there was a severe attack of diffuse purulent bronchitis of the whole of the right lung and the lower lobe of the left lung. The patient ultimately made a perfect recovery. The intra-pulmonary character of this cavity was proved by the fact that soft lung tissue could be felt at its lower, inner, and outer walls.

The authors of this paper hold that cavities, arising from acute pathological processes in lung tissue (suppuration and gangrene) naturally present themselves as objects for surgical treatment when the anatomical conditions render such treatment possible. There is nothing absolutely fatal or necessarily progressive in the nature of these pathological processes, as is proved by a number of cases of this kind, in which spontaneous recovery has taken place by evacuation of the contents of the cavity through the bronchial tubes. In spite, however, of the possibility of spontaneous recovery, which seldom occurs in pulmonary gangrene, but is more common in cases of abscess, a number of cases remain in which the extent and increase of the cavity, and the gradual exhaustion of the patient, enable us to determine, long before death, that a fatal result is inevitable. In such cases with the view of preventing further destruction of the lung tissue, of arresting the exhaustion, and of guarding the

patient from purulent bronchitis, broncho-pneumonia, and pleurisy, the surgeon, it is stated, is justified in any desire and attempt to evacuate the contents of the pulmonary cavity.

The operation is considered as indicated in any case where the presence of a gangrenous or purulent cavity having been ascertained, it is found that, notwithstanding the existence of an outlet through the bronchi for a portion of the contents of this cavity, it steadily fills again without the patient gaining any relief from the partial evacuation. With regard to the seat of operation, any part of the chest, on either side, is accessible below the mammary and axillary regions. Pleural adhesions are to be expected in cases in which the superficial area of the purulent cavity is large, or more frequently, in which several attacks of disease have occurred in that portion of the lung occupied by the cavity. When the cavity is extensive, and has reached the surface of the chest at different and distant places, the abscess should be opened at its lowest point, and at the place most favorable for the escape of its contents through the drainage-tube. The authors recommend that two openings be made the first in the most superficial, and, in other respects, most easily accessible place in the cavity; and the second, after digital exploration of the cavity, at the deepest portion which will admit of a counter-opening, and at a favorable and safe place for as nearly as possible complete evacuation of the purulent contents. In previous cases, but one opening had been made, and the authors think it probable that to the thorough drainage in their case permitted by the double opening, its permanently good result may be attributed. The cavity in this case was washed out at first by a weak solution of Carbolic acid ($2\frac{1}{2}$ per cent.), and subsequently by a solution of Thymol. It is regarded as an important point that the drainage-tube should not be removed too early, lest purulent bronchitis and broncho-pneumonia be set up through aspirations of pus from the still incompletely closed pulmonary cavity.—*Med. Record.*

[The local use of *Calendula* would be beneficial in these cases.—ED.]

Obstetrical Department.

MYO-FIBROMATA OF THE UTERUS WITH PREGNANCY.

BY CHARLES SUMNER, M. D.

February 1, 1874, I was called to visit Mrs. C., aged forty-two, of a nervo-sanguine temperament and quite active. She had been married two years and enjoyed usually good health. I found her suffering from an uncomfortable fulness in the region of the uterus, and some pain. She told me she had passed over two menstrual periods, and had the symptoms usual to first stages of pregnancy.

External palpation revealed more fulness and hardness than is usual at that stage of gestation, and I thought she might be further advanced than she supposed. On digital examination I found the cervix normal, but no rebound on sudden upward pressure. After carefully examining the case I formed a diagnosis of pregnancy, but some abnormal enlargement connected with it, the nature of which I was unable to determine.

I saw her occasionally until about the seventh month, when she seemed to suffer more from fulness and upward pressure than is usual. At this time she expressed the opinion that her sufferings must be borne as a consequence of her condition, and concluded to take no more treatment but await the result. I saw no more of my patient until the eve of August 1st, which was nearly her full term. I was then summoned to attend her. I found her having slight pains at intervals of fifteen to twenty minutes. These lasted three or four hours. I called again in the morning and found her superintending her work in the kitchen. I visited her daily for four or five days, but having no recurrence of the pains, I ceased calling. August 10th, was summoned again and found her about as when I called on the

first. The os was somewhat relaxed and patulous. I gave a few doses of *Secale 3d*, but as before the pains left in about four hours. I saw her about noon on the twelfth, when she had no pains but some downward pressure.

I was obliged to go out of town that afternoon to visit a patient, and on my return, about seven o'clock in the evening, I found a call for my immediate attendance on Mrs. C. I hastened to the house and found the patient in a very precarious condition.

I was informed by the nurse that she had been taken with slight pains at about four o'clock, which increased in frequency but not in severity until about five o'clock. At this time a severe thunder storm arose, and the patient, who was sitting in her rocking chair, was startled by a terrific peal of thunder and a dead foetus weighing six pounds was instantly expelled, dragging the placenta after it as it fell upon the floor. The uterus remaining inactive the hæmorrhage was, of course, severe. The frightened nurse sent for the nearest doctor and soon Dr. Geo. F. Hurd was on the spot, and found the patient in the condition I have described. He laid her upon the bed, and sent for his uncle, Dr. E. H. Hurd, who was soon in attendance. They tried by every means in their power to stay the flooding, but in vain. The uterus did not and could not be induced to contract.

On my arrival I made an external examination of the abdomen and said to the doctors there is another child here. Dr. E. H. Hurd replied that he thought so at first, but that Dr. George had introduced his hand and said the womb was empty. But, said I, we can feel it very plainly from the outside, and it must be removed at once. I introduced my hand, but, sure enough, the womb was entirely empty and showed no disposition to contract.

The patient was now thoroughly exhausted, and as we were unable to check the frightful hæmorrhage, soon expired.

Having obtained permission we held an autopsy. Having opened the body, the whole uterine mass was removed. It weighed ten pounds and measured eighteen inches in its

transverse diameter and ten or twelve in its vertical diameter. Upon examination the enlargement proved to be myofibromata. The body and fundus were greatly hypertrophied and degenerated, forming the *myoma*, while the fibromata were of irregular size and scattered over the surface and through the substance of myomoid uterus. The largest of these fibromata, situated at the extreme left, was of an ovoid form and nearly as large as a full term foetal head. This was found to be a multilocular fibrocystic-tumor, containing two cysts. The walls of the hypertrophied uterus varied in thickness from two to four inches. The ovaries and Fallopian tubes appeared healthy and in natural position. There is no particular lesson to be learned from this description in regard to treatment, but it is presented merely as an anomaly of pregnancy existing in connection with such a condition. The muscular fibres of the uterus being degenerated and having lost their functions of contractility, there was no means of closing the mouths of the bleeding vessels after the placenta was detached.

Lymphadenoma of the Mediastinum.—A woman aged 27, admitted to the Sainte-Eugenie Hospital at Lille, on Sept. 12, 1877 (*Jour. des Sciences Med. de Lille*, Aug.), had intense dyspnoea, signs of asphyxia, and absolute dullness before and behind, throughout the whole of the left side of the chest, with deviation of the heart to the right. Thoracentesis gave issue to two liters of liquid, and relieved the patient, but did not remove the subclavicular dullness of the left side. On the right side, resonance was normal, but there were a scouffe and egophany at the base in front and behind. The heart had deviated to the right. In the subclavicular fossa a voluminous mass of hard indolent glands was noted. Those of the left cavicular fossa were less tumefied. The urine was loaded with albumen, and the mucous membrane of the mouth was the seat of deep and extensive ulcerations. On the 15th, a fresh puncture was made, after which general improvement was noted. On the 26th, asphyxia again appeared, and the patient died on October 2. At the necropsy, a white hard mass was found filling the left pleural cavity; it had pushed downwards the whole of the left lung. The other viscera did not show any special change. Microscopical examination of the tumor showed that it was constituted by stelliform connective elements, forming by their anastomoses a stroma of which the meshes surrounded the lymphatic cells. Histological examination, therefore left no doubt of the existence of a lymphadenoma of the glands of the hilus of the left lung.

Book Department.

LECTURES ON ELECTRICITY: (Dynamic and Franklinic) in its relation to medicine and surgery. By A. D. Rockwell M. D. New York W. Wood & Co. Chicago. Duncan Bros.

This work is made up of eight elementary lectures on electricity. To this second edition is added a chapter in static electricity and will interest those making a special study of this subject.

AMERICAN INSTITUTE TRANSACTIONS FOR 1881.

This work makes a good showing of what was done at the Brighton Beach Session of our national body in June. The proceedings proper, and much of the discussion our readers are familiar with. The papers are both numerous and practical. The Institute would gain by adding the proceedings of the Oculists and Pædologists. As the next meeting will be held in Indianapolis, the western members should see that the next volume will be much larger.

THE OPIUM HABIT AND ALCOHOLISM. By F. H. Hubbard, M. D. New York: A. S. Barnes & Co. Chicago: Duncan Bros. pp. 286. 12 mo. Cloth, \$2.00.

This is a treatise on the habits of Opium and its compounds; Alcohol, Chloral hydrate, Chloroform, Bromide potassium and Cannabis indica, including their therapeutic indications and suggestions for treating various painful complications. Although the treatment is Allopathic, some practical suggestions may be found in this volume for those who have to manage this class of cases.

THE MOTHER'S GUIDE IN THE MANAGEMENT AND FEEDING OF INFANTS. By J. M. Keating, M. D. Phil: Henry C. Lea's Son, & Co. Chicago: Jansen McClurg & Co. pp. 118, 12, Mo. \$1.00.

It will be seen that this author appreciates a good title when he sees it. The part on "feeding" occupies about thirty pages, and the rest of the work is devoted to hygiene, but especially to the Allopathic treatment of the disorders of infants. The one good thing in the book is that opiates are denounced, but in their stead Potassium and Chloral are advised—not much improvement to our mind. The number of this class of works, by our Allopathic confreres recently issued, shows that they are endeavoring to capture the children.

"VACCINATION REFUTED" is the title of a pamphlet sent us by Dr. J. F. Banton M. D., of Cleveland, from which we glean the following startling (and doubtful) statement: *Vaccina* is not a disease, originating with the cow, as is erroneously believed, generally, to be. It is an infectious and contagious disease of the horse; externally manifested by what is termed "grease-heel" of the horse, which exudes tubercular matter; the horse so affected is, invariably, a consumptive sufferer; thus tubercles is transmitted by the lancet. The unfortunate human being who is effectually inoculated by vaccine matter possesses a physical condition giving perfect immunity against the disease, small-pox; and worse; he has become a subject of tuberculosis—as certain to yield up his life to the vile destroyer, consumption, as cause and effect are certain and never-failing truth. Hence the great increase of cancerous, strumous and tubercular diseases since the introduction of the practice of vaccination. I have observed the development of *vaccina* among my own stock, on several occasions, and thus know whereof I speak. The wise need no enlightenment respecting the absurdities of the odious practice, vaccination; the ignorant I do not wish to oppose or offend.

Society Department.

THE ST. LOUIS SOCIETY DISCUSS SMALL-POX.

The regular meeting of the St. Louis Society of Homœopathic Physicians and Surgeons was held December 13. The meeting was called to order by the president, Dr. J. Martine Kershaw, and after the reading of the minutes of the previous meeting by the secretary, Dr. W. B. Morgan, the president announced that small-pox and vaccination were the subjects for discussion during the evening, and that papers would be read by Drs. Collisson and Harris.

Dr. W. John Harris then read a paper giving the symptoms, diagnosis and course of small-pox, and, referred especially to its great contagiousness. He said that during his stay in London last winter he inquired particularly into the statistics showing the results of vaccination. It is now made compulsory that all children be vaccinated before they are three months old.

At the small-pox hospital at Highgate 36 per cent. died of those who had not been vaccinated—that is one in three—while only one in fifteen died of those who had been vaccinated.

At the Hamerton small-pox hospital the percentage of deaths is 8.6 in vaccinated persons, but in unvaccinated it is 37.8.

In the British army, scattered all over the world, and consequently exposed to great risks, but protected by vaccination, only one in 1,000 is attacked with small-pox, and less than one in 10,000 dies.

He stated that in Sweden, forty years before vaccination, out of every million persons 2,050 died annually, but after vaccination only 158. In Berlin before vaccination, 3,422; after, 176. In Paris before vaccination, eighty out of every 10,000 people, but after only 14 to 16 per cent.

He concluded by saying that the protective condition of vaccination is in direct proportion to the number of well marked scars (cicatrices) to be found on the arm.

Dr. Wm. Collisson then read his paper on the treatment of small-pox. He presented a carefully written report of two cases out of twenty-eight patients treated during the epidemic of 1874. He related how two boys of the same age, of similar constitution, took the disease at the same time, and apparently of the same intensity at the beginning, but all the stages were much shorter in the one vaccinated while the one who was not vaccinated became much worse prostrated, and was only brought safely through with the greatest care and constant watching, till he became partially convalescent, but the mouth and throat was so much ulcerated that a fatal hæmorrhage set in on the twenty-third day—brought on by a severe fit of coughing—and the patient died in thirty minutes.

Here seems to be still further evidence of the efficacy of vaccination—that while it did not prevent the one boy from having the small pox, it modified it so that he made a good and complete recovery.

Dr. Collisson then gave his experience in the treatment of this terrible disease and clearly showed the great efficacy of the Homœopathic remedies, and that when carefully given, they in a great measure, prevented the terrible pitting so common in former years. He also

stated the best measures for preventing the spread of the disease and also the proper hygienic measures to be pursued.

The following members were present who took part in the discussion: Drs. E. W. Scott, W. A. Edmonds, W. B. Morgan, J. M. Kershaw, C. Sauter, E. E. Curtis, Wm. Collisson, E. A. De Cailhol, W. John Harris, Jas. A. Campbell, G. S. Walker, J. C. Cummings, P. G. Valentine, S. B. Parsons, M. B. Pearman, H. J. Dionysius, C. Carriere, J. P. Froline and C. Gundelach.

Dr. Edmonds referred to the importance of diagnosis at an early stage.

Dr. E. A. De Cailhol referred particularly to the abortive treatment as employed in France, and showed the great benefit to be obtained from this practice.

Dr. Walker referred to a case he had recently had under treatment and desired to know what the law was relating to isolation of small-pox patients.

The society adjourned to meet again next week.

The St. Louis Society of Homœopathic Physicians and Surgeons met again December 20th, with the president, Dr. Kershaw, in the chair, for a discussion of the small-pox question.

Dr. Curtis advocated the use of water, and plenty of it, in the treatment of the disease, and reported a case where this treatment had been followed with great comfort to the patient throughout the entire sickness.

Drs. Edmonds and Valentine agreed with Dr. Curtis that water properly used not only relieved the sufferings of the patient but also made the disease much less contagious.

Dr. Parsons was opposed to the removal of subjects from their homes, and asked whether it was a safe plan to take a patient a long distance by means of a lumbering cart, over rough roads, and whether he was as likely to recover after such severe treatment as he would be in his own house?

Dr. Cummings thought every one should be vaccinated whenever there was the least suspicion of small-pox about. He said that a deep scar did not necessarily mean protection from small-pox. Scars made by vaccination of years ago might be due as much to the impure scab taken from another person as from the vaccine virus. Every one should be vaccinated with pure bovine virus. Dr. Collisson gave a humorous account of his first small-pox case, and told how indignant the people of the country village were because he pronounced it so. The disease was contracted in a rag-picker's establishment. There were twenty-eight cases developed from this one in less than a month.

Dr. Kershaw offered the following as the best and most reasonable prevention of the spread of small-pox:

1. Isolating the patient, where he or she has a friend or relative to act as nurse, and by placing the small-pox notice upon the house. Thus no injury is sustained by removal, and the notice will warn people of its presence.

2. Appoint one or more physicians from each medical school, whose duty it shall be to treat all cases of small-pox, and whom other physicians shall recommend to such of their patients as may become subjects of the disease, and to the public generally.

3. Permit patients who have homes of their own to remain there. By taking away the fear of removal to the pest house, most cases of the disease will be discovered at once, as the motive for secrecy is gone.

4. Remove all cases found in tenement buildings and other places, where the subjects can not be isolated, to where good nursing and medical attention can be had.

On motion, the ideas embodied in the paper were declared the sense of the meeting.

Consultation Department.

TREATMENT OF THE BREASTS.

What is the best treatment for the breasts after the death of the child.
R. F. STRAYER.

LEGAL POWERS OF BOARDS OF HEALTH.

Can a local board of health, legally force a physician to report contagious and infectious diseases coming under his observation and fine him from \$10 to \$200 for not doing so ?
P. H. W.

[The law we believe give such boards that power.—ED.]

USNEA—HEADACHE.

8 P. M. Pain (left head) went down back to sacrum ; increased all evening and bursting headache in front. 9—12 P. M. Sharp, shooting, steady pain in back. Sleep after midnight ; sleep till 8 A. M. Sore all next day all over. Once before medicine affected same way. Headache comes slow ; goes slowly.
E. S.

MANAGEMENT OF SMALL-POX.

Will you state the very best remedy for small-pox, and the best external treatment.
H. N. R.

Jahr's remedies were Variolin and Sulph. Dr. Bowen gives Ars. alb. 1x until he has snuffed out the disease. This he claims will abort it. Carbonate of Ammonia is the only Allopathic expedients that has modified. The Arsenious acid about the 2x every two hours, ought to modify the disease, for it certainly works nicely, however severe the vaccine disease may be. Locally, Glycerine diluted one-half is most satisfactory for the local inflammation. It is also most desirable in erysypelas. A linen cloth saturated with it is applied to the surface.

LOCAL APPLICATIONS AND HOMŒOPATHY.

If Dr. Duncan can show the Homœopathicity of any *local application* in non-surgical diseases, Dr. Lippe offers his head for a foot-ball ! There was a time when Dr. Duncan fabled about "Fidelity to Principles." Now, where are Homœopathic principles ? Fidelity to "A majority," to Eclecticism.
A. LIPPE.

Whether a remedy, Homœopathic, should be used locally or not, is a practical question. Fidelity to similia is the only principle we contend for. The single remedy and minimum dose are unsettled questions. Theoretically, they may be all right, but their practical application turns upon the knowledge of the physician and the nature of the case. Given a case of neglected chancre eating the penis off. Internal rem-

edies do no good in the hand of the prescriber. The local use of Acid Nitrate of Mercury arrests the disease, while the internal use of the remedy prevents subsequent symptoms. Possibly this was a surgical disease. If so, then are urethritis, cervicitis, etc., in which local applications have proved valuable. If a remedy is introduced into or onto the system, we get its special effect in a greater or less degree, do we not? The question of dose again comes up. We don't want Dr. Lippe's head, but would like his note book to find cases of so called surgical diseases cured with the "single similar remedy in the minimum dose."

RETROVERSION AND SUPPRESSED MENSES.

Would you pardon us for troubling you with a case in which the uterus of a child (a virgin who has never menstruated) is wedged down against the rectum and perineum? We forced index finger through hymen in making digital examination as the history of the case warranted our diagnosis of prolapsus or suppressed menses (or suppression of menses from prolapsus). The parents claimed that she was only twelve years old. But we disputed their records rather abruptly, and from quotations from the unrevised scriptures accused them of falsehood, etc. In a few months they confessed their mistake, and she is now nearly fifteen years old. Small from causes innumerable, as she has been delicate for three years, yet she is not a skeleton nor greatly emaciated. Has leucorrhœa in its different stages with that peculiar uterine cough, etc. We introduced a rubber bag and inflated it after introduction; use injections of cold water medicated with Carbolic acid. Sulphate of Zinc and Alum in routine (i. e., only one at a time, however).

As our directions are always strictly executed in every instance, you know it is unreasonable to imagine that they do as ordered. As for remedies I do not doubt but we have them in Kali bich., Aletris far., Ars., China, Lycopodium, Helonias, Senec. gra., Alumina, Ignatia ama., Sulphur, etc. I would ask of you: Is it prudent to attempt to replace the womb to its normal position at once, or should it be returned gradually in consequence of discharges. (Using frequent injections of cold water.) Our speculums are too large to introduce, as her parts are very small and tense for her condition. Beside, she seems quite sensitive and tender there.

H. G. C.

Tannin in Diphtheria.—Dr. A. Wynn Williams, in *Brit. Med. Jour.*, Oct. 1881 p. 654, claims for the local application of Tannin all the value that he maintained this drug possessed in 1867, when, before the Obstetrical Society, Dr. Williams read a paper on the treatment of Diphtheria. The deposit, characteristic of the disease, is almost instantaneously removed by the free application of a solution of Tannic acid, two drachms; rectified spirits of wine, two drachms; and of water, six drachms.

[Try the Alcohol alone, doctor.—ED.]

Medical News.

Removed.—Dr. F. J. Magee has moved from Yankton, D. T., to Emporia, Kan.

The Practitioners' Course in the Chicago Homœopathic College begins March 8.

Clinical Lectures are being delivered in the Chicago County Hospital by the Homœopathic staff.

Married.—Dr. A. P. Bowman, of Ponca, Neb., and Miss Carrie B. Medes, of Keokuk, Iowa, Jan 28. We wish the doctor much joy in this partnership.

Maine Homœopathic Medical Society.—The sixteenth annual meeting of this society will be held in Granite Hall, Augusta, Tuesday, June 6, 1882, at 10 o'clock A. M.

The St. Louis Society of Homœopathic Physicians and Surgeons is flourishing as it has not done for years. Members of the profession generally are cordially invited to the meetings. Reports from time to time will appear in our pages.

Dr. G. F. Foote, of Stanford, Conn., writes: "My wife has been very sick for some months, and on her account I must get into a more quiet life. Shall go abroad for awhile as soon as she is able."

"*I think your plan of spreading Homœopathic knowledge* a most excellent one. If physicians in general knew more of the Law of Cure, there would be more converts. I converted an Allopathic student here by prescribing *Lil. tig.* for spasm of the ciliary muscle. It had such a happy effect that he wanted to know more of similia. He is to-day a thoroughly converted Homœopath." E. S. EVANS.

Insanity Superinduced by Witnessing the Hanging of Murderers.—A very sad and singular result of seeing one of the recent hangings in St. Louis lately has just come to light. John Irwin Kaiser, a young man of 21 years, a clerk on one of the Upper Missouri River steamboats, witnessed the execution of Katorsky and Ellis in the jail-yard Jan. 6. and was strangely affected by the scene. During the afternoon of that day he was noticed by his friends to be wandering in his mind and to talk continuously about the execution. At night he became violent, and it was found necessary to take him from his boarding-house to the police headquarters, and next day he was placed in a private insane asylum. There he continued his violence, indulged in all kinds of feats of strength, until he brought on hæmorrhage of the lungs, and last night he died. His father, who lives in Toronto, Canada, was notified of his son's condition, and came here a day or two ago and attended him during his last moments. He says the boy was bright and strong, both mentally and physically; that there never was a taint of insanity in the family; and he cannot account for the strange effect of the execution.

Pat. and Little Pills.—Ye's charged me's tin dollars, bad luck to ye's. It was only three days sick that I was. Why, Dr. Bolus tended me nigh onto two weeks, and he charged only \$25.00, an' fax, he earned his money. I was heaving as ye's saw me and the Dr. says he, "Yer sitem is overloaded, and its all coming the rong way out entirely. I'll physic ye." And deed he did. I heaved and physicted, as he called

it, till I thought it would use the ould woman up emptying the vessels. I didn't lie down for a whole day, but just sit on the vessel and heave and physict every time I took the medicine. Next day I was that wake I could only lie and retch. Not a mouthful of food did I ate for a wake. A drap of whisky was the first thing that would lie in my stomach. Now you gave a few little sugar pills that done nothing. I did not heave any more, and have been to work for a wake—and earned \$18.00. Well, I don't know. If yer medicine did not work so lively as Dr. Bolus', fax I have saved nine days time. I guess I can afford to give ye's \$10.00 and then make \$17.00. How Dr. Bolus cheated me, the spalpeen! If little pills don't empty your sistem, indeed yer the more able to soon work. Mister Little Pills, yer my doctor after this.

Died.—*Dr. John Milton Ricketts.*—It is indeed a sad task that we assume in endeavoring to inform his professional friends and brethren of the death of Jno. Milton Ricketts. Deceased was born near Findlay, Hancock Co., in Sep. 1852: his early years were spent on his father's farm, in the meanwhile receiving such education as the district school afforded; about his eighteenth year his father removed to Findlay where he was able in the high school to pursue such studies as the common schools did not embrace. In 1873 he began the study of medicine with the late Dr. W. M. Detrouler, and after attending his first course of lectures in '74 and '75 at the Homœopathic Hospital College of Cleveland, remained in the office of Drs. Schneider and Boynton until he graduated in March 1876, at which time he received the Sander's Obstetric Prize. In Dr. Schneider he found his desideratum. Having a natural inclination for surgery, here he found both a large field for observation and his ideal surgeon. Soon after his graduation he visited Petrolia, Pa., with a view of locating there, but not liking either the country or class of people, left, and after looking around for some time, finally located at Bowling Green, Wood Co., Ohio. Here he soon had a fine practice which was constantly growing until May 1877, when at the solicitation of the writer, he came to Findlay, Ohio, and together took charge of the office made vacant by the death of Dr. W. M. Detwiler. In August 1879, he came to the conclusion that he would prepare himself *thoroughly* for a surgeon by taking a three years course in Europe. Accordingly in September following he sailed from New York, arrived safely in England and preceded at once to St. Bartholomew's Hospital. Here he remained nine months studying histology, microscopy, pathology and surgery, and at the end of that time proceeded to Strasburg, Germany, where for six months he studied anatomy and pathology with Von Recklinghausen. Having by this time gained a thorough knowledge of anatomy, he proceeded to Vienna, Austria, where he determined to take a two years course in the various branches of surgery. Here he was busily engaged last March when he contracted a severe cold, which settled on his lungs and did not seem to yield to treatment. He consulted the best physician of Vienna, who advised him to go to Switzerland; in June he left ostensibly for Switzerland, but when he arrived at Munich, Bavaria, he concluded to go to London; here he consulted Branton and others, who advised him to go to Colorado Springs, Colorado. After a little delay he embarked for America and arrived at New York July 26th, here he sojourned a week with relatives and on July 31st, we were favored with a visit from him of several hours duration. He looked nearly as well as ever, but had a cough with expectoration night sweats, etc., but had had no hæmorrhage. Proceeding at once to Lincoln, Nebraska, he stopped two weeks with his father, sister and brother, then to Colorado Springs. At the last place he seemed to gain from his arrival till September 20, when his father received a telegram stating he had been prostrated with hæmor-

rhage. His father went at once to his bedside and was with him until his death. It seems that after the hæmorrhage that fever of a malignant type set in and carried him off about four weeks later. His remains were conveyed to Lincoln for interment. Had he lived certainly he would have become one of the leaders in the profession of this country. As it is "he has passed in silence and pathetic dust," and all his labors seem to have been for naught, still we may find in him an example worthy of imitation and not set down in our offices and think we know all there is to be known, or with a spirit of indifference and think that we know enough to get along with, without striving still more to prepare ourselves for a great and noble profession.

J. C. FRITCH.

The Committee on Legislation.—Herewith I transmit to you a statement of the work to be accomplished by our committee. By active and immediate effort on the part of each and all of us, the whole can be reported on satisfactorily, next year.

In order to do this, two things are needful, in addition to such effort, viz.: 1st, division of labor; 2d, the enlistment of a sufficient number of *helpers* everywhere by *each member* of our committee, by personal appeal and by notices in our journals.

I will therefore suggest that we settle the first point, by the following assignments; premising that I have endeavored to make them in harmony with the *special experience* of each member, so far as known to me.

John C. Morgan, M. D., Army and Navy; T. S. Verdi, M. D., J. P. Dake, M. D., J. C. Morgan, M. D., National Civil Service, Incorporation of American Institute; M. J. Safford, M. D., State and Municipal, New England; E. D. Jones, M. D., T. S. Verdi, M. D., J. H. McClelland, M. D., Ditto, in other Atlantic states; A. E. Small, M. D., A. I. Sawyer, M. D., Ditto, Northwestern States, i. e. north of Ohio river and mainly east of the Mississippi river; J. P. Dake, M. D., Ditto, states, south of the Ohio river and east of the Mississippi river; P. G. Valentine, M. D., Ditto, States and Territories mainly south of the Pacific R. R., west of the Mississippi river; G. F. Roberts, M. D., Ditto, in States and Territories mainly north of the Pacific R. R., and west of the Mississippi river.

International and miscellaneous subjects, *the whole committee*.

In case any member of our committee shall desire a modification of these details, the chairman hopes that the suggestion will be made immediately; that real active work may at once begin. The utility and value of our report will depend on our earnest and prompt efforts, maintained every day of the intervening year. By this means we may greatly advance our common cause. He also hopes that each member will keep him informed of progress made, of *helpers and correspondents secured*, etc.; which information he will endeavor to distribute to all from time to time.

Allow me through your journal, to ask the aid of every member of the Homœopathic profession and friends of Homœopathy everywhere, in obtaining information concerning the topics named in the circular appended hereto. Having personally assumed that of the *Army and Navy*, I wish to know: 1st. What Homœopathic physicians have applied for admission to either, and the result, date, circumstances (concisely), rank, services, experiences, discharge. 2nd. Suggestions from such, and others, for the future.

On each of the other topics, correspondents will please address the various members of this committee in like manner. Credit will be given to all such.

JOHN C. MORGAN, M. D., Chairman.

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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

CORRY, Pa. Feb. 7.—There has been a few cases of small-pox in the city and several deaths from it; also some deaths from the measles, and a number from consumption, between the ages of twenty-two and thirty-five years. Asthma and bronchitis is very prevalent here, also typhoid fever. None of the above diseases have come under my treatment as yet and no report to make of my success. S. R. BREED.

MONONGAHELA CITY, PA., JAN. 28.—The more I read THE INVESTIGATOR the more indispensable it seems. Homœopathy flourishes. I am in a town of 3,800 population, nine Allopaths. No other Homœopath within a radius of fifteen miles; measles and small-pox prevail. City council has appointed a physician in each ward to see that every one in the ward is vaccinated. I have been given the most populous ward,

and the "regs," have raised a howl. I am likely to be drawn into a controversy about the standing of the two schools. Please send me statistics, reports from hospitals or anything that may prove of benefit to me. H. J. GAMBLE.

WEST HENRIETTA, N. Y., Feb. 16.—The winter here has been very open; mild westerly and southwesterly winds prevailing. The troubles that have kept the doctors on the jump, have been typhoid fever, erysipelas, facial and traumatic, rheumatic fever and pneumonia. The erysipelas has yielded readily to Rhus and Aconite, or Aconite and Bell. with local dressings of Ferric sulphate. Ferric sulph. is the best topical lotion I have ever used. Aconite and Rhus tox. speedily roots the rheumatic fever, bringing out a copious sour sweat. We are still busy vaccinating. Some very characteristic symptoms are developed; some patients having a backache that would do credit to genuine variola.

CHAS. E. WALKER.

SCIATICA CURED WITH TARTAR EMETIC LOW.

In THE INVESTIGATOR of January 1, I see a short article by S. S. Swan, M. D., *Sciatica cured by Gnaphalium cmm*, followed by the expression, "don't you think that better than a palliative?" As for high potencies that is all right, but might he not have cured his patient with a low potency as well? For my part, give me the indicated remedy and I care not what potency it is, so long as I am satisfied that the drug is a genuine article. I was also called to see a case of sciatic rheumatism. The patient had been suffering for five weeks severely. I gave her Rhus and Phytolacca in alternation; next day no better. I then gave Nux instead of the Phytolacca. Next day but very little better. I continued the Rhus and Nux with the external application of Rhus. Next day no better. Gave Ars. instead of the Nux.

but very little better the next day. All this time I was looking up the case and did not know what to give, yet my patient seemed pretty well satisfied with the treatment, but I was not. Continued the Rhus and Ars. Next day not much better, and her doctor still in a dilemma, and feeling that her confidence was not yet shaken, I resolved that whatever I did I would prescribe but one remedy. I noted all the symptoms which were as follows: Severe pain in sacrum extending into the left thigh, feeling as though her hip bones (using her language) were being forced apart, while the vertebra felt as though there was nothing there but the bones, and they were rubbing over one another, and felt the same as though you were rubbing your knuckles over one another. Unable to turn over in bed; bowels inclined to be constipated, with a little sickness of the stomach. All these symptoms were present from the beginning only more severe. I prescribed Tart. emet. 6th. Saw her again next morning; she was up and sitting in her chair, and said that she was well. So much for a single remedy, *and don't you think that equal to a high potency?*

J. D. GRABILL.

AN ANATOMICAL CURIOSITY.

An anatomical curiosity is making the rounds of the medical colleges. He is Charles Warren, the celebrated contortionist, and presents a unique illustration of muscular action, being able to dislocate and reset his joints at pleasure. One exhibition lasted just an hour, and Warren emerged from it without exhibiting the slightest fatigue. It began with instantaneous dislocations of the joints of the thumbs, which the contortionist threw in and out of place rapidly and with a plainly audible snap. At the points of dislocation the unjointed bones were felt by the surprised students. Then he stripped and seated himself. Suddenly there was a sharp

crack, and Warren's feet dangled from his ankles so that he could place the soles together. He jerked the bones into place again, and the operation was apparently painless. After this, in very rapid succession he disjoined his hips, elbows, wrists, and shoulders. Wherever in his body two bones joined he produced a perfect dislocation at will. At the suggestion of the professor he dislocated his under jaw, and the lop-sided appearance of his face raised a laugh. One of the most remarkable features of the exhibition was Warren's simultaneous dislocation of both hips, upward and backward, and another was his complete withdrawal of the viscera from the abdomen, and forcing them into the chest. This last extraordinary feat he performed with alternate efforts, to the unmeasured surprise of every one who witnessed it. Warren's chest was measured, so as to determine the extent of his powers of expansion. This, with ordinary mortals, is not more than three inches. Contracted, the contortionist's chest measured $30\frac{1}{2}$ inches, and under the tape he expanded it until the line recorded a measurement of thirty-nine inches. Before the exhibition was concluded Warren made it clear to the spectators that he is able to produce by muscular action a voluntary dislocation of nearly every joint in his body.

Warren is about thirty-three years of age, and was born in Schuylersville, Washington county, N. Y. In his boyhood, while bathing, he accidentally threw an ankle out of joint. He felt no pain, and with a quick jerk he reset the bone. The fact that the experiment proved painless led him to try his hand on some more of his joints, and he found that he could jerk them out of and into place without pain or difficulty. Soon after this he began a tour of the medical colleges of the world, and for the past twenty years he has been almost constantly on exhibition before medical students and life classes in art. He can at will make his breast present a concave surface. He accomplishes this after expelling all the air from his lungs by an extraordinary movement of the muscles of his body. He is not loose jointed by any means, and though he dislocated parts of

himself with great apparent ease, when he desired to preserve his joints in their proper locations a great extraneous force is necessary to produce the slightest dislocation. This wonderful man has been studied by the famous surgeons, Hamilton, of New York, and Agnew, of Philadelphia, and they unite in testifying to the genuineness of his phenomenal powers. His exhibitions are confined to the medical schools and art classes.

OLIVE OIL FOR GALL STONES.

This remedy has been highly extolled by several writers in Allopathic journals for the expulsion of biliary calculi. Great things are claimed for the remedy, much more than most people would be willing to believe. A case however has recently come under my observation, which goes far to prove to me the wonderful power of the remedy. This case has been turned over to me from an Allopath by whom the disease was pronounced neuralgia of the liver. The patient is a man of forty-five who had suffered more or less with attacks of severe pain in the region of the gall bladder.

I found the patient under intense pain, with cold perspiration and small pulse. The pain came in paroxysms and was followed by vomiting of bilious matter. Skin yellow and tongue furred a yellowish white. The symptoms pointed to obstruction of the gall ducts, and I treated the case accordingly. The pain subsided in a short time but returned in fifteen hours, but not so severely and was soon controlled. As he had been dosed with every sort of mixture, I began a treatment which I expected him to follow for some time by the use of Nux. After continuing treatment for three or four days, he was urged by a friend to try Olive oil, which he consented to do, and accordingly took four ounces (six ounces being the dose recommended), and twelve hours later a full dose of Castor oil. When the latter operated, no less than forty stones varying in size from a small pea to a very large hazelnut were found. They varied somewhat in consist-

ence and color. Most of them were cherry in appearance and of a greenish-yellow. A few had a calcareous shell with a soft matter of a dark green color within. Patient experienced no pain after taking the medicine. Said he felt better than usual the night following the dose of Olive oil. It has been three weeks since this remarkable occurrence, and the patient has been constantly improving. All the cases reported in the Allopathic journals are of a similar character.

This treatment may at first thought be considered very inconsistent with Homœopathic practice. The law of similia has probably no relation to it, but on the same principle that we use a specific poison for the tape worm to cause, the removal of the offending object from the stomach, so we may give Olive oil to remove the offending gall stones, and then treat the diseased condition which is liable to reproduce them, Homœopathically. Hope others will give the remedy a trial and report.

EDGAR, Neb.

E. F. CASSEL.

ANOTHER CASE OF ANGINA PECTORIS.

Having had in my recent experience a patient with symptoms similar to the case of angina pectoris reported, by Dr. Hale in *THE INVESTIGATOR* for December 15, the interesting nature of his report leads me to send you a few notes of my patient:

E. Pringle, aged thirty-five, first applied to me Sept. 16, 1871, in reference to a thoracic pain, for which he had previously been under treatment for the eight months past. This pain is so severe that it prevents him from walking more than a few steps at a time. It extends entirely across the chest just above the nipples, equally severe upon either side, and when most severe, extends through both arms down to the hands. He describes the feeling as "not exactly a pin, but a dull, heavy distress." It is especially aggravated by walking. In fact it is certain to be brought

on by walking, and when so excited, will gradually pass away when he becomes quiet. Mental excitement will also induce it. One evening at church being called upon to speak, he suffered to that extent that he was obliged to be carried home, and did not fully come up to his former condition for several days.

At this time, September 16th, he is unable to walk even very slowly across the street without stopping. Cannot dress without resting meantime. It is evident that there is some profound disturbance of the circulatory apparatus, to produce such marked distress upon even slight exertion. A careful and thorough physical examination failed to elicit any evidence of abnormality about either heart or lungs. His nutrition is good; color, that of health; sleeps well, eats well, and says that if it were not for this distress in his chest, he would be all right. Prescribed *Sticta* and *Bryonia* and gave thorough daily faradization to thorax and upper extremities for a week with benefit. Can walk by coming slowly to my office a short half mile, and no longer has any pain in his arms.

About the 1st of October he had improved so far that he resumed work at his trade, that of stove moulder. The free use of his arms does not affect him unfavorably, but though he has made so much improvement, yet the same distress will recur whenever he walks, unless he is careful to move very moderately.

October 13th, I sent him to consult Dr. Dowling, of New York, who pronounced his heart and lungs in a normal condition, but on examining the urine, which I had neglected to do, found that he was suffering from albuminuria, with hyaline casts. Since October 1st has been taking *Apis* 1st which Dr. D. advised to be continued. He continued to work with what seemed to be gradual improvement, until December 28, when he was at night suddenly awakened by a strange noise; getting up suddenly felt the pain quite severely. In the morning went to the shop as usual though not feeling so well. He worked with difficulty, stopping frequently to rest, and about 2 P. M. gave up and started for

home. In order to reach home quickly, he took a path which led up a steep ascent. On reaching the sidewalk (six or eight minutes walk from the shop) he fell and expired immediately without a groan or struggle. There was no post mortem cyanosis or hæmorrhage. No autopsy allowed which was a matter of sincere regret. It would, of course, not only have been a matter of interest to have verified the exact cardiac condition, but also to have noted the extent of degenerative action in the kidneys, which was probably the primary lesion; yet the extreme suddenness of death, together with the persistent symptom of distress, aggravated by walking, led me to the conclusion, as in Dr. Hale's case, that it was a true type of angina pectoris at the final catastrophe. If Dr. Hale should be pleased to comment upon this case, it would be very gratifying to know his view.

J. N. TILDEN.

TRICHINIASIS.

The piece of meat I send you was brought to me to be inspected for trichiniasis, [No trichinia were found, but larvated tapeworm.—ED.] as the parties killing it became alarmed on cutting it up, and noticing something unusual in its appearance. I have no glass, and therefore send it to you, requesting you to put it under the magnifying power of a glass, and ascertain, if possible, whether the parasite exists there or not. What are those egg-shaped specks so plainly visible to the naked eye? Cannot you give an extended and full description of this plague and its treatment when once introduced into the human system?

A family of my acquaintance was severely afflicted with this parasite last April, resulting in one or two deaths. They were under the treatment of a "*regular*." One very peculiar feature exhibited itself with those patients, namely, a voracious appetite for raw bacon, so much so that those that were able to be around at all would steal themselves to

where the meat was, and eat large quantities of it if not carefully watched. This, doubtless, caused the death of those that did die, as they were recovering from the first attack, and would soon have been well but for the second eating and consequent renewed attack. It would be well when the first symptoms of this malady occurs, to destroy the rest of the meat (hams) at once, and thus put it entirely out of reach.

J. R. KESTER.

[If any of our readers have had experience in treating this disease, we would be glad to hear from them.—ED.]

VACCINATION DEFENDED.

THE SAVING NATURE OF THE PROCESS.

TO THE EDITOR OF THE INVESTIGATOR: The wide diffusion of small-pox over a large section of our country calls attention anew to the preventive influence of vaccination over that disease. With regard to this, as in everything else, no matter how well established it may be, there are, in every community, a few "old maids" of both sexes who decry its worth.

In the February number of the *North American Review* Mr. Henry Bergh of anti-cruelty-to-animal fame has a savage article against vaccination, and he has a few echoes everywhere. Mr. Bergh quotes, what every one admits, that "vaccination does not in *all cases* afford immunity from the disease," but that it does in those exceptional cases so modify it that small-pox becomes a very mild disease every physician knows.

He further says that through the "unnatural practices of physicians (by vaccination) the ruby stream of life (the blood) is changed into a filthy current in comparison with which the foulest ditch water is pure." Now this is a very strong statement for which there is not one particle of warrant. If he can show by chemistry, the microscope, or by any known process that the blood of a vaccinated person is

any less pure than one unvaccinated he shall have a new hat. The idea that one vaccine pustule corrupts the blood, or in any way injures a person, more than a 1,000 or 10,000 small-pox pustules is absurd!

Next he quotes a table to show that small-pox is most common in the young and that the aged out-grow it. In brief the table shows this: that in Philadelphia in 1872 there were of children under five years of age 383 cases, between five and ten years sixty-five cases, between ten and fifteen, fourteen cases, and so on, the list gradually diminishing with ages. All know how common it is to neglect the vaccination of children. In a city like this there are thousands unvaccinated at five years of age, and hundreds at ten years. Is not this proof positive to any reflective person that the greater frequency of small-pox in children is owing to nothing else than the *neglect* of vaccination? Certainly it does.

I surmise that Mr. Bergh's abhorrence of vaccination results from the fact that it did not fully protect him. He says, "In youth I went successfully through the loathsome process (vaccination) yet some years afterwards had well defined varioloid." The probability is that he is considerably pitted with the disease—varioloid being modified small-pox—and now on the principle that "misery likes company," he advises every one else to go through that "beautifying process."

My observation is that all those persons who decry vaccination have had small-pox themselves, and having lived through it seem to think that all others may. It is my deliberate opinion that in importance to the human race vaccination exceeds any other discovery ever made. Without it human life would hardly be worth having, for about one-half the race would die with small-pox, and the other half would be so pitted and scarred that they would be unpleasant to look at.

In fact the protective influence of vaccination is nearly perfect. There are very few physicians who have not been in the presence of small-pox repeatedly, and with just as great a feeling of safety as they would with measles or any

other simple disease. Vaccination occasionally repeated gives them immunity—perfect security—from this most horrid disease. In this age of the world any intelligent person who omits it is criminally negligent. E. R. ELLIS.

DETROIT.

AGAINST VACCINATION.

BY D. HAGGART, M. D., INDIANAPOLIS.

It is no doubt by many deemed a presumptuous thing to venture opposition to the Jennerian tradition—a tradition learned by Jenner from the dairy maids of Berkerly, in Gloucestershire, about a century ago. Nevertheless, reason and humanity prompt the presentation of some facts and statistics showing what a meager claim this “leper of infamy” vaccine has upon intelligent consideration and toleration. The dogma of vaccination has held strong sway, and, like many kindred medical fables and fallacies of the past, “dies hard.” In the presentation of this subject no originality is claimed for the scientific facts brought forward; they are gathered, in the main, from the researches of Dr. Carl Spinzig and other eminent writers, principally Germans and French. If we view this matter from the standpoint of a century ago and divest it of all mysticism, we can readily see why the vaccination dogma became so generally popular. The first to receive and adopt this mysterious prophylactic was not the medical profession, but the aristocratic and theological circles of Europe. History goes to show that Lady Mary-Montague introduced inoculation into England, and the physicians of that day opposed it. Those who afterward inoculated Princes and royalty received fabulous sums of money. It is recorded that Dimsdale received 10,000 pounds for the inoculation of the Empress of Russia and attending her through three weeks of fever from the effects.

During the period of the popularity of inoculation each successive discoverer heralded and advertised his new mode,

consequently the way for Jenner was made comparatively easy, and his new mode, or humbug, was readily accepted. Notwithstanding the universal popularity of vaccination, there have all along through these hundred years been thoughtful, investigating minds incredulous enough to call in question this mystical dogma, having no scientific basis and no support in reason or even common sense.

Dr. Edward Ballard, late leading official in the Vaccine Department of Whitehall, England, says "more emphatically that Dr Jenner's sanguine hope that the annihilation of small-pox would be the final result of his theory, has not been fulfilled, and experience has not verified his predictions. Small-pox has not been eradicated, but has increased. Let me add that small-pox will never be eradicated except through a strict observance of the laws of health. It must be borne in mind that the one great fact of remarkable importance concerning this subject is that the vaccine advocates are unable to show, statistically, that vaccine virus, no matter what its origin, is able to protect against small-pox. Vaccinators themselves are departing from their old time faith. In the beginning of the practice of their hobby they declared it a life-time prophylactic, later it protected for twenty years, then for fifteen and for ten years. But to-day the faith within the faithful must be kept strong and alive by repeated re-vaccination, and this must be kept up and going under the terrors of the law, which by the way have always been appealed to for the purpose of bracing the backbone of empiricism. That the practice of inoculation and vaccination has been followed by signal failure is learned from clinical history as well as from other sources. In 1756 inoculation was practiced in Paris, and a small-pox epidemic devastated that city in 1763. Louis XV. had small-pox when fourteen years of age, and died of the same disease at the age of sixty-four. Neither small-pox nor inoculation protected him. It can be clearly shown that vaccine is injurious to health of itself alone, as well as by the introduction of other diseases, such as erysipelas, syphilis, scrofula and tuberculosis. This is true, whether the virus is obtained from cows, calves or from children."

Aldtmann, Vogt, Lohnert, Newman, Siljstrom, Carl Spenzig, and numerous other scientists and investigators, have furnished incontrovertible proofs of the accuracy of this assertion. The line of experiment followed by Jenner was that he vaccinated against small-pox and afterwards inoculated his vaccinated patients with small-pox virus, and then declared that they did not take variola. From such a flimsy and doubtful experimentation as this he argued that they could not in the course of nature take small-pox. The history, however, of small-pox epidemics since Jenner's doubtful experiment shows how greatly he was mistaken, for notwithstanding his blind faith in a preventive for a disease of whose cause and nature he, like many others of the present day, knew nothing, it has been demonstrated that almost all who take the small-pox have been vaccinated, and that in hospitals exactly the same percentage die now as before vaccination was practised. One eminent writer who has given this subject thorough investigation and gathered valuable facts and statistics regarding it says: "It is demonstrable that vaccination has no influence whatever over the small-pox death-rate; for the whole hospital death-rate, vaccinated and unvaccinated, is just about 18 per cent." exactly what it was before the Jennerian cow-pox tradition was advertised and adopted. The tables of Jurin in the last century and of Mars now attest this. There is then no difference in the hospital mortality of small-pox since vaccination. The difference is that vaccination has sorted the deaths into two classes, and that the vaccinated are from the necessity of the case the rotten sheep of health, rotten before they were sorted, and afterwards. A thousand other factors, which can not be causative would as sorters, produce the same effect as non-vaccination. Thus the people who wear best black and employ fashionable tailors, die of small-pox at a vastly less rate than those who wear fustian, and these again than those who are in rags. The drinkers of the best port die less in the case than drinkers of the cheapest beer. Any circumstances that show condition and social quality as vaccination also does, is attended with smaller death rate from zymotic

diseases; anything that demonstrates weak persons and sordid surroundings which vaccination does, is attended with the greater death-rate. But the sifting process produced by a thousand circumstances is of no consequence. For put the two heaps of deaths together and they come to just the same figure now as before vaccination ever existed. Of all filth diseases small-pox is the boss. It has an affinity for filth, and filth develops it. This not only applies, to public filth, but more to personal neglect—unwashed bodies, if you please. And here let me add with emphasis that proper hygiene and private sanitation are of infinitely more importance as a safeguard than quarantine measures and public sanitation, for they alone can not protect us. Skin diseases of all varieties and kinds have multiplied to an alarming extent since inoculation and vaccination have been practiced. Evidences of this can be seen on every hand in the pimples and blotched faces of humanity.

The idea of prescribing a prophylaxis for a disease the nature and causes of which the author of vaccination and his ardent followers have made no pretense of knowing anything beyond its outward manifestations is glaring folly and preposterous nonsense when viewed from a scientific standpoint. In correct inquiry in medical science the nature of the object must be understood before remedial measures can be presented with propriety; the nature of small-pox must therefore be understood before a certain prophylaxis can be prescribed. Says Carl Spenzig in his able treatise upon this subject: "The true nature of the small-pox process can only be comprehended after imaginary morbid causes are excluded from consideration and the elements engaged therein are recognized as physiological component parts of the human organism changed by the surrounding physical influences into pathological compounds. * * * It may suffice to state here the fact well corroborated, that the eruptive character of small-pox is the outward manifestations of a process of decomposition of the blood produced by the disproportionate quantity or excess of urea. By reliable chemical analysis in physiological research extending over a

period of more than two decades, the fact is now fairly established that normal human blood does not contain more than .01 to .02 per cent. of urea, but variolous blood .08 per cent. and over (the same as in scarlatina). Coming now to vaccination and bearing in mind the identity of vaccine lymph with that of the variola pustule, or that both contain merely the elements of pus (perhaps a higher per centage of urates respectively), the danger must be comprehensible to every one conversant with physiological chemistry, to which a person is exposed, particularly in early childhood, by being inoculated (vaccinated) with such material of decay; and the vanity of the protective power of vaccine matter over fancied poison of the specific infection of small-pox is obvious." But admitting, for the sake of argument, that by the septic poisoning of vaccination the susceptibility to small-pox would be suspended for the time being, its reaction on the blood, however, would in a very short period be completely overcome, unless structural changes of other vital organs had followed. Thus the protection, even if it be admitted, would be but ephemeral. With all these deplorable failures of vaccination confronting us, it is clearly apparent that it does not protect against small-pox, that it multiplies disease and weakens the human organism and thereby brings untold misery to the rising generation by poisoning the blood. We are now in this enlightened age forced to accept the same legal medical prescription that European people at this time are trying with all their energy to rid themselves of. Why are we thus retrograding by enacting laws that other nations are determined to have repealed? Is it because those who dictate to us are not informed concerning the history of compulsory vaccination? or is it because they are indifferent as to the welfare and best interest of our people?

If our Health Board possesses the power to enforce one of its mystical prescriptions and make it a legal matter, can they not also compel us to take a number of other panaceas they may fancy to prescribe?

They may in their wisdom, deem it essential that we

should daily take a dose of quinine to ward off malarial fever; a dose of Belladonna to protect us from scarlatina; Phytolacca to prevent diphtheria, and so on *ad infinitum*. Suppose they abandon their nonsense and give up public bath-houses and see to it that the food we eat is not diseased, spoiled or adulterated.

Materia Medica Department.

ON THE VOMITING OF STRAMONIUM.

Dr. S. A. Jones gives (*American Observer*) this interesting and amusing study of the vomiting of Stramonium:

It was when one of my first cases of these sneaking intermittents was making its advent, that I found a patient, a man of forty years, whom light—sunlight or artificial—caused to vomit vehemently. He was a lawyer, and the *light* always disagrees with them, though they do not always vomit—the more's the pity!

Of the fact of the aggravation from light in this case there was no mistake. I was as heartless as a vivisector and opened a window to the “garish glare of day,” and within a minute I had ocular demonstration—half-a-pint of it. It was dark green, mucus-like and watery, looking for all the world as if the Nemesis of insulted Truth had had my legal friend, Nebuchadnezer-like, browsing in the fields.

Wasn't there a pawing over of Repertories for *vomiting from seeing the light*; and didn't the Repertories leave me in the lurch as they so often do? Verily!

But my legal Nebuchadnezer had another symptom, to wit, he had to lie as quietly as the mummy of Rameses the great in its sarcophagus. The least rising of the head from the pillow fetched a grass-green penalty at once.

That symptom was the pivotal point of the train of reason

ing which led to the exhibition of *Stramonium*. It was given in the evening and on the morrow he welcomed the God of day as if he wasn't a lawyer.

I had seen that vomit once before when I was very fresh in practice. It was in the case of a little girl with "brain symptoms" for whom I had prescribed in the afternoon. At night her father came to tell me that she was much worse; said he "Doc., she vomits if she even raises her head from the pillow!"

I picked up the English Cypher-Repertory—Joslin's "scorpionlash." Ah, it has been as Moses' rod to me, many a time—and in it I found "*Stram.*" The *Materia Medica Pura* was turned over, and off I went with a grateful heart to give *Stramonium*.

In the morning the mother's smile was a benediction; but it belonged to them who made the Cypher Repertory. O! honest worker, whosoever thou mayest be, perhaps the boon of honest work shall come to thee "after many days," but when all days are over *will come*. On that depend, take heart, work on!

It is a vomit not to be mistaken, looking as if a cow had thrown up her digested *cul*. It seems a trifle thicker than water, is hardly mucous, and not mucus. It is hydrated bile, and what a significant story it tells of perverted function! It is a neurotic product beyond all shadow of question, and its starting point is the vomiting centre in the medulla oblongata. And what far-reaching sympathies has that centre when even the optic nerve can be a special irritant. Of course, the *vomiting of Stramonium* is of centric origin, and so is that of *Belladonna*, and of *Hyoscyamus*. And how shall we distinguish them, for this noble trinity are not surrogates.

O, ye who called me "Teacher," and even, thank God! "Dear Teacher," for you I pen these last few lines. It is, indeed, possible that you may see, some day, such an aggravation from *Belladonna*, but not from *Hyoscyamus*; and thus we exclude the latter in such a case. But, if we meet with this aggravation from light in *Belladonna*, what then?

Well, you will never see the vomiting from merely raising the head in Belladonna because Belladonna is more congestive than Stramonium.

Reason a moment, as we used to do before "the thieves brcke in and stole." What is the physiological effect of raising the head from the horizontal position? A brief decrease in the blood supply to all parts.* Then in this Stramonium condition we have an easily induced and sudden anæmia of the vomiting centre in the medulla oblongata, and Kussmaul and Tenner have shown that a *suddenly*-induced anæmia of the intra-cranial vital centres always produces convulsions, and vomiting is a convulsion.

The vomiting of Stramonium is grass-green, aggravated by raising the head, and, at times, by light. So far as we know it is in these elements an unicum. Blessed be his name who taught us their value and how to find them.

ON THE DIGESTIVE ACTION OF CARICA PAPA YA.

Dr. Saundry (*Birmingham Philosophical Society Proceedings*, Vol. II., part 2) refers to the fact that plants may develop ferments capable of digesting albuminous substances for their own nutrition. But the juices of certain plants may contain a proteolytic ferment unconnected with the nutrition of the plants themselves.

The milky juice of the papaw fruit is used by Indian cooks to render tough meat tender; and, in the Mascarene Islands, newly killed meat is wrapped in the leaves of the tree. In Java, Guiana, and other places, the same use is made of the papaw tree, which is widely scattered through both hemispheres. The fruit is like a musk-melon in appearance and structure, with a strong and pungent flavour, the milk has a

*Of course, I am reasoning from the effect of assuming the erect position as shown in the pulse rate even in health, and as this factor is largely exaggerated in pathological conditions, I am ready to stand by the deduction given in the text. I know of no other explanation for the phenomenon.

strongly acid reaction, and gelatinizes, with three times its volume of water. It is astringent, and has sp. gr. of 1023 at 26 deg. Cent. (78.8 Farh).

G. C. Roy, in 1874, published an account of the action of the papaw juice; and in 1879, Wurtz and Bouchut gave the result of some observations, which were followed by those of Peckoldt. The three last named observers got by precipitation a white amorphous substance, which has been termed papaine or papayotine. This is insoluble in ether, chloroform, and alcohol, but completely dissolved by water and glycerine. Nitric acid precipitates it, but on adding excess, it is re-dissolved. Dr. Saundby procured a plant, but it was sickly and died. A glycerine extract of the leaves and stalks were unsatisfactory in its results. An extract of the leaves was then got, but it also failed in its action. At last he obtained some dried juice, and began a series of investigations with a solution of egg-albumen, 1 in 10, filtered and boiled in a water-bath. Five grains of the dried juice was capable of digesting two fluid drachms of the solution, or about two and a half times its weight of moist egg albumen. The action was feeble in acid and alkaline solutions. At the end of digestion, the solutions were neutral. Compared with an equal quantity of pepsine (B. P.), it greatly exceeded it in activity. In the experiments, the digestive mixtures were contained in test tubes, kept in a water-bath, at 100° F., for twenty-four hours. At the conclusion, the contents were filtered, neutralised, tested by boiling and Nitric acid for undigested albumen, and by Fehling's solution for peptone. The chemical reactions of the juice shows that the part soluble in water has all the characters of an albuminoid. The actual ferment has not been isolated, but, like pepsine, trypsin, etc., is only recognisable by its effects. It therefore belongs to the class of unorganised ferments.—*London Med. Record.*

College Commencements.

THE MODEL PHYSICIAN.

VALEDICTORY ADDRESS DELIVERED MARCH 2, 1882, BY JOHN W. STREETER, M. D., PROFESSOR OF THE DISEASES OF WOMEN, TO THE CLASS OF 1881-82 OF THE CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

MR. PRESIDENT, COUNSELLORS, LADIES AND GENTLEMEN, AND ESPECIALLY YOUNG PHYSICIANS: A pleasant duty devolves upon me this afternoon. It is my privilege to say, for the Faculty of the Chicago Homœopathic College, the words which sever the relations which have existed between us for so many months. As pupils, we dismiss you; as physicians, we greet you. In your hands we have this hour placed our standard, and to you we look for reflected honors to deck again the fair fame of your Alma Mater. We trust our standard to your keeping, because we believe you well qualified to bear it. We trust it cheerfully, hopefully, confidently. Knowing you as we do, we look to you for a brave, persistent and noble effort and a final victory. In your hands this standard must be the symbol of all that is pure and helpful. Across its folds you must write usefulness and charity, and in their support, every power of the body and every effort of the mind must be given freely. Wherever you plant our standard we shall expect to see noble work done, pure lives led, warm hearts and willing hands caring for the afflicted, and the burdens of pain made lighter.

We have carefully watched your life as students, and we attest, by our names upon the parchments, which you hold, that you are well grounded in the theoretical use of our weapons against suffering and disease. If you are wise and earnest, you will never cease to acquire, but will always consider yourselves to be in a state of pupilage. In a busy professional life, you must still day by day, gather fresh treas-

ures into the storehouse of your minds. Always remember, that every man is a debtor to his art; and what he has received from the past generations, he is in duty bound to pay with usury to the generations, which follow him. From the first day to the last of your professional career, labor as hard as you may, you will still find yourselves laggards on the heels of time. There is so much to do and the years are so short.

As general practitioners you will be expected to have everything at your finger's ends and be equal to any emergency—letting no difficulty daunt you. To do this you must keep pace with the times, and have a sound, practical, and workmanlike knowledge of your profession. You must have capability, confidence and courage. You must have all the knowledge you can get, and more wisdom than knowledge. Good common sense—something, which may be counted upon in an emergency—is not by any means a common possession; it is too valuable to be common. Cultivate this homely power as the best weapon in your armamentarium.

You must not only study medicine, but society—its ebbs and flows, its varied character and its hidden currents. It is your duty to make reasonable concessions to conventional forms and prejudices. This is an age for making concessions, and a graceful way of doing it will remove many a stumbling-block in the way of your progress. If you must go counter to public or private opinion, do so with as little friction as possible. Cut the world on the bias. A thorough appreciation of the attributes of a gentleman is second only to skill in your profession. “Make use and fair advantage of your days,” that it may be said of you as of Sir Proteus,

“His years but young, but his experience old,
His head unmellowed, but his judgment ripe,
He is complete in feature and in mind,
With all good grace, to grace a gentleman.”

We believe, that you have adopted the profession of medicine, because you think it a high and noble one, and in every way worthy of your best efforts. We also believe, that you have each acquired such a knowledge of the healing art as

to warrant us in launching you upon the era of professional life.

Many young Doctors make shipwreck of their prospects, before they are fairly out of the harbor. This by reason of the professional rocks and social shoals which encumber the passage. If I can burn a beacon-light on some of these rocks, if I can sound a danger-bell over some of these shoals, I may help you to shun them. May I, then give you a few hints in what may be called professional economy.

Keep yourselves strong and well, that both physically and mentally you may be able to meet anything, that may come to you. Much of the good a physician accomplishes, is done by filling the air of the sick-room with cheerfulness, hopefulness and the magnetism of vigorous health—setting, as it were, the example of health.

When selecting a location in which to practice your profession, let it be one, in which you would be content to live all your life. One can never be at his best among unpleasant surroundings, or in a place he is not willing to call *home*. There are agreeable places enough in the world and there is always room for a *good* physician. You are to live in as pleasant a neighborhood, and in as good a house as your circumstances will permit. Whatever additional expense this may occasion will be more than returned by this perfectly legitimate bit of advertising.

Live *in* your house and not on the outside of it. Your books can be made very companionable, and *they* will never tell that you have but little work to do. Above all things, do not advertise your leisure by sitting on your own doorstep.

Get for yourself a wife as soon as you can. Celibacy among doctors is not looked upon with special favor now-a-days. And, I assure you, that a woman worth having will be as willing to share your struggles as your triumphs. There is nothing, which gives a man more courage, than that beautiful trust, a woman shows when she leaves father, mother and home for him alone. And when success does come, how she will enjoy it, and how much better she can appreciate it, from having known its cost!

Keep a good horse a little before your business will warrant it. Walking is a very healthful exercise and you ought to recommend it to your patients; but for yourselves, you will find riding more beneficial. I am sure that a doctor can make a better prescription after a sharp drive for a mile or two, than after a brisk walk over the same distance. To keep a good horse costs no more than to keep a poor one, and the advantages of the former are obvious.

Go to church wherever inclination leads you, but do not in any way try to turn this privilege to your professional advancement. If, in your morning prayer, you put unusual emphasis upon the lines "Give us this day our daily bread," no one ought to accuse you of having prayed for an epidemic. You only ask for your share of what is ever present.

You are to dress as well as you are able—always neatly and in *dark* clothes. Spend no unnecessary time upon the street, ride or walk as though you had no time to waste—as, indeed, you have not. A reputation for being busy goes a long way toward making one so.

Get on intimate terms with *all* of your books and *none* of your neighbors. Every man has foibles and weaknesses, which may be perfectly innocent in themselves, but which would not, if widely known, advance his professional prospects. Imagine, for instance, the havoc it would work in your parish, if it were known that you were fond of horses or dogs, and that you could trump the right card in whist. Intimacies breed confidences, and the mere suspicion that the confessional of the consultation-room had been violated, ought to quench the last spark of a physician's prospects. You must live very much within yourselves, except when actually engaged in professional work. Do not, I entreat you, ever live in such a way, that men may slap your shoulder and call you Tom or Jack. To be "hail-fellow" is pleasant enough, but when the *other* fellow's wife or child is sick and the question arises, "Shall we send for Tom, or for Jack, or for Dr. Fell?" Fell, and not *fellow*, gets the case. A dignified reserve is eminently becoming to gentlemen of your profession, and it will never stand in the way of real

advancement. Let your social position wait upon your professional position, and you will be surprised to see how naturally you will glide into it.

Let your acquaintances be chiefly from among those who are your elders. One friendly old lady will do you more good than all the boys in town.

Accept all the charity patients you can get, and treat them in a princely fashion. In this way you will gain practical knowledge of your art, and, at the same time, you will be employed in a humane and generous way. Like Abraham of old, you *may* "entertain angels unaware." My word for it, you are not *likely* to do so, but then, there is the *chance*.

Do not seem to need more patronage than you have. "There is nothing so successful as success." Of one thing you may be sure; people will not trust themselves in your hands, from charitable reasons, *simply* because you are poor. Though you are hungry and cold, the world must not know it. People will send miles for you or wait hours in your ante-room, when you do *not* need their patronage, who would not think of you, if you were waiting in open anxiety within a stone's throw of their door. Do not give yourselves away after this fashion.

Answer all calls as promptly as possible. Your advent into most families will be due to the fact that you are the physician most conveniently reached. Promptness, then, is your opportunity.

Make your visits as brief as the nature of the case will admit. Talk but little. It is easy to forgive one's self for words unsaid, and even good talkers do not *always* talk good sense. Be cheerful and courteous always. Cheerfulness is your duty; courteousness your privilege. A cheerful manner is your duty, because it is helpful to your patients. No illness was ever cured by *anxiety*—many a one has been by *hope*. Owlsh and gloomy looks are out of necessity the outward marks of deep thought and great learning. You must carry a smiling face though your heart be anxious, and you must make a cheerful voice drown

the sob, which grief and pain and harrowing care would wring from you. The genius of a Chapman or an Abernethy wrested tardy and unwilling victories over the general repugnance excited by their coarse and disagreeable manner,—greater politeness and less genius would have accomplished as much.

Answer all reasonable questions to the point, but do not amplify. It is best to use plain and unmistakable terms, or else to crack the jaw of the listener with unpronounceable ones.

Establish a reputation for making no unnecessary professional visits, and never “drop in” on your patients.

Live in amity with the whole profession, of whatever school of medicine, and speak well of all. An ungracious word has a smack of jealousy about it.

Do not be *aggressive* Homœopaths. Remember that our school of medicine is young, and that much of the crudeness of youth still clings to it. We are immature in our schools, in our literature, and in our representatives. Our history is brief, and only glorious in its clinical record. Our clients have always exceeded in numbers our ability to take the best care of them. Homœopathic practitioners, the world over, have always been too busy to devote even a fair amount of time to original work, or to the appropriation of work already done.

What we need *now*, more than new patrons, is leisure to set our house in order. We need a distinctive literature. We need original and practical work in *Materia Medica* and all the fundamental branches of medicine and in the allied sciences. The stigma of “no author” has been cast upon us and not without reason; but this is because we have been too busy in fighting for a foothold, to pay much attention to other things. Times are now changed and the need for our Propaganda no longer exists. Let us now cease to do missionary work, as such, and devote our united efforts to the development of our science. Well-directed, honest, everyday work will bring us converts fast enough without any aggressiveness on our part. One other thing we must

never forget: We are in the first place, gentlemen; in the second place, physicians; and in the third place Homœopathsists—and we do not mean to transpose the order of these titles. We are deeply in debt to the profession from *Æsculapius* down; and by no process of reasoning can our law of “*Similia*” be construed into a bankrupt law, to free us from our just obligations. Our law has worked a revolution in the healing art, but the end is not yet. It may be the Alpha, but there is no Omega in medicine.

Set a fair valuation upon your services, and try to collect the same promptly. Do not cheapen your profession. At the same time, you must bear in mind the fact that your profession is eminently a charitable one, and that the sick poor have as valid a claim upon your time and strength as those who are rich. The question of wealth or of poverty should have no weight with you. Is he ill? Does he need me? should be the determining consideration. The physician who neglects a poor woman’s child, to cater to a rich man’s convenience, does not appreciate the obligation which his profession imposes. The charity, that seeketh not her own, that suffereth long, and yet is kind, and that thinketh no evil, should be warm in the heart of every one who enters our order.

Always be willing to call counsel. It is your duty to your patients, not only to do your best, but also, to prove to them that your best is as good as any body’s best. Do not fear loss of caste by calling in medical men, to overlook your work—it will do you good oftener than harm. It shows a frankness of purpose, which will be appreciated, and it divides the responsibility. This is an important matter to a young doctor in serious cases.

Do not be discouraged, if you are displaced, in severe cases by older practitioners. It is what you must expect. Yours is the crime of *youth*, which is rarely forgiven in a physician.

“Time at last sets all things even,” and you in turn will displace the next generation under like circumstances. It is very hard to say at what age, one is really old enough to be a physician. Despite my forty years, my gray hair, and

the cracks and wrinkles in my face, I am still too young. If Methusaleh practiced medicine, it is dollars to cents that he heard simpering voices say. "Oh, Ah, I had hoped to see an older man!"

"Possess your souls in patience."

You will have to wait and you can do nothing but wait.

There will be times when you would gladly work in the fields or on the street for the dollar and a half of compensation which the evening would bring you; but you cannot do it—you are handicapped by your profession. You *must* be in your office, ready to respond to the first tap of the bell, or you will lose even these chance calls. You must wait, wait, *wait* for the work which seems so long in coming. Do this patiently and with a brave heart, and my word for it, your bell will finally ring a *pean*.

It is said of that old Friedlander Wallenstein, that neither friend nor foe could maintain an army near him. It is within the bounds of a lively ambition to make yourselves so useful, so sought after, so necessary to the communities in which you live, that your medical *friends* must be content with the work which you have not the time to do, and your medical enemies must pick the *crumbs* which fall from your professional tables.

To the women of this class, I would address a few words. You, and others like you, are attempting the solution of a problem, which has never yet been practically demonstrated. It is this: Can the average woman make as good a physician as the average man? For two thousand years the traditions and the triumphs have been with us. A century must certainly elapse before you can solve your problem. The custom of ages will not be abandoned, simply because a few ambitious women wish it, and are willing to work hard and intelligently for it. The halo, which shines around the names of those who have made our profession what it is cannot be transferred to your sex without a mighty and a persistent effort. Individual success or failure is but a

feather in the scale, either for or against you. You are but a handful among the thousands, who must make this effort. You are the tillers of the soil, whose harvest others must reap; the private soldiers, who march and starve and fight and die, that the Queen may reign.

Now let us look the matter fairly in the face and see, if we can, what are your prospects.

The *times* are propitious. Woman has attained her proper and normal position at the side of man. Physically inferior, socially equal, morally superior, intellectually different, she stands to-day upon the same plane with man, and thus perfects the original design. This change of position is not the work of strong-minded agitators or of aggressive, unsexed beings, who fondly believe, that they have forced an ungracious recognition. It is the work of womanly women. It is the gradual growth of the sentiment, that the mother, who taught us all the good we know, cannot be inferior to the father, who smokes and drowns in the corner. It is a natural out-growth of our nineteenth century civilization; a little preparatory work done for the millennium.

Starting thus in favorable times, you have the cordial support of a very respectable minority of the profession and the neutrality of the rest. Active enemies you will not have. The world is ripe for the experiment and you will, at least, be let alone. You will be watched—anxiously by some, curiously, by many. A fair field and no favor—a wide liberty to choose for yourself, are the “right,” as I understand it, for which you ask; and these are “rights,” which all fair minded men are willing to grant. The experiment should be tried quietly, equitably, thoroughly. That a woman can be a physician and follow the vocation successfully is already an established fact. The question is now a social one and must be settled, as all social questions are settled, by experience and the public good.

Time was, when it was thought the highest privilege of woman to “mind the house and bear children.” Time will be, probably, when the test-tube and scalpel will evict the needle and the broom, and the teachings of Virchow be bet-

ter known, than those of St. Paul. The universal nurse may hereafter prescribe as well as administer our physic. Fingers softer and more delicate than ours may touch the wrist; gentler hands may smooth the brow; lighter feet may tread the sick-room; sweeter voices may speak hope into suffering ears and the alto may supplant the bass.

May I now give you a word of friendly advice?

Remember, that the question does not hinge upon your ability to talk, look, dress or act like *men*; but upon your ability to relieve suffering and to lead useful lives in our noble profession. You are to be ladies first and physicians afterward. In no other way can you possibly attain your object. One Major Mary Walker M. D. can do your cause more harm than Mary Putnam Jacobi and Sarah Hackett Stephenson and Julia Holmes Smith can do it good. From time immemorial, women have turned towards men in all emergencies, and you will find, that this habit will not be easily overcome. Like Dr. Breen's patient, she must now have a doctor. There is no possible advantage in your being masculine women. If masculinity is what the afflicted need, they will not turn towards you; if it is aid, relief and comfort, they may. Gradually teach women, that an intelligent, clearheaded, womanly woman, with steady nerves, is her best adviser and the victory is yours. She will then turn to you naturally and with greater freedom and confidence.

There is no royal road to this confidence, and disappointments may lurk in your path. You may find, when your first year draws to a close, that neither your pocket nor your ledger is full; that your success has not equaled your expectations; that your neighborhood does not seem to appreciate your efforts and that the whole world is cold. Some feelings of discouragement will come over you, and if you were not physicians, you would have a good cry about it, and then be brave again. But as physicians, you must be brave and not cry.

Remember, that all of us have had experiences not unlike yours, and that patience and faith in your intentions and ability, will force even a tardy recognition. At some season

of despondency like this, your good fortune may be nearest you; some urgency-case may give the key which will unlock the world for you. Or, perhaps, your good fortune may come to you in some other guise. Some robust-looking man may come to you and say; "Doctor, I have an affection of the heart, which you alone can heal. I know, that I have no claim upon your services, and I also know, it is dreadfully selfish, for me to ask you to take charge of my heart and of mine alone; but, if you will cure me, I'll be your willing bondsman all the days of my life. I'll work early and late for you. I'll feed, house and clothe you. I'll shield you from the cares and perplexities of professional life. I'll not let the winds of adversity visit you. I'll respect and honor you. I will love you and will give you this heart which you have made whole."

Of course, this is a let-down, and a point-blank retrograde from your *vocation*; but it is not in my heart, to find fault with you, if you cure the man and accept the fee. In the poetry of life, there are Pastorals as well as Epics and Heroics. And it is not for me, to say, that the woman, whose children rise up around her and call her blessed, has failed in her mission any more than did the Maid of Orleans, or Florence Nightingale.

And now, to all of you. However humble your position may be, you will be constantly reminded, that you are doing useful work. You are the ministers of health, that first and best of human possessions. In your ministrations, your minds will be filled with varied and conflicting emotions. To-day cast down to the lowest deep by scenes of suffering and distress, which you seem powerless to alleviate; to-morrow full of joy, that you have had some share in bringing about a happy issue. It is a glorious privilege to stand between a fellow-creature and pain! It is easy to mistake the roads which leads to happiness, but when you are on *this* road, you will have no room for doubt. To alleviate pain, and soothe a fellow-creature in the hour of need, gives a pleasure purer, deeper, and more lasting than can spring from any other source. This is your inspiration—this your

reward. This contents you to labor on honestly and earnestly; esteeming the barren honors of your profession higher than gold and silver.

As faithful followers of medicine, you must set aside wealth, public honors and ease, and take upon yourselves a laborious calling, which can simply satisfy very moderate expectations. If you have health, your exertions will bring you enough for your daily needs. If to health you should add length of days, you may feel sure of a competency and an honored old age.

The postponement of the inevitable and the benefit of the human race are the objects to which you devote your lives. Faithfully follow these objects, and neither moth nor rust will tarnish your treasures. "If the beneficence of medicine could be worked out, it would carry us a great way along the road to Paradise."

How close is the relationship in which the physician stands to the moral life of man. Called upon to deal with his bodily necessities, familiar with his infirmities and temptations, he should stand as the very revealer of the highest truths—the friendly counselor for the right. As Almoner of Providence, he should carry every good gift. His charity should be as wide as the needs of man.

In an obscure New England town there is a house built of cobble-stones, every one of which represents a deed of kindness or of charity. It is the home of a physician—unknown to fame—and these stones were carried one by one from hundreds of homes during many years, as souvenirs of grateful hearts. It is the glorious monument of a well-spent life—a beautiful mosaic of charity. Every stone tells the tale of noble work done and of love, confidence and gratitude returned. What a place in which to spend the twilight of one's days! What happiness must there be, when every tone of your voice is thus echoed back by ten thousand mute charities. The world can never grow so cold as to penetrate those walls, and no wind of adversity can shake them.

Your lives may be whatever you choose to make them, that is good and helpful. Live in such a way, that your

presence may be a blessing, your smile a beacon of hope and the touch of your hand a benediction. Your words may carry comfort, if they cannot always carry consolation. Stricken and bereaved parents will turn to you in gratitude for your kindly offices, and though you will often be obliged to walk sorrowfully, yet you may always walk bravely in the freedom of a clear conscience.

You will be loved and caressed by children, trusted by women and respected by men. To stand thus esteemed is the boon to be sought beyond all others. It is a pearl so priceless, that wealth and ambition may seek it in vain. It comes only to a life, which has been so useful, that all men thank God for it, and around which the sublimity of unselfishness has wrapped itself as a fold. To be useful, your lives must be arduous. Hard work and anxious care will be your daily companions. Scenes of sorrow will be ever fresh in your minds. Disappointments and vexations will await you at every turn. There is no respite for either body or mind from that restless, gnawing desire to stand in the breach for the honor of your profession.

No other calling can be compared with yours. No other life demands so much. Nothing but singleness of purpose and honest endeavor will carry you scathless through. What matter, though you grow taint and weary under the load—other shoulders will bear it, when yours fail. What matter though lines and seams creep into your face—they will be glorified by the gracious deeds which wrought them. What matter though your steps falter—they will still be listened for by loving and grateful ears. What matter though your hair grow prematurely gray—it will be a crown of glory in the eyes of your loyal subjects. What matter though your heart falter and beat painfully—it is still warmed by kindly sympathies. What matter, though you do not fill to the brim the three score years and ten of allotted time—you have been permitted to work for man, why may you not die for him? Time should be measured by deeds, not by dates. The work which a man does, not the years he lives, should be reckoned as his life. Sluggish years are not worth the living.

What is the gain ?

If one should run a noble race,
And at the last, with weary pace,
Win to the goal, and find his years,
A harvest-field of waste and tears,
Of turmoil and of buried trust,
Rich with dead hopes and bitter dust,
And strife and sneer and ceaseless pain.

What is the gain ?

What is the gain ?

When having reached a sunlit hight,
Through barren sweeps of gloomful night,
Hoping to see beyond the crest,
Fair lands of beauty and of rest.
There lies before, stretched far away,
Unto the confines of the day,
A desolate and shadeless plain,

What is the gain ?

What is the gain ?

To sail for months of cold and toil,
Across wide seas, where winds recoil,
Only to gather strength and roar
A louder challenge than before,
And find, when through fogs thick and dun
The rocky coast at last is won,
No haven from that storm-vexed main.

What is the gain ?

What is the gain !

Why, we *win* this race, we *see* the light,
We *conquer* where the storm winds fight ;
We *show the way* to those who wait
With faint hearts by the walls of fate ;
Our banners flutter in the *van*
Of battles fought for thought and man,
And ignorance and darkness wane.

This is the gain.

Etiology and Diagnosis of Acute Peritonitis of Children.—The diagnosis of acute peritonitis offers no difficulty, so characteristic are the symptoms ; but the explanation of a cause is not always so easy ; and in many cases is quite unknown, or included in the vague term Rheumatic. Dr. Filatoff after pointing this out, proceeds to recount a case in which all the marked symptoms of the disease were present, and which he considers was due primarily to a straining of the abdominal muscles by excessive gymnastic exercise, followed by improper diet. He refers to another case, in which the symptoms of acute peritonitis were closely simulated by an affection of the recti abdominis, also brought on by excessive gymnastics.

Pædological Department.

*TUBERCULAR MENINGITIS, ITS DIAGNOSIS
AND TREATMENT.**

BY C. H. EVANS, M. D., CHICAGO.

I have chosen this subject, not that there is anything new in its history or pathology, but to draw forth a clinical discussion, that may assist in lessening the frightful mortality that attends the course of this disease. Diseases that were at one time considered beyond the reach of medicine, have had their mortality materially lessened, and if medical skill can be interposed in this disorder to arrest its course, it can but add new laurels to Homœopathy.

This disease was at one time known as acute hydrocephalus, which, however, is but a symptom of what we now know as tubercular meningitis. It is characterized by cerebral symptoms of great severity, which are dependent upon the presence of tubercular granulations seated in and beneath the pia mater, from which inflammation ensues as a consequence. These deposits are in the form of minute, flattened, spherical bodies or granulations about the size of a pin's head, yellowish or grayish, semi-transparent, and closely resemble the gray granulations occurring in the lungs of those affected with phthisis, and with which they are identical. They are found in all parts of the pia mater, but especially along the sides of the vessels from the circle of Willis outward and most abundant at the base of the brain. It is the deposition of these bodies that give rise to inflammation, effusion of fluid in the meshes of the pia mater and ventricles and softening of the brain substance.

The scope of this paper will not permit me to enter upon the morbid anatomy of the brain, nor to dwell upon the pathology, but hasten to its clinical history.

The *prodromal stage* upon which so much has been written

*.Read before the Chicago Academy of Homœopathic Physicians and Surgeons.

is one fraught with the greatest consequences, for upon its recognition will depend in a great measure a successful issue, and often to a great degree, loss of reputation on the part of the physician, for while the parents may admit the incurability of the later stages, it will often be difficult to convince them that life might have been saved if the diagnosis had been made earlier. These prodromata consist in a continual loss of flesh not often manifested in the face but the body and limbs steadily waste away. With this is associated a listlessness, the child is easily tired, wants to lie down often even while at play; sleep is, however, restless, with grinding of the teeth, sleeps with the eyes half open, starts and cries out in alarm. If put to bed for a day or two the child does not want to get up again. With this there is a peevish, fretful irritability, which it is hard to dissipate. There is headache, persistent feverishness, loss of appetite, intolerance of light and persistent debility not explainable. It is true these are not infallible signs but when occurring in a child of consumptive antecedents, they are sufficient to justify the fear of tubercular meningitis.

The *further course* of the disease, although divided into stages, is, however, one of gradual increase until death ensues. What, however, might be termed the onset is ushered in by vomiting, several times repeated, and occurring whether food has been taken or not, it is not accompanied by nausea or retching, but the contents of the stomach are suddenly rejected. Sometimes convulsions appear and are several times repeated, or epileptiform seizures take place. The bowels are usually constipated and retraction of the abdominal walls takes place, owing to spasm of the oblique and transversalis muscles. The pulse has its frequency diminished in the earlier and increased in the latter part of the disease, although there are exceptions to this rule; there is as o irregularity in the rhythm and inequality in its force. The skin is easily flushed by motion, or by drawing the finger across the skin, a red streak appearing in a few seconds along the track of the pressure. The temperature as a general rule is not high, and only occasionally rises above 101°.

There is more or less stupor, a partial somnolence. Headache is increased, and while constant, rises at times into paroxysms when the child will cry out or scream, "My head oh, my head." The pupils of the eye are unequal, one frequently being larger than the other; there is also strabismus or oscillation of the balls. Facial hemiplegia and paralysis of one or the other of the limbs take place or spastic rigidity of one side of the body while the other is violently convulsed. General convulsions take place late in the disease or precede the final issue. The body of the little sufferer becomes exceedingly wasted, the eyes are deeply sunken and marasmus is extreme. The nights are those of restlessness with cries and moans. Drowsiness gradually deepens until there is very great stupor, eyes only partially closed and sight is nearly lost; there are clammy sweats; the head is retracted; the face twitches; one leg and arm are motionless while the other is in constant spasmodic motion. Breathing is labored, and swallowing is embarrassed. Finally convulsions close the scene.

The *treatment* of this disease is at present unsatisfactory, and it is hoped that this brief and imperfect sketch may be the means of a better understanding of its therapeutics. Belladonna, Apis, Apocynum, Sulphur, Artemesia, Bryonia, Hellebore, Hyoscyamus, Zinc, each advance claims; Lillenthal mentions twenty-three remedies. Other authorities re almost equally profuse. Severe and rapidly fatal diseases do not require a long list. Witness cholera infantum; the remedies for it are to be counted upon the fingers of one hand; while the numerous drugs for summer diarrhoea are almost countless. As there is evidently a constitutional inheritance of tuberculosis, Sulph., Calc. phos. may be relied upon in the prodromal stages, but in the later ones—what then?

Eye and Ear Department.

OCULAR AND AURAL COMPLICATIONS OF SCARLET FEVER.

BY PROF. J. H. BUFFUM, M. D., CHICAGO.

Read before the Chicago Academy of Homœopathic Physicians and Surgeons.

Affections of the eye and ear complicating an attack of scarlet fever may appear at any period during the course of the disease. The origin of the diseased condition being a direct extension of the inflammation of the skin to the conjunctiva in the case of the eye, and from the mucous membrane of the pharynx to the ear, or again either organ may become affected through the blood poisoning as the result of pyæmia or uræmia.

The affection of the ear is much more common and occurs much earlier in the progress of the fever than that of the eye. Neither one presents any peculiar pathological condition which would distinguish it from any similar affection arising from other causes, except the implication of either organ in cases of scarlet fever becomes more serious and tends to greater destruction of the delicate tissues, from the fact that their power of resistance to the attack is very much lessened by the general lowering of the vitality and the unfavorable condition of the patient.

Among the eye complications we find most frequently conjunctivitis, which may occur either in any early stage of the fever and require but little special attention, or it may appear as a sequela taking the form of phlyctenular inflammation of the conjunctiva, and showing the recurrence common to the latter. Again we may have a palpebral cellulitis with resulting abscess of the lid, or what is more common, a marginal blepharitis which shows a disposition to pass into a chronic state. Great care and attention is needed when the cornea becomes implicated during an attack of scarlet fever, owing to the tendency toward rapid destruction

of this tissue from the low condition of the patient. In all cases of eye complications occurring during the disease, a moderate exclusion of the light should be made if there is much photophobia. Later in the progress of the fever it is better to admit the sunlight and protect the eyes with a broad card-board shade, or by colored glasses, preferably smoke; the improvement of both the eye complications and the general condition of the patient advancing more rapidly when there is not too vigorous exclusion of light from the sick chamber. During the stage of desquamation we may have an inflammation of the optic nerve and retina due to the presence of Bright's disease. The patient may complain of but slight symptoms beyond a variable amount of dimness of vision, flashes of light being perhaps the most complained of, the prognosis is comparatively favorable, unless the kidney affection becomes chronic, as the sight is generally recovered in whole or in part. In cases of uræmia, loss of vision results from the interference with the proper nutrition of the optic nerve and retina, due to the presence of uric acid in the circulation. As a sequela of scarlet fever we may also have paralysis of the ciliary muscle and loss of power of accommodation, which, however, responds more promptly to treatment than in similar cases resulting from diphtheria.

The ear complications are much more common, and as a rule more serious than those of the eye already cited, owing to the destructive process which is set up in this organ and which more frequently results in loss of function, than does that of the eye. The age at which scarlet fever commonly attacks children and the possible almost probable result of the ear complications, being entire deafness or impaired hearing, should cause the utmost vigilance upon the part of the attending physician, when he considers that all children who become deaf before the seventh year, either never acquire the power of speech in the natural way, or forgetting what has already been learned become deaf mutes.

Our deaf and dumb asylums and schools show nearly 60 per cent. of acquired deaf mutism, and of these nearly 90

per cent. are the direct result of scarlet fever and measles. The fact that a large number of the deaths from scarlet fever are directly caused by the complication of the organ of hearing, is also sufficient to command the attention of all. In many cases the destruction of tissue is so great that repair does not take place under the treatment of the attending physician, who, finding the case troublesome is too prone to advise the continual syringing of the ears with some disinfectant or astringent lotion, and giving the hopeful prognosis, that with the increased growth of the child there will be a corresponding lessening of the discharge and improvement in the hearing, he dismisses the patient from his mind and list. Unfortunately these cases do not get well under this treatment, although the discharge from the ear may cease for a time, but sooner or later there is an extension of the chronic inflammation to the surrounding bones or membranes of the brain, the cause then often not recognized until another victim is added to the thirty thousand who annually die in this country from the results of chronic suppuration of the middle ear.

The ear trouble is usually either a direct extension of the inflammation of the skin into the external canal, giving rise to an otitis externa, or by extension from the pharynx through the eustachian tube to the middle ear, terminating in an acute middle ear catarrh or acute suppurative otitis media. The only marked feature of these affections in scarlet fever which distinguish the same troubles arising from other causes is the rapid breaking down of the tissues. Acute, purulent inflammation of the ear, arising during an attack of scarlet fever becomes a most serious complication, because it is either unrecognized or neglected for the supposed necessity of greater attention to the general disease. The mortality from scarlatina is undoubtedly lessened by giving proper care to the ear complication, without interference with the general treatment. The ears should during the progress of the fever, receive careful examination even where no aural symptoms sufficient to attract attention appear, inasmuch as the ear complication is very likely to

occur, and early recognition of such complication with proper treatment will not only render the progress of fever more favorable, but lessen the sequelæ of chronic purulent disease of the ear, with all its attendant disastrous consequences. The class of cases which more frequently present acute purulent ear complications are those where the mucous membrane seems to be the seat of the scarlatinal inflammation rather than the skin, though in the opposite condition where the violence of the attack seems to be expended upon the cuticle, we find the otitis externa resulting, and perhaps acute middle ear catarrh, but more frequently catarrhal eustachian deafness which increases during the desquamation stage, or becomes chronic. In many of the first class of cases the ear affection is marked by the early appearance of intense headache and delirium, during which the fact is lost sight of, that there was prior to the approach of these alarming symptoms, a complaint of earache, or a mute stretching of the little hand towards the affected ear, which may be the cause of the great anxiety in the case. Symptoms of meningeal inflammation, or irritation supervene, and the medical attendant led still further from the true cause, convulsions appear, and a fatal result follows. Again the sudden disappearance of these alarming symptoms may be coincident with the appearance of a little stain of pus upon the pillow, or a free discharge from the external ear. The physician and family attendants are at once relieved of their immediate anxiety, and are satisfied to have discovered that the child has had a "gathering in the ear" which has "broken" and "discharged," forgetting if they know that all this has only been accomplished by partial or complete destruction of the drumhead, and the essential sound-conducting portions of the middle ear. The symptoms which should call attention to aural complications in scarlatina, are first, otalgia in patients who are old enough to make known the fact, the constant motion of the hand towards the head or ear in infants, restlessness, or rolling of the head from side to side, constant tossing of the body, evident discomfort or cry of pain when the head is lifted up, or the ap-

proach of delirium, and the shrill cry which is akin to that of meningeal inflammation. On the presentation of these symptoms, the ear should be examined at once, under a good light with a speculum and mirror, the more horizontal position of the membrana tympana of infants remembered, and if the drumhead is found congested and bulging, the immediate puncture of the membrane with a proper knife if the symptoms are urgent, will at once give relief, and when properly done is attended with but little pain and no danger. If there is no bulging, but only a condition of hyperæmia, the instillation of a gentle stream of warm water either from a sponge or fountain syringe, and passed into the canal will relieve the pain and render the little patient comfortable, while the proper Homœopathic remedies will in the majority of cases cause a rapid resolution of the disease, and prevent further trouble.

The region of the mastoid should be carefully inspected during the ear trouble, as the inflammation may rapidly extend to the mastoid cells, causing tenderness on pressure, swelling, and displacement of the auricle outward and forward. It is rarely necessary to make an incision over the mastoid in these cases, owing to the tissues being less dense than in adults and such remedies as Chamomilla, Hepar sulphur, Mercurius, and Silicea, will with a free exit through the drumhead, relieve the condition promptly. The use of poultices in this or other ear diseases should be avoided as they tend to increase the already rapid destruction of tissue, and extend the inflammatory process to other parts. The same care should be exercised in the use of the syringe, as more harm than good is accomplished by its use. When there is a discharge from the ear it should be carefully and constantly removed by the absorbent cotton, so as to prevent the drying of the discharge upon the walls of the canal and the subsequent interruption to its free flow. If however the pus is of a cheesy consistency it may be well to remove it as fully as possible with a steady stream of warm water from a fountain syringe. The following are in main the indications for the remedies which will be called for in the

acute inflammation of the middle ear, complicating scarlet fever.

Aconite.—Anxiety, restlessness, tossing from side to side, oversensitiveness to external impressions. Face red and hot; pharynx dark red in color with burning and sticking pain on swallowing which may extend to the ears; noise and sounds generally become painful. The auricle may be red, sensitive, hot to touch and swollen.

Belladonna.—More quiet than under *Aconite*: the headache throbbing in character, and better from moderate steady pressure, or, again be aggravated by slightest contact. The mouth is more dry than with *Aconite* but there is less thirst. The fauces prevent a brighter red and more shining appearance than *Aconite*, and thirst, symptoms of soreness, contraction, and choking complained of. Under both we have the hyperæsthesia to light and noise. The drum-head is markedly congested and the congestion extends to the cuticle of the external canal. Under these two remedies we have but little bulging of the membranes beyond what is due to the stasis in its circulation.

Chamomilla is a remedy which may be indicated in very young children and infants, in which we find with the fretting, heat and redness of one cheek and the paleness of the other. The infant cries out suddenly from the pain in the ear, the pain being more paroxysmal than with *Belladonna*, with which remedy *Chamomilla* seems closely allied in many of its ear symptoms.

Gelsemium suits particularly the asthenic cases, where the patient seems prostrate by the general disease. The head feels full and sensitive. The throbbing complained of may cause us to think of *Bell.* but close questioning will reveal the fact that it is confined to the ears as under *Hepar*. The drowsiness, or sleeplessness are wanting in the anxiety of *Bell.* and *Acon.* Delirious when asleep or half awake. Face crimson; throat feels swelled or filled up and diffusely red, pain shooting to the ears on swallowing. The drum-head presents no marked change beyond the general congestion.

Hepar sulph.—Indicated when the drumhead has passed the stage of congestion into an infiltration and presents a swollen bulging appearance, similar to those we shall find under Puls., and Merc. Under this remedy we have great sensitiveness to touch or even motion of the head, stitching pains in throat which is covered with mucous. Inclined to keep head and ear wrapped up and finds relief from warm applications.

Mercurius.—Soreness and perspiration about the head. Much pain in and around the ear, aggravated at night and of a tearing character, tenderness over parotid and below ear. There is no relief from warmth and wrapping as with Hepar. Merc. has soreness, while Hepar has sensitiveness, and will not allow the ear to be handled. Hepar also has aggravation at night but not the amelioration during the day. The drumhead bulges out into the canal and appears soggy from the infiltrated pus.

Pulsatilla.—The pain in the ear is paroxysmal, worse at night and like Merc. better during the day. The pains of the head are more of a beating, lancinating character. The throat presents much of the rawness and soreness of Merc., but the salivation of the latter is wanting and usually also the thirst. The infiltrated drum membrane indicates that it has passed the stage at which resolution takes place, and appears ready to break down from the increasing pressure from behind.

Sulphur is also indicated in the later stages when the tongue appears dry, red and cracked. Stupor, delirium and the skin hot, dry and itching. The drumhead appears as if bathed in pus which seems to exude through its tissues.

After the drumhead has been incised or ruptured there is at once relief from the pain and symptoms of pressure by the discharge, the canal should be kept cleansed by the use of absorbent cotton or by careful syringing and then dried, and fluid cosmoline instilled into the ear. If the otorrhœa tends to become chronic it should receive careful attention as it is much easier cured within a short time after the patient convalesces than when it has been neglected for months or years as is too frequently the case.

Consultation Department.

DIPHThERITIC CROUP.

Messrs EDITORS: Did you not publish a successful treatment of diphtheritic croup not long ago? I have failed to find it. Please give me all the light you can, and oblige, yours in trouble. T. H. L.
[The article referred to was a synopsis of the experience of Dr. —. The full article appeared in our last issue.]

TREATMENT OF THE BREASTS.

In **THE INVESTIGATOR** of Feb. 15th, I read the following question: "What is the best treatment of the breasts after the death of the child?" In my practice I always use cotton prepared as follows: Take raw cotton batting—fine nice article, *bake it brown* in the oven, and lay over the breasts. It will dry up the milk and cause no fever, or other unpleasant symptoms. E. L. HUTCHINSON.

WHAT ARE DUTCH MEASLES?

I rise for information. First, what are Dutch measles, and why Dutch? Second, what are black French measles? I know of a form of the disease that has been called black—but when and from where came the term French? I am constantly hearing of cases of Dutch and French measles, and they are creating quite a breeze with a certain class, but I don't find anything but plain old fashioned measles. Is there anything else? **MEDICUS.**

[Possibly rotheln is what is referred to as Dutch measles or French measles, a full description and differential analysis will be found in Duncan's Diseases of Children. Black measles is only a severe case of ordinary measles, but where the eruption is severe and there is such prostration of the nervous energies that the blood does not readily leave the capillaries, making the surface to appear dark.—ED.]

GIVE US THE INDICATIONS.

In the Jan. 1, 1882, **INVESTIGATOR**, Dr Swan of New York criticises me for giving Bry. and Nux together. I will answer that if he will look at my record of the case again in the Nov. 15th number, he will find the key note of Bry., *the pain increases the more steps he takes*. Nux is usually given by our school after a patient has been under Allopathic treatment for some time, both Bry. and Nux have constipation. Bry. has pains "short from head of femur to knee" (Hering), I may also say that I have found both remedies to work well in this climate. Do not understand me to mean that alternation is the best practice at all times, but this man lived a goodly distance from my office, and could not see me every day or two. I may say for the doctor's consolation that I am using the single remedy more and more, and expect to the more I can study the materia medica.

It does not hurt my feelings to be criticized in the friendly way in which Dr. Swan criticises me, but I am sorry he did not give some valuable indications for *Gnaphalium*.

I cannot take "he could stand it no longer," as of much value as a symptom. It certainly gives us no idea of the intensity of the pain the patient suffered, as that expression might be called forth by patients of different temperaments and yet the *sciatica* and other *concomitant symptoms* might be entirely different, consequently a *different remedy* would be called for and *prove curative* just as certainly as did the *Gnaphalium* in the doctor's case.

Please give us some valuable symptoms of your drug as I have no pathogenesis of it at my command, and oblige,

D. E. FORISTALL.

Book Department.

OTIS CLAPP & SON'S VISITING LIST AND PRESCRIPTION RECORD is what its name indicates. A blank for the charge and for the prescription is given for every day, making a most convenient diary for the Homœopathic physician.

MEMORANDA OF PHYSIOLOGY. By H. Ashby, M. D., New York: W. Wood & Co. Chicago: Duncan Bros. \$1.00.

This little work gives an epitome of physiology in a convenient form for cramming for examinations.

PAPERS ON INFANT DEVELOPMENT. presented by the Educational Department of the American Social Science Association. Edited by Mrs. I. T. Talbot.

These papers are interesting to the physician as well as the student of mental development. Infantile intellectual dawnings would be a title that would convey the scope of these papers. The relation of physical development to intellectual manifestations is a subject that lies close to these studies and is one where physicians can lend valuable co-operation. Those interested should send to Mrs. Talbot 66 Marlborough St. Boston, for circular and documents.

DISEASES OF THE EYE. By H. D. Noyes, M. D. New York: W. Wood & Co. Chicago: W. T. Keener, Duncan Bros.

This in the December issue of Wood's Library of standard authors for 1882, and is written by an authority. It is a concise and valuable condensation of a rapidly developing branch of medicine. It would have added very greatly to the practical character, of this work had the author gleaned a few therapeutic hints from Homœopathic contributions to this field. But we can stand the slight if they can afford it, and, in the mean time go on making our own literature on this and every other practical department of medical art. Homœopathy excels here as well as elsewhere.

PAVY ON FOOD AND DIETETICS. Wood's Library, October volume, No 7. W. T. Keener agent.

This is the second edition of Pavy's Treatise on Food and Dietetics physiologically and therapeutically considered. This work takes up this subject from the starting point of force and follows it through the origin, constituents, alimentary principles, alimentary substances, principles of dietetics, practical dietetics, therapeutic dietetics (whatever that may mean) and the volume concludes with hospital dietetics. This is an analytical work from beginning to end and just such a one as a physiologist would write. The practical dietetics is the weakest part of the book. The chapter on "diet of infants" (three pages) is a mass of glittering generalities. However as a treatise on foods it stands without a rival.

Medical News.

Dr. R. M. Weir, of Bloomington, Indiana, gave us a call. He looks well and is doing well.

E. D. Kanouse & Sons.—A strong firm of M. D.'s, occupying the classical city of Appleton.

More Honors.—Drs. Pollock and Zilliken were appointed on the Board of Health of Chester, Ill.

The Kansas Surgical Hospital Association with Dr. Roby at its head is incorporated. Dr. Boynton will assist.

Stick to the inch is the advice Prof. J. Edwards Smith gives in an able address delivered in Cleveland recently to the public.

Dr. R. W. Nelson must leave Michigan. He offers a rare chance for a couple, both physicians. Must be experienced to succeed.

Married.—Dr. A. McNeil has taken another prize. This time a fair lady. They took in Chicago on their wedding tour. May the clan of McNeil multiply and prosper.

Score Another.—The government has appointed a board of surgeons for the examining of pensions at Rockford, embracing several counties. The board consists of two Allopaths and myself, and I am president of the board.

W. D. McAFFEE.

New York Ophthalmic Hospital.—Report for the month ending Jan-3, 1882: Number of prescriptions, 3,865; number of new patients' 566; number of patients resident in the hospital, 22; average daily attendance, 155; largest daily attendance, 214.

CHAS. DEADY, M. D., Resident Surgeon.

Removals.—Dr. H. M. Dayfoot from Mt. Morris to Rochester, N. Y.

A. W. Kanouse, M. D., has removed from Lancaster to Appleton, Wis.

Clifford Mitchell, M. D., has removed to 296 Erie St., and devotes his time to medical chemistry.

E. S. Donaldson, M. D., has located at Sanborn, D. T., where he has removed on account of his health.

Dr. E. A. Clarke, formerly of Benton Harbor, Mich., has located in San Diego, Cal., and entered into partnership with Dr G. W. Barnes.

To the members of the Ohio Homoeopathic Medical Society.—Sidney, Ohio, February, 1882. Dear doctor: Are you on a bureau to report at our next annual meeting, to be held in Springfield, May 9th and 10th, 18^o2? If so, are you prepared? What is your topic? If not on a committee, will you furnish us something? The officers anticipate a live meeting. Valuable papers are being prepared, and we trust you will do your part. Our school is making rapid strides in other states. Let not Ohio be in the back ground. I wish to hear from you at once.

H. E. BEEBE M. D., Secretary.

How it Grows in Favor.—I have taken THE INVESTIGATOR from its infancy to its majority. It was born May 1, 1860, a robust, hardy infant, (was sent to physicians ten copies for \$1.00, to be distributed among their patrons). In 1861 it received an injury which caused suspended animation, and lay in a trance for over two years, and so quiet that many thought it dead, but October 1, 1863, it aroused to new life, showing that it was not dead but had made a rapid and vigorous growth which has continued up to the present time, making its monthly and semi-monthly visits, and is now considered the best medical journal the world affords. I do not see how any live Homœopathic doctor can afford to be without it.

H. M. B.

The Stillwater Homœopathic Hospital seems to be a live institution. During the nine months succeeding its establishment the following cases have been received and successfully handled. Ten cases of fracture; one amputation of leg; eight minor amputations; one gunshot wound in the head; two cases of excision of the bone; one hair-lip operation; eighteen lacerated wounds; seven medical cases. In addition Dr. Edgerton has had some thirty cases of the eye and ear, of which he makes a specialty. Dr. W. H. Caine is surgeon in charge and is ably assisted in the noble work by the good people of Stillwater. Why cannot we have a Homœopathic hospital in every live town?

Portrait of the late Dr. Constantine Hering.—The profession, will be interested in learning that there has been prepared by the faculty of the Hahnemann Medical College of Philadelphia, a handsome portrait of Dr. Hering. It represents the doctor in a sitting position, with note book and pencil in hand, and is a faithful likeness, as well as a beautiful specimen of the engravers art, fit to adorn the walls of the office, library or parlor. It is printed on the heaviest and best plate paper, 19x24 inches, and is sold for the exclusive benefit of the Homœopathic Hospital of Philadelphia, at \$2.00 per copy. Proof impressions on India paper, \$3.00. Copies sent by mail, carefully packed, upon receipt of price and six cents in postage stamps.

A. R. THOMAS, M. D. 1733 Chestnut Street, Philadelphia.

Orders may also be made through Duncan Bros.

Specific Medicine Exalted.—I am exceedingly happy to feel and know that the medical science is not a false science, that specific medication as taught and practiced by the Eclectic School of Medicine is a correct science. With the body laboring and staggering under the depressing effects of disease, with an insufficiency of vital force to throw it off, then it is that art may come to the rescue of human life by assisting nature by nature's methods only. Then it is that we appreciate the gratifying results of true medication, and a very small mortality in the disease, which excites anxiety and alarm by the present. Mortality is in the hands of the heroic Allopath, or regular, and the do-nothing Homœopath.—*Dr. Banton.*

[If Brother Banton will trace that glorious stream to its fountain he will discover that it arises from the spring similia.—Ed.]

Locations in New Jersey.—*Allentown*, Monmouth county, surrounded by rich farming country; presume the population 1,000. No one has ever located there. This ought in time to be a good field.

Harlingen, Somerset county, was once occupied by a Homœopathist who did a thriving business. An excellent opening at present; really there is no physician there of any repute. Good country; small country town, situated on D. & B. R. R.

Phillipsburg, situated on Delaware river, opposite Easton, Pa., 5,000 population. Manufacturing and railroad centre; none there; has been occupied by a number formerly.

Raritan, Somerset county, situated on C. R. R. of New Jersey. Manufacturing town of some size, and surrounded by rich country. Ought to pay one and will, should one *stick*.

Berlin, Camden county, situated on C. & W. C. R. R., small country town, formerly supported one.

Died.—Dr. D. M. Dow graduated at the Hahnemann Medical College at Chicago, in February, 1881, and returning to his home he commenced his work in earnest, and secured for himself a large practice in the few months that he labored, being very successful, and having the confidence of the community who now mourn his sudden death by that much dreaded disease, diphtheria, December 24th, in the twenty-sixth year of his age.

Parker H. Hale, M. D., one of Chicago's most highly respected citizens and physicians, and brother of Dr. E. M. Hale, died February 20, at about 10 o'clock P. M., at his residence, No. 28 Warren avenue, from the effects of apoplexy. The death of Dr. Hale was sudden, he having been ill only since Monday noon, and is a sad surprise to a large number of patients and acquaintances. The circumstances of the doctor's illness are as follows: On Monday noon, after returning from his morning calls, he walked into the house in a manner that attracted the attention of the inmates. In answer to the anxious questions put to him he said he felt unwell, and passed up stairs, where he managed to reach his bed. His symptoms grew rapidly worse, and was not long before he was unconscious, and he remained in that condition until the hour of his death, except when his attendants managed to arouse him at intervals for a short time. Although medical aid was summoned as soon as it was known that the doctor was seriously ill, he continued to grow worse, and Drs. Charles Gatchell, A. Reeves Jackson, E. M. Hale, N. B. Delamater, and Charles W. Earle held a consultation, and saw that death would occur before morning, although the sufferer fought bravely for life. Had he been conscious, his suffering would have been intense. This was the third stroke of apoplexy which the doctor experienced, the first one occurring last summer, and the other about two months ago. Dr. Hale was a native of New Hampshire. When he was quite young he moved with his parents to Ohio, and a few years later he entered the Homœopathic Medical College at Cleveland. From there he went to Hudson, Mich., and began the practice of medicine, and there he married. About fifteen years ago he removed to this city, where he has built up an excellent practice, and has made himself respected by all with whom he came in contact. His natural high spirits and good nature were remarked by all who knew him, and were always a strong support to his patients. His contributions to medical literature, although not numerous, were marked by their great practical value.

Homœopathy on the Mountain Top.—The full report from A. S. Everett, M. D., of Denver, Col., county physician, is before us; from it we extract the following interesting items: Since April 1, 1881, the last nine months of the year, the hospital has been under Homœopathic management. It is during this period that you will notice the great reduction in expenses, and the great saving of human life. The following recapitulation compares the nine months of 1881, when the

hospital was under Homœopathy management, with the corresponding months of 1880, when the hospital was under Allopathy control:

	1880.	1881.
Number on hand January 1.....	49	82
Number admitted.....	582	649
Number discharged.....	463	586
Number born.....	5	8
Number died.....	76	58
Number remaining.....	77	100
Average daily attendance.....	60*	72
Number of jail and outside patients.....	161	235
Total number treated.....	777	974
Mortality rate at hospital, with the number discharged as a basis.....	.14*	.06*
Cost of drugs and surgical supplies in hospital.....	\$1,883.16	\$780.71
Hospital druggist's salary.....	450.00	0.00
Cost of prescriptions for jail and outside patients....	241.27	0.00
Total cost of drugs and surgical supplies, and druggist's salary.....	2,074.43	780.71
Cost per patient from the above figures.....	2.66	.80*

This recapitulation shows for the nine months compared, a reduction in the money expended for drugs and surgical supplies, and druggist's salary of \$1,293.72 in favor of the year 1881. This, however, does not represent the actual saving, inasmuch as the attendance at the hospital was greatly increased. For these nine months of 1880, it cost the county \$2.66 per patient. If during this period of 1880, there had been 974 patients as there was in 1881, the cost would have been \$2,580.84 instead of \$2,074.43. Inasmuch as in 1881 the cost was \$780.71, the actual saving is \$1,810.13. Out of the number of 105 cases of typhoid fever, we only lost fifteen, while during the corresponding months of 1880, there were but ninety-four cases of typhoid fever in the hospital, and out of this number twenty-one died. This shows a death rate in typhoid fever, under Allopathic management, of a fraction over 22 per cent., while under Homœopathic management the death rate is reduced to a fraction over 13 per cent. The cases of typhoid fever in this hospital during 1881 were of the severest type, many of them resulting from exposure and hardships in a new country. In one case the temperature ran as high as 106½° and remained there for two or three days, and yet the patient ultimately recovered. These facts place Homœopathy on the mountain top of success. Dr. Everett is doing good work for Homœopathy. Go thou and do likewise.

Commencement Exercises at Hahnemann College.—The twenty-second annual commencement of the Hahnemann Medical College took place Thursday afternoon (February 23d), at the Grand Opera House, the exercises attracting a large audience. Prayer was offered by the Rev. Dr. Burroughs, after which Professor Ludlam, dean of the faculty, read his annual report. He stated that the past year had been a most encouraging one. The class consisted of 263 students, representing sixteen states. Thirty of this number came to Chicago from the east. The ratio of increase in the college has been 25 per cent. yearly. Out of the general class 107 candidates have been carefully examined and were presented as applicants eligible to the degree which it was the president's privilege to bestow. As the candidates names were called they advanced to the stage, and the degrees were conferred on them by Dr. A. E. Small, president of the college. Eight en of the new M. D.'s were women, and in addition to the diploma, many of the graduates received testimonials in the shape of bouquets, baskets of flowers, etc. The names of the graduates are as follows: E. S. Aborn, Solon Abbott, Ernest L. Alexander, L. G. Altman, W. H. Baker, Selvey A. Bars, Theodore Boll, Martha A. Bowerman,

Mary Louise Boyce, Mary J. Bröckenridge, Luman P. Brigham, Manuel J. Brown, Alice K. Brown, Edwin Burd, Cora E. Cary, Warren T. Chase, Eben T. Clapp, Wesley O. Clark, G. H. Clark, John T. Cole, John S. Callister, Ezra J. Guyott, Ben. L. Colwell, Charles H. Copp, Jay Conev, M. W. Cowan, Arthur H. Cowles, Henry P. Cutter, S. S. Delancey, Frank E. Dresser, John W. Dubois, Samuel L. Eaton, George E. Ehle, Hiram B. Ehle, Theodore Erport, Edward Everett, Warren S. Foss, Lysander P. Foster, Samuel M. French, Hugh P. Gilkeson, Wills H. Glasier, H. Gray Glover, Hulda A. Goodhue, Levi Hall, Pearl M. Hall, Harvey Hanners, Evileda Harding, P. J. Hendrickson, J. W. Hingston, Carleton V. Hingman, C. Hogan, Henry H. Jewell, Addie M. Kester, Samuel J. Kiser, C. W. Knickerbocker, Girard F. Knowles, T. L. Knaack, Katherine Kurt, George M. Larson, O. E. Latham, Thomas H. Mathews, John A. May, Chr. Martz, John H. Mays, A. C. Mellicke, S. P. Meredith, John Miller, Martin Miller, D. D. Miles, Josephine F. Nye, Charles F. Otis, Warren H. Outland, Millie A. Peck, Eliza S. Peck, Annie M. Pelham, Colin Pitblado, Thomas Phillips, Edwin C. Read, Jr., George A. Russell, Johnson P. Salter, John E. Sawyer, Eugene W. Sawyer, Mary A. Seymour, Warren D. Scott, Belle Seward, George H. Simmons, S. E. B. Spencer, George W. B. Smith, Fred. E. Steele, Frank E. Stoakes, Wm. T. Stone, Ophelia S. Stull, Jesse J. Swan, Edmund P. Thomas, Charles L. Thompson, Rufus L. Thurston, W. O. Tillotson, Mattie B. Towers, George W. Waggoner, Leonides C. Walker, C. A. Walsh, George C. Ward, Wm. B. Webb, Jarred D. Wetmore, Frank Wheeler, Carleton V. Wilder. The distribution of prizes resulted as follows: Prof. C. H. Vilas announcing the successful names: The Dr. D. S. Smith prize—\$25 cash—for best final examination, Solon Abbott, M. D., of Vermont. Halsey Brothers' annual prize for second best examination—a buggy case—E. J. Guyott, M. D., of New York. Professor Small's prize for the best examination of diseases of the chest, W. C. Tillotson, M. D., of Vermont. Professor Ludlam's prizes for the best report of the woman's clinic—first, E. J. Guyott, M. D., New York; second, Ellen F. Heffron, Illinois. Professor Hoyne's prize for the best report of the skin and venereal clinic, P. S. Wycoff. Professor Hall's prize—a case of surgical instruments—for the best final examination in surgery, Pearle M. Hall, M. D. Minnesota. Professor Hawkes' prize for the most accurate prescriptions in the medical clinic, Pearle M. Hall, M. D., Minnesota. For the best report of the medical clinic, two are equal—Mrs. A. K. Brown, of Pennsylvania, and H. H. Jewell, M. D., Vermont. Professor Leavitt's prize for the best final examination in physiology, R. Willis. Professor Laning's prize, best examination in anatomy, W. D. Stone, M. D. Professor Bailey's prize for best report of surgical clinic, Miss Kate Kurt. Dr. William Caine's prize for the best report of a case in a surgical clinic, H. H. Jewell. Dr. Geo. W. Foote's prize of \$25 for the best examination in Professor Vilas' course of lectures, S. L. Eaton, of Minnesota. Dr. E. E. Holman's prize for best report of Professor Vilas' didactic lectures, E. P. Clapp, of Illinois. Professor Wheeler's prize for best final examination in chemistry, A. W. Allured. Professor Fellows' prize for the best essay on spinal irritation, Solon Abbott, M. D., Vermont. Honorable mention to Miss Kate Kurt. The students of the graduating class presented Dr. R. L. Thurston with a gold-headed cane, for lectures delivered by him to the class. After benediction by Dr. Burroughs, the audience dispersed. In the evening about 250 of the graduates, students, and their friends assembled at the Grand Pacific hotel, and partook of an excellent dinner. The same people were present as at the afternoon exercises. The toastmaster, Dr. Vilas, followed a plan of his own, and all the responses to toasts were extempore. The banquet passed off pleasantly, and with credit to the hotel and the college.

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Psychological Department.

ON THE NERVOUS SEQUELÆ OF SCARLATINA.

BY N. B. DELAMATER, M. D. PROFESSOR OF NERVOUS DISEASES,
CHICAGO HOMEOPATHIC MEDICAL COLLEGE.

MR. PRESIDENT: I am led to select the subject of scarlatina in its relation to this bureau, from the fact that our attention has been called to this disease in the able paper presented by Prof. Buffum at our last meeting, and believing that consecutive study is more likely to be of benefit than the roaming selections of isolated subjects. I should be pleased were it possible to arrange a card for the various bureaus, which should lead to a thorough and exhaustive study in detail in all its phases of certain lines or diseases.

The symptoms presenting of the nervous system, in scar-

latina, do not, I believe usually require so close scrutiny, and are not of the same paramount importance as some of the other conditions, but I do believe that their true nature and cause, and the conditions of the nervous system present in connection with these symptoms. I will first call your attention to the nervous sequelæ most likely to follow scarlatina.

Chorea.—First in importance probably is chorea. There is nothing as far as I know in the course of the disease proper, that indicated the probable approach of this condition. We of course have the general prostration of all parts of the system, the impaired nutrition, etc., which nearly always accompanies chorea.

It rarely follows directly on the heels of the disease, there will first be the urinary disturbance, followed by rheumatic trouble, possibly a diseased condition of the heart, functional or organic, a partial or entire recovery from these, but a lack of good recuperation, the patient being seemingly pretty well advanced in convalescence, but not gaining strength rapidly, then the choreic movements begin, usually, I think in the eyelids, accompanied by a general restlessness and disinclination to remain quiet at all; in a few days, the general choreic movements supervene. The treatment of these cases depends upon the answer to the question, as to whether there is still present any heart or rheumatic complications. If there is, the remedies in the main should be directed toward these complications, with the additional precaution, to be sure to maintain a thorough nutrition, a smooth, soft, and moist skin.

If there is neither of these complications present, the line of treatment will be, first and paramount, nutrition, using easily digested and condensed foods, quiet rubbing with an oily substance over entire body alternating with the alcohol or ammonia bath. We do not want here the vigorous massage. If they can be obtained, sun bath to the entire body, and as much sleep as can be produced without narcotics. The remedies most likely to be of service, are Val. of Strychnia, Causticum, Santonine, and Merc. cor. There may be

instead of a chorea, simple spasmodic contracture of single muscles, most frequently of the trapezius or sterno-cleidoid. These contractures are best treated with general nutrition, and a galvanic current, mild and uninterrupted. Occasionally there will occur as a sequela, paralysis of single nerves, as the facial, even without accompanying disease of the petrous portion of the temporal bone, also of the nerves of special sense. These cases belong to the peripheral paralysis, and are not, or at least exceedingly rarely, due to any central lesion. The general nutrition may not be at all impaired. The treatment for these cases is a mild, interrupted galvanic current applied directly to the affected nerves, and in the direction that will produce contraction in the dormant muscles with the lightest current.

Hemiplegia or *Paraplegia*, either spinal or cerebral, occasionally follows scarlatina; it usually begins to show itself during the later stages of the disease before convalescence has set in, and is likely to increase from what at first is a simple and light paresis to a pronounced paralysis. It is of the greatest importance to note early any appearance of symptoms of paresis, and to take prompt measures to arrest the progress. Many times the parents are told that these symptoms are transitory and will soon disappear, that they are of no special importance; this is wrong, for while occasionally they do, yet in the majority of cases a steady increase will follow, and as the patient gets better in other respects and convalesces, the paresis develops into a profound and sometimes incurable paralysis. They are the result of inflammation in the motor centers of the cortex cerebri, or the anterior horns of the cord in a majority of cases, the paralysis being directly due to the deposit or infiltration of the products of inflammation.

The indications for treatment in these cases are the retention so far as possible in the paralyzed muscles of their susceptibility to nerve stimulant, which is best accomplished by thorough massage, the application of alternate heat and cold, either dry or moist, spitting, etc., and the daily effort to move them by will force, and the Swedish movements.

As remedies, Iodine 6x, Arnica 30c, Iodide of Potassium 3x, and in spinal cases Valerinate of Strychnia.

Other Diseases.—In addition to these graver conditions there probably more frequently occurs, all kinds of paræsthesias, hyperæsthesias, and anæsthesias. Various forms of neuralgia, hysteria partaking of any form such as aphasic, epileptic, melancholic, maniacal, etc., and occasionally there may be an actual acute mania, especially in adults.

All these conditions have for their foundation mal-nutrition, and the failure of the sensory and emotional centers to assume their normal functions, and very rarely to any pathological condition remaining. The general line of treatment is nutrition, thermal baths, and quick, active massage rather partaking of percussion than of kneading the muscles, the massage to follow closely on each bath.

As to the remedies indicated, I have not been able to determine that any special selection was necessary on account of the precedence of scarlatina.

PROGRESS IN NERVOUS DISEASES.

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

Exophthalmic Goitre.—Dr. F. H. Foster gives us an article on the above subject in the *Medical Counselor*. He points out the symptoms of Grave's disease clearly, and shows the similarity of these with those due to the physiological action of Nitrite of Amyl. He submits a case in which this remedy was used with great apparent success. Both eyes were prominent, the region of the thyroid was unusually full although the gland was not enlarged. There was hypertrophy of the heart and the pulse ranged from 100 to 110. Dyspnœa was a distressing symptom and it was necessary to guard carefully against excessive physical exercise, and any violent mental emotion. The administration of Nitrite of Amyl by inhalation greatly improved the patient, who at the time the report was made, was nearly well.

Gastric Epilepsy.—In the *Revue de Médecine* Dr. Pommez states that his researches justify him in placing gastric epilepsy of males upon a level with uterine epilepsy in females. After citing cases to prove his position, he draws the following conclusions: 1. Digestive troubles may produce various nervous symptoms, due on the one hand to paralysis, on the other hand to an excitation of the pneumogastric nerve. 2. These phenomena are of reflex nature, and are confined to the pneumogastric. They are produced by irritation of the sensory gastric filaments, and reflex excitation or paralysis of the cardiac branches. 3. The phenomena of excitation occasion epileptic attacks, and those of paralysis give rise to cardiac disturbances. 4. The age and condition of the patient seem to influence the mode of response to irritation. 5. Gastric epilepsy differs from other epilepsies, first in its cause—errors of diet; secondly in its symptoms, *i. e.*, vomiting of food, superadded to the ordinary symptoms of the attack; and thirdly, in its sequelæ, *i. e.*, gastric trouble.

Reflex Genital Irritation.—At a meeting of the New York Neurological Society, the subject was taken up and thoroughly discussed. A case of *melancholia* was cured by dilating the meatus. *Loss of sexual power* was restored in another case, by operating for phimosi. Symptoms of *hip-joint disease* were entirely relieved by circumcision and by dilating the meatus. Two cases of *incontinence of urine* were cured by the operation of circumcision. Eleven cases of partial *paraplegia, backwardness in walking, stumbling, dragging of the legs*, generally associated with incontinence of urine, were entirely cured or greatly relieved by circumcision or the breaking up of the adhesions at the base of the glans penis. Two cases of *epilepsy* were reported as cured, circumcision having brought about this result. Two boys had not had a good night's sleep from the day of birth. They cried incessantly night and day, and the legs were in constant motion. The penis was in a state of priapism, and touching the organ aggravated the restlessness. The operation of circumcision completely relieved both children

within a few days. A case of *paraplegia with strabismus* was cured by means of the operation just mentioned. One case of partial *paraplegia* was cured by the healing of a lacerated cervix uteri, and another by treatment directed to overcome subinvolution of the uterus. Irritation of the genito-urinary tract may cause besides the above named disturbances, pain, atrophy, and perhaps contractures. The mind of a patient suffering from genital irritation is almost certain to become greatly impaired, and the entire disposition of the person changed. I recall a number of instances in which firm erection of the penis was the almost constant condition of the organ. Dilatation of the meatus, breaking up of adhesions between the mucous membrane and the glans, and circumcision are the operations necessary in most cases of irritation of the penis.—*Medical Record*.

Whooping-Cough.—Dr. Kenedy, in course of some remarks on purtussis at the Dublin Obstetrical Society (*Dublin Jour. of Med. Science*, Sept.), expressed an opinion that the disease is partly neurotic and partly of a specific inflammatory character; and he considers that during the existence of the disease some poison circulates in the system. In justification of this view, he refers to the paroxysmal and convulsive cough which often occurs in the gouty diathesis, and in that form of influenza known as "la grippe," as well as in varicose irritation in case of worms. The author is further of opinion that there is some temporary enlargement of the lymphatic glands, especially those of the thorax. Referring to the frequent difficulty in diagnosis before the whoop appears, he refers to the following points as helping to come to a conclusion; the persistence of the cough and its resistance to treatment; the liability of the child to be suddenly awakened by the cough from a quiet sleep; the congested and slightly swollen fauces, Dr. Kenedy is quite of opinion that the disease is amenable to treatment, and should not be regarded as necessarily to run its course. He advises a strictly fluid diet, chiefly milk; and looking to the fact that the cough is worse at night, he directs the medicine to be given in the afternoon and on into the night, a dose after each paroxysm. The inhalation of one or two whiffs of chloroform he has found of marked service in lessening the violence of the fits. A mixture containing Bicarbonate of Potash and tincture of Belladonna, an old remedy, is often efficacious in diminishing the intensity and frequency of attacks; for which also 2 to 4 grains of extract of Conium may be given. Chloral, however, gives the best and most constant results, and may be given in doses half a grain to an infant a month old. When the bronchial secretion is profuse, expectorants, of which Ipecacuanha is best, are indicated, and rubefacients, especially if rubbed on the stomach, are often useful.

Obstetrical Department.

ELEPHANTILE LABOR.

The second elephant ever born in captivity was ushered into life Feb. 2, at precisely eight o'clock at the winter quarters in Bridgeport, Ct., of the Barnum, Bailey and Hutchinson circus.

At 6 P. M., Queen the mother was in the centre of the training ring in the elephant quarters, chained to a heavy post. Two long guy ropes were attached to her hind legs, but they lay loose on the ground. Spread about her on the ground was a large amount of hay and straw. The huge beast had commenced to show the effect of her labor pains at 6 o'clock. Now and then she would fall on her knees and then rising, sway from side to side as a ship in the trough of the sea. Around her at the side of a building stood nineteen elephants of all sizes, from the former baby, to its father, Mandril, the largest of the group. They were unmindful of the scene going on in the arena before them. Prof. Arstingstall, the trainer, now and then would approach Queen and tenderly speak to her. Over on her side rolling about went the beast in her pains, that came and went at intervals. Then she would recover and stand quiet for a moment. This continued until five minutes of eight, when with a fearful trumpeting and howl of agony the little stranger was ushered into the world, in about a minute. Then followed a scene that beggars description. Howl after howl and trumpeting that fairly shook the building came from the mother and her elephantine companions. The lions, tigers and other animals in the next room took up the cries, and the noise was terrific.

On the straw lay a dark-looking object the size of a Newfoundland dog. Over this, Queen rocked and tramped, all the time uttering fearful cries. She would tug away, with a mighty effort, at the ropes attached to her hind legs and

rear, and plunged like a young colt. No one, not even Prof. Arstingstall, dared venture near her, while she was laboring under this tremendous excitement, begot of pain, and the joy and novelty of motherhood. Exhausted by her efforts, the beast would fall on her side to the straw. Soon recovering, she would rise and give vent to a series of howls and begin the same tramping of the ground, tugging at the ropes and endeavoring to free her forelegs from the chain which held it to a huge post in the centre of the ring. All this time the trainer circled about the animal, endeavoring by endearing words, to calm her excitement. At times she would try to pick her baby up but failing in this she would snap at the trainer and give vent to fierce howls.

The baby would roll about on the straw, and at times lift up its comical head and look about. Once, half an hour after birth, it stood on its feet for a second, but soon fell down. Whenever it rolled away from the mother she would set up a terrible howl as if in fear of its danger. The trainer made several attempts to get near the baby but was driven away.

About 8:30, Queen in her struggles, snapped the immense centre post in twain, and her front legs were free. The guy ropes held the beast at anchor.

In Philadelphia, Hebe broke away and tore down a stove and did other damage.

At 8:30, an hour and a half after birth, baby took several steps about the ring and the spectators cheered. Queen trumpeted and the other animals followed suit. She was far from being quieted then and Prof. Arstingstall continued to approach her in endearing terms. Sometimes she would allow him to come near her and then, again, savagely drive him away. Other employes, all this time, had been guarding the ropes and rendering what little service they could.

Baby, at 9 o'clock was reported by the trainer, to be a female. Her little trunk was about ten inches long and her tail the same length. Examination showed that the color of its skin was a bluish tint and the body covered with black hair two or three inches long. The feet were of a pink tint

at birth, but in an hour they had changed to a dark color. Prof. Arstingstall managed to get near enough to handle the little princess, but was often repulsed by the mother. Later in the evening the new arrival was found to weigh forty-five pounds. The other baby weighed at birth 126.

Two or three hours after giving birth to the baby, Queen had become subdued enough to lie down awhile. Queen would toss hay over it, try to roll it about, manifested a feeling of joy over its coming, and motherly love for it generally.

The baby, Prof. Arstingstall said, would not nurse for forty-eight hours after birth. Some light diet may possibly be given it. Queen's period of gestation ran twenty months lacking a few days, if the reckoning was kept correct. Hebe's period was twenty months and twenty days, and by the way, she is liable to become a mother again. The father of the present baby is named Chief. He is smaller in stature than Mandril, the father of Hebe's baby.

ANOMALOUS NATURE.

I was called upon the morning of December 16, 1881, to visit the wife of J. K. I found the lady to be in labor with her second child, which was born at 4:20 A. M., a few moments after my arrival. Upon an examination of the child we found the left forearm wanting from the middle third. It had and has the appearance of a circular amputation. I have questioned the mother closely, but can find no cause for the anomaly. The child, a girl, is growing nicely and in every way doing well. I note this case on account of its rarity.

C. I. WENDT.

Manipulation in Reduction of Dislocated Humerus.—Mr. Illingworth in the *Brit. Med. Jour.*, Oct. 1881. p. 626, reports two cases in which dislocation of the humerus into the axilla was readily reduced by the following method. The arm being abducted and extended with slight force by an assistant I firmly grasped the scapula with the right hand over the acromion, and depressed it in such a manner as to make the lower edge of the glenoid cavity slide over the rounded head of the humerus, whilst with the fingers of the left hand I exerted gentle pressure upwards on the shaft of the humerus, just below the head. Reduction was in each case immediate.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

DURAND, Wis., March *1.—Throat and lung diseases now prevail here, with an occasional case of diphtheria, and the Allopaths as usual, continue to people the graveyards with their patients.

DETROIT, Mich., Feb. 18.—This has been the mildest winter here, ever known to the oldest inhabitant. Although it has been very "open" yet on account of the very uniform state of the weather, there has been an unusual amount of sickness. There has been a few cases of diphtheria, scarlet fever, and varioloid, but less of pneumonia than common. Epidemics seldom visit our city, and with all it is about the healthiest place to be found anywhere. But very few of our doctors are worn out by overwork. E. R. E.

MARSHALL, Mich., Feb. 4.—We have been having diphtheria of a very malignant and fatal type this winter. All cases, dying, no matter who the attending physician is, or of what practice, I mean all the malignant cases. There have been a few recoveries, but they have been of a milder form. Only one case of varioloid. I notice in Feb. 1st number of THE INVESTIGATOR, G. W. Bowen, Fort Wayne, Ind., reports about fifty cases, and that he has prescribed for nearly four hundred cases to prevent taking it, and has been perfectly successful. Now I would like to inquire if any of the cases he has prescribed for have tested the merits of his prescription by exposing themselves to the contagion? If not, why say successful. My prescription is, isolation from it, and vaccination. E. L. ROBERTS.

ON VACCINATION.

IN THE UNITED STATES MEDICAL INVESTIGATOR of February 15, 1882, page 176, one J. C. Nottingham, after lauding and flattering that truly learned gentleman, W. Danforth M. D., and his able essay in December number—then in less than two pages of the said not-to-be-excelled journal, he, J. C. Nottingham would be declared—the humanitarian genius, etc.

Such diseased outpourings as J. C. N. writes, I have orally listened to on more than one occasion. It crushed, and “the hen crowed” (diseased one).

Scene 1st.—Inside of a year the small-pox came, taking the young boys and girls, leaving its homely brand on them (a curse); stamped, a life heirloom, only choosing the unvaccinated.

Scene 2nd.—Another epidemic similar to above, with like antecedent, rueful, mischievous, wisacre, false friendship, marked; in one family were two little girls, “angels of the household” had been swept off, the “manifold blessing” was anxiously embraced; (rubbish cleared), result or blessing, two other children were saved, even from varioloid.

This was the worst form small-pox could take; viz., purpura variolosa, bloody, black, with black tongues, confluent diphtheritic and typhoid patients lasting only one to two days, one five days; others took varioloid who had been vaccinated many years before, none but unvaccinated died. I have had over 2,000 experiences in vaccination, (or in other words, Homœopathic varioloid). I don't know of a case of small-pox in any form, in a single instance, covering a period of nineteen years.

Case.—“deluded.”—Male, aged thirty years, had been vaccinated in youth, good—tried cow-pox, successfully;—thirteen years after, tried it again three years in succession, no effect, no psora, etc.—only last year and time, he being much exposed to small-pox, said “I felt much better.” Fore-warned is fore-armed. No more harm from pure vac-

cine virus, the only kind authorized, than from a dose of a pure drug by way of proving, or otherwise of necessity; quarantine one of these "manifold blessings" and you put fetters on the other; it is then on the borders of the vortex, to be cast into oblivion as we Homœopaths have witnessed in the dark ages of medicine, when our best drugs were abused and discarded. The rottenness of the dishonest act is known. Hahnemann and his followers, true Homœopaths, were, and are, not as a class, loaded down with psora, etc. When exposed to zymotic diseases, if the nervous system is overtaxed, out of order, from fear, etc., more liable to take disease. "I am vaccinated, not afraid," strengthens the otherwise drooping heart; stimulation has saved many. I could go on to nearly endless proof in behalf of this great truth. The immortalized Jenner hoisted out the light in darkness, and thank God, the crowning proof to his great discovery, is living grateful witnesses, whilst the opposite have death and the grave, where no tales are told. In conclusion, no personal offense is meant to J. C. Nottingham, hoping he will not remain in the dark of this great humane blessing, and refrain, at least from blind-folding others.

GREAT BELT, PA.

P. S. DUFF, M. D.

WHAT DOES IT MEAN?

MR. EDITOR: In THE INVESTIGATOR of Jan. 1, 1882, page 64, Homœopathy in Michigan, your correspondent says, "he has never seen a notice of the fact that the State Prison is under Homœopathic control, so far as the medical department is concerned." It was under Allopathic treatment or control until Aug. 1, 1881, "when *I* received the appointment." Now *I* had best examine the records of said prison and *I* will find that Dr. J. B. Tuttle, a resident Homœopathist, had charge of it more than four years ago, to wit: in 1860, 1861 and 1862, and after him Dr. John E. Smith had charge of it until he resigned and went west for his health. Such latitude

in stating facts does not honor Homœopathic erudition or history, the editor should know the facts before he endorses it as a fact.

Respectfully yours,

SYRACUSE, Feb. 3, 1882.

CHAS. T. HARRIS, M. D.

HOMŒOPATHY IN MICHIGAN STATE PRISON, AT JACKSON.

In October, 1859, the authorities of the Michigan State Prison, taking the lead of all similar institutions in the United States, first adopted the Homœopathic treatment in the Prison Hospital. Thinking it may be useful and interesting to the profession and the public, to know something of its success during the years in which I was in charge, I will give a summary of the comparative results which are to be found recorded in the Annual Prison Reports.

Taking then first, the facts for three years under each medical system, we have the following result:

	Average No. of convicts per Annum.	Total No. of Deaths.	To al No. of days labor lost.	Total Cost of Hospital Stores.
Under Allopathic treatment in 1857, 1858 and 1859, - - - - -	435	39	23,000	\$1,678
Under Homœopathic treatment in 1860, 1861 and 1872, - - - - -	545	20	10,000	\$500

This improvement was obtained, notwithstanding I had to contend during the years 1861-2, with epidemics of small-pox, of which there were thirty-two cases; of measles, of which there were thirty cases; and of sporadic cholera of which there were forty-four cases. Many of these latter were of a very severe type; but all were successfully treated and speedily cured by infinitesimal doses, and without any resort to any kind of "heroic medication."

And here I may remark that the success of the Homœopathic treatment was so great that many of its opponents attempted to account for it in other than the right and legitimate way. They affirmed that the good health of the inmates of the prison was owing entirely to the abundant supply of pure artesian water which had been introduced a short time previous to my appointment. But they failed to

see that the water lost its efficacy soon after Homœopathic practice was abandoned, and that it did not regain its virtues until that system was again adopted in 1872; all of which may be seen, by referring to the Prison Reports during the ten years when Allopathy was "in" and Homœopathy was "out."

Taking another and later comparison, we find that, in round numbers:

	Days' labor lost by sickness.	Cost of Hospital Stores.
Under Allopathic treatment, in 1870 and 1871.	24,000	\$1,800
Under Homœopathic treatment, in 1873 and 1874.	11,000	\$900

While the average number of convicts during the last two years was greater than ever before in the history of the prison.

I have omitted the year of 1872, because my attendance began in the middle of the year, and I wish to compare only full years.

Thus it will be clearly seen that Homœopathy is far in advance of the ordinary method of practice in saving life, in abbreviating suffering, or in diminishing expense.

The people of Michigan, in looking over these facts as contained in the prison reports, cannot fail to perceive the great advantage of the new practice; and yet it is well known, that, in obedience to partisan prejudice and political pressure, an Allopathic physician has lately been placed over these unfortunates, who cost the tax-payers of the state larger sums of money, and who keep the prisoners upon beds of sickness many days in the year when they ought to be at work. And thus, in spite of demonstrated facts, this institution is managed as far as medical treatment is concerned, without due regard to the best interests of the state, in either an economical or humanitarian point of view.

All of which is respectfully submitted.

J. B. TUTTLE M. D.

JACKSON, Mich., *February*, 1876.

[The State Prison at Jackson and the Institution at Ionia of which Dr. Long is in charge, are not the same. Critics should be careful as well as editors.]

HOW I TREAT DIPHTHERIA.

We are having diphtheria just now, and as there has been so much written upon this subject of late, I take it for granted that the profession are well up on it. So I will not attempt to give the etiology or pathology, but my treatment of this disease. In the first stage when there is considerable fever with throbbing of the carotid arteries, eyes suffused, throat red and swollen, Bell. 3d, fifteen or twenty drops put into half a glass of water, a teaspoonful given every hour, and Biniodide mercury Cum Kali bich once in three hours. I prepare the Merc. and Kali in the following manner, viz:

Biniodide mercury.
Kali bichromicum aa ʒ i.
Sugar milk ʒix.

Triturate one hour. Merc. and Kali prepared in this way will cure more diphtheria and more sore throat than *all* the other remedies in the known world. It will stop quinsy if taken when the first symptom is noticed.

When the nasal passages are involved, nose stopped up with a thin yellowish acrid discharge from the nostrils, Arum triphyllum tincture thirty drops in half a glass of water, teaspoonful every hour will cure.

These symptoms often occur in scarlatina and are cured by Arum.

When the air passages are involved, and we have croupous diphtheria, about the best thing to do is to prepare the family to call in the undertaker; however, we might do our best to cure the patient while the friends are becoming reconciled. Bromine, Chlorine, and Bryonia, are to be thought of. I cured one very bad case of croupous diphtheria with Bryonia 30th.

Chlorine prepared after the following formula will be found to be one of our best remedies in any form of diphtheria. I do not claim to be the originator of it. I think I read it in *THE INVESTIGATOR*.

Chlorate potassa gr. xxx.
 Hydrochloric acid gtt. xxx.
 Aqua dist. ℥iv.

Put the Potash in the bottle with the Hydrochloric acid, and add an ounce or two of water until the potash is dissolved, then add water to make six ounces. Give a teaspoonful once in three hours. If the friends are anxious to apply anything externally, put on kerosene oil, tie the bandage over the head, and when blistered apply beef-steak or lean beef.

F. B. SMITH.

FACTS ABOUT SMALL-POX.

IS OUR BOVINE VACCINE VIRUS TOO HIGHLY CULTURED TO PROTECT?

I am going to give a few facts gleaned here this winter, of 1882, during our epidemic of small-pox and vaccination, and without comment, ask some of our scientists to give us "more light" on the question.

Dr. F. M. Ramey, who has attended all the patients, has given me most of the information here reported.

In Mr. Davis' family the mother and five children were vaccinated, and one child, a babe two and a half months old was not vaccinated. The vaccine *seemed* to take well on all but one, and this one had confluent small-pox and died. The mother and two children had varioloid, and two of the children have so far escaped altogether. The babe who was not vaccinated at all nursed the mother through her sickness and had the disease lightest of all.

A man by the name of Charles, had small-pox, and as soon as it was known what was the matter with him, the rest of the family, consisting of mother and three children, were vaccinated. It *seemingly* took *elegantly* but in just about the right time after exposure they *all* came down with small-pox, all had the confluent form, and one, the mother, died. The father had been vaccinated when young and had the disease in a mild form.

Mr. J. L. French, a policeman who had been vaccinated forty-five years ago, had the disease in a mild form.

Four persons who have nursed the patients at the pest-house, were vaccinated twenty years ago or more, not since, and none of them have contracted the disease.

City marshal Hayes, who had confluent small-pox several years ago, was vaccinated with this bovine virus, and it seemingly took well.

Mrs. Brunaugh, who had had the confluent small-pox several years ago, nursed her children through, and has had varioloid herself.

In all the cases of small-pox here this season, where it occurred in persons who had some time previously been vaccinated, the disease assumed a mild form, while in those who had just been vaccinated with animal virus, and then had small-pox, it took, in most cases, the severe form.

Another point; this animal virus takes on nine tenths of my vaccinations, whether primary, or revaccinations, even where it "took well" only two or three years ago.

Can it be possible that this highly cultured virus is some other disease allied to small-pox, as closely as rotheln is to rubeola?

With these facts just given, I for one shall never be satisfied that the babies I have vaccinated this year are protected against small-pox.

SPRINGFIELD, Mo.

C. L. KING, M. D.

Development of Lymphatic Tissue in the Urinary Passages.—The author (*Med. Jour der K.-K. Gessell. der Aerzte zu Wien.*, 1881, Heft 1) records eight cases in which lymphatic tissue was found throughout the mucous membrane or the urinary system. One case was tuberculosis; the next, suppurative nephritis; the third, croupous pneumonia; the fourth, peritonitis; the fifth, a scalp wound; the sixth, pneumonia with universal syphilitic glandular swellings; in the seventh case, the cause is not given; and the last was a case of Bright's diseases. In health, there are no lymphatic tissues in the mucous membrane of the urinary tract, and, from its presence in these cases, Chiari thinks that it may arise under abnormal conditions.

HYDROSIS IN TYPHOID FEVER.

Hydrosis in typhoid, if we understand right, is not a usual complication, and its occurrence may be looked upon as a serious matter. Reynold says nothing of it, nor in fact does any author which I have at my command. It is more in the puerpural state that we will find it. But that it is occasionally a complication in typhoid, the following case will illustrate:

A young lady about twenty-four years of age, was, in the fall of 1881, attacked with typhoid; after about fourteen days of the prodromic stage, she was confined to her bed with the usual symptoms. Under the influence of *Baptisia* and *Bryonia* the fever was readily controlled, and in fourteen days I had the satisfaction of discharging her convalescent. I was highly delighted with the rapid recovery of my patient, and the apparently beautiful action of my remedies. The usual ravenous appetite followed in this case, and my patient, against my warning, gave away to its impulse, and the consequence was a severe relapse. The fever rose high, pulse strong and quick, ranging 125 and upward; skin dry and hot; the nervous symptoms became prominent with persistent nightly delirium and persistent sleeplessness; diarrhoea, with much pain in the bowels. Remedies now only exerted a partial effect, and while the bowels were slowly controlled, the fever and nervous symptoms remained unbroken; the fever gradually rose, the nervous symptoms became more and more marked. On my visit about the twenty-fourth day of her sickness, I was delighted to find a warm, gentle perspiration had bathed the heretofore dry, hot skin, and hailed it with delight, such as every anxious physician feels when there arise a ray of hope in an apparently hopeless case. The skin was still hot and pungent, but I anticipated in a short time a corresponding fall in temperature. But my hopes were short lived. The gentle sweat grew into a profuse dripping perspiration, until her clothing was saturated; the temperature failed to diminish

but gradually rose; the pulse became small, feeble and rapid; she gradually sank down in bed, delirium became more constant, until a comatose condition supervened. Urine diminished, and on the two last days was suppressed. The sweating continued until the last, grew even more profuse, and the entire body was covered with a milliary rash. She died on the morning of the twenty-eighth day from the time she took to her bed. The peculiarity of the case is the fact that the perspiration, profuse as it was, had no effect to diminish the temperature, nor did the perspiration seem to arise from weakness; she became extremely weak only after the perspiration had continued. During the fever she had no sign of the characteristic eruptions that accompany typhoid fever, and this has led me to think the issue might have been otherwise had the roseola developed. Yet I have had favorable issue in typhoid when I was able to detect none whatever. However, I am unable to say whether the eruptions are necessary accompaniments of the disease.

L. A.

Period of Incubation of Scarlatina, Varicella, Parotitis, Rotheln.—Dr. Clement Dukes, in the *Lancet*, October 1881 p. 743, contributes a very interesting paper on these subjects, upon which his official capacity in the Rugby School and Hospital, entitled him to speak with authority. In seventeen cases of scarlatina, in which the incubation period was carefully studied, the earliest was one day, the latest, nine. In fifteen cases of varicella, the earliest date noted, was fourteen days, the latest, eighteen. In about fifty cases of mumps, the incubation period extended from sixteen days the earliest, to twenty-five the latest. The frequently attending orchitis of mumps, Dr. Dukes shows, is not a metastasis, but a complication that can be watched for; never coming before nor after a certain definite time, and coming only in certain cases—viz, in those that have arrived at or beyond the age of puberty. This fact, says Dr. Dukes, is a great guide to treatment; for by keeping all likely cases in bed until the ninth day, and carefully taking the temperature, which rises before the pain is felt, and on the slightest rise of temperature, applying a hot poultice to the testicles, the severe pain is mitigated, and the acute general symptoms are diminished by the patient being placed thus early under general treatment. In one case the orchitis took the place of the parotid swelling on the first day, the parotids not being touched from beginning to end, but only the submaxillary glands; and this case was the most severe he ever met with. Rotheln, Dr. Dukes believes to be a disease *sui generis*, and does not think it bears any more relation to measles than does varicella to variola. The incubation period is very difficult to trace, but twelve to eighteen days appear about the average duration. A very good description is given of a typical mild, and of a typical bad case.

Etiological Department.

PECULIAR PANCREATIC DISEASES.

BY J. C. MORGAN, M. D., PHILADELPHIA, PA.

FATTY PANCREAS.

Fatty change of organs occurs in three forms, viz.: first by cell infiltration, the fat being derived, first, from the excess of hydrocarbon in the food, and, secondly, from metastasis of fatty products of disease; also, by fat-cell proliferation ("multiplication by division,") also lipomatosis, locally so-called; obesity, when general and systemic; these fat cells are only specialized connective tissue cells; thirdly, by cell-degeneration, the product being oily or fatty, usually the result of, first, loss of nutrient supplies; secondly, decomposition of albuminous protoplasm of the cells, by oxidation, often widespread and rapid, as in fevers and phthisis, but incomplete, the product being a transition material, oil or fat.

For obvious reasons, two or more of these changes may co-exist. Thus, lipomatosis of the pancreas frame-work encroaches on its secreting acini, destroying the cells by simple atrophy or by fatty degeneration, the duct of Wirsung only of the whole gland-structure remaining intact. This duct to contain a fatty, whey-like fluid, is found in such cases. Similar changes usually co-exist in the heart, liver, omentum, etc., along with general obesity, especially in drunkards.

Fatty degeneration in the pancreas, just as elsewhere, is the most important element of fatty disease.

The earliest microscopical appearance is granulation of the cell-protoplasm. This is due to the decomposition of particles of the albuminous matter, forming a microscopic oil-globule; these particles being each enveloped in a pellicle of unaltered albuminous matter, which envelop dis-

solves in either acetic acid or alkalies, the oily particle itself best dissolving in ether; all of which tests may be applied under the microscope. These granules, in the advance of degeneration, enlarge, become more plainly oily, then coalesce, hiding the nucleus. (Fatty infiltration rather pushes the nucleus toward the periphery of the cell, thus obscuring it). Lastly, the cell perishes, and only fatty-detritus, in emulsion, if the pancreas remains; sometimes filling and even distending the ducts. This is also typical parenchymatous degeneration.

The acinous contour is retained, until these contents are absorbed or discharged, when atrophy gradually appears. If interstitial new growth, from chronic inflammation, be also present, a contracted, tough, indurated body results; if not, it appears soft, flaccid and wasted.

One of the important features of fatty degeneration, here as elsewhere, is the frequent involvement of the walls of the bloodvessels, in which case hæmorrhages are apt to occur. In drunkards, especially, and in abnormal corpulency, these changes are of great moment, as they are, as to the heart-muscle, in similar subjects (vide pancreatic hæmorrhages).

AMYLOID PANCREAS.

This condition is only a fractional part of a general tissue degeneration, which finds its first location in the walls of the smaller arteries; thence extending to the cellular elements of organs, and finally involving all the tissues in its vicinity; forming a waxy, or bacon-like, firm mass; hence, the synonyms, waxy, or lardaceous degeneration, or, as some contend, infiltration; albuminoid is another term sometimes used, meaning that the abnormal matter is nitrogenous, not any form of mere hydro-carbon. All these phrases, indeed, express the theoretical views of authors; Virchow supposing the abnormal substance to be a sort of animal starch, (amyloid) or of cellulose, and so on.

The liver, spleen, and kidneys are most commonly simultaneously affected; are greatly and progressively enlarged, become firm, and lose their function. The intestinal blood-

vessels and other tissues participate, causing a form of ulceration, and chronic diarrhœa.

Its causes are found in all debilitating diseases, as bone-caries, phthisis, and above all, syphilis. It is more common at least in its earlier form, than is usually believed; only microscopic observation, or the iodine test, revealing it by its brown stain,* etc.

By interference with adjacent nutrition, fatty degeneration becomes an occasional concomitant. Thus Friedreich describes a case of phthisis, with amyloid degeneration of the pancreatic vessels, and fatty degeneration of the gland-cells; the latter being favored, doubtless, by febrile processes, as in some other cases.

PANCREATIC APOPLEXY (PANCREATIC HÆMORRHAGE).

This event is naturally secondary to other and somewhat varied lesions. Organic disease of the heart, of the lungs, or of the liver, inducing chronic congestion of the gland, causing inflammatory changes, then fatty degeneration; these are prominent antecedents of hæmorrhage. However, according to Klebs, diffuse hæmorrhage sometimes occurs, quite independently of all these; the gland being found red, the acini gray, or pigmented. Three cases reported by Zenker, and recorded in Friedreich's essay in Ziemssen's *Cyclopædia*, Vol. VIII., occurred in corpulent persons, one of whom was a drunkard, also; showing that whilst emaciation was of old held to be diagnostic of pancreatic disease, we must now recognize obesity also, as connected with some forms; perhaps causing them, even, by primary interstitial lipomatoses of the gland; secondary fatty degeneration of acini and bloodvessels, due to pressure, and local anæmia following; and finally, rupture of the vessels, with extravasation of blood. Either extreme emaciation or obesity, along with the other symptoms, may then look toward pancreatic diseases; in the former case, after digestive distresses; in

* Iodine stains normal tissues yellow. The brown stain commonly turns to violet, by adding strong sulphuric acid.

the latter, with or without these, anæmia or asthenia often co-existing, as is by no means rare in corpulency.

In Zenker's cases, indeed, the corpulency was not extreme, yet Friedreich regards them in the above light. Kleb's case he excludes from this type. Sudden death happened in all, notwithstanding the loss of blood was not great; wherefore the question, why did they die? The most satisfactory reason is that which refers it to the proximity of the solar plexus and its branches, and to the shock and pressure thus suffered, and propagated to, and paralyzing the heart; a condition also illustrated in Goltz's tapping experiment (*Klopfversuch*), in which, by tapping on the abdomen of a frog, the heart is paralyzed, and action arrested at its diastole. In one case, there was great venous engorgement of the solar plexus. At all events, we hence derive an important clinical lesson, viz.: to always suspect the pancreas in cases of sudden death, and prominently, hæmorrhage. Again, we are warned against careless percussion over this region, in depressed cases. I have myself seen collapse symptoms thus occur. The blood may be effused either into or around the gland, or both. It may happen without warning, in the midst of apparently perfect health; or with malaise, inclination to vomit, etc.; or in persons suffering from chronic alcoholism (with cirrhosis, hæmorrhage, and cystic expansion).

If death be postponed, the peritoneum may suffer, and sloughs be formed, discharging into its cavity, as in Kleb's case; of course with secondary peritonitis. Or again, a pulsating tumor may develop, with violent (bilious?) vomiting, diarrhœa, great distress, palpitation, cold extremities, faintings; the symptoms fluctuating, for months, perhaps, until, during an exacerbation, death ensues. Such a case was that of Stærk, mentioned by Friedreich; the first attack occurred during the menses, in a woman of twenty-eight years; these immediately ceased, and death followed in three and a half months. The autopsy showed the pancreas converted into a blood-cyst, weighing thirteen pounds; a ruptured bloodvessel communicated with it, at the middle of the gland.

Besides these greater hæmorrhages, others may be found: as, first, hæmorrhagic spots scattered through inflammatory or new-formed connective tissue; degenerating into oval pigmented masses, or cyst-like "spaces containing a colored serosity, and surrounded by thickened, irregular, rust-colored walls;" secondly, ordinary retention-cysts, with hæmorrhagic contents. Diseases of venous obstruction (of heart, lungs, etc.), are connected with the former; obstruction of Wirsung's duct, with the latter. But the apoplectic cases proper, the greater hæmorrhages, seem to be more closely identified with diseases of the solar plexus.

Blood thus extravasated sometimes finds its way into the duodenum, and may be both vomited, and passed per anum. Pepper's case, quoted by Friedreich, died in this way; being a drunkard, with cirrhotic liver, and hæmorrhagic cysts of the pancreas. Hæmorrhagic, as well as other cysts, may also adhere to, and discharge by, the stomach and bowels.

CONCRETIONS IN THE PANCREAS.

These occur in the duct and its branches, even to the smallest, and are of two kinds, viz.: proteinaceous and calcareous. Incrustations may form in the duct, but commonly they assume the form of stones, of dimensions varying from the microscopic to the size of a walnut. Often they are multiple, even numerous.

Virchow described the proteinaceous concretions as microscopic, solid and insoluble; they were found in a syphilitic woman. The calcareous forms consist of carbonate and phosphate of lime; the larger sometimes showing cavities containing smaller calculi, or chalky powder, with milk-like fluid, as if included by accumulated surrounding incrustations. Sometimes cancer co-exists, either in the gland itself, or in neighboring organs, as the stomach.

The causes of such concretions are similar to those elsewhere observed: first, the nature of the food and drink used, must always be taken into account; secondly, the presence of particles capable of becoming the nuclei or nidus of deposit, *e. g.*, the solidified, glassy, proteinaceous, microscopic con-

cretions of Virchow; or blood, or catarrhal matter proceeding from inflammatory exudation, may become nuclei for large calculi; thirdly, inflammatory deposits, containing lime-salts, which remain after absorption of the organic matter; fourthly, chemical precipitation of the inorganic matters, especially lime; of the pancreatic secretions, upon and into the mucous epithelium of the ducts, in which case the carbonic acid of the blood, which is believed to hold them, normally, in solution, probably escapes; perhaps aided by the superior affinity for lime, of the phosphoric acid of associated alkaline phosphates, thus forming phosphate of lime; or, again, the pancreas being known as the one organ which can and does decompose fats into glycerine and fatty acids, it may be that these nascent acids form insoluble fat-salts of lime, sometimes to be further oxidized, and changed to its equally insoluble carbonate; fifthly, in diseases of bones, metastases of lime-salts to various parts of the body are common, and the pancreatic secretion may be affected thus, and concretions form therein; sixthly, constitutional vices may determine a degenerative nutrition, simultaneously in various tissues and organs, including this. Thus, syphilis may involve the aorta in atheroma, ending in calcification; along with pancreatic disease, probably of similar nature and origin. Such a case recently occurred in the clinic of Prof. Wm. Pepper, of Philadelphia, causing jaundice, with diabetes mellitus, albuminuria, and death, with symptoms of blood-poisoning (cholæmia, or uræmia?). Post mortem, the common gall-duct and pancreatic-duct were both found impervious, owing to pancreatic concretion; and both the gall-bladder and the duct of Wirsung were so distended as to form large fluctuating tumors, felt during life; diagnosis having been reserved as to a possible cancerous obstruction, the autopsy showed it to be purely concretionary. The aortic disease, diagnosed in life, was attributed to constitutional syphilis of nine years' standing, and the pancreatic affection was considered as part of the same. Henceforth, this vice should be sufficient to turn attention to this gland in obscure cases, and to this form of lesion among others.

The results of pancreatic concretions are suggested by the symptoms of this case. We may have obstruction of one or both of the companion ducts; the loss of the functions of the affected gland; formation of retention-cysts in the course of the duct of Wirsung, which may reach even to the size of a child's head, forming a fluctuating tumor in the epigastrium; distention of the gall-bladder; jaundice; diabetes mellitus, to which allusion will be again made, as a frequent attendant on pancreas-diseases; pressure on surrounding parts, with possible injury; atrophy and destruction of the gland-tissue itself. (The German pathologists apply the term *ranula pancreatica* to the enlargements caused by obstruction of the pancreatic duct, comparing it with that tumor which forms beneath the tongue from obstruction of Wharton's duct of the submaxillary gland.) Inflammation of the gland may result, and we have pancreatitis or peripancreatitis; fatty stools and lientery from failure of the pancreatic secretion and digestion, with or without the failure of the pancreatic secretion and digestion, with or without the failure of the assisting emulsifier, the bile; aneurism of the aorta,* above the pancreas, with contraction of the same below caused by pressure, and causing circulatory disturbances, etc., in the dependent parts; pressure on the vena cava, or vena porta, with obstruction, dropsy, etc., also, when there is solid pressure; pressure on, and irritation of the solar plexus of nerves, with vaso-motor, cardiac, and other troubles; or, we may have from extension of inflammation, the involvement of the plexus, the supra-renal capsules, etc., as in Addison's disease. All other lesions of the pancreas, however, may be considered in such cases, as well as, or even more than concretions, since proximity renders all these parts liable to their influence. Again, it should be remembered that pancreatic concretions are sometimes associated with other lesions, as cancer, either of the gland itself, or of some neighboring organ, as the stomach; or with aortic calcification.

*Only if connected with solid growth and pressure.

CYSTS OF THE PANCREAS.

Incidentally, these have been considered along with concretions. Retention-cysts may occur, however, in other ways, as by inflammation of the interstitial connective tissue forming a simple stricture of the duct; or by catarrhal obstruction of the duodenal opening of the duct; thus, from catarrhal duodenitis; a history of such an affection, with or without jaundice, as antecedent to this lesion, may greatly simplify the diagnosis. Again, obstruction may follow local peritonitis (peripancreatitis), with adhesions and indurations; or new growths in the head of the gland; biliary calculi in the common gall-duct, pressing on the canal of Wirsung; tumors in neighboring parts, enlarged lymph-glands, etc. Not only may the main duct of the gland be obstructed, but like causes may induce obstruction of smaller ducts, and then the cysts are small and multiple, forming vesicles, sometimes looking like a bunch of currants. Retention-cysts may become hæmorrhagic within.

Furthermore, cysts are sometimes hæmorrhagic in origin; and all hæmorrhagic cysts may be found containing either blood, or after a season, only hæmatoidin, owing to the absorption of the other constituents, and alteration of its hæmatine. Concerning such hæmorrhages, more anon.

The bursting of cysts may cause shock, peritonitis, and speedy death; and this organ should be examined carefully, in doubtful cases. Fatal cases of circumscribed hæmorrhage without bursting, are also recorded. (Vide hæmorrhage of the pancreas.)

Only when pretty large can cysts be fully made out during life; the appearance of a tumor deep in the region of the gland, roundish or oval, smooth, soft and fluctuating, with antecedents such as have already been mentioned, would justify the guarded conclusion.

HYPERTROPHY OF THE PANCREAS.

Hypertrophy of the pancreas, so-called, is found as a consequence of chronic inflammation, increasing the connectiv

tissue frame-work ; but the term pseudo-hypertrophy is more correct, inasmuch as this term is thus applied elsewhere (muscles), and there is no new formation of gland tissue proper, so far as is now known. The normal size and weight of the gland, moreover, so necessary to the determination of pathological variations, is still undefined.

ATROPHY OF THE PANCREAS.

Owing to interference with its circulation, the gland may suffer atrophy. The principal causes of such interference are found in diseases of the heart, lungs, and liver, by which its veins are chronically congested, cell-nutrition impaired, and connective tissue increased.

Obstructions to Wirsung's duct by calculi, or otherwise, with retention of its secretion, occur at the sacrifice of the cellular elements thus pressed upon. Fatty degeneration usually occurs in the cells, in the process of atrophy. The typical effects of pancreatic atrophy are seen in fatty stools and diabetes mellitus.

MORBID GROWTHS IN THE PANCREAS.

These are of three principal kinds, viz.: tubercle, carcinoma, and sarcoma.

Tubercle is very rare; and cases so-called have most commonly been, not true or gray tubercle, but of the spurious sort—the yellow, caseous, degenerate product of inflammatory exudation; usually, the true is also more or less old and cheesy, and is found in connection with pulmonary and intestinal phthisis. The symptoms, therefore, are not very definite, so far as observed. It must be remembered that true tubercle anywhere is strictly a new growth, destitute of vessels. The most frequent form of pancreatic new growth is carcinoma. Not only so, but of all primary diseases of this gland, it is the most frequently detected during life, and so apparently the most common. On the other hand, chronic inflammatory induration was by the older physicians often mistaken for it, post mortem; and even in cancerous patients themselves, this is relatively rare; according to

Willigk, only twenty-nine in 467 autopsies of each; according to Foerster, only six in 639, of all kinds of disease; and of the six, none were primary.

Commonly it appears as scirrhus, rarely of other varieties; and usually, the head of the gland is the part affected at first, the growth spreading from that focus. Very rarely it has been found confined to the body; still more so to the tail.

Cancer of the pancreas is far more common in men, than in women, and occurs almost altogether after forty years of age. Heredity, no doubt, as well as other factors of cancer elsewhere found, affects the ætiology, but nothing is certainly known of it. The general impression first made upon the observer is, that some deeply-seated organic lesion exists in the upper abdomen; that is, after the incipient, functional troubles have become persistent and progressive. Symptoms of interference with the several organs of the upper abdomen are variously proportioned; then, they suffer by direct implication in the growth, or, at least, by pressure; as, the thoracic duct, the common gall-duct, one or both ureters, the duodenum and pylorus, the bloodvessels, etc., as already mentioned under cysts, and far more conspicuously than with cysts. Thus, gastric, or hepatic, or other disease, is often suggested by the symptoms; watery vomiting, great thirst, moist tongue, and emaciation, being specified by some, as characteristic symptoms; on insufficient grounds, perhaps, yet of thirty-seven cases mentioned by Da Costa, dyspeptic symptoms existed in twenty-five; vomiting, from concomitant gastric disease in twenty-two; whilst twenty-four had jaundice; fifteen, dropsy; nineteen, obstructed bowels; and fifteen, alternate constipation and diarrhœa.

Pain is of particular importance; Da Costa's statistics show thirty-two cases of special severity. It is neuralgic, involving the branches of the cœliac plexus; deep in the epigastrium, sometimes going crosswise, or running to either hypochondrium, usually the right; or to the shoulder, or the back, or sacrum; or over the whole abdomen; often aggravated by the upright posture; better by forward flexion.

Tumor, usually roundish and nodulated, if found, is an

important sign; but it has been inappreciable by the hand, in at least two-thirds of the actual cases. Since the head of the gland, the most frequent location of cancer, lies concealed by the liver, there is great difficulty in feeling it, until it has grown considerably. Sometimes a mere increase of firmness and resistance, indicates its possible presence, but the same sort of quality is presented by cancer of the omentum; whilst cancer of the liver, or stomach, with their more definite nodulation, is liable to be confounded with it also. Epigastric tumors, however, are always to suggest a full examination of this organ, both functionally and anatomically. Along with cancer, enlarged cervical lymph-glands may be found; likewise cancerous cachexia, fatty stools, and saccharine urine. In the advanced stage of the urinary error, catarrhal nephritis and albuminuria may be set up by the irritation of the kidneys, as in other cases of diabetes.

The duodenum, or pylorus, very rarely the cardiac end of the stomach, or even its body, may suffer from pressure; obstruction, with its usual consequences, may ensue; dilatation above the obstruction, and imperviousness to the passage of food or drink beyond it, vomiting of food, etc. Pressure on the colon causes constipation. Mere pressure on a ureter has caused hydro-nephrosis; on the bile-duct, jaundice; on the duct of this gland itself, ranula, cysts or concretions. If on the mesenteric vessels, vascular errors in the bowels, with secretory and other lesions; on the splenic vessels, alterations in size of the spleen, and of its blood-making function. If the vena porta be compressed, ascites results; if the vena cava, which is more frequent, œdema of the lower limbs; if the aorta, real or spurious aneurism may appear.

Further, the original pancreatic cancer may spread to other parts; and still further, other cancers may spread to the pancreas, defying us to trace their origin, even by autopsy. Here, the steps of the history, the date of appearance of fatty stools, of saccharine urine, etc., with the antecedent and subsequent phenomena, may give the needed clue. Pancreatic cancer sometimes ulcerates into the gut; as

also into arteries of the stomach or spleen, the vena porta or vena cava, with evident results; or through the peritoneum, directly into the abdominal cavity; or even through the diaphragm into the chest. The liver, kidneys, suprarenal capsules, vertebræ, etc., may also be attacked. Not only primary pancreatic cancer, but the secondary or metastatic also, is located most commonly in the head of the gland; and this latter usually occurs by extension from the pylorus, duodenum, liver, or gall-bladder; more rarely, it is consecutive to some distant cancer, and then is isolated, distinct and circumscribed. Among the mere possibilities is mentioned the participation of the gland in a universal carcinosis, comparable with general miliary tuberculosis.

Sarcoma of the Pancreas.—The distinction of sarcoma from the innocent fibroma, and from true carcinoma, is now-a-days somewhat clearly made; sarcoma, however, is scarcely less malignant than carcinoma. There are three varieties, viz.: the fibrous, or spindle-celled, the small-celled, and the giant-celled; the first resembling in its cell-forms, young connective tissue; the second, the still more embryonic tissue of granulations; the third, is probably due to the fusion of a number of adjacent cell-walls into one, on which their several nuclei are displayed; an appearance which Gross, Jr., compares to "a tray covered with oysters on the half-shell."

A single case of sarcoma of the pancreas is recorded; it was small-celled, and was without notable symptoms during life; the young man having died of pulmonary and intestinal phthisis.

Bacteria in Fresh Urine.—Leube has investigated the freshly passed urine, to discover whether it contains bacteria. This was done by having it passed, with certain precautions, under mercury. He found that under these circumstances, it remains for weeks and months, acid, clear, and free from micro-organisms. He concludes, therefore, that these organisms, where present, have been introduced from without, or have entered the urine after it left the body.—*London Medical Record.*

Society Proceedings.

NEW YORK STATE SOCIETY.

ANNUAL MEETING—FULL REPORT.

The New York State Homœopathic Medical Society convened in the Court of Appeals room, in the new capitol, Albany, at ten o'clock February 14, the president, Dr. S. H. Talcott, of Middletown, in the chair.

The following physicians were in attendance: J. W. Cox, George A. Cox, E. D. Jones, Charles E. Jones, H. M. Paine, L. M. Pratt, P. L. F. Reynolds. Albany; G. H. Billings, Cohoes; A. S. Couch, Fredonia; A. B. Rice, Panama; Orlando Groom, Horseheads; Wright H. Barnes, Chatham; Anna C. Howland, Poughkeepsie; J. Strong, Fishkill; W. B. Kenyon, Buffalo; S. S. Guy, Everitt Hasbrouck, Helene S. Lassen, J. L. Moffat, Brooklyn; H. H. Brasted, Lima; R. A. Adams, Charles Summer, Rochester; C. A. Bacon, John H. Demarest, John W. Dowling, William Tod Helmuth, Edwir M. Kellogg, A. P. Williamson, New York; M. O. Terry, Utica; Wm. M. Butler, S. H. Talcott, Middletown; John J. Mitchell, Newburgh; C. A. Bel-din, Jamaica; Charles H. Carpenter, Edward S. Coburn, Maria L. Dawdell, Troy; W. W. French, Ballston; S. J. Pearsall, J. A. Pearsall, Saratoga; Arthur P. Hollett, Havana; A. W. Holden, Glen's Falls; L. A. Clark, J. F. Niver, Cambridge; T. E. Hale, Shushan; O. H. Mott, Fort Ann; J. C. McPherson, Lyons; J. L. Corbin, Athens, Pa.

The proceedings were opened with prayer by Rev. James H. Ecob. President Talcott then proceeded to deliver his opening address, of which the following is a full abstract:

DR. TALCOTT'S ADDRESS.

At the outset, Dr. Talcott thanked the members of the society for the honor conferred by an election to the presidency. He then announced as his subject, "The Past and Present of Medicine." The subject was selected on account of its comprehensiveness, but without any idea, on the speaker's part, of entering into minuteness of detail. He simply claimed the privilege of hitting any head of wrong, like the Irishman at Donnybrook fair, wherever he saw it. In reviewing the past of medicine, he proposed to touch only some of the century peaks of observation. After having described the stagnant state of medicine as it existed for many centuries, he pointed out the changes which took place in the march of progress, until, at last, the darkness of bigotry was superseded by the light of Homœopathy. The first portion of the address consisted of a brief review of the

history of medicine, with running comments upon the various phases of medical science, as presented by the most famous advocates and practitioners of the healing art. At first, patients were cured by the production of various and startling effects upon the imagination, through the means of astrology, and by incantations, and exorcisms. Then external treatment was for a time in vogue. At last, internal medication came to be practiced, the doses varying in size, as they accorded with the moderate teachings of Hippocrates, or the reckless injunctions of Thessalus, and Paracelsus.

Blind empiricism in practice was followed, at length, by efforts to study the anatomical structure and physiological functions of the human body. Here light began to dawn in the medical world, and with it came renewed zeal on the part of earnest students for the further investigations of chemistry as well as physiology and anatomy, until Hahnemann arose like a giant, and, with brilliant powers, discovered and formulated the law of similars. Then medicine assumed the dignity of an art which is based upon practical and natural science. Hahnemann's idea of medicine is expressed most clearly in his own language. In his Lesser Writings he declares: "The knowledge of diseases, the knowledge of remedies, and the knowledge of their employment, constitute medicine." The master of the new school, therefore, recognized the necessity for an understanding of both the nature of diseases, and the effect of drugs. He regarded "vital force" as the "source of all the phenomena of life, and the sphere in which disease begins and medicines act." Disease is a disturbance of "vital force." That disturbance may be temporary, and cause only functional derangements, or it may go on to the production of organic changes of the bodily tissue. Hahnemann's discovery of the law of similars subjected him, on account of its tendency to overthrow the prevailing practices, to slander, ridicule and ostracism. But while he suffered on this account, the world reaped, at last, the benefits of his beneficent work.

The obloquy heaped upon Hahnemann rivaled that which was meted out to Galileo, to Kepler, to Harvey, and to Jenner; yet, like all these great discoverers, he now receives the homage of the thinking and the educated masses. The success of Hahnemann's practice drove many of the Old School from the active ministrations of medicine, to the study of anatomy, physiology, and pathology, and to the practice of surgery. The result has been a marked progress in and development of these branches, while at the same time, the followers of Hahnemann have brought to light the rich treasures of the *materia medica*, and the higher possibilities of scientific therapeutics. Competition by workmen engaged upon the same structure, has done much for the rebuilding, and artistic adornment, of the temple of medicine. The influence of Homœopathy now extends far beyond the lines and ranks of its professed followers, as evidenced by changes in general medical practice. The compounding of sixty unknown drugs is no longer regarded as a scientific procedure; heroic practice

is being superceded by the "divided dose," since that is now recommended by the best minds in the Old School. Giving mixed drugs without a knowledge of their properties or effects, as an experiment, is but little practiced at the present time, and a knowledge of each individual drug before it is administered, is now considered essential.

Two currents of medical knowledge flow side by side; one dark and turbid, with the bigotry of the past; the other clear and sparkling, with the purity of the present. The brightness of the one will, in time, overpower and subdue the impurities of the other.

Dr. Talcott urged the members of the society to hold fast that which was good, and said: "If, as a society, we would be perpetuated, we must keep ourselves in harmony and alliance with those tenets of medical truth which are immortal." He advocated extending the right hand of fellowship to all who are seeking after truth, and to all who would aid in upbuilding the cause. He urged the importance of legislation, to the effect that the doors of admission of the society might be opened to every worthy seeker and honest believer. He said that Homœopathy was a form of practice more readily adopted by the educated, the thinking, and the cultured classes, and promulgated the fact that the exponents of this practice should be thoroughly trained and highly cultivated men and women. Students should find no admission to the offices of the Homœopathic practitioners, unless they have previously acquired a sound classical education. Then, with such material, medical colleges could turn out good physicians, though the number might be more limited than at present. The natures and characters of medical students should be considered, as well as their educational attainments. He claimed that the profession had had enough cringing hucksters, prostituting their calling to base ends for filthy lucre; enough boasters and braggarts; enough of those who are overwise in their own conceit. "In the future we want no servile Sampson Brass, to belittle and degrade our profession; no Janotus de Bragmardo, to trick the public with the sophistry of seeming erudition; no Primrose Moses, to destroy the victims of disease with an impractical, and blundering pedantry. By such accessions to our ranks of men, who are scholarly and honorable, and by such only can the profession be lifted to its true position in the estimation of mankind." In the future the art of prevention of disease will find its place side by side with the science of curing the sick. Boards of Health should be sustained, and each physician should do his duty by warning his clients, and aiding them in warding off every threatened danger. Like the participants in the ceremonial races of ancient Greece, each member of the healing art should bear aloft a shining light; that light should be protected from the blast of ignorant opposition, and should be handed down, at last, as "an unextinguished torch from sire to son."

The following committees were then announced:

Credentials—Drs. Holden, Brown, and Kenyon.

Invitations—Drs. Hasbrouck, Stiles, and Mitchell.

President's Address—Drs. Damerest, Adams, and Howland.

On motion, the Governor and Staff, both Houses of the Legislature, and all duly qualified physicians were invited to attend the sessions.

Corresponding Secretary Dr. C. E. Jones, of Albany, presented his report.

The Treasurer reported that \$1,027.23 had been received during the year, and the same amount disbursed, while the liabilities of the society were \$144.40.

Nominations were then made for officers, etc., who will be balloted for this morning.

The following nominations were made for the Regents' degree: Drs. C. E. Swift, of Auburn; E. D. Jones, of Albany; J. B. Elliott, of Brooklyn; J. A. Bigler, of Rochester, and L. M. Kenyon of Buffalo.

The committee on Legislation reported that nothing had been done during the year.

The following, among sixteen nominated at the last annual meeting were elected permanent members: Dr. John A. Pearsall, third district; E. J. Morgan and T. W. Read, sixth district.

The following were elected honorary members: Drs. R. E. Caruthers, of Alleghany City, Pa.; Dr. Hayward, of Liverpool, Eng.; Dr. J. Gibbs Blake, of England; Dr. S. A. Jones, of Ann Harbor, Mich.; Dr. George B. Peck, of Providence, R. I., and Dr. O. S. Runnels, of Indianapolis, Ind.

The designation of a place for holding the next semi-annual meeting being in order, Poughkeepsie, Grove Springs, and Cayuga lake, in the wine district, were suggested. The president suggested, that the matter lie over until to-day to enable the members to arrive at a decision. The suggestion was adopted.

After the transaction of some other unimportant business, a recess was taken until 2 P. M.

AFTERNOON SESSION.

The society reconvened at 2 P. M., when Dr. T. F. Brown, of Binghamton, presented the annual report of the bureau of materia medica. The following papers were then read: "Have remedies any but atomic and molecular action upon the blood or tissues." T. L. Brown, M. D.; "Baptisia tinctoria," A. J. Clark, M. D. The report of the bureau of mental and nervous diseases was presented by William M. Butler, M. D., of New York, and the following papers were read: "Who are the insane?" T. L. Brown, M. D.; "Pathology of the brain," John A. Rockwell, M. D.; "Sub-acute mania," C. Spencer Kinney, M. D.; "Irresistible impulse," S. Lilienthal, M. D.; "Insomnia," J. Martin Kershaw, M. D.; "Homicidal insanity," W. M. Butler, M. D.; J. W. Dowling, M. D., presented a verbal report of the special committee on physical diagnosis, and A. R. Wright, M. D., read the report of the bureau of clinical medicine. The following papers were read: "Water Supply of West Troy," H. L. Waldo, M. D.; discussed by Drs. J. W. Dowling, C. E. Jones and Anna

Howland. "Acute Yellow Atrophy of the Liver and the Action of Phosphorus," G. E. Graham, M. D.; "Individualize Your Cases," H. K. Braisted, M. D.; discussed by Drs. J. W. Dowling, T. L. Brown, O. Groom, E. Hasbrouck, C. E. Jones, W. M. Butler and S. S. Guy. Two papers were read by title: "A few cases of Typho-Malarial, with Their Origin," by N. Osborne, M. D., and Alleged Evils of Vaccination," by J. J. Mitchell, M. D. The report of the bureau of surgery was postponed until the next year. The following gentlemen were elected chairmen of committees: T. L. Brown, M. D., bureau of materia medica; A. P. Williams, M. D., bureau of mental and nervous diseases; J. W. Dowling, M. D., special committee on physical diagnosis; A. L. Waldo, M. D., bureau of clinical medicine; M. O. Terry, M. D., bureau of surgery. The meeting then adjourned until eight o'clock in the evening.

THE EVENING SESSION.

The evening session was held in the Assembly chamber of the new Capitol, at which there was quite a large attendance of ladies and gentlemen. The only business transacted was the delivery of the annual address of the President, Dr. Talcott, of Middletown.

POEM BY DR. HELMUTH.

After the address of the president, Dr. Helmuth, of New York, was announced for a poem. The doctor disclaimed all idea of being considered a poet in the following lines:

My friends I am booked for a poem, I see,
 But what is impossible never can be;
 I'm only a surgeon, and cannot lay claim
 To poetical pathos, not even in name.
 I may string out some rhymes—but am not a poet,
 And before you have finished this seance, you'll know it.
 A poem should be a harmonious strain,
 An artistic production of soul and of brain;
 A music of words, an adornment of thought;
 Embellished by genius and skillfully wrought;
 To speak to the senses in language so sweet,
 That where the ideal and practical meet,
 Is a dim, indistinct, oft invisible line,
 Which even the critics can scarcely define;
 In fact the old adage in wisdom is laid,
 That a poet is born,—he cannot be made,
 And when I was ushered a babe upon earth,
 No winged Pegasus, stood by at the birth,
 But an old *Æsculapian* fellow who said:
 "The baby's a boy—nurse, put him to bed."
 I e'en cannot fancy I hold any part,
 In that newer poetical school of "high art,"

By which all society now is beguiled,
 Whose "utterly utter" exponent is—Wilde,
 Whose "liquidly liquid" idea seems to be,
 A laxness of fibre, and a weakness of knee;
 Whose damsels all dress in a "limped sage-green,"
 And "shrinkingly shrink" at the word "crinoline,"
 But bending like willows, droop over their chairs,
 And sing to the poet such languishing airs,
 So "lovingly lovely"—"intensely intense,"
 "Con-sum-mate" in every departure from sense.
 To look at their postures you'd certainly own,
 That somehow or other, arms, legs and backbone,
 By an æsthetic process, "sublimely sublime,"
 Having all been deprived of the phosphate of lime,
 Could bend to the zephyr's most delicate breath,
 And never could stiffen—not even in death.

An! no; all my life, up to this very day,
 Has been spent in a practical sort of a way,
 And when I've attempted to worship the muse,
 She would hold out her hand—then smile and refuse,
 And motion me back to the probe and the knife,
 Saying "cultivate these to the end of your life."
 So if you expect any poem from me,
 You'll be disappointed as sure as the d—.

SECOND DAY.

The State Homœopathic Medical Society reconvened, when the following physicians were admitted as members:

From the second district—Drs. Anna C. Howland, Alice B. Campbell.

From the fifth district—Drs. C. E. Chase, A. B. Kinne.

From the seventh district—Drs. C. R. Sumner, G. C. Pritchard.

A ballot was then taken for officers, which resulted in the selection of the following gentlemen:

PRESIDENT.—J. J. Mitchell, M. D., Newburgh.

FIRST VICE-PRESIDENT.—E. Hasbrouck, M. D., Brooklyn.

SECOND VICE-PRESIDENT.—W. B. Kenyon, M. D., Buffalo.

THIRD VICE-PRESIDENT.—W. M. Butler, M. D., Middletown.

RECORDING SECRETARY.—A. P. Hollett, M. D., Havana, (re-elected).

TREASURER.—Edward S. Coburn, M. D., Troy, (re-elected.)

CENSORS.—Northern district: Drs. A. W. Holden, L. A. Clark, and C. J. Farley. Southern district: Drs. John L. Moffat, C. M. Lawrence, and A. K. Hills. Middle district: Drs. C. N. Hale, N. B. Covert, G. L. Gifford. Western district: Drs. Charles Sumner, E. W. Brian, and E. D. Stumpf.

Candidates for the regent's degree—Drs. E. D. Jones, C. E. Swift. Necrologist—A. W. Holden, Glens Falls.

President of the legislative committee—Dr. S. H. Talcott, of Middletown.

Committee on legislation—Drs. E. D. Jones, H. M. Paine, Henry Minton, A. P. Hollett.

Chairman of medical education committee—Dr. John F. Gray, of New York.

Chairman of committee on medical societies and institutions—Dr. A. P. Hollett, of Havana.

Resolutions were adopted instructing the committee on legislation, to take measures to secure the repeal of the law of 1881, relating to the examination of candidates for degree of Doctor of Medicine, and also to co-operate with the Allopathic Medical Society to secure legislation placing the licensing of practitioners in the hands of the regents of the University.

Dr. Paine's resolution offered a year ago, relative to amending the laws incorporating Homœopathic medical societies so as to enable the state society to admit all Homœopathic practitioners to membership, was discussed and laid over.

A resolution relative to the establishment of a department of dynamic medicine, offered by Dr. Paine, was discussed and laid over.

The semi-annual meeting was ordered to be held at Poughkeepsie on the second Tuesday in September. Recess until 8 p. m.

AFTERNOON SESSION.

The society reconvened at three o'clock. Dr. C. A. Belden presented the report of the bureau of Climatology, and the following papers were read: "Pollenaria," C. A. Belden, M. D.; "Malaria," A. McNeil, M. D. The following reports were then presented: Bureau of Gynæcology, Alice B. Campbell, M. D.; bureau of Obstetrics, A. B. Rice, M. D. with two papers; "Abortion and Premature Labor; Definition, Importance, Aetiology, Diagnosis, Prognosis and Symptoms," by A. B. Rice M. D.; "Treatment of Abortion and Premature Labor," by A. P. Hollett, M. D. The report of the bureau of Pædology was read by C. M. Conant, M. D.; the report of the department of Otology, by F. P. Lewis, M. D. The following papers were then read: "The Aural Speculum," F. Park Lewis, M. D.; and "Arsenicum iodatum in the Treatment of Middle Ear Catarrh," by J. H. Buffman, M. D.

Dr. Dowling presented the report of the department of Laryngology, and Dr. A. P. Williamson that of the bureau of vital statistics. The letter was followed by three papers:

"History of the Rise and Progress of the Oriental Plague, Traditionally Known as the Black Death of the Fourteenth Century." By A. W. Holden, M. D.

"A Comparison of Mortuary Statistics of Insurance Companies," By E. M. Kellogg, M. D.

"Can Alcohol Renew Life, or what, if any, Medical Properties does it contain?" By Robert Boocock, M. D.

The following chairmen of committees were elected: Anna C. Howland, M. D., bureau of Pædology; A. B. Rice, M. D., bureau of Obstetrics; Alice B. Campbell, M. D., bureau of Gynæcology; B. L. Baylis, M. D., bureau of Climatology; F. Park Lewis, department of Otology; J. W. Dowling, M. D., department of Laryngology; W. Y. Cowles, M. D., bureau of vital statistics.

After extending a vote of thanks to the authorities for the use of the room in which they met, and to the press for its courteous treatment of the society, the convention adjourned.

CHICAGO ACADEMY OF MEDICINE.

The regular monthly meeting of the Chicago Academy of Medicine was held at the Tremont House, Thursday evening, Feb. 2nd, at 8.30 o'clock. In the absence of the president, Dr. T. C. Duncan was elected to the chair.

The report from the bureau on nervous diseases was called for.

Dr. Evans responded with a paper on Tubercular Meningitis.

The thesis was given by the chairman to the Academy for discussion, with comments that it was clear, concise, and comprehensive.

In tubercular meningitis under full headway, it was queried by the reporter at the close, what next? Dr. Delamater answered that in his belief, fully developed tubercular meningitis cannot be cured. When cures are reported he was inclined to doubt the correctness of the diagnosis. The only chance for relief is in the prodromal stages. The physician should study the symptoms of the stage carefully. He was glad to hear these symptoms so accurately and faithfully portrayed by the reporter. He would like to add a peculiarity of the hydrocephalus cry.

Tubercular meningitis, cry: Tone prolonged of the same key.

Simple meningitis, cry: Tone high at first, then decline to a lower key.

Dr. Buffum said that the effect of meningitis on the eye varied with the seat of the trouble. If upon the convex surface of the hemisphere there would be optic changes resulting from the disturbance of the circulation. On the other hand, if the base became the seat of the inflammatory action, the changes may be very marked. Beside the objective contraction and later dilatation of the pupils, and paralysis of the ocular muscles with squint, the ophthalmoscope shows either hæmorrhages in the fundus, or, optic neuritis with resulting atrophy, and in the tubercular form the tubercles may appear in choroid. The effect upon the ear is rare. Cases of entire loss of hearing on one or both sides resulting from meningitis particularly the cerebro-spinal form do appear. In these cases the pathological changes are due to the infiltration of the morbid products into the internal ear, or caus-

ing a suppurative otitis interna, the disease being propagated along the nerve or vessel channels to the labyrinth.

Dr. Duncan gave a striking case of meningitis, paralysis, and death, from rupture of both lateral sinuses, from impediment to circulation, due to ear complications arising from scarlatina. He remembered a report made by Dr. Higbee, of a case of tubercular meningitis cured by Hepar and Arnica.

Dr. Delamater had doubts about the accuracy of the diagnosis.

In closing, Dr. Evans insisted on the necessity of faithful study of the preliminary stages of this disease. The doctor must know. If ignorant, his ignorance will be discovered and himself brought into disgrace.

Dr. Delamater then followed with a paper on Nervous Complications in Scarlet Fever and its Sequelæ.

Dr. Evans, Dr. Duncan and Dr. Buffum spoke on some of the many points of interest brought out in the paper. It was asked whether high temperature or kidney trouble was the cause of paralysis. Also, when should paralysis be considered incurable? Dr. Delamater answered that inflammatory products in the anterior cornua of the chord, and corresponding nervous structure in the cerebrum, one, or both, is the pathological condition. High temperature may be the cause. Paralysis is incurable from peripheral causes when the muscles fail to respond to proper electrical stimulation, or when the muscles under the microscope appear in fatty degeneration. But there may be incurable paralysis from central causes when the muscles respond readily to electrical stimulation. In paralysis, kidney trouble may be an accompaniment, and is probably no direct primary cause of paralysis.

Dr. Newman of the Bureau not being present, his paper on motion, was with the others referred to the publishing committee.

On account of commencement, next meeting was delayed until the second Thursday in March.

E. Cross, Secretary.

Malignant Disease of the Lung.—In the *Med. Times and Gaz.*, Oct. 1881, p. 518, Dr. Cockle reports an interesting case of cancer of the left lung in a cook, aged 44, who, two months before admission caught a severe cold, attended with cough and pain in the left side. About a teaspoonful of blood was expectorated at this time, and the sputa remained tinged for some days subsequently. The patient was a fairly healthy-looking woman on admission, but stated that during the last six months she had lost nearly three stone in weight. There was absolute dulness over the whole of the left chest, and the heart was displaced downwards and to the right. Temperature was from 98 to 100 deg.; respiration, 30 to 50. At the end of two months the chest-symptoms remained unaltered, and a week before death she began to improve; her appetite came back, and she rapidly gained flesh. One day while sitting on the night-stool, she suddenly died. At the necropsy, a large cancerous mass was found occupying the position of the left lung, having started from its root, and growing along the bronchi (both inside and out). The left pulmonary vein full of dark fluid-blood, the origin of which it was difficult to trace. A large mass of cancerous growth was found in front of the left kidney, growing apparently from the lumbar glands. The perfect latency of all abdominal symptoms, with so large a mass of cancer growing therein, was, to say the least, very remarkable. The sufferings were always exclusively referred to the chest.

College Commencements.

IOWA MEDICAL UNIVERSITY.

The fifth annual course of lectures of the Homœopathic Medical Department closed Feb. 27. The friends of Homœopathy who first caused this department to be brought into being, and the faculty, who have so successfully carried on its work, have reason to be proud of the record which this, the youngest department in this University has made. Commencing five years ago with eight students, it closes to-day with a graduating class of fifteen as fine and intellectual looking a group as has ever left the walls of the University.

At three o'clock Feb. 27, were held the Commencement exercises. After an announcement by President Pickard that the exercises would be conducted by the Dean of the department, the latter rose and introduced Prof. David Swing, of Chicago, who made a very earnest prayer, invoking the divine blessing upon this institution of learning, and upon its alumni, especially those who composed the present class.

After music by the University band, Mr. F. M. Knight delivered the class valedictory. Dr. Knight is certainly a talented elocutionist, and not only the subject but the manner of his address was excellent. After music by the University band, Governor Sherman made a few fitting remarks and proceeded to confer the degree of Doctor of Medicine upon the following named ladies and gentlemen :

A. H. Arp, Moline, Ill.; R. H. Dunn, Mt. Ayr, Iowa; Mrs. Flora Gleason, Waterloo, Iowa; Mrs. H. C. Golden, Vinton, Iowa; C. G. A., Hullhorst, Columbus, Neb.; F. Hullhorst, Clear Creek, Neb.; William Irwin, Indianola, Iowa; F. M. Knight, Decorah, Iowa; H. E. Marr, Onawa City, Iowa; J. A. Printy, Des Moines, Iowa; Mrs. H. Spenser, Denver, Colorado; F. E. Stephens, Magnolia, Iowa; B. F. Snyder Victor, Iowa; Mrs. N. Waggoner, Minonk, Ill.; H. R. Winchell, Sheffield, Iowa. After these interesting exercises were appropriately concluded, the Dean introduced Prof. J. G. Gilchrist, M. D., of Detroit, Mich., who delivered the annual address, of which the following is a brief synopsis :

The gentleman began by speaking of the peculiar position of graduates in Homœopathic medicine. The occasion was made one to urge upon the newly-made doctors the obligations they were under to *alma mater* the profession and society. To the first, their duty was plainly to use all their influence to put the college which granted their degree in the front rank of medical schools. This, it was said, was to be done by securing a teaching force respectable in numbers and qualifications. The time is not far distant when the four therapeutic chairs, essential in any school connected with a university

would be demanded, and the importance of insuring recognition of that fact was pressed.

The duty to the profession would be fulfilled by elevating the standard of medical education, and securing more extensive and careful prematriculate preparation, a lengthening of the term of study to correspond with the usual college year in schools of literature, and a requirement of four years graded study, with a degree not higher than Bachelor; the doctorate should be earned, *post-graduate*, by superior professional attainments. It is also urged that the members of the profession who adhere to different form of therapeutic belief, should endeavor to recognize the honesty of each other and confine their strife to efforts to do the most good to humanity.

The duty to society was evidently to spare no pains to improve the physical condition of mankind, and by an elevation of the standard of medical education, furnish increased promise of immunity from disease, either by diminishing its mortality, from better knowledge of means to combat it, or to lessen its frequency, from increased knowledge of sanitation. To meet the first, and indirectly the second, of these indications, a strong plea was made for the support of professional schools under state control, as the temptation to careless granting of degrees was less in state than in private institutions.

The benediction was then pronounced by Rev. H. M. Thompson, and the audience dispersed, much pleased with the character of the exercises, and wishing the Homœopathic Medical Department, its faithful faculty, and its increasing Alumni, continued prosperity.

In the evening, Dr. Cowperthwaite gave a dinner to the Board of Regents of the University, and Board of Examiners of the Department. The following distinguished physicians of the state are in attendance at the Homœopathic Medical Commencement: R. F. Baker, Davenport; G. H. Patchen, Burlington; S. B. Olney, Ft. Dodge; J. H. Crippen, Waterloo, and E. Campbell, Fairfield.

CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

The most eventful year in the history of the Chicago Homœopathic Medical College, reached a climax at the commencement exercises held March 2d in Haverly's Theatre, in the presence of the largest audience that ever gathered on a similar occasion in Chicago. It must have been specially gratifying to the college and its friends to witness such deep interest manifested in its welfare. The faculty were assigned to seats on the stage, and the graduates occupied chairs in the front rows of the orchestra circle. The full orchestra of fifty pieces discoursed choice music during the exercises. The exercises were preceded by prayer by the Rev. Dr. Ryder. The annual report was then read by Prof. J. S. Mitchell, the president of the college, as follows:

The retrospect of the sixth collegiate year of the Chicago Homœopathic Medical College affords much pleasure to its faculty, and will gratify all its friends. It embraces the reception, completion and occupancy of a new building signally adapted for its purpose, architecturally fair and commensurate in all respects with the noble objects for which it was erected. Through the liberality and impartiality of the honorable board of commissioners of Cook county, it is also marked by the establishment of Homœopathy in the County Hospital with clinics held in its spacious amphitheater by members of our school of practice. We receive, therefore, as we are justly entitled, the same public recognition as the authorities of Old School colleges.

Again, as a natural result of the foregoing facts we have to record a large increase in the number of our matriculants. The session just closed was attended by 180 students, representing many states, our own commonwealth, as usual, being the banner state.

It is often customary in medical colleges for students to take one term of lectures in some institutions, and the second in another. It is a satisfactory commentary on our methods of instruction, that nearly all our matriculants pursue their whole course of study in this college. With scarcely an exception the members of our junior class have already selected their seats for the senior course to be given next winter.

Every indication now points to an attendance for the following session far in advance of that for any previous year. As evidence of the amount of instruction given, it may be stated that during the terms just closed nearly 2,000 hours were devoted by the faculty to teaching. The course of lectures have been supplemented by systematic quizzes and reviews of subjects taught.

Recognizing the importance of clinical instruction, special effort has been made in this direction. The major operations have been performed before the class, and the minor operations of everyday experience have been carefully shown. The clinics of the Central Homœopathic Free Dispensary, now held in the college building, average 2,000 prescriptions per month.

A prominent feature in our curriculum is the assignment of the students to sub-classes of six or eight, where opportunity is afforded to make practical use of instruments, diagnose cases, and prescribe for patients under the supervision of the incumbents of clinical chairs. In this connection full testimony should be borne to the zeal, faithfulness, and ability of my colleagues in the faculty, both as instructors and in management of college affairs.

The finances of the college are most satisfactory. We have no floating debt, and our receipts have a large surplus over expenses. It is the design of the faculty to devote the major part of this surplus to the purchase of improved appliances for illustration.

The result of six years' persistent and faithful labor of the faculty is thus seen to have secured those facilities for furnishing a thorough

medical education which it has been our constant ambition to attain. We look forward to a future full of promise.

Our college is to the faculty not only a source of pride, but of pleasure. Every physician, yea, every man, whose life-work is engrossing, needs, at times, a change in mental direction. The sharp transition from the routine or daily practice to the magnetism of the lecture-room filled with eager listeners, is an enjoyable stimulus. Addison says a human soul without education is like marble in the quarry which shows none of its inherent beauties until the skill of the polisher fetches out the colors, makes the surface shine, and discovers every ornamental cloud spot and vein that runs through the body of it. When we work upon a noble mind there is supreme satisfaction in solving its hidden powers. To the alumni of past years and to those so soon to stand before us, let me say that the same spirit of devotion to higher medical education which has always actuated this faculty, will still be strongly felt. Our students merit their share of commendation for earnestly supplementing the work of the faculty. The general average of scholarship has been high. All have vied in desire to do credit to the institution which is to stand as their alma mater. Thirty-eight members of the senior class, the largest number of graduates we have had in any single year, have passed full and satisfactory written examinations in all the studies of the course. Their papers are on file among the archives of the college, and attest that they are eminently worthy of the degree which it is our privilege and pleasure to bestow.

At the conclusion of the President's report, the degrees were conferred upon the graduating class, composed of the following ladies and gentlemen: F. A. Bundy, E. A. Balyeath, Mrs. H. M. Buchanan, O. P. Blatchley, Miss F. A. Brewster, C. C. Bernard, Miss M. C. Baldwin, W. H. Banton, F. W. Carman, G. H. Carder, R. Cartwright, F. A. Churchill, J. A. Carlestein, F. R. Day, O. C. Davis, F. E. Doland, F. H. Gardner, H. A. Haley, W. P. Holyoke, A. H. Hull, Miss B. Hand, W. C. B. Jaynes, M. E. Knapp, Miss A. G. Merrill, A. S. B. Nellis, W. E. Neighberger, C. J. Pearson, R. M. Parsons, J. C. Proctor, A. B. Stockham, O. M. Stephenson, G. E. Shaffer, H. B. Sanders, Miss E. A. Starr, F. W. Tucker, C. E. Weilhart, O. H. Wagner, C. S. Vail.

Other degrees were also conferred on the following: J. Adams, M. D., Toronto, Honorary; Wm. L. Breyfogle, M. D., Louisville, Ky., Honorary; W. H. Caine, M. D., Stillwater, Minn., Ad Eundem; J. R. Hensley, M. D., Kansas, Ad Eundem; F. Duncan, M. D., Iowa, Ad Eundem.

The faculty valedictory was delivered by Professor J. W. Streeter, which appeared in our last issue.

The class valedictory was delivered by Dr. F. A. Churchill, who recalled the pleasant and profitable associations of the class with the faculty. The present class had the honor of being the first to graduate from the new college and the first to be admitted to privileges in

the County Hospital on equal footing with students in other schools of medicine. In parting from the faculty and entering upon their professional careers, the members of the class felt under obligations to express their gratitude. They hoped that the faculty might be spared many years to bestow upon others the ripe fruits of their learning and experience.

The Hon. E. A. Storrs delivered an address on medical expert witnesses, interesting and most valuable.

The exercises closed with the award of prizes as follows: Alumni Association prize, best examination in senior studies, \$55, F. A. Churchill. Faculty prize, best examination in junior studies, \$30, W. C. Hoover. Professor Mitchell prize, best examination in theory and practice, \$20, Dr. F. R. Day. Professor Foster prize, best examination in obstetrics, pair of obstetrical forceps, Drs. F. R. Day and F. A. Churchill. Professor Pratt, best examination in anatomy, \$205 Dr. Shaw. Professor Buffum, best examination in ophthalmology and otology, case of aural instruments, Dr. O. P. Blatchley. Professor Delamater prize, best examination in nervous diseases, a battery, R. Cartwright. Professor Duncan prize, best report of the Childrens' Clinic, sets of Duncan Bros., medical works, Espy L. Smith, and O. C. Davis. The exercises closed with music by the orchestra, and levee in the reception room. Choice floral offerings were numerously distributed.

COMMENCEMENT EXERCISES OF THE HOMOEOPATHIC HOSPITAL COLLEGE, CLEVELAND.

The Hahnemann Society of the College, held its annual exercises, March 7th, consisting of a salutatory address, by F. W. Burlingame, the annual address, by Rev. Geo. Thomas Dowling, the valedictory, by J. E. Harner, and the presentation of the diplomas, by the president, Prof. W. A. Phillips; all of which was enlivened by music. Forty-two of the members of the graduating class each received the Society diploma.

The weekly services, conducted by the Society, during each term, are of incalculable benefit to the class, as evidenced by the high standing the members attained in their recitations, and in the final examination.

The commencement exercises of the college occurred the succeeding evening, (8th,) and were attended by a large, attentive and intelligent audience.

The class valedictory was delivered by U. H. Squires. In the absence of the president, the conferring of the degrees devolved on Mr. W. H. Price, a member of the Board of Trustees, who gracefully discharged the duty in a few scholarly, well-chosen remarks.

The report of the Dean, Prof. N. Schneider, followed, which showed

that one hundred and thirty-one (131) students had been admitted to matriculation during the term; that a large proportion of the class are in the three years course, and that the general standing in literary and medical attainments, has never been so high as during the session just closed. The Registrar's report shows that thirty-one of the graduates have a general average in all the branches of *ninety-six and six-tenths per cent*, (96.6,) while the average of the whole number of graduates is *eighty-nine and four-tenths per cent*, (89.4)

This high per centage, in view of the character of the final examination which were more rigid than ever before, fully demonstrates the wisdom of adopting a preliminary examination in English scholarship, before admitting to matriculation, as well as the importance of a three years course.

Prof. B. F. Gamber presented a thoughtful valedictory on behalf of the faculty. The presentation of the several prizes was the occasion of several very happy surprises. The diploma of honor, won by the student having the highest general average in all the branches was won by Uriel H. Squires, A. B., who gained nine hundred and eighty-four and nine-tenths out (984.9) of a possible one thousand (1000.)

The first *Clinical prize*, twenty dollars, was won by J. E. Harner, an under graduate. The second *Clinical prize*, ten dollars, was taken by F. Lenggenhager, also an undergraduate.

The *Sander's prize*, a set of obstetric instruments, captured by Thos. T. Church. The latter also gained the appointment of House physician to the Huron street hospital, having obtained the highest per centage of any of the candidates for the position in the examination, conducted by the Board of Censors.

The *Jones' prize*, twenty-five dollars, was presented to W. L. Athon, for the highest standing in theory and practice. Prof. Biggar gave a special prize, twenty-five dollars, for the best report of five operative cases, occurring in his clinic. This was awarded to H. D. Chamberlain, A. B.

After the exercises the class and alumni repaired to the Forest City House and enjoyed a round of festivities. The following list includes the names of the graduates: C. S. Albertson, W. L. Athon, W. B. Baker, Emma L. Boice, L. H. A. Brown, A. A. Brooks, C. A. Brown, T. W. Burlingame, C. W. Carroll, H. D. Champlin, A. B., T. T. Church, W. B. Croft, Mrs. R. J. Davison, S. R. Davis, W. J. H. Emory, A. M. Erwin, L. M. Gleeson, J. E. Harner, W. H. Harlan, L. R. Heath, C. E. House, T. R. Hudson, J. O. Jackson, J. W. Killy, F. A. Krill, H. T. Kramer, T. B. Knight, T. R. Loomis, M. W. Manahan, J. B. Mathers, M. M. Moffit, C. L. Muhleman, W. E. Newton, C. O. Payne, C. D. Painter, A. B., Minnie J. Pendleton, F. D. Pratt, G. C. Luezada, W. H. Richmond, S. W. Sellev, B. W. Severance, Geo. H. Smith, Ernest B. Smith, U. A. Squires, A. B., T. A. Taylor, L. O. Thompson, S. L. Thorpe, Alice M. Tracy, E. P. Wilmot, E. J. Wunderlick, C. Zbinden, J. D. Zeretsch.

**COMMENCEMENT EXERCISES OF THE SAINT LOUIS
COLLEGE OF HOMŒOPATHIC PHYSICIANS AND
SURGEONS.**

The handsome Pickwick Theatre was completely filled last evening by ladies and gentlemen interested in the annual commencement exercises of the St. Louis College of Homœopathic Physicians and Surgeons, with which ten exponents of the pellet system of medicine first propounded by Hahnemann were duly licensed to preach and practice its virtues. These ten occupied the front row of seats, while upon the stage, arranged in a semi-circle, were the officers of the college and faculty, as follows: Robert E. Carr, President; John Snyder, D. D., Secretary; James Adkins, Treasurer; and Drs. Walker, Valentine, Goodman, Parsons, Uhlemeyer, Spaulding, Edmonds, Campbell, Cummings, Kershaw, Foulon and Chauvenet of the faculty.

The programme was opened by the orchestra with the overture "Dame Blanche," followed by prayer, by Rev. John Snyder; waltz, "Brunette or Blonde," by the orchestra; conferring of medical degrees, by the President of the College; conferring of dental degrees, by the Dean of the Western College of Dental Surgeons; selections from "Carmen," by the orchestra; valedictory, by John M. Creswell, of Pineville, Ark.; presentation of prizes, by Rev. John Snyder; address, by Prof. Foulon, on the subject of "Mind, Not Matter," and benediction, by Rev. John Snyder.

The graduates were: Isaac C. Boulson, Garnett, Kan.; Solon R. Boynton, St. Louis; Mrs. Helen M. Cady, Little Rock, Ark.; Mrs. Annie D. Chapman, St. Louis, John M. Creswell, Pineville, Ark.; Miss Charlotte Peters, St. Louis; Robert N. Leitch, St. Louis; Decatur Russell, Arcola, Mo.; Miss Fenora W. Sargent, St. Louis, and Daniel Winter, Shelbyville, Ill.

The following were the prizes awarded: The Eckel gold medal, given each year by Dr. Eckel, of California, for excellence in *materia medica*, to Miss Fenora W. Sargent; the Uhlemeyer gold medal, for second best standing in the same, to Daniel Winter, Shelbyville, Ill.; the Bockstruck prize, a handsome medicine case, given by Munson's pharmacy for best general examination, to Miss Charlotte Peters, St. Louis; the Kershaw silver medal, for best examination on diseases of the brain, spine and nervous system, to Miss Fenora W. Sargent, St. Louis.

The following received honorable mention: In Anatomy—Isaac C. Boulson, John M. Creswell, Daniel Winter. In Surgery—Isaac C. Boulson, John M. Creswell, Daniel Winter. In Nervous Diseases—Miss Charlotte Peters, Daniel Winter.

Accompanying the giving of the diplomas, were profuse offerings of flowers in every known form of bouquet and basket, this class of tokens being so extensive that the air was rich with their fragrance. The graduates all bore their honors modestly, and after the close of the formal proceedings, received no end of congratulations and good wishes for future success.

**MEETING OF THE ALUMNI OF THE ST. LOUIS COLLEGE OF HOMŒO-
PATHIC PHYSICIANS AND SURGEONS.**

On the evening of March 1st, an entertainment was tendered the Alumni and the above institution by Mrs. M. B. Pearson, M. D.

Among the guests who were members of the alumni graduates or officers of the college were Mrs. Bell Shotwell, Mrs. Rebecca Ady, Misses S. A. Coe, Ellenora Sargent, Annie D. Chapman, Charlotte E. Peters, Helena Cady, Mary Dodd; and Messrs. J. A. Campbell, S. B. Parsons, John M. Creswell, A. P. Stewart, D. Winter, J. A. Poulson,

J. C. Poulson, S. R. Boynton, F. W. Pease, W. B. Courtney, D. Russell, J. Ehrmann, H. E. Miles of Boonville, Mo.; J. H. Moseley of Olathe, Kan.; William Collison, W. J. Harris, Charles Adams, H. J. Dionysius E. C. Curtis, W. B. Morgan, E. A. DeCalhol, C. H. Goodman, G. S. Walker, J. A. Parsons, J. M. Kershaw, Adolph Uhlmeyer, Philo G. Valentine, J. C. Cummings, W. A. Edmonds, W. S. Shotwell, C. W. Spalding, L. P. Ehrmann, Wm. Bockstruck, T. G. Comstock and others who were physicians and surgeons.

Rev. C. E. Felton, Methodist, Rev. J. Porteus, Presbyterian, and Mr. S. M. Pearman and others were also present as special guests.

The programme for the evening was as follows :

The first hour, a sociable and reunion of the alumni.

The second hour, a musical and literary entertainment by Messrs. Poindexter and Gus Thomas, and Miss Jordon.

The third hour, a meeting for reorganizing the Alumni Association, when Dr. J. A. Moseley, of Olathe, Kansas, was elected President; Dr. Everett of Denver, and Dr. E. D. Miles, of Boonville, Mo., Vice Presidents; Dr. J. Martine Kershaw, of St. Louis, Secretary; Dr. Carriere, of St. Louis, Treasurer; and Drs. Campbell, Harris, Adams, Dionysius and Uhlmeyer members of the Executive Committee.

The last hours were given to a banquet and toasts. Dr. Comstock was the master of toasts, and the respondents were as follows :

St. Louis College of Homœopathic Physicians and Surgeons—Dr. C. W. Spalding.

Success of the Alumni Association—Dr. J. Martine Kershaw.

College Days—Dr. J. A. Campbell.

Homœopathic Literature—Dr. Philo G. Valentine.

Relations of Physicians and Patients—Dr. W. A. Edmonds.

Advancement in Medicine—Dr. S. B. Parsons.

Lady Physicians—Dr. C. H. Goodman.

Our Graduating Class—Dr. J. M. Creswell.

A royal time was had, and new energy infused into the society, which numbers amongst its members, some of the most progressive and well-known medical men of the west.—*Daily Press*.

PULTE MEDICAL COLLEGE.

The order of the commencement exercises of Pulte Medical College were as follow : Prayer, Introductory remarks by dean, Prof. J. D. Buck; address, by Rev. Isaac Errett; award of faculty prize, for highest average in all final examinations, by Prof. Wm. Owens. Then followed the award of clinical prizes : For best report of all clinical cases and examinations in clinical medicine, by Prof. J. D. Buck; valedictory address, by W. A. R. Tenny, M. D.; conferring of college degrees, by C. D. Robertson, Esq., president board of trustees, on the following list of graduates : Sarah J. Bebout, Benjamin A. Bradley, William L. Brown, J. Will Burns, Alexander Campbell, David W. Campbell, Pandlo Caranza, Ralph W. Connell, John W. Ely, H. Leray Fitch, Wm. A. Geohegan, T. Sumner Greene, Elmer B. Grosvenor, Will C. Hance, M. Edmond Hincks, Wilson N. Hoskinson, Geo. H. Hunt, Stella Hunt, Eugene P. Lanthurn, Jackson A. Lucy, Chas. B. Morrell, Jas. W. Overpeck, John C. Reynolds, Anna A. Riley, Franklin B. Rinehart, Isaac Robb, Augustus H. Schulze, Willard F. Shepherd, Wm. A. R. Tenny, W. Warren, Frank Webster, M. Q. White, Carey T. Wiant, Gustave Wolff. Prof. McDermott writes that "The past session has been most successful with an exceedingly high rate of per cent. The gold medal for highest per cent. in all final averages was awarded to Geo. H. Hunt, Paris, Ill., the average being 99 per cent."

Book Department.

HAHNEMANN AS A MEDICAL PHILOSOPHER. By R. Hughes. London: E. Gould & Son. Chicago: Duncan Bros. \$1.00

This is the Second Hahnemannian Lecture. The first by Dr. Barnett, entitled "Ecce Medicus" was brilliant and enthusiastic. This is more profound and philosophical. Here Hahnemann rises in our esteem and confidence. The book is well worth reading.

A PRACTICAL TREATISE ON HERNIA. By Joseph H. Warren M. D., Boston: James R. Osgood & Co. pp. 428. \$3.50.

This is a book written for the purpose, ostensibly, of presenting the facts observed in a critical test of the operation for hernia practiced by the late Dr. Heaton, which was legitimized, so to speak, by Dr. Warren, shortly before the death of the originator. It is well known that attempts to cure hernia by the infection of irritating and astringent substances, have been made at all periods in surgical history, but hitherto the result has always been failure to secure recognition of the methods as worthy of a place in legitimate surgery. Whether the present work, or the reports of cases contained therein, will have the effect to strengthen the faith of those who have been incredulous may well be questioned. *Quercus albus*, the agent employed, it is said with such success, by Dr. Heaton, is not as astringent or irritating as many other agents that had previously been employed; and yet Dr. Warren apparently fails to connect the good results of Dr. Heaton's practice, as reported, with any specific therapeutic virtue in the drug, as he has sought to "improve" it by adding other drugs to it to make it more astringent. As a "regular," we may suppose, Dr. Warren must as a matter of course multiply the ingredients in his prescription and for the same reason, probably, he is unable to recognize any specificity in the original drug. To an unregenerate Homœopath, it is a matter of wonder, that when drugs, far more astringent and irritating than white-oak bark had signally failed, if one-half of what Dr. Heaton claimed for his operation were true, Dr. Warren should fail to recognize the fact of a drug action rather than a mere chemical irritant.

Whilst there is much to commend in the book before us, it is perfectly apparent to the most careless reader who is familiar with surgical literature, that all that is of any worth, as a contribution to the subject under discussion, might readily have been told in one-fourth of the space occupied. But in so doing, the author would have missed what seems to be a dearly-prized opportunity, to display his egotism, his pathos, and the "flattering attentions" he has received from foreign magnatis in the chirurgic art. Minus this obtrusive padding, the book will repay reading, but a doubt will always remain if the "improved" method of the author is any better than the original, or whether the original is worthy of attention when there are so many well-tried procedures of proved value.

J. G. GILCHRIST.

Consultation Department.

MORE ABOUT LARYNGITIS SIMPLEX.

Will some of the readers and correspondents of THE UNITED STATES MEDICAL INVESTIGATOR talk to us through the INVESTIGATOR, more about laryngitis, tonsillitis, etc., especially the remedies and potencies. What is the best treatment for a hollow, dry cough, worse towards night and after going to bed? Cough until head seems as though it would split open or fly off; also pain in lumbar region; eyes feel as if something was behind them pressing them out, pupils dilated. Have used Aconite 3x, Bell 3x and Drosera. C. A. C.

WHERE CAN I STUDY CHILDREN'S DISEASES.

Dr. Duncan: If you intended to give six or eight months to the study of the diseases and to the anatomy and physiology of children, what specialist at home or abroad would you consult as tutor, to give special direction and method to your studies—dissections, etc? And in your labor as author, to what text-books would you refer as the *most practical*? I value your work very much and expect greater things of you when your next edition is issued. 'Tis the best thing in therapeutics that has ever been issued, and will be more useful when combined in *one volume*. F. L. V.

Five years ago I began a course of private instruction to physicians who craved the information that you do. The Chicago Foundling's Home offers unusual facilities for obtaining just what you need. The opportunity to study infantile anatomy, normal and abnormal, physiology and hygiene are unsurpassed outside of Paris. Come here by all means and spend the month of April* first, then you can visit the hospitals for sick children in the East, London and Paris to good advantage. Drs. Jacobi and Smith of New York, C. West, E. Smith and Ellis of London, and Bouchut of Paris are the leading men on Diseases of Children. As to works, get all you can—all are practical, some are antiquated, and all contain chaff. Special pains has been taken with the new edition of my work to make it concise, comprehensive and "the most practical." It is at least an epitome of the whole literature on the subject.

When I know what works you have and your special needs then I can give you more definite advice. T. C. DUNCAN.

*See Announcement of Private Course of Lectures.

Medical News.

The Special Course on Diseases of Children, by Dr. T. C. Duncan, will commence April 4th and continue two weeks. See special announcement.

A Board of Health has recently been appointed in this city, consisting of one Homœopath, one Allopath, and one scientific man who is not a medical practitioner. I have the honor to represent our school on the board.
F. T. WHITMAN.

New York Ophthalmic Hospital.—Report for the month ending Feb. 28, 1882: Number of prescriptions, 4,228; number of new patients, 651; number of patients resident in the hospital, 26; average daily attendance, 184; largest daily attendance, 254.

CHAS. DEADY, M. D., Resident Surgeon.

Wanted.—When we came to Plainville, Kansas, two years ago last August, there were two families here; there are eight now, two dry goods stores, one drug store. There is no doctor south for twenty-five miles; west, twenty miles; north, six miles; east, sixteen miles. The country is new but we want a physician here.

M. C. FRISBIE.

The Indian Homœopathic Review is a new candidate for professional favor. It is edited by B. L. Bhaduri, L. M. S. Those who want to see this journal we will secure it for them. Eight pages of it is very interesting reading, being in native Bengali. Homœopathy needs encouragement in India, and nothing has done so well for the cause as published facts.

The Western Academy of Homœopathy.—The next annual session of the Western Academy of Homœopathy will be held at Kansas City, Mo., June 20, 21, and 22. Chairmen of the various bureaux will notify their associates. A grand excursion to Denver at greatly reduced rates, and other attractions are proposed to make this a pleasant meeting. Applications for membership can be addressed to

C. H. GOODMAN, M. D., General Secretary.

The Hahnemann Society of the Iowa University.—The closing exercises of Hahnemann Society were held February 26, in the presence of a large audience. The programme was as follows: Music—Flute solo with piano accompaniment, Dr. Somers and Mrs. Somers; essay—The Ideal Physician, C. G. A. Hulhorst; recitation—Judge Pitman on Various Kinds of Weather; a selection from Mark Twain. F. M. Knight; music—duet, Larboard Watch, Messrs. Erwin and J. I. Greves; oration—Woman and Medicine, Miss Bessie Peery; History of Class of 1882, Jas. I. Greves; Prophecy, Miss Mantie Bailey; music—Piano duet, Mrs. Cowperthwaite and Miss Blanche Hill; address of

the retiring president, Wm. Erwin ; inaugural, N. N. Brumbach. The exercises throughout were very interesting.

Mixed Half Brothers.—Dr. J. G. Earnest, of Newman, Ga., reports the following unique case in the *Clinical Record*, July 15, 1881 : Amelia, a coal-black negress, aged about 40 years, was confined Nov. 20, 1880, giving birth to twins, one a very bright mulatto, the other perfectly black. The black child was born first, according to the midwife's statement. The mother states that the children were begotten the same night, a negro man having intercourse with her first, and the white man about an hour afterwards.

Died.—T. A. Murray, M.D., of Montrose, Mo., died of bronchial pneumonia after an illness of eight days—and Allopathic medicines. Dr. M. was a promising young physician, and would eventually have been a firm believer in similia. The effect of high potencies on his father-in-law was the most surprising we ever met.

McCann Dunn, M. D., of Bloomington, Ill., died February 27. He was the first man to succeed as a Homœopathic physician in Bloomington, and he may be properly called the father of Homœopathy there. His practice became so great that it wore him out. As a practitioner he was kind, generous and wise. His first patient here was a man he found sick with fever, and he brought him to his own house, put him in his own bed and nursed him till he recovered.

The Death of a Prize-Fighter.—A short time ago a notice was published that John J. Dwyer, the prize-fighter and ex-heavy-weight champion of America, died of consumption at St. Peter's Hospital, Brooklyn. He was only thirty-six years old. For twelve years he had been a prominent member of the ring, and less than three years ago he easily won the championship of America. He possessed naturally a powerful physique, which he had assiduously cultivated from boyhood. Since leaving the ring, in 1879, he led a temperate life as a clerk.

We do not give the above items to commemorate the career of Mr. Dwyer, but to extract the lesson which may be found in it.

The cultivation of a powerful muscular development does not of itself ensure health and long life. It may even entail a certain danger. The man who makes an athlete of himself must continue one, or else drop his exercise with slowness and caution. Our ex-pugilist accepted a sedentary occupation after he had cultivated his lungs to perhaps double the capacity needed in such an employment. A disused organ degenerates, and becomes liable to disease. The robust chest of the country youth may be a source of danger to him if he adopts life in a city office. A fine physical development does not necessarily ensure a long life. Robustness is only a relative term. In the physical education of youth, therefore, we should aim to make every organ healthy—not hypertrophied. The law that the organism must be adapted to its environment was well illustrated by the prize-fighter, who was attacked with consumption eighteen months after he had left the ring for a city office.

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Therapeutical Department

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

NEWARK, Ohio, March 22.—The diseases here are chiefly catarrhal and rheumatic. The remedies, Aconite, Rhus., Bry. and Sticta. W. M. BALDWIN.

VILLISCA, Iowa, March 22.—No prevailing diseases here; have had a few cases of small-pox. Remedies used: Digitalis and Sulphate of Zinc, with good results. D. PITTMAN.

TAYLORVILLE, Ill., March 28.—The diseases here are vari-ous; rheumatism, tonsillitis, and I now have a very typical case of spinal fever, child aged seven. Treatment to-day, Gels. tincture, Bell. 1x, Apis 1x, Nux. Other diseases, such remedies as are indicated. H. H. HALL.

CEDAR CREEK, Ind., March 18.—We have had an extremely open winter, with much rain and mud. Prevailing diseases;

typhoid pneumonia and diphtheria. Remedies used, in the 1st, Aconite and Bryonia; if much congestion of the lungs appeared, gave Phosphorus. Frequently found Verat. vir. in alternation with Phosphorus, an excellent remedy; it *often* proving successful when Aconite, in a measure, failed. Diphtheria yielded readily to Kali bich. Belladonna and Baptisia.

A. A. KESTER.

FORT EDWARD, N. Y., March 24.—Prevailing diseases have been, during this winter, scarlet fever, measles, mumps, and now and then a case of diphtheria. Several children have died from the first and last diseases mentioned. For scarlet fever, Acon., Bell., Merc. pro., Phyto., etc. Measles, Acon., Bry. and Puls., principally. Diphtheria, Acon., Bell., Apis, Merc. bin., Kali b., etc. I have treated a number of children for scarlet fever, where the rash was absent, and the throat symptoms more like ordinary tonsillitis, but the sequela was more severe. Albuminuria in quite a large number of cases. I have saved all thus far. The remedies used have been Apis, Apoc. can. and Digital.

C. J. FARLEY.

NIGHT SWEATS.

These are many remedies known to the profession which have a reputation for arresting night sweats. In many cases they signally fail, yet we have faith in the efficacy of drugs, and in the law "*Similia Similibus Curantur*," and possibly were the exact "*Similimum*" to be found, all cases of night sweats could be promptly controlled.

But without discussing further drug action, we wish to communicate to the profession, the fact that we have a specific for night sweats, viz.: a bucket full of cold water placed under the bed of the patient, will, in all cases, arrest the difficulty. One application usually removes the trouble, never more than two are necessary. As this treatment may be considered too absurd to instigate any discussion among

our brethren, we hope that some of them will quietly test the remedy and give us the *modus operandi* of the cure.

TROY, Ohio,

DRS. BEALL & MEANS.

**STRUCTURAL OR TISSUE CHANGE AS
AN INDICATION FOR MEDICINE IN
THE HOMŒOPATHIC TREATMENT
OF DISEASE.**

BY J. D. BURNS, M. D., GRUNDY CENTER, IOWA.

It is not my intention to discourse at length upon any particular, localized pathological condition. The object of this paper is not to formulate any practice, or to bring forth any marvelous discovery, but simply to awaken an interest in this channel and thereby further the cause of true medicine. If I can do this, I shall feel that the object of my writing shall have been accomplished.

In most all our works on *materia medica*, great prominence is given to the ephemeral or transient symptoms and but little attention is given to "tissue change" or pathology if you please. This may be accounted for from the fact, that pathology and the toxic action of medicinal agents, have not been studied together sufficiently from the Homœopathic stand-point. We have had provings of most of the medicinal agents, but in most cases they are incomplete, because, so far as, "tissue change" is concerned, they have not been pushed far enough, for the very good reason, few are willing to make martyrs of themselves to the extent necessary to give a thorough proving of the toxic properties of medicinal agents.

We recognize the fact that all medicinal agents are poisons to the human system; not all deadly of course, but all more or less are poisonous. An agent which is not poisonous is not, and cannot be, a remedial or therapeutic agent.

While it is a fact that all remedial agents are not poisonous to the same degree, it follows as a natural consequence

that all agents are not equally active as medicines. Indeed I believe it to be a fact that there are some of the medicines which are not capable of producing but slight pathological changes, if indeed they may be classified even so high in the scale. They are agents whose action are ephemeral or transient, they may produce very unpleasant symptoms while their action lasts, but the action is short-lived, and while they are short-lived their symptoms may resemble those of the more powerful and deeper acting remedies, and just so is it with the disease, the outward symptoms of a minor or trivial ailment may simulate those of the most grave disease; and it behoves the physician to go beyond the outward appearances and find out what is the specific condition or change that has gone on, or is going on, and then by the light that Hahnemann has held out, apply that remedy which in its profounder action will produce a like change in the structures involved.

But says some one, talk is cheap. The point is to be able to go beyond and find out just what is going on. Very true, but unless you can do this to some extent you are a very superficial personage.

But says another, even if you can find out what is going on and know just exactly what is the matter, you have only begun in the fight, point us out the remedy that will cure the malady. To such a one I would say, there is no reliable rule to go by, to my knowledge, save the one embodied in the formula of the immortal Hahnemann, viz: "*Similia Similibus Curantur.*" At this point the man who calls himself Allopath or "Regular" throws away all his previous learning, it is all worthless to him as an aid to prescribing, he is utterly without compass in mid-ocean. He has no reliable data to reason from though he be towering in his intellect.

In this paper I shall consider only one class of disease, viz: Acute, sthenic disease.

To illustrate what I have said on the one hand, and to substantiate what I have said on the other, I will take a most typical disease of the type named, viz., pneumonia. I

will not stop to consider, here, the links in the chain of symptoms prior to the chill. We have the chill, rapidly succeeded by the hyperæmia of the lung tissue, then follows congestion and inflammation. The exudation (later considered the migration of leucocytes or white blood disks), goes on until the entire texture, substance of the lung, invaded becomes a solid mass, admits no air. The circulation stands still, and enervation is almost if not quite destroyed; when this stage is completed we have the condition known as hepatization. A certain definite, known condition always minatured the same, only differing in degree and extent.

Now this pathological condition is capable of undergoing a change which in itself is as great as that of passing from a congestion into an inflammation, according to the length of time it remains in that state, the extent of the structural lesion and the grade of inflammation which according to the subject differs. In favorable cases at a certain time or at a certain point another decided change occurs, another exudation takes place, but of an entirely different nature, the parts are flooded with serum or the watery constituents of the blood, that is to extinguish the fire, as it were; to form a solution of this first exudation of inflammatory matter and render it capable of being absorbed and carried into the circulation, the lung thus becoming cleared up and restored.

In unfavorable cases, instead of this procedure, it gradually passes into the fourth distinct stage, viz: That of softening, or to use a familiar term, gray hepatization, or true typhoid pneumonia. I would not be understood to say that all cases of this type are fatal, but their chances are 40 to 50 per cent diminished to say the least.

It is true, then, that in an inflamed lung we have these changes or phases of pathological conditions, but are they not of the same series? One stage succeeding another exactly after the same plan. Now experience has taught me that there are just three points at which the citadel of this disease are vulnerable, and the successful practitioner will direct his remedies and treatment at those points. First while the parts involved are yet in a state of engorgement

or congestion. Second, at the *completion* of the stage of red hepatization. Third, after the disease has passed into the stage of softening.

These are the points at which a curative impression can be made, and I believe no other exist in the disease, after exudation it is not possible to cut it short until the completion of the stage hepatization and the remedies employed, to counteract or to cure. The first or the stage up to where exudation begins ought to be abandoned as soon as it begins, and another and deeper acting remedy employed, one that has power over tissue change, and its elective affinity directs it to the lung, one that is capable of producing this condition in the healthy person. The Homœopathic remedy, and in the last stage still another class of remedies is requisite. There it is again, talk is cheap—I hear some one say—tell us the remedies. I will cite you to a few of the leading remedies, placing them in the order of their merit as I consider them. First, Verat. vir., tincture to 2x, according to the subject. A robust man of thirty-five years will require a larger dose to overcome the mastery of the circulation, than a delicate maiden of sixteen. Bry. 1x to 3x, Phos. 3x to 6x, Tart. emet. 3x. I could as well exclude the last, as we were considering croupous pneumonia and this remedy has no place in that disease, or the first stage of it at least. It is in the catarrhal pneumonia of childhood or old age this remedy finds its very honorable place. Second, I have but two remedies to suggest, Bry. and Phos. for this condition. I should say always use Phos., and if there is much pain accompanying alternate with Bry. Third, I don't know much about, as I never had a case of the kind and in a practice of twelve years, I have never lost a case of pneumonia, and I will leave that for more experienced hands to dilate upon.

The different stages of pneumonia call for different remedies in order to reach the greatest proficiency in its treatment, unless we have a remedy that is capable of reproducing the disease in toto. Phos. is the one I should tie to if obliged to select any one. But many times the disease may

be cut short in its first stage by the use of the remedies named, when this remedy would not do it, and in so doing save much suffering though not so well for our pockets.

You will observe I have said nothing as to adjuvants to the treatment, and as that is out of the sphere of this paper, though very important, I will say nothing.

But just here, to substantiate statements made in the foregoing pages as to our Allopathic or Regular friends, to show their utter inconsistency in their treatment of this much dreaded disease by them.

They are loud in talking about pathology, and I cannot pass without giving them due credit for their noble attainments in this direction, but as I said before, when they come to the application of what they know of the science in the treatment of disease, they are totally at sea and without compass. They have no rule to work by, their means of arriving at conclusions are all swept away from them in a moment when most needed. If they go according to what they claim as their guiding star, viz: "*Contraria contrariis curantur*?" they will ask themselves, what will produce the contrary of this condition I find here? Ah! that is the question. But by their rule they *never* can answer the question. Nature can be coaxed, influenced, but I have yet to see the man who could drive it. Understand it is the human system, the changed vital tissue, we are influencing, and not trying to expell the disease from the system as you would an intruder from your door, or jerk a wood-chuck from his hole in the ground. They have no data to start from, or go by, and when they come to the most important point in the inquiry, viz., what will cure this condition? All they can say is, "Well—this I have known to be good in pneumonia, or such a man says it is good, I will give it to-day and give some Opium to allay his pain and hope for the best, and if it does not do, I will give him something else to-morrow." And so it goes under the vaunted banner of Regular medicine from day to day, until the mortality sometimes runs to 100 per cent.

This I feel justified in characterizing as the most bold phase, empiricism, quackery.

But some of my shaky brethren will say, do you entirely disregard their claims to scientific medicine? I answer, I do most emphatically so far as their *law* of cure is concerned.

There are many successful prescribers in their school, but it is not because they ever learned it by following their *law* of cure. But merely by experimenting, and a very fortunate ability to pick up and formulate a successful empiric practice without knowing or caring how or why it cures. And then again if you will follow them, you will find this class of physicians give but very little medicine and what they do give is but comparatively inactive, and by virtue of the fact that the natural tendency under favorable circumstances, correct hygiene, and good nursing, of disease is to recovery, their patients get well.

I may be charged with unfairness or even of being ridiculous in my assertions, but I fancy I can demonstrate what I have said to be true. I think I can convict them from their own mouths.

In one of the numbers of the St. Louis *Clinical Review* of last year, there is a specimen of the wail that goes up here and there from some of the more honest and conscientious of the fraternity.

The writer of this article tells us that there is a strip of country ten miles wide and forty miles long, situated along the Missouri river in which "there are not twenty persons alive to-day who were alive twenty years ago, and nearly all have died of pneumonia." He puts the question in this way: "What does the common country doctor do when called to see a case of pneumonia in the early stages?"

"Why" he says, "he has a touch of pneumonia," and gives him Calomel, and goes home to let the patient get on as best he may until the next day he comes, and if the disease is not fully developed he repeats the Calomel, and if it is fully developed, down goes the inevitable Veratrum and Aconite, and if he is at all Eclectic inclined, Gelsemium and Plurisy root are added.

But this I say is wrong—I say they should "bleed and bleed freely." Just notice this M. D.'s mortality report, and you

may judge the success of his treatment. He says: "A while ago I had nine cases of pneumonia in one neighborhood and nine deaths."

Well done, none of them got away, and yet he boldly advocates the treatment of fifty years ago as the best he can find. Well, it fetches them, man for man, and if I were going to advise at all, I would say be ready, have your will made, "For you know not at what moment, etc." Have I overdrawn the picture when I state they are at sea and without compass? Is it possible that this man has a reliable guide to a successful practice and follows it? To my mind, the tempest tossed billow, is not more uncertain in its findings than this.

Horror of horrors, I think I hear some one saying, that is not the teaching of the Regular school of to-day, they have left that off, they have changed. What have they changed? They have changed their practice. Just so they have, aye, these many times, and will continue in the future to do the same thing, as they are driven from one stand-point to another. Why? Simply because their foundation is built on sand and not on bed rock. They have changed, well, this fellow down there on the Missouri had not heard of it perhaps. Why is it that the Allopathic authorities, as well as the lay members of the school, differ so materially in their treatment of disease?

Each individual man is left to use his own discretion, with no fixed idea as to the *route* to take to accomplish a certain end. The result is a jumbled up mess of incongruous incongruities.

Not long ago I attended a clinic in a city of not far from a half-million inhabitants, the clinic was held in the amphitheatre of a medical college before the class, and the class at large were competing for a prize, offered by the professor conducting the clinic, for the most accurate prescription. There were a number of patients present, and nearly all received a prescription, and in each and every case the prescription was given as indicated by the outward or ephemeral symptoms. Some were given by the character and direction

of pain, and as I was informed subsequently, it was this professor's rule to prescribe in this way. Of course I would not presume to criticise this eminent professor in his course, but it seems to me we should keep in view the structural changes known to exist, or as revealed by pathology.

It may be true that the outward symptoms are true indices of certain pathological conditions, and if they are rightly interpreted will lead to the correct remedy. I can easily see how they may be differently interpreted according to the acumen of the interpreter. For instance here is a case of vomiting, one is from gastric irritation, the other from cerebral irritation; one is peripheric, the other is central. The same medicine will not stop each case, and unless the prescriber sees the difference and recognizes it in his prescription he will not be successful. We have got to keep our eye on the central point of the divergence from nature's even course, and the nature of the divergence before we can be the most accurate prescribers. We see this idea exemplified in Prof. Joussett's Clinical Lectures, in almost every line or sentence he gives expression to this idea in some form and I think it may be said that this idea is the characteristic of the work.

Chlorate of Potassium. Ludwig (*Four. de Pharm. et de Chemie*, Sept. 1831), having investigated a case of poisoning by this salt, has arrived at the following conclusions. Potassium chlorate appears to act, on the one hand, like Phosphorus and Arsenic; it is reduced by the blood to the state of Potassium chloride, for it can be detected neither in the blood nor in the urine, not even in the gastric contents; the red corpuscles are destroyed, and other toxic symptoms are developed. On the other hand, the Chlorate is decomposed in the kidney by feebly acid urine into a base and an acid, and the Chloric acid thus formed acts in an energetic manner. This singular alleged fact is in opposition to the received views of chemists.

Male Wet Nurses.—The *Journal des Sages Femmes* has a notice of a German physician in Pomerania, who makes a specialty of supplying wet nurses. He excites the secretion of milk, not only independently of pregnancy, but in men as well as in women. An applicant for a wet nurse, is always asked whether a male or a female is desired. The former is preferred by some families, under the belief that greater vigor is thus imparted to infants.—*Times*.

Correspondence.

THE INSTITUTE, ITS BUREAU AND PROCEEDINGS.

EDITOR OF THE INVESTIGATOR: My attention has just been called to an article in your February 1st issue, from Dr. T. S. Verdi, in reference to a *reprint* from the transactions of the American Institute of Homœopathy, (struck off from its type after that work had gone to press,) of the papers presented by the Bureau of General Sanitary Science, Climatology and Hygiene at its last session. He says, "Some member might properly ask: Who issues this pamphlet? Who pays for the printing and distributing of the same? But I seriously ask who is its editor?"

To the first inquiry, as no other member of the Institute has been so inquisitive, I will say to him that the words "compliments of the chairman" of that bureau will be sufficient answer. For the second question, my reply is, that neither the Institute nor the bureau members pay for the printing. For the third, he will know as well as any one else, when he compares this reprint (or these additional copies of this bureau report) with his copy of the transactions of the Institute. My duty as chairman was, to see that the papers written by the members were collected and presented to the Institute at its annual session. This duty I fulfilled faithfully, and I thank every writer for his paper, and for his promptness in responding to my request to forward his paper in ample time. Having handed the manuscripts all over in bulk to the society, just as they were received from the writers, my connection therewith, of course, ceased. Dr. Verdi says, "in the pamphlet of 1880, issued by order of Dr. James, my paper and my part of the discussion were so incorrectly reported, as to make me blush, that such grammar and incoherent expressions could possibly be believed to have been uttered by me." Again he says;

“ This year the same outrage is perpetrated. In my paper I find errors that would stamp the author with the grossest ignorance.”

This deplorable state of affairs, no one more deeply regrets than the chairman of the bureau, (who is not the reporter of the discussions of the bureau or Institute,) and who handed the papers over as they came from the hands of the authors, who are supposed to understand their own views, and write them as they wish them published. Had the opportunity presented, I should gladly have corrected his errors, incoherent expressions and grammar.

To his question: “ When will the American Institute of Homœopathy put competent men at the head of its bureaus?” I really cannot answer, unless it be in that happy millennial period when he himself is made chairman of all the bureaus.

To his last question; “ Is it negligent indifference or ignorance?” So far as this refers to the chairman of that bureau, for the period named, it is neither.

If I erred in giving him freely some extra copies of his papers, and the discussions as they appear in the transactions of the Institute, I only offer my regrets.

About one week after the adjournment of the American Institute, I sailed for Europe, and was absent five months. The papers were all handed over to the society, and I requested that when this report was running through the press, some extra copies should be struck off at my expense and sent to me. They were at my office on my return home, so I had no opportunity, even if I had the right, to edit that portion of the transactions. Reprints of Institute papers have many a time before been made by other members, and by other bureau-members, hence, there was nothing amiss, that I can see, in following such a precedent.

The inquiries he thrusts in print before the profession, at the chairman of the bureau of sanitary science, for 1881, could have been asked as well by a personal note to me, and would have received a careful consideration and proper response, by his college classmate, BUSHROD W. JAMES.

Surgical Department.

THE GYPSUM JACKET

VERSUS

COMPOUND ADJUSTABLE SUPPORT.

E. P. BANNING, M.D., BOSTON, MASS.

So great has become the prevalence of spinal irritation, caries, and curvature, as to make the question of the *best* means of their mitigation an absorbing topic.

Of the physical means employed there is a great variety of constructions, with as great a variety in degrees of merit; and, as fair representations, I select two (see Figs. 1 and 3): Fig. 1 being the Gypsum or Plaster Jacket, which has suddenly sprung into great popularity, under the ægis of Lewis Sayre, M.D., and Fig. 3 is the Spinal Prop. Fig. 1 certainly has the merit of simplicity, both of construction and action, and Fig. 3 is more complex, both in construction and action.

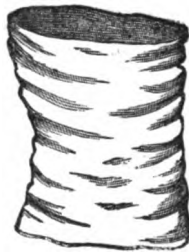


FIG. 1.

Now, as both plans embody merit, I propose to impartially analyze the *modus operandi* of these respective plans, in the light of physiological law and of natural philosophy, with a view to settling the question as to which of them affords the *greatest* advantages, both as relates to the temporary and immediate, and the *ultimate* and *permanent* interest of the subject.

We will suppose the *subject* to be something like Fig. 6; the bodies of some of the vertebæ are softened, or tending

FIG. 1. The Gypsum or Plaster Jacket.

to softening, to say the least ; their intervening cartilages are seriously compressed, widened, and thinned ; the *face* of the spine is shortened, and its *dorsum* correspondingly extended ; the spinous ligaments and dorsal muscles, in consequence, are put upon a corresponding strain, and the superincumbent weight of the superior trunk by an acquired leverage is coerced to increase these abnormal conditions ; and all of these conjointly must tend to progressive irritation, inflammation, softening, and absorption of cartilage and bone, and also to a painful strain on the spinous ligaments, and an attenuation and exhaustion of the spinal muscles. It must also tend to compress the *primivie*, and depress the diaphragm ; impede free respiration, and to depress all the pelvic organs ; also, to impede the force of the sanguinous and nervous circulations in the inferior extremities. Add to all this, also, the fact that there is probably a constitutional cachexy or dissolving diathesis ; and, further, that the nervous system greatly preponderates over the osseous and muscular, which is much against the patient.

Now, in order, first, to *comfort*, and, secondly, to *save* the patient, several things (apart from requisite constitutional treatment) are imperatively demanded :—

First. Crushing superincumbent weight must be removed from the softening points of the spine, compressed cartilages, exhausted spinous ligaments and spinal muscles.

Second. There must be some actual *lifting* force brought to bear upon the depressed abdominal viscera and the settling upper trunk, so as to assist the inadequate abdominal and spinal muscles in lengthening the shortened *face*, and shortening the elongated *dorsum* of the spine.

Third. There must be no *depressing* influence left upon the abdominal and pelvic viscera, or upon the circulating communications of the extremities ; and no compression of the first digestive organs, nor any restriction on the freest movements of the ribs, lungs, or heart.

Fourth. And, whatever we may do, nothing must compromise or jeopardize the largest strength and activity of the spinal, abdominal, and pectoral muscles.

Each of these points are of *cardinal* physiological importance, more especially as relates to the permanent reestablishment of the patient; and none of them may in any wise be disregarded for a little mere *temporary* advantage. With all these points in mind, we will proceed to give the patient what support and erection we can by the application of the Gypsum Jacket. (See Fig. 2.) Here, it is on the subject. We see it to be a skin-fitting, stiff, and unyielding appliance, and that it fits with such tightness and uniformity everywhere that the patient can stand, and is really straighter. Settle down he cannot, for he is literally hugged and squeezed into some straightness. Seeing this, the parents are in a transport of delight and expectation.

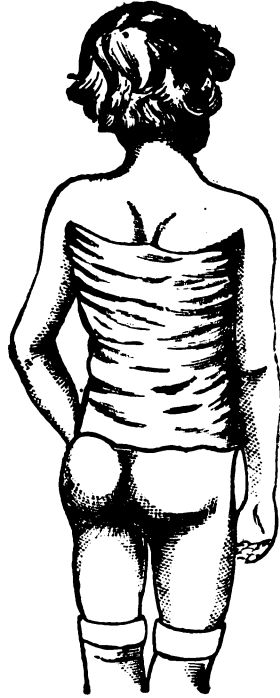


FIG. 2.

Now, were there no other considerations than that of straightening the spine to be looked after, we might always depend on an almost indefinite amount of improvement by this process, aggressively managed. But *how* does this mere circular Jacket accomplish all the above-named indications? Certainly not by the slightest direct vertical support or elevating action on the depressed abdominal organs or settling upper trunk; nor by any actual supporting, expanding, or spring action; but, on the contrary, by a mere circular,

FIG. 2. The Gypsum or Plaster Jacket applied: endeavoring to correct curvature by circular action; compressing the *primæ viæ*, interfering with respiration, and forcing the abdominal viscera downward.

horizontal, and squeezing action ; and this, too, around the middle of the trunk, over those vital organs which demand the freest action in the performance of their indispensable functions.

A figure of green putty may by the same means be made to stand, and, if held so till it dries, may be held permanently erect ; but the living body, which is erect mostly from a well-balanced antagonism of the truncal muscles, cannot be dried into erectness and strength.

A slim feather pillow cannot stand erect, yet a firm bandage around it may stiffen it into position ; but if it is ripped open at the top and well filled with more good feathers, it is strong *of itself*, from internal expansion, now that its contents are its bracing-out support. Just so is the body, with a strong condition of the truncal muscles, by which the viscera are compacted *upward* ; the latter are *compelled* to brace out, support, and give rotundity to the body, just as a plump body gives support to a suit of well-fitting garments, or as filling a bag well with apples will give it rotundity and erectness.

But let us scrutinize the internal working of this mere squeezing or cheese-hoop process. First, the stomach, liver, and spleen are being compressed, which will tend to derange the process of digestion ; the bowels are also more or less depressed, which will tend to induce urinary irritation, constipation, piles, and uterine obliquities and displacements, from bowel weight ; and this pressure is also liable to be extended to an obstruction of the nervous and sanguinous circulations, inducing numbness and weakness of the inferior extremities ; and, most palpably of all, the action of all the pectoral muscles and of the lungs is seriously impeded, so that respiration (what little there is) has mainly to be performed by the abdomen ; whilst in the case of a scrofulous and consumptive tendency the lungs are in danger from congestion and lack of necessary motion.

Suppose that by reason of a strong and unsusceptible con-

stitution these visceral effects are sometimes averted; still, with so small an opportunity for the restoration of the spinal, pectoral, and abdominal muscles by inherent effort, how is the patient to recover his wonted strength? For, in real truth, I have asked the above questions with emphasis, in view of the fact that my earlier and later efforts to mitigate uterine, spinal, and other weaknesses by artificial supports were (and still are) met by the very grave and reverend objection, or truism, that if you support a part that should support itself, it becomes weaker, and you will always have to support it; and yet here the cure is attempted by a process which *literally* paralyzes muscular effort, and is a direct infringement upon the most vital functions. Notwithstanding this, I am convinced that *force* enough will straighten almost any spine (or a crowbar, even); but by this method how are you to keep it straight, and give *permanent* spinal and muscular vigor to the body? To me, it appears that reason should lead any one to these conclusions; but they have been *forced* upon me by the observance of facts in the premises.

These criticisms may be met by the citation of cases of complete success in curvature and caries, and of complete restoration to muscular vigor, just as in the case of fractures, etc. To this I reply, first, that in fractures there is no *vital* function involved, or any danger to the muscles from their temporary confinement. Next, that the question does not stand as to what *can* be done, or *borne*, under an emergency; but, rather, is there not a *more excellent* way, which is equally effective, and at the same time avoids the specified drawbacks?

NOTE. — Dr. Nicholas Grattan, in a letter to the *Lancet* regarding the Jacket, says: "It should be sawn and cut through a quarter of an inch at each side of the median line, and the middle strip of a *half an inch* wide removed. . . . I have almost always found, on cutting a Jacket, that it has become too large, either through the Jacket having stretched, or the patient having diminished in size." The italics are mine. Comment is needless. — *Banning.*

We will now, in turn, consider the construction and work-

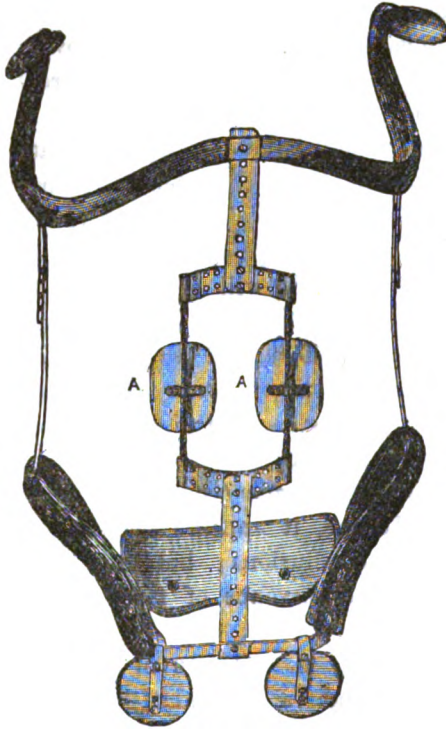


FIG. 3.

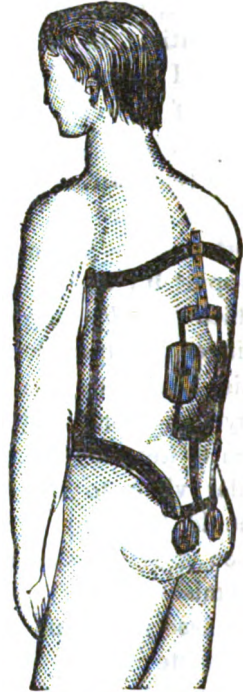


FIG. 4.

ing of the REVOLVING SPINAL PROP. (See Figs. 3 and 4.)
This appliance seems to consist: —

First. Of a basic framework (or *terra-firma*), which fits so evenly just inside and above the edges of the *innominata*

FIG. 3. REVOLVING SPINAL PROP. — *A A*, plates which revolve on screw-posts, so as to fit the planes of the curve on either side, and secure an equal flat support. These plates are curved to the form, and may be run up and down, on the screw-posts, to suit the height of the curve; they are a positive protection against bruising or irritating the prominent parts.

FIG. 4. THE REVOLVING SPINAL PROP. — Immediately strengthening the whole person, and arresting caries and curvature: First, by upward support, which converts the abdominal viscera into an internal brace. Second, by its crutch-like action, which holds the body's weight from the spinal curve. Third, by a strong drawing back of the shoulders by the caps on the shoulder-bow in front of the heads of the humeri. And, fourth, by the strong bracing and pushing-forward action of the revolving dorsal plates on the vertical screw-rods upon the curvature. By a revolving action these plates are self-adjustable to any slope of the spinal angle at either side, with no necessity for any impingement upon the spinous protuberance. As the case improves, the vertical support may be successively increased by means of slides and screws in the side-posts.

as to make it immovable, and enable it to bear any amount of weight without giving pain. This, also, has an undulating and supporting abdominal plate attached, which exerts a strong upward action.

Second. This *terra-firma* is surmounted by soft crutches, which are held under the axilla by jointed side-posts, which are attached to the frame as a base.

Third. Next is a long spinal lever with revolving plates on a hollow square, which is attached at top and bottom to the shoulder crutches and base. Thus we see it is a supplement to the pelvis, spine, and chest, and also to the abdominal, spinal, and scapular muscles.

We will now place this appliance upon the subject. (See Fig. 4.)

First. We see the pelvic framework sitting quietly inside and above the unyielding pelvis, and ready to bear any desired amount of superincumbent weight complacently.

Second. We see that by the lifting and undulating action of the abdominal plate at the lowest hypogastrium, the

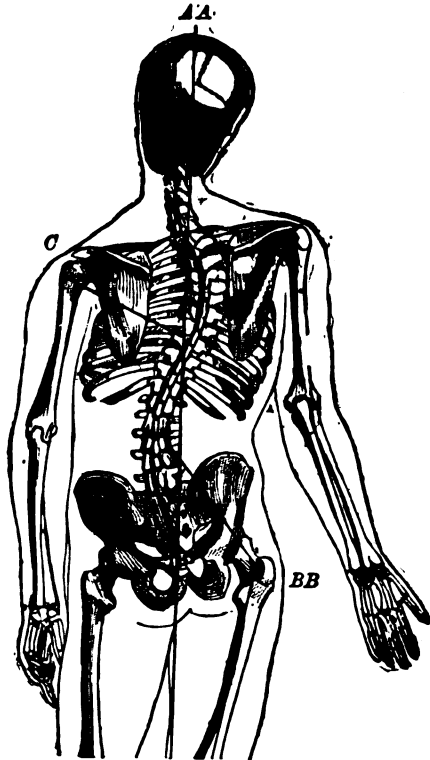


FIG. 5.

FIG. 5 represents the body supported mainly on right foot. *AA*, perpendicular line, from centre of head to right heel, showing the head to be still vertical to the basal point. *BB*, angular line, indicating the direction of gravity against the lumbar spine, and shoving it to one side. *C*, line showing the weight of the head and left shoulder to be in the interest of a dorsal curve to the right.

depressed viscera are all elevated from the pelvic organs, and the arteries, veins, and nerves of the extremities; also, that the viscera are compelled to *ascend* to their normal height to support the upper viscera, and expand the trunk, at the now contracted region of the epigastrium.

Third. We see that the jointed side-posts, resting on the arches of the base, are forcing the soft crutches to support and lift the superior trunk (at discretion) off from the carti-

lages, softening vertebræ, and digestive organs, and thus to tend to straighten the settling spine.

Fourth. We see the spinal lever and its revolving plates on the hollow square, gently and yet forcibly bracing forward the retreating curvature towards its proper spinal axis, and compelling the shoulder-caps, which are its antipode point, to correspondingly draw back the advancing shoulders. Thus, by the simultaneous and conjoint lifting action of the lower part upon the abdomen, of the crutches under the axilla, and the bracing forward and drawing back action of the revolving plates and the shoulder-caps, all the truncal muscles (and bones as well) are supplemented;

that the whole trunk, without and within, is lengthened and expanded; that the face of the spine is being steadily

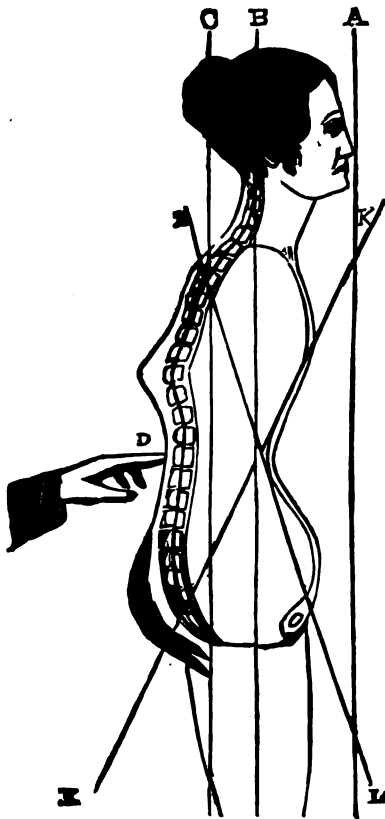


FIG. 6.

FIG. 6. Showing the dorso-lumbar curve retreating from body's centre of gravity (junction of lines *K* and *B*), and the palpable necessity for aggressive support at *D*.

lengthened, and its dorsum shortened, and that the dissolving bones and cartilages are relieved of a disorganizing pressure; that the pelvic organs and the circulations of the extremities are relieved from any depressing force; the viscera, also, are restored *in situ* to freedom, and the stomach, liver, and spleen to the warming and stimulating support of the bowels; that the inverted diaphragm is again concavo-convexed; that the heart is properly supported, and the freest play given to all the organs of respiration.

Furthermore, a mere superficial glance will suggest that there is not one backward, inward, contracting, or depressing action, nor the compression of one vessel, viscus, or muscle; but that, on the contrary, the spine and abdomen are shoved *outward* and *forward*, just as in the action of the abdomen, spine, and scapula, when a man thinks enough of himself to bring those muscles into requisition in health. Indeed, it seems to act so in accord and concord with the idea of the Maker in setting up and running the body, that it only *rests* the discouraged parts, and so helps them as to encourage and inspire them to resume their own work; hence it is, that, unlike too many artificial supports which act by *mere force*, outside of principle, their use may always be ultimately discontinued; for they have not only done their own work, but have set the weakened parts to work also.

Thus, gentlemen, the two diverse appliances and their principles stand side by side. Without a doubt, under the wonderfully accommodating powers of the body, curative or mitigating results may occasionally be wrought by both of them. But, as before said, the question stands, not as to what has been, or *can* be done, in instances, in *spite of principles*; but rather, which is most in accord with, and in imitation of, the combined forces of the body, and accomplishes its object with the least contravention of physiological law.

Out of a mass of practical tests, I will now cite only one

or two cases in point, as being fairly representative of the whole. First, of the working of the Gypsum Jacket:—

CASE 1.—Miss J——, a sprightly young lady of Elmira, N.Y., consulted me concerning a decided curvature, accompanied with much *general* weakness. Her desire for an improved figure was intense, and hence she had worn the Gypsum Jacket for six weeks, under a great sense of oppression, burden, and annoyance. Her respiration suffered much, and what little there was, was mainly abdominal, and her abdomen was protruded and unduly poddy at the hypogastrium, from the influence of the Jacket on the ribs and bowels. The symptoms of pelvic weakness and displacements were emphatic, and her limbs were weak and cold. Her mother felt sure that her daughter was rapidly sinking under the process. I was forced to counsel the removal of that kind of action, and suggest the application of *support*, with no countervailing physiological influence. I regret that the attendant did not accept the advice given; for within the year my worst fears were realized.

CASE 2.—A child, four and a half years old, and the only daughter of a professional friend, had a posterior curvature of the lower dorsal vertebræ. She was a child of remarkable intellectual and personal attractiveness, with a great preponderance of the nervous over the osseous and muscular powers. When the apparent lesion amounted to a "mere knuckle," she was taken the rounds of the celebrities of New York, in turn; but none of the steel appliances could be borne, on account of their weight and stiffness, and, after full trial, they were abandoned.

Meantime the curvature increased in prominence, involving two more vertebræ, and spinal and general weakness steadily increased. At length the Jacket was applied by the one above all others most skilful in its use,—Dr. Lewis Sayre. This she bore better than she did the others. So far as the power to stand and move about was concerned, there was some improvement at first. The first Jacket was

worn one week, and the second one seven weeks ; but during the last seven weeks the curvature involved still more vertebræ, the back was far weaker, and the child more irritable than when the Jacket was first applied. The whole system seemed to be struggling under a burden of oppression, and large dark spots under the eyes gave signs of much prostration. The mother had no rest from the constant attention demanded. "Take me, hold me, and love me!" was the constant cry. Her sleep was uneasy, and could only be taken when "stretched out upon her back, like one in her coffin;" she could not lie on her side, and the skin and ribs were sore from the pressure of the Jacket, In short, the doctor said "the whole system seemed to be sinking under the unequal struggle, although no signs of real *disease* were apparent."

At this juncture I took charge of the case, which, at the start, was the most irritable, jaded, and crotchety case I ever approached. I removed the Jacket and applied a Prop, like Fig. 3. Although there was a terrible scene with the child during its application, the immediate relief to the spine and the nervous system was such, that within the first hour she capered about the rooms in high glee, and, on my leaving, put up her happy face for a kiss, unsolicited, notwithstanding I had previously failed to secure that favor.

It is now but a short time since the change in appliances was made, and yet her form is erect, and she is as playful and cheerful as a lark. The doctor says, "She now cuddles down on her side and sleeps like a kitten all night, and awakens bright and good-natured in the morning." Of the child's own estimate of the difference between the Jacket and the Prop the reader may judge by the fact that, for purposes of family government, the simple threat to take away the Prop and return to the Jacket immediately brings her to terms. (But the subjoined letter from the grateful father clinches the point. At the request of the mother, his name, for the present, is not given; but a *private* reference can be had on application to me.)

ORANGE, N.J., Dec. 15, 1877

MY DEAR DR. HELMUTH: —

This will be handed you by Dr. E. P. Banning, who has lately been treating our little daughter, in whom you showed a kind interest, and I have the extreme and grateful pleasure to say that his "Compound Vertical and Bracing Spinal Prop," after failure of the Plaster Jacket and other appliances, has suddenly wrought wonders. She has now been under Dr. Banning's care but a short time; and yet, from being unable to rest at night, or to walk or stand more than a moment (and that with distress), she is now gay as a lark, rests soundly, plays freely, and, what is more, her curvature, with unequal hips, is nearly gone.

Very truly, etc.

These comparisons might be extended indefinitely, but as my object has been more to settle the *comparative* than the declarative merits of these two principles and plans, I forbear further citations.

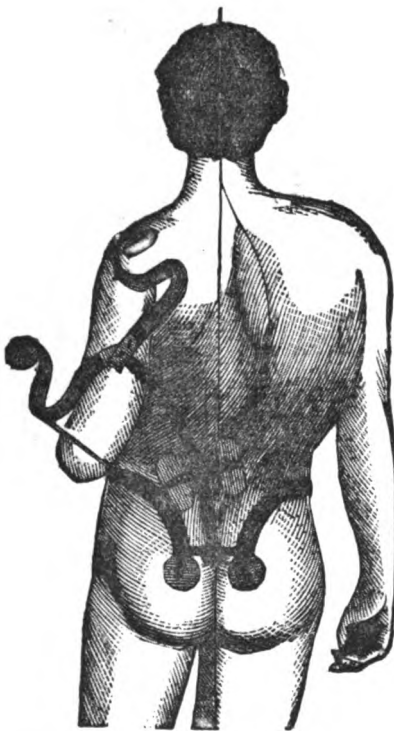


FIG. 7.

OF THE JACKET IN BILATERAL CURVATURE. — This malady consists simply in the upper and lower spine being so curved in opposite directions as to throw the body to one side of the true spinal axis, and to cause the body to rest upon one foot principally, thereby causing the body's gravity to literally swing across the spinal centre, causing one leg to be apparently longer than the other, and the hips to stand somewhat like a tin pan tipped up on one edge of the base. (See Fig. 5.) Here, manifestly, un-

FIG. 7. CENTRIPETAL SPINAL LEVER, accomplishing nothing, its lever powers not being brought around the shoulders.

equalized weight from a one-sided base is the cause and perpetuation of this trouble. It is also manifest that to reverse the force of the body's weight to the opposite side, at each point of curvature, is the true principle of cure indicated; consequently, if we shift the body's weight from the right to the left foot we accomplish the desideratum, for this effects a complete *reversal* of all the crushing and curving forces to the opposite side at each point of curvature, thereby causing weight to brace against each spinal convexity, and also to relax the strong muscles on one side, and to compel the dormant and lax muscles of the opposite side to commence to work so that by the joint action of a double reversed gravity, and a double reversed muscular action, the bilaterality is crushed, and dragged into axis.

But this (like the producing curve) is to be done by operating *specifically* at one point, and at the convexity of each curve, if we would have any aid from nature, philosophy, or physiology. This action we found in the Centripetal Spinal Lever, which yielding, but forcibly, braces each curvature toward the true spinal axis; thereby balancing the body upon the opposite foot, and upon the spinal centre, when on the body (see Figs. 7 and 8), and causing the very weight which made the curvature to restore symmetry and strength by crushing out the same.

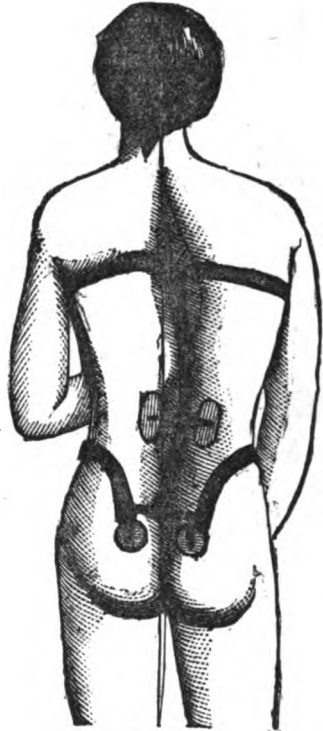


FIG. 8.

FIG. 8. CENTRIPETAL SPINAL LEVER in full activity, elevating and drawing out the left shoulder, drawing in the right shoulder, supporting the lumbar curve to the right, and aggressively restoring the body to its axis, and so crushing out the curvature by means of the very gravity which caused it.

But where is there the slightest approximation to a specific lateral action, even at *one* point — and much less of *two* — by the simple coffin of the unyielding Jacket? It is not and cannot be in it. All that can be done by it is to *stretch* the crooked form, and in that state so unyieldingly confine and stiffen it that it *cannot* crook. In this case the pressing or supporting points will be at the top of the Jacket on one side and at the bottom on the other, often pressing at those points with severity; but not one ounce of action but the squeezing one is exerted anywhere, nor the slightest approach to equalization of weight or muscular antagonism. On the contrary they are discouraged. Of the record on this point space allows but one or two cases: —

CASE 1. — Miss E——, of Boston, a tall and slender young lady, had steadily settled into an advanced bilateral curvature, with great inequalities in the hips and shoulders, so as to require very heavy padding to conceal the deformity. After wearing the Gypsum Jacket for six weeks, I was consulted. She complained of great labor in respiration; said she breathed principally with her stomach; felt oppression about the heart and chest; stomach felt constantly faint; a constant weight and bearing down at the inferior abdomen, with cold feet and constipation. Manifestly in her slender frame every natural evil tendency was developed. Indeed, it was too palpable that all the constitutional powers were suffering. I ordered her prison-house removed, to her great comfort. This case did not come under my care.

OF THE SPIRAL WIRE JACKET.

Its weight is ponderous; consequently, while its wearers are obliged to feel the stiffening effects of a squeezing pressure, it exerts not one concordant physiological action. Go where we may, we find delicate and weak sufferers packing these weighty, hugging, and heating things.

But what would be the action of the Plaster, or of the Spiral Jacket, where such decided vertical spinal and ab-

dominal support is required, with no positive power, and nothing but a horizontal action, compared with that of the Compound Vertical, Bracing and Expanding Supporters? Let one out of hundreds of cases answer : —

CASE 2. ———, of Boston, was a very tall and naturally beautiful girl, but, at the age of sixteen, commenced to break down and become helpless under a bilateral curvature of the usual character ; but her weak constitution and slender make caused it to take away both health and strength, and compel her to keep her lounge almost constantly. Her respiration was difficult, with much pain from the compression of the retracted ribs on the heart. No money or means were spared in her case ; every device was tried, but there seemed no hope. In this case the Spiral Coil Jacket had been worn, and under its uniform and firm hugging action from the base of the sacrum to the neck, had held her somewhat up, but in a constant sense of confinement and restraint. It gave no liberty to any part, because the weakness required the uniform pressure everywhere. Doubtless much of the muscular weakness had been induced by the utter disuse of all the muscles. In this forlorn state, the Centripetal Lever was applied with all those centripetating actions before delineated. It had been feared that the removal of so much and such ex-



FIG. 9.

FIG. 9 represents the double-acting spring reverser applied, which, by its spring pressure on the enlarged shoulder and opposite hip, assists the Centripetal Lever in awaying the body into its axis, at the same time leaving the motions of the body free. By its action the inequalities of the hips and shoulders of young people are corrected, with no deforming appearance through the apparel.

tensive circular support would be very depressing; but, to the surprise of all, she declared the pains in chest and heart were immediately gone, and her strength greatly increased. In two or three days this withering beauty attended and assisted in an operatic performance. Within one month the double curvatures were greatly diminished; the sharply displaced shoulder-blade was quite flattened, whilst the depressed was much more prominent; and she now (three or four months since) is a complete and quite a symmetrical young lady.

But why multiply cases? The principles are too obvious to require further elucidation or confirmation from the mass of cases now lying before us.

SPINAL IRRITATION.

This is a phase of spinal trouble which, though not necessarily attended by any curvature, is second to no caries in point of the local and general sufferings which it involves. It may not involve the slightest curvature, nor any apparent undue compression or inflammation of the cartilages, nor even congestion or redness of the *medulla-spinalis*, or its meninges. Often, in the worst of the cases, dissection has found none of the footprints of this malady in any of the spinal tissues.

The phenomena are, sense of pain and tenderness of the whole or a portion of the vertebræ; fugitive or permanent pains in some or all of the viscera; pain, pressure, dizziness, confusion and noises in the head, with vigilance, anxiety, sleeplessness, and inability to either think or stop thinking. Usually all these symptoms are aggravated by standing, twisting the body, or walking.

Various and many are the theories of its pathology; some, that of local spinal irritation; some, reflex action from the uterus and other organs, — and probably there is, at times, some truth in each of these in turn; but, as a rule, the corresponding local and internal treatments fail to cure, and very often to ameliorate even. But by far the most common theory

is that of an irritated or diseased condition of some tissue of the spinal column, which must be met by diverting such morbid action to the surface by a counter-surface action. This is undertaken, first, by moderate counter-irritants, which (as the failures may indicate) are to become more and more severe, from repeated blisters to setons, the caustic potash, and the moxa, and at length to the actual white-hot iron down the full length of the spine on each side. This severe practice is so heroic as to be not much used by modest men, and is mainly confined to what are called the higher circles of practice, among those who are *up so high* as to be made more popular according to the barbarity which they practise. But I have been young, and now am old; yet scarcely, if ever, have I seen any permanent good fruit growing from this practice, further than from the hope and excitement inspired from the extremeness of the measure, or from the temporary relief from one pain, by attention having been drawn to another. In real fact the latter seems to be the *rationale* to the supposed occasional relief from the above practice, oft repeated.

But, however obscure and unsatisfactory the various pathologies of irritation of the spinal tissues are, and however unsuccessful the counter-irritating treatments are, one thing is nearly infallibly certain: if you place your hands under each axilla and gently lift for five minutes, — or, if you at the same time support the abdomen and the small of the back, — the greatest sufferers universally speak of a sense of rest from uneasiness of pain. Now, whilst this cannot prove the existence of any particular condition of the spine, it must clearly show that weight and friction on the vertebræ aggravate the local and radiated sufferings, and most forcibly suggest that a *part* of the remedy, at least, is to elevate the abdominal viscera from the irritable uterus and ovaries, and at the same time a part of the weight from the irritable cartilages, ligaments, and nerves, and also to preserve the privileges of air, exercise, and the diversions of society.

For the accomplishment of all this, we have, first, the cir-

cular and mere horizontal supports, of which there are two kindred varieties: first, the Gypsum Jacket (see Fig. 1); second, the Laced Jacket, armed with spiral springs. The action of the first, as we have previously seen, acts only like a broad hoop to a slim green-putty figure, and does not remove *any* weight, either by supporting the abdominal organs or the weight of the upper trunk. The jacket so often used by a spinal celebrity of this city, and in New York, also exerts the same circular-hoop action, with this difference: first, it is yielding and elastic; second, it *aims* to give a lifting and supporting action vertically, by its rows of spiral

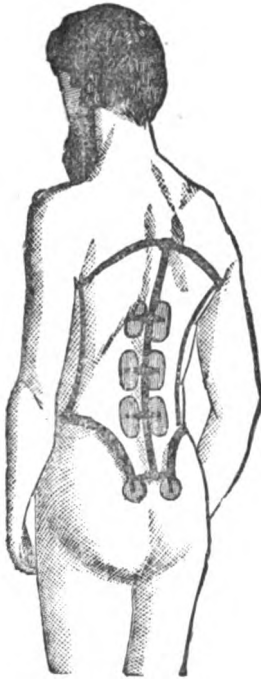


FIG. 10.

coils; but these stop short of that end, because they have no pivotal point from which to lift, and what upward support they exert is mainly from resting downward upon the already weak and relaxed abdominal muscles. Thus it is but little more protection from pressure than the Gypsum Jacket.

The second class of supports is that represented by a modification of Fig. 3. (See Fig. 10.) This appliance differs from Fig. 4 only in having no hollow square, because there is no curvature; its long lever here acting simply as a *bracing support*, or an artificial spine. The interpretation of the whole is,—first, to elevate and compact the whole line of viscera from the uterus, and compel them to support the spine from within, as the body does its garments; next, to

prevent the irritable points from a constant aggravating weight, and from jolts; third, to push forward the

FIG. 10. SPINAL PROP FOR SPINAL IRRITATION WITHOUT CURVATURE shows Fig. 3, not only supporting the abdomen, expanding the waist and chest, and supporting the weak spine, but also relieving spinal irritation, by taking the weight of the body from tender spinal points, and protecting the latter in the case of jolting and twisting the body.

dorso-lumbar curve, so as to relieve the vertebral bodies and cartilages from pressure, by balancing the weight of the body directly over and upon the central processes of the spine. (See explanation of Fig. 3 whilst upon the body.)

Thus much for the *theory* of the malady, and of the treatment; but, fortunately for humanity, the historic record has been so benign as to far outstrip and beggar any theory. Indeed, so wonderful has been the results of this appliance in the premises, in hundreds of cases, that I am barely restrained from citing quite a number; but one or two must suffice.

CASE 1. — Miss O——, of Allegheny City, Pa., had been for fourteen years the subject of spinal irritation without curvatures. For seven or eight years she was mainly confined to bed. The pains in her whole spine and head were so unbearable as to preclude sleep; even under heavy doses of chloral and morphine she said she "never slept." The flesh entirely wasted from her limbs, and the skin hung around them like a shirt. For four years she never stood or sat up. The spine was untouchably tender. This case had sturdily encountered the *heroic* practice, from simple blisters all the way up to repeated burnings down each side of the spine with the hot iron, till "the smoke ascended to the ceiling." This course was forlornly pursued until the surgeon voluntarily retired from the case, and "left her to nature" (quite wisely). In this condition, while she was prone upon her back, I applied the Prop (Fig. 1), to raise weight from the uterus, and from the sore and aching spine.

Result: On the first night *she slept*, and from that day had to draw no more blisters. Soon she relished food, and continued to sleep regular, and in four weeks sat up (and walked the room) four hours a day. The flesh also returned to her limbs gradually, and she was the wonder of that section of the country.

And now, my duty done, I earnestly say to practitioners and to sufferers: Blame me not if you still pursue the old, cruel, and unsuccessful way, with such palpable light before you.

Fraternally yours, •

E. P. BANNING, M.D.

Medico-Legal Department.

THE MEDICO-LEGAL RELATIONS.

BY EMERY A. STORRS ESQ. AN ADDRESS DELIVERED AT THE
COMMENCEMENT EXERCISES OF THE HOMŒOPATHIC
MEDICAL COLLEGE.

MR. CHAIRMAN AND FELLOW-CITIZENS: During my absence from home this whole business, so far as I am connected with it, was arranged. I was appointed and advertised, as the orator on the occasion of a medical-college commencement, by my clerk. I was selected probably because of my large, varied, and broadly comprehensive ignorance of all the topics involved in the course of medical education and training. (Laughter.) I probably know less about medical things than almost any man in this community. I not only lack reading, but I lack practical and personal experience of the medical science. And I was probably appointed to occupy this position for the reason that I would be entirely unembarrassed by the facts, and unencumbered by any knowledge of the subject, so that in my speech I might wander with "maiden meditation fancy free." (Laughter.) That is what I propose to do. (Renewed laughter.) And I say now that I shall probably deliver to you the most discursive address you ever heard on this or any other topic.

I have said I have no medical reading to qualify me to talk to medical students or doctors. I have but very little experience in medical practice, because very little of it has ever been bestowed upon me. My recollections date back many years ago, when, as a very young boy, I first discovered that there was a bitter to every sweet, and, for reasons which my mother and you doubtless understand, but which I never could appreciate, spirits of turpentine mixed with all the sugar I ever had. (Laughter.) My reminiscence of the measles I will not now undertake to recapitulate. I look

back upon the spirits of turpentine—upon the years when I took senna and catnip, and regret that I was not born in a later generation, when the size of pills had been largely reduced, and the nauseousness of the doses had been very much alleviated. (Laughter.) I think I can appear here to-day as counsel for the great body of our fellow-citizens, deeply interested in you and your science—the patients. I propose to speak for them. They have my sympathy. (Laughter.) I very much doubt whether you have. And when I have been hurriedly looking over the statistics and find 1,200 medical students in this town in one year, you must excuse me if such a table of figures excites in my mind the most grave, and serious, and alarming apprehensions. (Laughter.) I am assured that,

CHICAGO IS A GREAT MEDICAL CENTRE.

Whether that is something that the great body of its people who don't administer medicine are to rejoice over I do not know; I am not so sure about it; but with you, gentlemen, as much as with us, time makes all things even. The time finally comes when we have to go to you. And then we beg of you, for our sakes and for your sakes, use your science, but go slow. (Laughter.) Chicago is a city of wonderful growth, and for the last half hour I have been meditating upon the marvelous equilibrium of things which we find throughout all this world, and that, even in the creation of doctors, that great economic law of supply and demand is enforced. We have in this city, I am told, six medical colleges and one school of nurses. Two of these colleges are Allopathic, two of them Homœopathic, one of them Eclectic, and there is one woman's college, also Allopathic. These buildings cost \$250,000. The number of students—I wish my patient sympathizers to understand—last year was 1,200, and the number of graduates reached the astonishing number of 600. Think of that! And these students and these graduates came from every state and from pretty much every country of the habitable civilized globe. These young medical students spent in this city, in one way

or another, during the last year, about \$300,000. That is the present of the situation of this great science in this city to-day. The future promises very largely, for when the Cook County Hospital is completed it will be the largest in America. Next year a new college, to be known as the Chicago College of Physicians and Surgeons, will be completed. It is to be directly opposite this great hospital, and then there will be gathered around it four medical colleges. This I am assured, will make the City of Chicago the greatest medical centre in the world. There is something eminently fitting, and proper, and natural, that these colleges should gather around a hospital. It follows other lines of development. The pork-packing establishments gather around the Stock-Yards. (Laughter.) There is nothing funny about that. (Renewed laughter.) The grain dealers gather about the Board of Trade, the lawyers hover about the Court-House, and the medical colleges surround the hospital. The past of the history of medical education in this city will illustrate how remarkable and how wonderful its growth has been. Fifteen years ago there were thirty-five Homœopathic students in this city. Ten years ago there were eighty-four. Five years ago there were only eighty-six. But two years later, after the establishment of the Chicago Homœopathic College, the number had increased to 150, and this year the number doubled any previous year. Thus, as you see, Chicago in another respect has become a great distributing centre. It distributes doctors and disease probably in a larger measure and in a larger variety than any other city on the face of the habitable globe. We have more kinds of doctors, and we have more kinds of disease, and we create doctors and diseases faster, and the calls for both are larger, and the supply is more nearly regulated by the demand than any other known commodity. For wherever resulting from our infamous system of drainage, from the universal diffusion of sewer-gas, a new and complicated form of disease springs up, Chicago furnishes a new kind of doctor, eminently fitted and adequate to treat that new sort of disease. (Laughter.) In this respect, you see, I am speaking

of it as an economic question, regulated by the great and inflexible law of supply and demand. There is one favor I would like to ask of this graduating class, and that is that they won't set up the old-fashioned job on us, whenever a new disease presents itself with which they are not able to deal, and call it the malaria, as if that meant anything specific.

PHYSICIANS AND CRIMINAL JUSTICE.

There is something, however, which I desire, in a rather more serious vein, to say to you, and that is that your profession holds very near and close relations to my own, and that you will find, before you have finished it, that the profession of medicine has very much to do with the administration of justice, particularly with the administration of criminal justice. I wish to impress upon you the importance which every practicing lawyer has discovered from his actual observation, of the development, in a much larger measure than we have heretofore seen, of the study and understanding of that science, so to speak, which I may be excused for calling medical jurisprudence, and which, freely defined, means merely the application of your medical science to the administration of justice.

Physicians, from the very nature of the case, are frequently called into courts as experts, their qualifications as experts being based upon their supposed knowledge of the science which they profess to and do practice. I may be excused for saying at the outset that medical experts, as a rule, have within the last few years fallen into very widely extended and very serious disrepute. Courts are inclined to disfavor and discredit them. That does not result from the fact that there is any objection they have to calling to the administration of justice all the aids which your science can furnish it, but rather from the fact that there has grown up a class which, perhaps, may be called professional experts, that has cast discredit not only upon the testimony of experts, but upon that most worthy profession to which they assume to belong. The distinguished and the able physician, I have

discovered, as a witness, is among the plainest and most undemonstrative, and simplest of men. I find words of thundering length and sound, technical in character, most frequently employed by the medical expert and witness, whose medical opinion is of but little value in court or elsewhere. I remember a case which illustrates this, occurring almost in an adjoining county, which shows how absurd this affectation of learning may become, and how liable such affectation is to discredit even the profession itself. A school teacher was sued for whipping a boy in school. A physician, bursting with his own importance, was placed on the stand to describe the nature and extent of the injury, and he said that he examined the boy's arm and found upon it "a discoloration caused by the extravasation of the sanguinous fluid beneath the cuticle." Called upon to bring himself down to the comprehension of the average juror and the average natural man, he was fain to confess that the condition in which he found the boy's arm was that it was black and blue. (Laughter.) Now the first description, of course, was rather appalling to the jury, and when it was thundered forth I looked for a very large verdict against my client; but when it was reduced to its ultimate, the verdict was reduced with it. (Laughter.) A few years ago, in this city, we had a very famous case, which involved a discussion to the aid of which we were compelled to call physicians, as to the effect of aconitine when externally applied. I remember (he was not of your school), a large, bustling, bumptious, self-sufficient, all-sufficient, insufficient man (laughter), who came into court announcing that the variety, and magnitude, and tremendous gravity of his engagements required that he should be immediately placed upon the stand and released. Other distinguished doctors came there—quietly came and went. This doctor gave us the views of Dioscorides on that plant, and, being bothered about the origin and history of Dioscorides in his cross-examination, I learned from that stiff and bumptious physician that Dioscorides was a contemporary of Peter the Hermit. And he staid all through that blessed trial, which

lasted ten days. (Laughter.) I think he is attending some trial to-day.

You are the most frequently called upon, perhaps, as I have said, in criminal cases. See how wide your field is going to be in the future. The validity of wills, the disposition of millions of money, vast estates, the interests of families—all may hinge upon the intelligence of your judgment and the intelligence and clearness with which you can express that judgment with reference to the devising capacity of the testator. Questions arise as to whether death was caused by accident or design. Do not let your science run away with you, for the books are full of cases where medical witnesses, some of the most conspicuous of whom were in that famous Baltimore case, have been eager to find traces of poison, and the subsequent development of the utter uselessness of such investigations was all that prevented the hanging of one who turned out to be an entirely innocent man.

WHAT IS INSANITY?

The larger class of cases involve what are called questions of insanity. And here I think you will excuse me if I give you a few words of a lawyer's advice. I want to say to you that I doubt whether you can, any of you, give what under all circumstances would be regarded as a satisfactory definition of that word insanity; and I have the authority of some very great medical men, and supplement their authority merely, when I say to you that if you were put upon the stand and asked to give a definition of insanity which is to be at all points correct, and which is to cover every conceivable form of disease of the brain which might be classified as insanity, I think you will find it safer to decline. Moreover, I want to suggest this: That insanity with the courts and with lawyers may mean one thing, and insanity with you, as scientific gentlemen, may mean another thing. The courts have to deal with the interests of society, and they are bound to protect society against the maraudings of any man and every man capable of apprehending the nature of

his own conduct and capable of controlling it. Legal insanity cannot exist, I think, wherever the party setting up insanity as a defense has sufficient of mental capacity left to discriminate between right and wrong—to know the difference between guilt and innocence—to comprehend the consequences of the act with the commission of which he is charged, and able to control his own conduct. Now, in my judgment—and I want to suggest that to you—I don't care how crazy, how insane you may conceive a man to be, if he comes within those limitations the law must treat him as responsible. (Applause.) And I know that impressed with the solemnity of the position which you hold as medical experts in cases of that character, you will move up to your opinions very cautiously—very patiently; you will not be swift to tell them, and when you are examining the symptoms which may indicate a disease of the brain you will remember that it is not a mere disease of the brain, without regard to its extent, which excuses from the commission of crime, but that degree of disease which thus excuses must be carried to that extent as to deprive the accused of legal and moral responsibility by placing the act with which he is charged beyond the power of his control for prevention or commission. You must understand by this time that I have the Guiteau case in my mind. I commend to you the charge to the jury by Judge Cox in that case as embodying what it seems to me, is about as wise and satisfactory a solution of this very difficult problem as can be found anywhere in the books.

On the other hand, so far as questions of insanity are concerned, much is said now a days about insanity of an emotional character. I do not pretend to instruct you. It would be absurd for me to attempt to do so on these questions. I invite your consideration of them. I ask you whether there is such a thing as paroxysmal insanity, and to think about it before you answer. I ask you whether there is such a thing as emotional insanity, and to think about that before you answer. I ask you to consider whether illogical freaks, ill-reasoned enterprises, bad temper, unfortunate speculations—anything a little out of the rut of the natural—would

lead your mind necessarily to a conclusion that the party thus eccentric was insane. Take this test when these questions are put to you: Take any man's life—any man of strong vital, moral, and intellectual forces—pick out in the strongest and best man's life all the absurd things he has done, all the idle and ridiculous words he has uttered, all the illogical enterprises—judged by hindsight—in which he has been engaged, all the freaks and caprices which he has committed, and pile them up on a table, dissociated from the general run of the man's life, before any jury. I beg you to consider what havoc such a display would make with the reputation for sanity of the strongest and best men in our community. I suggest that because these hypothetical questions will be put to you, and the lawyer addressing the question to you will pick out from the career of his client's life all the absurd and ridiculous things, real and suppositious, and ask you what you think of such a man that has done and said that sort of thing. You, perhaps, might say, if that indicated the general current of the man's life, and spoke for it, and fairly illustrated it—if that was the man, and not merely a part of the man—perhaps it would be sufficient to reach the conclusion that he was legally and morally irresponsible for anything he did; but it seems to me that you would quite well be justified in saying that you would hardly undertake to determine the question of any man's sanity or insanity by supposed fragmentary and isolated instances of his life, presented to you and laid before you for your judgment. In other words, it reaches simply this result: You are asked to give a judgment upon a most grave and a most serious question, where you are not placed in possession of all the facts necessary to enable you to express a wise and intelligent opinion. You have not been unmindful of the fact of the deep interest which the public have in all these questions. And I look to this young class—this graduating class of to-day from the Chicago Homœopathic Medical College—to illustrate the truth of this proposition: that this year is wiser than last year; that you are not merely the creatures of precedent; that to-day you know, or ought to

know more about that curious piece of mechanism known as the brain than you knew ten years ago; that you are more able to interpret it, to describe its action; and that, if you have not reached the point, you mean to reach the point where you will be able to make the solution of the question of insanity of a legal character one of degree—for you certainly will not agree with the experts of this city that, in its legal sense, four-fifths of mankind are insane. It may be—I do not know but that it is so—that of all the brains in Chicago, four-fifths are more or less diseased. I presume that is so with the livers. I have no doubt about that. I am told that four-fifths of the people in this city have catarrh, more or less. Now, so long as catarrh and the liver are not so expressly affected as to impair the general health of the men we make no special count of it; but so far as the human brain, diseased though it may be, is not sufficiently diseased as to deprive the afflicted patient of the capacity of determining between right and wrong—knowing the nature of his action and controlling his conduct—I think that he must be held responsible for it. This is a large subject, and this is why I am talking about it so long.

There is one other suggestion I am going to make. Much has been written on the subject of insane delusions. It has occurred to me that a pretty good test for you to apply to these so-called insane delusions which lead up to and are sometimes called homicidal impulses is whether, before the homicide was committed, there had ever been any exhibition of that insane delusion sufficiently conspicuous to enable the outside world to know of its existence. I confess that I have a grave suspicion of a post-mortem insane delusion. (Laughter.) I look with great distrust upon a case of insane delusion which kills first and has a delusion afterwards. (Applause.) For the purpose of making this delusion proper as legal defense I want the eternal fitness of things preserved, and I want the delusion to come first, and I want it to be a clear case. Coming now to this last great case which I have mentioned, apply that rule there, and see just what conclusion you would have reached. Train your minds

in applying your science to facts. For instance, make the inquiry. Was this party able to control his own conduct? and you find there all the facts in the case: that the homicide had been resolved on for weeks and months before; that he had discussed it with himself, and had calculated the consequences which would flow from the commission of the particular homicity; that he had calculated quite accurately, and that while his mind had been thus resolved, he had again, and again, and again, when circumstances more or less favorable for the commission of the homicide had presented themselves, stayed his hand and reasoned with himself that, for particular reasons, the exact and proper time had not yet come. And I want to ask you whether taking such a case to your home and laying the facts patiently down before you, you would not feel very much inclined to say: This man can reason—could at that time control his own conduct—because repeatedly, and again and again, with reference to this particular homicide, he had controlled it.

And so you see, you become, in that wide and splendid field which your very noble profession holds out to you, not merely doctors, but something more—nothing better, because I can conceive of nothing better, nobler, nearer to one than the able, honest, intelligent, sympathetic, kind physician. (Applause.) They come very closely to all our hearts. They are in our homes in the time of sorrow and sickness. They are there in those hours of rejoicing when our children are born, and they are there (God bless them!) the tenderest sympathizers with us, when the sad hour comes when our near ones and our dear ones must die.

There is no friend upon whom men and women look back with so much tenderness as the dear old doctor who knew you when you were a boy, who carried you through all your aches and your pains, who pulled you from the brink of death when you were hovering over it, who saved you from its dark and turbid waters, who in season and out of season watched with you and probably prayed with you, although not very loudly nor noisily. You feel as if you are a gift from him to the world and to the society of which you form

a part. No, gentlemen, it needs no remark from me to elevate your profession in your own eyes. It is a hard, stony road you have to travel; and it is a better road for all that. There is nothing that makes so splendid a pedestrian as a long road and a hard one. There is nothing that makes so bold a man as the presence of difficulties and dangers. There is nothing that makes so good a man as constant temptation nobly resisted and overcome. There is nothing that really makes so great a man as the quiet, undemonstrative, unbugled and unannounced achievements of solid good deeds, for the blessed sense of satisfaction which the doing of a good deed gives, carries with it, is its own reward. (Applause.)

*THIRD ANNUAL REPORT OF THE
STATE BOARD OF HEALTH.*

We have received at this late day the annual report of the Board of Health of this state for the year 1880. Such reports are liable to be overlooked by the busy physician, as they ought not to be; for the work of such a board has a very direct bearing upon the interests of every one of us. Medical legislation in this state is as yet in its infancy, and it behooves every physician to watch carefully the workings thereof, so that he may at all times be prepared intelligently either to co-operate or oppose as his judgement may dictate. The work of the Board ought to be appreciated, whenever it has been a useful work, so that the members of the board may by such appreciation feel encouraged and strengthened to continue. Whenever this work has not been well done, it is the plain duty of every physician as such, and as a citizen, to criticize publicly and adversely such action, and to oppose it by all proper means. In the report now before us the physicians of Illinois, will find much to commend, and but little to condemn. Thus we learn that "six colleges have improved their course of instruction and

raised their requirements for graduation to meet the views of the board," while "thirteen colleges have been rejected as not in 'good standing', and certificates refused to the holders of their diplomas."

Only by medical legislation could such a desirable result have been accomplished, and the report assures us that still greater reform will yet be achieved in the same direction. To all of which every respectable physician will give hearty approval; and let us hope that he will also give due heed to the legislative doings in these days of our state and national doctors. Law and medicine combined are a great power—either for good or for evil. The above report emphasizes this. No amount of individual effort, or of associated effort, on the part of our physicians, or of collegiate labor, or of literary toil, or of newspaper howling, would have accomplished in a thousand years the Augean cleansing performed by the Illinois state board of health in five years. In fact the work cannot be accomplished at all except by such means. A copy of this report ought to be placed in the hands of every physician in this state, and also sent to leading members of the profession in other states. It is very desirable that the whole profession should be as familiar as possible with the work thus attempted, and should know how to co-operate therewith. This branch of the work of the board seems to have been somewhat neglected. The writer of this article has frequently heard indirectly of papers issued by the board for the information of physicians, but has never yet had the honor to receive one such paper.

Thus much work was done by the board with relation to medical education, and a thousand copies of the report on that subject ordered printed. What became of the thousand copies?

The section on medical education. pp. 42, 46, afford some most instructive reading, especially to those connected with any of our medical colleges, inasmuch as "after the session of '82-'83 the recommendations of the committee will become *the rule of the board in the recognition of diplomas.*"

Attention is called especially to the "minimum requirements" for students and colleges. For the students—

1. Credible certificates of good moral character.
2. *Diploma of graduation from a good literary and scientific college or high school.* Or lacking this,
3. A thorough examination in the branches of a good English education, including mathematics, English composition, and elementary physics or natural philosophy.

These requirements will in effect be the law of this state for every student matriculating for the year '83 and '84.

There will be no question as to the righteousness of the first requirement; the consistency of the remaining two is not so evident. They either establish two grades of matriculants, or they do not. If the intention is not to establish two grades, then these two sections ought to be made exactly equal, which they manifestly are not; for the diploma of section two implies a much more thorough preparation than the examination of section three. In a word, section three is the minimum requirement of scholarship in a candidate for matriculation at a medical college, and section two is useless. Section two establishes a uniform standard far in advance of the present one. Section three annuls this standard, and leaves the whole subject just where it has been from the beginning. Right here is where the work of the board lacks completeness.

The courses of instruction prescribed for medical colleges are the same as those now pursued by all the colleges in this state, with slight variations, and the same may be said of the length of the lecture courses, and of the number or full courses that must be given. The length of the course twenty weeks, is however very nearly a minimum. Of the sixty colleges whose diplomas are recognized in this state, only three fall below this minimum, while twenty-six rise above it. The lower three are located in Maine, Vermont, and Ohio, and have a term of sixteen, seventeen and eighteen weeks respectively. These dry looking figures have abundant interest in them. Among the sixty colleges are several with much longer terms of instruction, some of them having

a term of thirty-six weeks, just twice that of Bowdoin college above referred to. But these high-toned colleges *are all endowed*, and their professors are not compelled to make all of their bread by the sweat of their brows. We hear much of the superiority of eastern education over that of the west, but where the endowment is lacking, the superiority does not appear even Bellevue (which this report spells Belleville), has a term of twenty-four weeks only, and when that institution two years ago rashly instituted a three years course and required a preliminary examination, it lost in one term 50 per cent, of its classes! Bellevue he returned promptly to its old standard, or want of standard rather, and now flourishes as before. Endowed institutions have advantages, obviously enough, but we who have them not, may say, that such institutions are but another form of state charity, and that we prefer independence.

Among the extracts from letters concerning the "good standing" of medical colleges we notice with pleasure the names of our worthy confreres Prof. Cowperthwaite, Prof. Dowling, and Prof. Franklin, all of whom speak out plainly in favor of a high standard of education. Not so with Prof. A. B. Palmer of the Michigan University. His faculties seem to have suffered confusion in the atmosphere of that renowned institution, and he is "scarcely able to say what should be the requirements to entitle a medical college to good standing." Judging from his paper on Homœopathy in the last number of the *North American Review*, we infer that the mental vision still remains clouded.

We recommend that the man who compiles the reports of the Chicago Homœopathic Medical College for the state board be stirred up somewhat seriously. It will astound some of the hard worked men of that institution to learn by this report that in it pathology, microscopy, pharmacy, chemistry, and mental and nervous diseases are not taught! Such is fame; to be killed in battle and have your name spelled wrong in the gazette! The last positive knowledge we had of the status of microscopy in the aforesaid college, there were nearly a dozen of fine microscopes in full blast

throughout the whole term and under very competent instructors. And so might we speak of the other studies which we are here gently accused of omitting.

But we can well afford to overlook such trivial matters in view of the really excellent progress made in its proper work by our state board.

To have rid the state of nearly 2000 unqualified so-called physicians, many of whom were quacks and abortionists and private disease frauds of the most notorious character; to have excluded the products of thirteen doctor-mills or diploma shops, and to hold forth the prospect of excluding fifteen more that are now recognized; to have strengthened the spinal columns of many physicians who were just on the brink of lapsing from strict professional virtue; to have improved somewhat the curriculum of the medical colleges of the state; and to have *almost* required a more adequate preparatory course for the coming matriculant; to have done all this in so short a time is an achievement of which such a board may justly be proud, and the people of this state, and especially the medical profession of every school, may be relied upon to endorse and further all such good work. The fact that this work has been accomplished by a board composed of representatives from the three schools of medicine, working harmoniously together for the general welfare, adds honor and significance to the result.

R. N. FOSTER.

Tin-Poisoning from Preserved Meats and Vegetables.—Dr. O. Henner, in the *Lancet*, Oct. 1881, p. 607, gives a summary of his examination of a large number of tins of all kinds of meats and vegetables. With the exception of some sausages, all the samples contained more or less tin, many to a very large extent. One of the soups contained thirty-five milligrammes of tin, one of the condensed milks eight milligrammes. Tin prevents the lead of the solder from passing into solution; it completely precipitates lead from its solution, an equivalent quantity of tin being taken up. Experiments on animals have proved that stannic compounds are harmless, but that tin, in the stannous condition, is a virulent poison. These facts demand attention, and make it desirable that another substance should be employed to form the receptacles of preserved meats and vegetables.

[Pulsatilla is the antidote.—ED.]

Medical News.

The Minnesota State Homœopathic Institute will hold its sixteenth annual meeting in the city of Minneapolis on Tuesday and Wednesday May 16th and 17th, 1882. G. H. HAWES, Sec.

College of Physicians and Surgeons.—The work preliminary to the erection of the walls of this new institution in our city, has already commenced on corner Harrison and Honore streets, directly opposite the Cook County Hospital.

The Hedgehog is said to be poison proof. M. Pallas states that it will eat one hundred cantharides without injury. A German doctor who wished to dissect one gave it successively Prussic acid, Opium, Arsenic, and Corrosive sublimate with no effect.

Prof. J. W. Dowling has retired from the deanship of the New York Homœopathic college on account of other arduous professional duties. Very flattering resolutions were passed by his colleagues, and the trustees. Prof. Allen was elected his successor. Prof. Dowling is president of the faculty and retains his chair of Prof. of Physical Diagnosis and Diseases of the Heart and Lungs.

"*When Homœopathy fails, I fall back on Allopathy*" said an old physician skilled in neither. "You mean that when *you fail* to find the similar remedy," etc., was our correction, which he acknowledged with: "well that is *about it*, I guess." The law does not fail but *our ability* to select the similar remedy sometimes fails. Even Dunham, Hering, and the most knowing have acknowledged that.

"*There are two wings to the Homœopathic School, the liberals and the straight-jackets,*" says Dr. Smythe, Allopath. The *Homœopathic physician* accepts the "straight-jacket wing." It is a very small wing if it includes those only who *always* give the single similar remedy in the minimum dose *for every case*. Less than 5 per cent will include the whole number. It is only a faction, and a small but noisy one, still it serves a useful purpose.

Medicine in France.—The faculty of medicine of Paris in 1789 consisted of six professors, now there are sixty-four professors and assistants. The salaries of the professors are 13,000 francs. The faculty of Mont Pellier number thirty-five, and the faculty of Nancy thirty. Since 1874 three new schools have been organized, at Lyons, with a faculty of twenty-five chairs, Bordeaux with twenty-two, and Lillie with eighteen. The number of students of medicine in all France amount to 10,000.

The Kansas Surgical Hospital Association Directors, at their meeting elected the following officers for the ensuing year: President, Col. Geo. W. Veale; Vice-President, Orrin T. Welch; Secretary and Treasurer, Thos. S. Lyon; Surgeon and General Manager, Henry W. Roby, M. D.; Board of Consulting Surgeons, Drs. S. A. Boynton,

W. H. Jenny and Wm. D. Foster. This is an enterprise which should be encouraged. Good hospital accommodations for the sick is a sure index to the intelligence of the community.

American Pædological Society.—The next annual meeting of this flourishing society will be held at Indianapolis, in June, during the session of the American Institute. The topics for discussion will be infantile eczema, capillary bronchitis, diphtheritic croup, and elementary infantile foods. All members of the society, and all other physicians interested in pædology, are requested to be present and invited to contribute papers on one or more of the subjects named. Those having papers will please send the titles to the undersigned before the 10th of May next.

LAFAYETTE, Ind.

W. P. ARMSTRONG, Sec.

Removals.—Dr. W. H. Sanders, has removed from 2721 Wabash to 2904 Michigan Ave.

Dr. W. F. Hocking succeeds Dr. Williams at Joliet.

Dr. Gee, ex-surgeon to Hahnemann Hospital Chicago, has located at Hyde Park, Ill.

Dr. C. A. Williams of Joliet, has succeeded to the practice of the late P. H. Hale of Chicago, his address is 28 Warren Ave.

O. C. Davis M. D., has taken a partner for life (Miss C. Sandford) and has located at Lockport Ill. May he be as successful in the future as in the past.

The effort to make two divisions in our ranks will never succeed, for the simple reason that no one knows enough of disease phases, as mediated by individual peculiarities, (let alone the whole *materia medica*) to be able *always* to select the similar remedy. The urgent necessity at times to resort to some expedient, (which may be of allowing the case to pass into other hands,) will make the genuine Homœopaths more charitable of the failings of others. Not in being false to Homœopathy, but rather in not knowing enough of disease and remedies to select the *similimum*. To err is human; to not know is also human.

Commencement exercise of Hering Medical College of St. Louis took place March 18th. The following students received the degree of doctor of medicine. E. B. Thomas, Mo., Jas. B. Dickey, Ill., R. F. Gray, Mo., Jno. Steiner, Iowa, Lee H. Dowling, Iowa, S. L. Schierreck, Mo. The *ad eundem* was conferred on A. B. Knott M. D. of Ill. The Luyties prize for best examination in surgery was awarded to E. B. Thomas, and the Bockstruck prize for best examination in *materia medica* was captured by R. F. Gray. Much witticism prevailed in the presentation of prizes and the numerous bouquets. Prof. Richardson delivered an eloquent address in which he predicts a brilliant future for the new exponent of *pure Homœopathy* as the Hering is at peace with all nations.

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ACID AND ALKALINE CHILDREN.

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

(Extract from the Third Edition of Diseases of Infants and Children and the Homœopathic Treatment.)

Said a professor the other day, "If you will only give us your ideas of acid and alkaline children, with the indications for food and remedies in a few pages for ready reference, you will confer a favor." I explained that he would find a brief analysis on page 178*, and a practical illustration in the author's work on "The Feeding and Management of Infants and Children." "Yes I know, but we want it more fully considered, so that we can get at the ideas and indications without much trouble." Since 1873, when I first presented the subject to the Illinois Homœopathic Medical Association, and to the medical world† and especially since the first edition of this work appeared, the practical value of this division of children has been recognized by our best men. Said a prominent physician who is recognized as a close

*Text-Book of Diseases of Children.

†Vide *Medical Investigator*. August 1878.

prescriber (while attending the private course on Diseases of Children, given by the author every spring) : "I am classifying our remedies on that basis, as I find that it facilitates their selection, I wish that you would carry it out farther."

The ideas are not new with the author, for away back in Hahnemann's day, we find that he recognized the fact that the natural tending to acidity* was looked upon as abnormal.

In attempting to find Grauvogl's Constitutions (Oxygenoid, Carbonitrogenoid and Hydrogenoid.) among the children in the newly organized Foundling's Home, two extremes could be well made out. These were the thin feeble children and the large plump ones—corresponding to the first and last division I suppose. Scudder lays down the indications for acids that the lips must be red, while the alkalies should be used where the lips are pale. This corresponded to the two classes of children already recognized, and here was evidently a physiological application of the law of similars in the selection of the remedy.

Now was recalled the division of remedies according to their chemical and electric condition as outlined by Dr. Hering in 1850.† Here was evidently an electro-chemical basis for the division of this subject. After making many post-mortems in the Foundling's Home on these two classes of children; a large stomach as a rule, was found in the thin cases, while in the fleshy ones the stomach was relatively smaller. The condition of the liver was just the opposite. The small thin child with a large stomach had a small liver, while the large fleshy alkaline child with a small stomach, had a large well developed liver. The child being vegetative, growing on what it is fed and assimilates, it is evident that as the large stomach would secrete a large amount of acid gastric juice, in such cases digestion and nutrition would be interfered with. For we remember that there is naturally a tendency to acidity in the child. Acidity means decay. We have seen (p. 307) that all of the excretions have an acid reaction, while all of the secretions except one give an alkaline reaction. Taking what is here given, and on page 178, it would seem that there is an anatomical, physiological, electro-chemical, pathological and therapeutical basis for the division of children into acid and alkaline.

Following these leadings, and the fact that the acids are Homœopathic to the low forms of disease where the body is emaciated, and that red-lip-children and people are usually slender, first suggested that these acid subjects were possibly below par. On the other hand, the pale lips belong to people and children in good flesh and some of them extra fat. In these people and children the alkaline remedies are chiefly indicated in whatever disease they have. This seemed a practical division of children that might be read at sight. The large number of children at the Chicago Foundling's Home was a fine field to pursue this line of study.

On a further study of this subject, difficulties were encountered.

*Hahnemann's Lesser Writings, p. 233.

†*North American Journal of Homœopathy*, Vol., I., p. 41.

A healthy child had thick rosy lips, but some of the most thick-lipped children were found to be the ones that were ailing most frequently. Then it was concluded that there must be a diseased alkalinity as well as a diseased acidity, extremes either way were looked upon as diseased tendencies and the effort in treatment must be, to obtain and maintain a golden mean.

APPEARANCE AND DEVELOPMENT.

Normally a child is alkaline and should be of fair size, weighing about nine pounds. It should have firm flesh, well developed bony system, broad shoulders and head, appear well nourished, cry lustily when hungry, eat heartily and sleep soundly when it has nursed, about half a cup of milk.

The acid child is under weight. It is thin in flesh and the bones are small and short. Those of the head are deficient and the sutures are all open. The face is narrow and the features are pinched. The lips are thin and red. The tongue is small, red and pointed. The skin of this child at birth is very red, harsh feeling and delicately thin.

The excessively alkaline child is usually over weight and large every way. The flesh is flabby. It has large joints and long large bones. The head is broad and the sutures well closed. The fontanelles may be wide open, or will appear so as it develops. It cries lustily when aroused, but grunts till its wants are supplied. It eats heartily and often, and sleeps at first a great deal, till it is finally kept awake by a developmental tendency. (See Gastric Catarrh.)

The development of these three classes of children are radically different. The normal child is alkaline and remains so for the alkaline digestive elements are in a normal relation to the acid elements. That is, the bile and pancreatic juices are able to change the reaction of the acid digestive current as it comes down from the stomach.

The acid child, with its large stomach and excessive flow of acid gastric juice, and deficient bile and pancreatic juice, has to struggle with acidity, high up in the alimentary tract. This acidity of the digestive mass irritates the intestines, producing muscular contraction and rapid emptying of this canal. Its stools are therefore thin and green from the decomposed bile. Under such circumstances it is easy to see here that the absorption is small, and therefore the child is feebly nourished. This is evident in the emaciated, hungry look it presents. It is uneasy, restless and sleepless; cries with colic from the irritation of the acid elements high up in the small intestines. It is nourished on the fluid elements of food that is taken up by the capillaries, consequently its blood is deficient in white or fat blood. We therefore find that it is not only feebly nourished and imperfectly developed, but that there is also a marked tendency to certain diseases.

The alkaline child having a small stomach and a well developed liver has an ample digestion. The acid emulsified milk is digested, saponified, into chyle which is rapidly and readily absorbed. This leaves a craving of the system for more food, and the tendency is to

eat too often. Notwithstanding, this child's bowels are inclined to constipation, while the system is being excessively nourished. The child grows more alkaline and restless from repletion. Here we have a practical illustration, that those who eat heartily do not need the sleep of one who eats properly.

This child is tardy in its nervous and bony development. It is late in getting its teeth, seems sleepy and slow of comprehension, and is especially tardy in walking. It is a great pet and likes to be carried. It can bear neither neglect nor pain. It cries at trifles.

ETIOLOGY OF ACID AND ALKALINE CHILDREN.

As the child is dependent upon its environment and food for its development and growth, so the cause of these two classes of children can be found in their ante-natal and post-natal nourishment and care.

The cause of the acid child is hereditary or acquired. The thin, active, restless, nervous mother is apt to have a child feeble in development, with a tendency to acidity. If the mother's food has been deficient or acid, the effect upon the child will be to produce the acid constitution. The acid food will render labor easy, but its effect upon the child is disastrous. This kind of food, as Dr. Burt found by careful experiment, will cause easy labor; but one child was still-born, while three others were living skeletons, and were raised with difficulty. Fleishy women who grow more fleshy during gestation and lactation have as a rule acid children.

The acquired form is developed after birth. Sometimes the trouble arises through mistaken kindness, such as giving the child, well-formed and normal, some indigestible food before the milk arrives, sometimes it is sweetened water or strong milk. Sometimes acidity is caused by starvation. The milk is tardy in making its appearance, or the mother is active too early, and the quality of the scanty milk is changed. The food may be difficult of digestion, thereby developing the abnormal secretion of the acid digestive elements. Exposure or excessive washing will favor the acid tendency.

In older children, activity, animal food and over study are the chief causes.

The alkaline child is developed under other circumstances. This tendency is both congenital and acquired. The mothers who are in fair flesh, are great eaters and of sluggish disposition. Large mothers have as a rule large children, unless they get abnormally fleshy during gestation, then they rob the child of its proper nourishment. Locality and season have much to do with the development of the child; new countries, moist localities and damp seasons, seem to favor excessive infantile development.

The food of the mother, that favors infant development, is nitrogenous in character combined with carbonaceous food that is not readily changed into saccharine matter.

After birth the excessively alkaline child may be developed by certain food and management.

The great appetite of the mother is also apparent in the child. It eats large quantities of food and wants it often. It grows rapidly and looks plump, and the mother and friends are pleased at the result of this feeding and encourage it to over-eat. The nursing mother often finds that she must take something to make milk. This something is usually beer which contains so much water and gum that the child develops more and more gross, or alkaline. Tea does not increase the flesh of children and some starchy gruel is usually preferred, as that increases the fattening qualities of the milk. When the child is fed the dextrin foods or condensed milk are preferred and seem to agree best with these children, and they take large quantities and want to be fed often.

Bathing in *warm* water, aids the absorption of large quantities of fluids and stimulates the appetite. These fat children like the bath and are indulged.

In older children whose diet consists of vegetables, especially potatoes, the excessive alkaline constitution is developed.

THE ACID AND ALKALINE DISEASE TENDENCIES.

The study of the natural history of acid and alkaline children reveals the fact that the disease tendencies in the two are radically different.

In the acid child there is a deficiency of the white blood and an excess of the red, hence the mucous membrane and skin are not well protected and there is a marked tendency to interstitial inflammation. The lips and the tongue are red revealing the fact that the mucous coat is very deficient. It is not at all strange that gastritis especially of the chronic form is frequently met in acid babies. Thrush is easily set up by slight dietetic errors, or a cold.

The acid condition of the alimentary canal gives rise to frequent thin, green discharges from the bowels. These acid children suffer greatly from colic. They cry and fret continually, especially at night. The urine flows freely and frequently, and is usually of a light color. The tendency of the skin is to heat-rash, strophulus. The brain diseases are acute and acquired hydrocephalus. The system not being nourished as it should be with proper food, makes the child uneasy, restless, and this tends to force the blood to the head in excessive quantity. This constant surcharge brings about a hydrocephalic condition. Brain symptoms as we can understand are very common in these acid children.

The chest diseases to which the acid babies are subject, are spasmodic croup, (and laryngismus stridulous from the cerebral pressure), diphtheritic croup and croupous pneumonia. Pleurisy and rheumatism do not often affect these children.

The chief symptoms of severe disease in acid children, are pain, fever, and restlessness.

In the alkaline children the excess of lymph and white blood and the active condition of the lymphatic system tend to stasis of the circulatory systems, and catarrhs are the result. The well developed mouth glands give us drooling early. Dentition is tardy and the teething complications are numerous. The excessive flow of saliva may give rise to an obscure lenteria (see p. 228.) The form of the mouth diseases will be aphthæ, the ulcerous or gangrenous varieties.

The stomach diseases will be gastric catarrh, acute and chronic. This latter may be congenital or hereditary. Duodenal, as well as enteric catarrh will be frequently met with. We may have colitis or dysentery in these children, proving very obstinate. Vesical catarrh is frequently met, and often long lasting, in the form of enuresis.

The skin diseases are also catarrhal and very tedious, the chief one met is eczema. Moist skin behind the ears, crusta lactea and pustular diseases are frequently met in these children.

The form of brain diseases will be hydrocephalus, chronic, and cerebral anæmia (hydrocephaloid) as the result of a serious drain from some acute disease, like gastro-enteric catarrh—so-called summer complaint—or cholera infantum, or even bronchial pneumonia.

Nasal catarrh, membranous croup, bronchial pneumonia and capillary bronchitis are the chief diseases of the respiratory tract in alkaline children.

The prominent symptoms of severe disease in these children are: coldness, pallor, and prostration.

FOOD INDICATIONS IN THE ACID AND ALKALINE.

This division of children will call up the law of diet—repair the loss, supply the lack. The law of the diet is contraria. That the regular (Allopathic) profession have been following this dietetic rule in the treatment of the sick is evident.

The feeding of these children should, if possible, begin in ante-natal life. The expectant mother, slender and active, preferring acid articles, pickles, lean meat, or tea and bread, demands a change, so that the child will not have gastritis from birth, and develop an acid tendency. She should be impressed with these dietetic rules:

RULE I. *Acids, spices, stimulants and activity* interfere with digestion and assimilation, beside, tending to tear down what is already built up.

RULE II. *Fats, sweets, starchy food, water and quiet* aid digestion, absorption and the genesis of white blood. They nourish and fatten the body. (See How to be plump.)

We have seen (p. 308.) what a large amount of fat is contained in the milk. The student of histology is aware of the large amount of fat in all the tissues. A well nourished system is loaded with fat. Like water, fat is a vital element. If there is no fat in the food, the system is torn down, and fat is manufactured, as well as water, in the body.

The chief difference between the acid and the alkaline child, is the large amount of fat in the latter, and the well developed condition of the absorbent glands, although these may develop under the stimulus of nutrition. One of the first things the author orders for a lean acid baby is that it have an oil bath *i. e.*, rubbed with oil once or twice a day. This gives it a food that aids the rapid increase of the white blood corpuscles. Whether it is to be oiled once or twice a day, depends upon the development of the child and the condition of the mother. If premature it should be oiled twice or three times a day, (p. 123.) If the mother is feeble and will have scanty, thin, sour milk, it should be oiled twice a day at least for a long time. If the mother is very fleshy, and has been gaining in flesh during gestation, we may conclude that her milk will be like cow's milk and will need more water to render it nutritious, under such circumstances the acid child should be oiled.

If the acid child is brought up on artificial food then we must give close attention to its digestive needs. The acid digestive fluids must be antidoted and their secretions lessened. To outline a course of feeding for this class of children is most difficult. Diluted cream stands at the head of the list for these infants. These children cannot manage casein and this must be extracted by giving cream or whey or else the casein must be prevented from curdling into hard chunks by some form of addition to the food. Cooked gelatine or cooked starch may do, or one of the dextrin foods may be found to agree.

To quiet the colicky pain, free draughts of hot water should be given. This not only relaxes the constricted intestines, but also washes the aliment down and at the same time dissolves the food and aids its assimilation. This class of children needs the food very much diluted. Sometimes the cow's milk diluted with two parts water will agree with and nourish the child. But the proportion of water in the food should be lessened just as rapidly as possible. If the food should disagree it should again be largely diluted for a few days until it agrees or the child put onto one of the more infantile form of foods (see p. 326.)

The feeding apparatus will need extra attention to keep it sweet. It should be used and returned at once to a basin of water in which is a pinch of soda.

When the infant is nursed, or when the food is milk, it is sometimes advantageous to feed it with a spoon, a little barley or oatmeal gruel or a little arrow root, or corn starch gruel just *before* it is to be fed. This gruel should be very thin. The barley or cornstarch gruel better be made without milk and very thin. This will take care of the extra gastric juice and very much facilitate the digestion of the milk food. This gruel should be *well cooked* so as to change the starch to dextrin, which can be absorbed into the system without detriment.

This class of children needs to be kept quiet and get much sleep. They are usually very poor sleepers. Passive exercise like massage (twice a day), being carried about, or better yet, being driven in a car-

riage will insure exercise and sleep at the same time. Rocking they like. Their acid condition tends to make them nervous and restless¹ and they will demand motion. (see p. 374.) Motion that soothes and secures sleep is the great desideratum.

The indications for feeding the decidedly alkaline child, are for less fat and fluids. It is those two elements that increase the excess of adipose. The quantity should also be restricted for these children are great eaters.

When possible we should restrict the mother as to her diet during the ante-natal life of the child. She should be encouraged to eat sour food, especially sour fruit, and to take less fluids and much exercise. Her chief diet should be nitrogenous food, like meat, oatmeal, graham, etc.

After birth the food of an alkaline child must be judiciously selected. The digestive organs are all well developed, so that it is, as a rule, able to digest stronger food than the acid child. Food that changes rapidly to a sour condition especially disagrees with them. The butyric acid fermentation is especially disagreeable to them, producing acute attacks of gastric catarrh. For this reason, although oatmeal gruel and milk are their best diet, still if the meal is not just fresh and the milk at all stale, it sours in the stomach and the child will be made sick. The cream food does not usually agree with these children, but corn starch well cooked and added to the milk usually agrees, when they are young. Leibig's food (Horlick's, Mellin's or Loufand's brand of it) is well adapted to the digestive condition and needs of this class of children, who are essentially German in type.

These children take early to bread and milk and like to go to the table. The salivary glands develop so early that they drool much before the teeth appear, and then they should be given a crust of bread, or bread and milk to eat. Bread containing much nitrogen or gluten is to be preferred. Potatoe they take to early and like it, but nothing fattens more rapidly, and it is evident that its indulgence should be held in check. This child can take milk clear without water, very early, and this should be encouraged. It should also be encouraged to drink cold water in small quantities.

The feeding apparatus for these children should be one that will not allow it to empty its bottle rapidly. It likes to eat fast and will make a fuss if the food does not come in great mouthfuls. The long tube with a hard nipple should be selected. It is not so necessary to keep this child quiet after it eats as it is in the acid child, but that is a good physiological rule under all circumstances.

The alkaline child should not be fed so often as the acid one, and should be made to go all night without food, but against this they rebel for they like to eat at night, and are then wak:ful—illustrating the fact that food supplies the lack of sleep.

ACID AND ALKALINE THERAPEUTIC INDICATIONS.

We have seen that the indications for food are according to contraria, but, judging from the experience of years, the selection of the curative remedy is according to similia. Nothing, that has come to our notice has so strongly confirmed the truth of Homœopathy as the practical test of remedies on this acid and alkaline basis. It is not intended that this basis or classification will in any way supercede the law of similia ; but may aid in showing the way to a more exact individualization than is often possible where our guides are objective symptoms chiefly.

In general we might impress the fact, that acid children demand acid remedies, while in alkaline children, alkaline remedies are indicated and curative.

The special indications for the remedies on the acid and alkaline basis in brain diseases would be as follows :

Alkaline children with inflammation, effusion and coma would suggest *Gelsemium*, *Belladonna*, *Arnica*, *Opium*, *Apis*; while acid children who are nervous, restless and anæmic would suggest *Aconite*, *Arsenicum*, *Rhus*, *Sulphur*.

In throat and chest diseases the indications in alkaline children would be for *Kali bich.*, *Hepar*, *Belladonna*, *Tart. emet.*, while in the acid subjects the indications are for *Aconite*, *Spongia*, *Iodine*, *Bryonia*, *Phosphorus*, *Sulphur*.

In bowel diseases in both diarrhœa and constipation, the alkaline children need such alkaline remedies as *Nux.*, *Mercurius*, *Kali*, *Calcarea*, *Chamomilla*, *Dulcamara*, *Alumina*; while acid children are best managed by *Arsenicum*, *Podophyllum*, *Pulsatilla*, *Rhus*.

In diseases of the skin, the moist eruptions or pustules of the alkaline children suggest such remedies as *Calcarea*, *Baryta*, *Mercurius*, *Dulcamara*; while for the acid children with their dry, scaly skin, such remedies as *Arsenicum*, *Silicea*, *Sulphur*, *Rhus*. are called for.

When such mixed remedies as *Hepar*, *Calc. iod.*, *Merc. iod.*, *Calc. phos.*, etc. are used (the symptoms of each ingredient being about equal), we would expect, as we doubtless get, a more marked action of the element in the remedy that corresponds to the child. For example the action of the *Sulphur*, *Iodine* and *Phosphorus* would be more marked in the acid child than in the alkaline one. We see here a possible explanation why *Baryta carb.*, is such an efficient remedy in chronic enlarged glands in very fleshy subjects.

The special indications for the various remedies will enable us to trace out the subdivision of this classification very much farther. A wide and practical field is open before us, and the author hopes that there will be many volunteers. It would be interesting and valuable if we could classify the whole *Materia Medica* on this basis, but that would require more time than has yet been given to it. Hering has made a good beginning and we transfer his classification as worthy of special study :

(ACIDS.)	(ALKALIES.)
<i>Electro-negative.</i> — (Oxygen.)	<i>Electro-positive.</i> + (Hydrogen.)
<i>Aconite,</i>	<i>Alumina,</i>
<i>Arsenicum,</i>	<i>Ammonium,</i>
<i>Antimonium crudum,</i>	<i>Argentum</i>
<i>Bromine,</i>	<i>Aurum,</i>
<i>Benzoic acid,</i>	<i>Baryta,</i>
<i>Capsicum,</i>	<i>Belladonna</i>
<i>Cepa,</i>	<i>Cadmium,</i>
<i>Chlorine,</i>	<i>Calcarea,</i>
<i>Citric acid,</i>	<i>Causticum,</i>
<i>Fluoric acid,</i>	<i>China,</i>
<i>Graphites,</i>	<i>Cuprum,</i>
<i>Iodine,</i>	<i>Dulcamara,</i>
<i>Jatropha,</i>	<i>Hellebore,</i>
<i>Lactic acid,</i>	<i>Ignatia,</i>
<i>Mezerium,</i>	<i>Kali c.</i>
<i>Muriatic acid,</i>	<i>Lithium carb.</i>
<i>Nitric acid,</i>	<i>Lycopodium,</i>
<i>Oxalic acid,</i>	<i>Magnesia c.</i>
<i>Podophyllum,</i>	<i>Mercurius,</i>
<i>Phosphorus,</i>	<i>Natrum c.</i>
<i>Phosphoric acid,</i>	<i>Nuz vom.</i>
<i>Pulsatilla,</i>	<i>Palladium,</i>
<i>Rhus,</i>	<i>Plumbum,</i>
<i>Silicea,</i>	<i>Rhododendron,</i>
<i>Staphysagria,</i>	<i>Sanguinaria,</i>
<i>Sulphuric acid,</i>	<i>Stannum,</i>
<i>Thuja,</i>	<i>Strontian,</i>
	<i>Tabacum,</i>

The following remedies, according to Hering, may act in an opposite way.

<i>Carbones,</i>	<i>Ferrum,</i>
<i>Osmium,</i>	<i>Manganum,</i>
<i>Selenium,</i>	<i>Niccolum,</i>
<i>Sulphur,</i>	<i>Petroleum,</i>
<i>Tellurium</i>	<i>Platina,</i>

It was also his idea that drugs belonging to the same family were connected by a rule of relationship, in regard to their polarity of action. For instance in the Solanææ *Capsicum* being the electro-negative extreme and *Tabacum* the positive, the others standing in a regular order between. Among the Ranunculacæ the positive end is occupied by *Hellebore*, the negative by *Staphysagria*. This he finds holds good in every family of plants and in every family of chemical substances, and we may from this conclude, that the different plants also may be arranged in two classes according to their

prevailing chemical constituents. There seems to be a correspondence between such families as are remarkable for containing acid substances, as the Ranunculaceæ and Euphorbiaceæ and the electro-negative chemicals, and between such families as contain bitter and narcotic substances and the electro-positive chemicals. Plants and animals used as drugs always present combinations of alkalies or acids and the application of the rules (given below) must be modified or restricted according to the prevalence of positive or negative action.

We have found that, as a rule, there is a difference in the aggravations in these two classes, of children. In acid subjects the diarrhœa is usually worse in the morning, while the cough is usually worse in the evening. In the alkaline subjects the reverse is usually the case.

Hering lays down rules for the selection of acids and alkalies, according to the aggravation, as follows :

I. *Morning aggravation of a looseness of the bowels indicates the acids or electro-negative drugs. Evening aggravation of the same indicates the alkalies or electro-positive drugs.*

II. *With coughs the reverse is the case; an exacerbation in the morning indicating the alkalies, one in the evening, the acids.*

The looseness of the bowels, as well as the cough should be what is called *active*; if they form a very subordinate group among the symptoms, the rule cannot be applied with the same certainty. (Morning includes the hours from midnight until noon; evening the hours from noon until midnight.)

The author sincerely hopes that this classification, which has been attempted to be elaborated, will not lead to careless guess-work and hasty generalization, but will aid the reader to group his remedies to better advantage, that he may the more readily and surely select the *simillimum*.

It may also enable him to "see right through a child" and to understand "the *why*"—the disease tendency, the food needed, and the remedy indicated—and to unite with the author, in exclaiming

HOMEOPATHY, EXCELSIOR!

Chloral in Belladonna Poisoning.—In the *Lancet*, Oct. 1881, p. 589, Dr. Protheroe Smith reports a case of Belladonna poisoning from inadvertence, the dose being from half an ounce to an ounce of the liniment, which was taken at 5 A. M. The lady was seen at 9 A. M., and a mustard emetic caused free vomiting. She was treated with opium, stimulants, and food. Next day, at 11 A. M., she remained still incoherent, restless, but with a fuller pulse. At this time, half a drachm of chloral-hydrate was given. In half an hour she regained consciousness, and, after enjoying a refreshing night's rest, was next day quite herself again.

Etiological Department.

THE RELATION OF PANCREATIC DISEASES TO OTHER AFFECTIONS.

An important list of associated maladies may occur, either as primary or as secondary to pancreatic disease; their histories must tell us which. Again, the proximity of the gland to many important organs and appendages of organs, and likewise a common nerve and blood-supply, not only favors extension and mutual implication in disease, but renders discrimination by anatomical location and pathological dissimilarity, quite difficult. Thus, its artery is one of a group, subject to embolism, etc.; its duct is closely related to that of the liver (which sometimes even passes through the head of the gland itself), also to the duodenum, the portal, splenic and other veins, including the vena cava; the aorta, cœliac and superior mesenteric arteries and their branches, being also in mechanical apposition; as are the liver, spleen, kidneys, supra-renal capsules, solar plexus of nerves, the peritoneum, the stomach, colon, and gastro-colic omentum, and the spinal column. Still further, the physiological functions and pathological errors of the gland are apparently shared by the stomach, the liver, the glands of Brunner in the duodenum; all of which can do duty for and sympathize with the pancreas, more or less, in its really numerous and complex normal and abnormal functions; hence, aside from anatomical confusion, the physiological and pathological indefiniteness is no less tantalizing.

Notwithstanding all this, its pathological conditions can be somewhat learned by great care, in first, localizing the gland in its position; second, localizing as precisely each and all of the adjacent parts; third, observing the condition of each, structurally, as closely as possible, especially if apparently altered from the normal standard; fourth, noting

the changes, if any, in the physiological working of such apparently altered organ, in particulars not shared by the pancreas, *e. g.*, the biliary function of the liver, thus establishing the existence of disease of such part, or its absence; fifth, tentatively excluding from consideration all organs not affected beyond the debatable ground of shared function, and giving this one a particular review.

Anatomically, the gland can be fairly well located by carefully noting, first, the position of the spinous process of the first lumbar vertebra, which is nearly horizontal, and lies just in the rear of the middle of the gland; second, the position of the lower border of the stomach, by percussion, as this organ sounds more clear than the space just below it (the gastro-colic omentum), but more tympanitic and less truly resonant than the transverse colon beyond, also by the distance (about four fingers' breadth) above the navel. In this position it may be sought.

RESUME.

Not to enter into the subject of diagnosis in any detail, this being assigned to able hands, it still devolves on us to consider the many symptoms and lesions which experience shows to be clinically related to pancreatic disease, and to create the questions which the diagnostician must solve. These may be classified as systemic and local; and will be here mentioned in that order, and their ætiological status referred to in passing.

The systemic affections concerned with pancreatic disease are either causative or consequent thereto. As causes may be named:

Mental depression, producing various dynamic disorders, with evolution of tissue lesions; probably of the pancreas among others.

Alcoholism, producing inflammation, both parenchymatous and interstitial, as well as fatty degeneration of gland cells, hæmorrhage, etc.

Abuse of tobacco through the nervous system, is probably causative of pancreatic disorder, with dyspepsia.

Abuse of drugs, as Mercury, Cinchona, purgatives, etc., is mentioned among the causes by Friedreich, and is a point, doubtless, well taken.

General fatty degeneration of albuminous tissues is common enough in both acute and chronic disease attended with fever, which rapidly but imperfectly oxidizes, and so decomposes them; thus, in erysipelas, pneumonia, essential fevers, phthisis, etc., involving the pancreas as well as other parts.

Obesity may be the direct cause of lipomatosis of this gland, with consecutive glandular atrophy, etc.

The acute infectious diseases (so-called by the Germans), as the essential fevers, intermittent, remittent, typhoid, and the exanthemata. Here, a parenchymatous or cellular inflammation invades the whole organism, more or less, including the chylopoietic viscera, including the pancreas.

Onanism is mentioned as a possible cause of pancreatic disease, doubtless because of the depressing influence upon the abdominal nervous plexuses.

Amenorrhœa bears a like relation, and may be causative.

Pregnancy sometimes develops parenchymatous inflammation and degeneration of the liver, or kidneys, or both, and the pancreas has seemed to be similarly affected. Pregnant vomiting strongly suggests it.

The climacteric age is to be regarded as having similar influence.

Scrofula, a known predisposing cause of morbid activities of secretion, nutrition, etc., is to be considered among the causes in this series. Psora is comparable with this.

Syphilis, also a cause of the most varied lesions, counts among its effects, gummatous and interstitial inflammation of the pancreas, with parenchymatous or cellular fatty degeneration.

General amyloid degeneration, first of the middle coat of the small arteries, later of the parenchyma or cell structure of the whole body, mainly concerns the liver, spleen, kidneys and intestines; but the pancreas is also invaded and its secreting function destroyed. It occurs in phthisis, bone diseases and traumatic suppurations, and when any exhaust-

ing disease proves persistent, and more than all in constitutional syphilis. The occurrence of fatty stools or melituria in any such cases would point to pancreatic involvement. Enlargement of the liver and spleen, with albuminuria, after such antecedents, and along with waxy paleness, progressive debility, diarrhœa and swelling of the ankles, indicates the amyloid lesion.

The male sex is, notwithstanding certain causes affect women only, a favoring condition of pancreatic diseases, in the proportion 193 to 129. (Clæssen).

Middle life, twenty-fifth to sixtieth years, presents the largest number of cases, but no age is exempt.

Whilst these conditions are usually antecedent to pancreatic disease, there are a number which are apparently a direct effect of such disease. Of these are:

· Syncope, which appears identified therewith in two ways, viz., immediate contiguity to the solar plexus, and involvement of it; and also, the usual reflex influence of abdominal irritations on the heart.

Collapse, for like reasons, may be extreme.

Sudden death, even, may result. In a number of such cases, pancreatic hæmorrhage has occurred.

Marasmus may slowly exhaust the patient, as in other abdominal diseases.

Hypochondriasis and melancholia have been attributed to pancreatic disease. Indeed, this gland of old disputed with the spleen, etc., the honor of producing the supposed "humor" called "black bile;" whence the latter name.

Albuminuria is sometimes incidental to disease of the pancreas, inasmuch as the kidneys, with a number of other organs, including this gland, together may undergo parenchymatous degeneration (see Frerichs on "Acute Yellow Atrophy of the Liver.")

Lipuria, or oily urine has been found in pancreatic disease, along with fatty stools.

Melituria is a very notable symptom in many cases of such diseases, especially with atrophy of the gland tissue. This

goes to show diabetes mellitus to be a disease of deficiency, rather than excessive function.

Addison's disease has been repeatedly found associated with alterations of the pancreas. This is probably due to the extension of lesions from the gland to the supra-renal capsules, or *vice versa*; the history of symptom-evolution should indicate which.

As local lesions with pancreatic disease we may have:

Atelectasis, or collapse of the lower lobes of the lungs, resulting from the upward pressure of the diaphragm, in pancreatic disease with inflammatory bloat of the intestines.

Œdema of the lungs has been found after pancreatitis especially when disease of the heart with pulmonary stasis was present.

Pneumonia has proved introductory to pancreatitis (erysipelatous pneumonia).

Splenic tumor, or parenchymatous splenitis, often co-exists with pancreatic diseases.

Catarrh of the stomach and of the duodenum, hence dyspepsia frequently attends and precedes pancreatic disease, probably because the parenchymatous inflammation of the mucous membrane obstructs or inflames the duct of Wirsung and its branches.

Jaundice naturally appears in this connection, by swelling in the bile-ducts.

Stenosis of the duodenum, by new growths, etc., may involve the duct of the gland, and prevent the exit of secretion.

Abscess of the pancreas and its bed may cause adhesions with the stomach, and when these open, vomiting of pus, etc.

Ulceration of the stomach, on the other hand, may cause adhesion to the pancreas, and extension of the lesion to it. Gastritis without ulcer may do likewise.

Cancer of the stomach, duodenum, omentum, or other neighboring part, may extend to the gland, with or without perforation.

Cancer of the gland, usually of the head, may extend to

the stomach, duodenum, etc. The history of the symptoms is important to the discrimination.

Other tumors, or even impactions, may interfere with the duct of Wirsung. Biliary calculi in the gall-duct, lumbrici, or other foreign bodies; intussusception of the colon, impacted fæces, etc., are to be thought of. Enlarged lymph glands are also liable to be found in the transverse fissure of the liver, and may thus act. All these enlargements require differentiation from those of the pancreas itself.

Aneurism of the aorta or of one of its visceral branches should be also included as a possible cause of pressure. On the other hand, the aorta has suffered stenosis below the enlarged gland from its pressure; with an aneurismal dilatation above the same, forming a characteristic pulsating tumor, with expansive lateral (not merely perpendicular) motion. The latter may exist when the enlarged gland simply overlies the normal vessel.

Cirrhosis of the liver, an atrophic induration of that organ, may, by blood reflux, generate chronic congestion and interstitial pancreatitis, with atrophy, etc. Ascites may co-exist; also in the next, viz.:

Peritonitis; it may be localized near the gland, in pancreatitis; or if general, may extend to this organ.

Ascites sometimes follows diseased enlargement of the head of the pancreas, owing to compression of the adjacent portal vein.

Dropsy of the legs may be consecutive to the same, because the pressure falls upon the vena cava.

Hæmorrhoids may arise from such epi-venous pressure.

Parotitis has proved metastatic to the pancreas, with a re-metastasis to the parotid glands.

In all these co-existing affections, it is important to determine, if possible, which was first in the evolution of the case. Hence, the history of the symptoms should be minutely obtained and recorded, and subsequent developments noted in order.

Along with these varied lesions, certain symptoms of a dynamic, sympathetic, or collateral nature, have been care-

fully observed in patients who succumbed, and were examined post-mortem. They are by no means pathognomonic of pancreatic inflammation or other lesion, but belong in common to many, especially abdominal diseases; nevertheless, it is only fair to say that their presence should invariably raise the question of pancreatic disease.

Should a palpable tumor be also present in this region, still more care and attention should be given to that question, and all possible tumors in that region differentiated, anatomically, physiologically and historically.

These collateral symptoms, are often of the highest rank in selecting the remedy; but this belongs to another department of our subject, and we will therefore here consider only their pathological bearing, in which their rank is lowest, so far as special lesions and diagnosis are concerned; nevertheless, in the individuality of the particular pathological person, they are still of highest pathological meaning in reference to the most subtle and evasive elements of the total pathology.

These symptoms, in accordance with the Hahnemannian schema, may be stated as follows; not, however, that all of them apply to every pancreatic disease, by any means, but only that, in various cases, they have all been demonstrably associated with some kind of pancreatic lesion. Thus in the

General.—Restlessness. Asthenia. Emaciation. Obesity. Collapse. Worse in morning; when erect. Better when bending forward.

Mind.—Anxiety; oppression; melancholy; hypochondriasis.

Sensorium.—Vertigo.

Head.—Headache; jerking of the head, etc.

Face.—Sunken. Waxy paleness in amyloid degeneration.

Mouth.—Dry tongue; coated, moist tongue; ptyalism.

App tite.—Anorexia; thirst.

Gastric.—Dyspepsia; belching; nausea; vomiting, saliva-like, purulent, bloody, bilious; chronic vomiting; pyrosis; cardialgia.

Diaphragm.—Hiccough; inertia of the diaphragm, and upward relaxation.

Abdomen.—Deep-seated epigastric pains; violent, radiating, coeliac neuralgia; flatulence; meteorism; colic, flatulent, spasmodic or biliary; ascites. Palpable tumor. Pain referred to the transverse lon. Peritonitis.

Stool.—Constipation; diarrhœa; bloody evacuations; purulent stools; undigested meat in stools; fatty stools; leucin in stools; clay-colored stools, if jaundiced.

Urine.—Frequent and profuse micturition; diabetes mellitus. Albuminuria. Lipuria.

Sexual.—Amenorrhœa; pregnancy; climaxis.

Respiratory.—Asthma. Pneumonia (erysipelatos). Dyspnoea; œdema of the lungs; rattling, suffocative respiration. Atelectasis.

Extremities.—Coldness. Dropsy of the legs; jerking.

Skin.—Jaundice.

Fever.—Heat. Cold sweat. Fever of all types; intermittent, remittent, continued. Cardiac and vaso-motor troubles.

Most of these symptoms may be well studied in view of Schiff's experiments on criminals. He seems to have proved that the stomach, pancreas and spleen form a trio in digestion. Removal or injury of the spleen throws an extra duty of albuminous digestion on the stomach, or rather, its power of digestion is more than doubled; but the pancreas ceases to have any effect on that class of food, which, normally, it shares with the stomach. On the contrary, this gland at the same time gains more power over fat and starch. Both the stomach and the pancreas secrete, according to late views, because they are charged with secretable matters from the blood; the stomach, directly from its own vessels; the pancreas, in some way by intervention of the spleen; the former being called peptogens; the latter pancreatogens. The splenic activity favors the formation of pancreatine for albuminous digestion; the other two forms of pancreatine, that for the fats, and the other for starch, being jointly produced; but splenic disability augments these two. Hence,

minute pathology suggests that splenic disorder affects the pancreas, and implies its derangement; especially if the primary or stomach digestion be at the same time increased, and late or pancreatic digestion of meats and other albumens diminished; and still further, if fat and starch be better digested than before. All of which pre-supposes the gland in good anatomical order. If, on the other hand, it be atrophied, or obstructed, or otherwise disabled, all pancreatic digestion ceases; late dyspeptic symptoms arise; albumens, fat and starch, all are dependent mainly on the stomach, and all fail of full digestion; fatty stools increase, especially if not emulsified by the bile (this, when the gall-duct is closed by the contiguous disease); and diabetes mellitus occurs. And why? It appears to be true that pancreatic action on starchy food is certainly wanting; wherefore deficient pancreatism is causative of diabetes. Such seems the rational deduction. If, then, we can suppose the absorption of undigested starch by the thoracic duct, instead of being modified by absorption into and detention in the liver, it would thus directly reach the general circulation; there, or in the tissues, becoming sugar in excess. In the opinion of the present writer, it would be desirable, in diabetes, to examine post-mortem, not only the blood, but, as well, the contents of the thoracic duct, for the presence of abnormal products of digestion, especially for free or undigested starch; also, for any other excess of glycogenous materials; add not alone the liver; for the control of sugar formation by this organ may be simply conservative, since many organs and tissues, even including the placenta, are capable of the same. Non-action of the liver on such starchy elements is also to be then implied. An abnormal absorption of these materials by the thoracic duct (perhaps with jaundice from obstruction and non-bilious emulsion), instead of by a disabled portal vein or liver, appears by no means impossible; whilst such a direct invasion of the blood would easily account for the saccharine urine. But only non-pancreatinized starch is here meant.

Pancreatic disease, if chronic, often does occur with dia-

betes, not invariably, however; and the reasons are obscure, owing to the aforesaid vicarious action subsisting between this and other organs, and the uncertainty of meaning thus inherent in the symptoms. Other theories of diabetes from pancreatic disease, are extant. Thus, Popper, quoted by Friedreich, gives special attention to the known function of the gland in separating the blood-fats into glycerine and fatty acids. Now, the latter reach the liver, being absorbed along with glycogenous hydro-carbon (starch, etc.), by the portal vein, both going to form biliary acids. Loss of this pancreatic function cuts off the supply of fatty acids, impairs the formation of biliary acids, and casts the unused glycogen on the blood, forming grape sugar, to be later found in the urine; or going in part to determine corpulence, which sometimes occurs in diabetics; supposing that obesity did not precede. This may be true in some cases, but not all diabetics have pancreatic disease, and not all pancreatic disease is attended by diabetes; also, many diabetics show no sign of corpulence.

Friedrich attaches most importance to the implication of the solar plexus of nerves, lying adjacent to the diseased gland or even making the nervous lesion antecedent; since Munk and Klebs, experimenting on dogs, produced saccharine urine and atrophy of the pancreas, by partial or complete extirpation of this plexus. This, however, is only tantamount to the disabling of the gland, and its associated organs, in any other way; leaving the original question, viz., the dependence of diabetes on the atrophy, in *statu quo*.

Applications of Bromine to Chancrets and Chronic Ulcers.—Dr. J. L. Robinson of Louisville states that he has found the daily application of a solution of bromine to chancrets and chronic ulcers associated with syphilis, of great benefit. His formula is bromine, one part; water, three parts; bromide of potassium sufficient to make a solution, which is applied by means of a mop made of cotton-wool.

Gynecological Department.

UTERINE HÆMORRHAGE.

BY F. B. SMITH, M. D. AWOSSA MICH.

Next to puerperal convulsions, uterine hæmorrhage causes about as much alarm to the friends and attendants, and as much care and anxiety to the physician, as any complaint with which I am acquainted.

In the post-partum hæmorrhages occurring in early abortions the physician is often put to his wits end to know how to control it. The passive hæmorrhages which occur prior to the third month, may continue for weeks, and months, before the patient fully recovers. These hæmorrhages are frequently if not always caused by a retention of the decidua vera. This membrane as is well known, is formed from the mucous membrane of the uterus, and completely coats its inner walls. That portion which comes in direct contact with the uterine wall is called decidua vera and that portion which is next to the ovum is called decidua reflexa. Before the impregnated ovum reaches the uterus its walls become vascular and tumid, and as soon as the fecundated ovum arrives in the uterus it becomes imbedded in the folds of the decidua (formed from the uterine mucous membrane) which overlap and finally completely encircle it. At a later period, the decidua vera, or serotina forms an important part in the formation of the placenta, but as my subject is to be mostly confined to the hæmorrhage which occur prior to the development of this body, I will not stop to give the details of its growth.

When abortion occurs prior to the third month, the ovum may rupture or become detached from the decidua vera, and be expelled *en masse*, leaving the latter membrane and adhering to the uterine walls to be finally exfoliated in shreds in which event, the attendant hæmorrhage persists

for an indefinite period, and is passive in character. It is remarkable how long the decidua, or a premature placenta, may be retained in the uterus without decomposition. Premature placentas have been known to be retained in the uterus for months without decomposing, whereas a placenta or a portion of one, retained at full term, will take on the putrefactive process within forty-eight hours after the delivery of the child. Why this is so we are unable to say.

So long as any portion of the decidua remains adhering to the walls of the uterus, (or any portion of a placenta is retained,) just so long our patient is in danger of losing her life, and we shall have a continuation of the hæmorrhage. A typical case of this kind came under my observation last winter. Mrs. G. aged thirty, aborted Dec. 15, 1880, at the tenth week. Uterine contractions came on regularly, and after several hours the embryo was expelled. Every thing progressed finely for about a week, when the patient, thinking herself out of danger, commenced to go about the house. There was however a slight discharge of dark colored blood, which continued without interruption for several days. All of a sudden, and without any pain, there was an increase in the flow which in a few hours amounted to quite a considerable hæmorrhage. This attack occurred in the second week of January 1881. An Old School physician was called, who introduced a sponge tampon, and gave Ergot in large doses. This checked the profuse discharge, and in a few days the flow again became passive, and of a dark color, and shreddy. Thus matters went on with frequent relapses until about the middle of February, when I was called to take charge of the case. I found the patient pale, bloodless, nervous, and excitable. She was unable to sit up long enough to have her bed made. She was in constant dread of an attack of hæmorrhage, and whenever the flow was at all profuse it would cause the patient to faint. The vagina was tamponed with a sponge, and just here I want to say that of all the vile abominable cursed things that were ever crammed into the female vagina, a sponge takes the lead. The physician who can not think of anything better to use

for a tampon than a nasty sponge, had better quit the profession. There was loss of appetite, headache, with ringing in the ears, and a host of other symptoms, caused from the continued draw upon her constitution from loss of blood. I removed the abominable sponge, and cleansed the vagina with a hot water injection, after which I explored the womb with a uterine sound. It measured two and three fourths inches in depth, and I could not find anything like an ovum, or placenta in it, which satisfied me that the hæmorrhage was kept up by a retention of the decidua vera. Several remedies were given such as *Lilium tig.*, *Hamamelis*, *Ipecac*, *China*, *Crocus sat.*, etc., but without any effect whatever. The flowing kept up in spite of all I had done, or could do, and there was no more blood to be lost if it could be possibly prevented.

So I devised a tampon of my own invention. I happened to have in my possession a P. P. or womb veil which is nothing more than a cup pessary made of soft rubber to fit snugly over the os to prevent conception. I introduced the P. P. into the vagina, and pushed it well up until it fitted tightly around the os. I then introduced an inflatable pessary, injected it full of cold water, tied the stem, and I had the most effectual tampon that heart could wish. But up to this time, which was the beginning of March, I had not found *the* remedy notwithstanding I had done considerable reconnoitering. My investigations however were soon crowned with victory. I am indebted to Prof. R. Ludlam's excellent work on Diseases of Women, for a knowledge of Nitric acid in this form of hæmorrhage. This proved to be the remedy par excellence in my case. Under the influence of Nitric acid 3d, my patient rapidly recovered, and is now enjoying the best of health. The remedies to be thought of in these hæmorrhages are first, Nitric acid, *Lilium tig.* *Hamamelis*. Second, *Sec. corn*; Third, *Ustilago maidis*, *China* and *Viburnum pru.*

In all cases of abortion it is important that the physician and nurse should thoroughly examine all the discharges, so that he may know when the ovum and placenta are expelled.

When called to a case of abortion the physician should always make a thorough examination per vaginam, and if possible, a finger should be passed through the os into the body of the uterus. If any portion of an ovum or placenta can be detected, it should by all means be removed. You do not want to wait till you can send home for a placental forceps to do it with either, for to my mind there are no better placental forceps than one's fingers and a considerable amount of perseverance.

If we succeeded in removing the ovum or placenta, as the case may be, and the decidua does not remain adherent to the walls of the womb the battle is nearly over. The patient should be strictly enjoined to keep her bed for a week or ten days. I am in the habit of prescribing Quinine in one grain doses every three hours for ten days. For the first three days I give Aconite and Arnica 3d, fifteen drops of each in a half glass of water, a teaspoonful to be taken every hour through the day. I always give Aconite and Arnica as above directed, for the first three days after labor.

So far I have never lost a woman from labor or abortion, and I have been sixteen years in the field. When it is impossible to remove the placenta, or ovum, I would recommend the introduction of a tampon. Do not use a sponge, because it will not stop the hæmorrhages but a short time. After an hour or two the sponge fills with blood and commences to leak. This is one reason why it should not be used. Another reason is, that as soon as the sponge fills with blood, the blood will begin to decompose, and the fibres of the sponge becoming imbedded in the walls of the vagina filled with decomposed blood, are absorbed by the capillaries in the mucous membrane of the vagina, and taken into the general circulation. Thus we have the beginning of septicæmia without ever knowing the cause.

All cases of retained ovum, or placenta are fraught with care, anxiety, and danger. We must always be on our guard. Watch the patient closely and give such remedies as in our judgement, will meet the exigency of the case.

Correspondence.

EDITORIAL CORRESPONDENCE.

PRACTICAL NOTES FROM KENOSHA.

DEAR OLD INVESTIGATOR: A few days of enforced rest in this quiet place, will not make me forget you, and the host of readers who absorb the medical freight you go forth laden with twice a month. The habit of looking for items of interest to your readers is hard upon me, and hence the following:

Spasm, or neuralgia of the colon, in other words, doubled up your editor, and although coffee, hot compresses and Colocynth mitigated the pain yet its repeated return and the consequent prostration necessitated a rest.

Although spasm or neuralgia of the transverse colon is not new, perhaps a few points on the differential diagnosis may prove of interest. The attacks are ushered in suddenly, with a dull, heavy, gone feeling at the pit of the stomach; as the spasm increases respiration is interfered with and there is a sensation, as of suffocation, that makes the distress almost unbearable. There is a slight remission of the spasm and aggravation about every ten minutes. As they continue the region of the transverse colon becomes very tender to the touch. The local use of hot water, or Chloroform will at times mitigate, but the only remedies that afford relief have been Bell., Coffee (in teaspoonful doses every ten minutes), Stannum and Colocynth. The attacks last from an hour to a day. Following the light attacks a lecture or obstetric engagement has been fulfilled, but the severe attacks prostrate for several days. Some of the attacks are ushered in without warning, while others are doubtless induced by over work, lack of sleep, etc., as they follow such, often unavoidable, indiscretions.

If your readers should kindly suggest a remedy they will increase editorial obligation and thankfulness.

Kenosha is a quiet suburb of Chicago, and is a good place to rest. There are three able Homœopathic physicians (Drs. Ward, Pennoyer and Gillespie), who have the cream of the practice.

Dr. Ward is the oldest and has a fine practice. He is a quiet man, and ought to think aloud now and then for the common good. As his digestive powers are ample, he has some good things well assimilated for the body medical.

Dr. N. A. Pennoyer who has been physician to the Kenosha Water Cure, a Homœopathic and hygienic institute, for the last twelve years gave us some points of interest. This institute has cared for thousands of patients during its existence for the last twenty-five years. A large number of those have been persons of broken down constitutions. The nervous phases of disease have included nearly every thing in the catalogue. So he has enjoyed rare opportunities to test the comparative value of diet, exercise, rest, baths and remedies.

The old idea of starvation and cold water has been abandoned entirely. The diet has been selected for the individual cases. In neurasthenia, for example, the dependence is upon nitrogenous diet. Some cases needing several meals a day, and a lunch at night. Here milk and cream are invaluable. Exercise is limited chiefly to convalescence. Rest of body and mind is often one of the first things to be secured. The mind is then controlled and exercise is resumed gradually.

The local use of hot and cold water is valuable. The hot water bag to the spine relieves pulmonary and uterine hæmorrhage promptly. Ice bag to the spine relieves neuralgia from spinal irritation—a subject by the way that has not been properly written up yet. For dysmenorrhœa, neuralgic, its action is promptly efficient. The vapor bath is found most efficient for pulmonary, liver and digestive disorders. The sitz for local abdominal and pelvic visceral diseases.

The full warm bath is preferred for soothing nervous cases. Here the electric bath is often an important adjunct.

He has confirmed some valuable indication for remedies a few of which we obtain and here give:

Coca, he has found a valuable remedy for the following conditions: For nervous exhaustion accompanied by aching all over, nervousness, restlessness and impossibility of sleeping from the malaise. He gives a half teaspoonful of the fluid extract in one third of a glass of water. Dose every half hour of one third of the quantity. Two doses usually soothes the patient to sleep. They awake rested and with no after effects, in that respect unlike any other stimulant.

Niccolum sulph. 1x, he has found valuable for facial neuralgia, also neuralgia of the brachial plexus and extending down the arm. This form of neuralgia is usually associated with insomnia, especially in nervous people with passive congestion of the brain.

Monobromide of Camphor, 1x, he has used for the following indications: Cold perspiration associated with passive congestion of the brain and spine (upper) in nervous patients. The cold perspiration may be general, or confined to the lower extremities. It acts very promptly, one or two doses relieving. He has confirmed the value of this remedy in so-called cholera infantum. He has found it also a valuable remedy to ward off nervous headaches.

Salicylic acid, 1x, he has found excellent to relieve indigestion with acid fermentation, and for aborting sick headaches arising therefrom, especially when they come on in the morning. It has also relieved the tendency to sick headaches coming on in the morning without indigestion. It has also warded off attacks of flatulence and bilious colic. For indigestion from rich food it surpasses Carbo veg., Nux or Pulsatilla.

Guarana tincture has warded off sick headache, coming on once a week, attended by severe vomiting. This remedy has mitigated the attacks promptly, where otherwise they would continue two days.

Umbilical fistula.—He related a case of umbilical fistula. After the cord separated there was a slight hernia with a

fistulous opening—the fæces being discharged at that point for several days and in considerable quantities. A ligature and Persulphate of Iron closed the orifice and the child became well and strong.

Dr. Pennoyer has also a fine practice outside the Cure, and enjoys the confidence of the people.

Dr. T. Gillespie, we found busy, but he took time to give us a few choice items for our readers.

Retention of urine relieved by injection of hot water.—In a case of inflammation of kidneys and bladder with immense deposit of pus in a vigorous young man, the flow of urine was arrested, either from spasm or obstruction, or both, and the patient was in great distress. Having no catheter handy he bethought of injection of *hot water*. The syringe was introduced and very hot water was slowly injected until the bladder was distended to its utmost capacity. The spasm was relieved and the urine rendered so dilute that it passed off freely to the great relief of the patient. A second injection washed the bladder thoroughly, bringing away a large amount of pus.

Gastrodynia in a child.—A child aged eight years, who had suffered eight months with pain in the stomach and had tried all sorts of remedies was brought to him. The attacks occurred daily, or two or three or more a day at various times. After a careful study of the case he decided on Nux vom., and gave the 6th with relief. But that soon lost its effect and he dropped to the 4th and finally to the 2nd. Each relieving only a few times. On a re-study of the case he was satisfied that Nux was the remedy and determined to try a higher potency and selected the 3300 and three doses twelve hours apart cured the case. The pain ceased after the first dose. Change in the diet had no effect upon the attacks.

Lachesis and Lycopodium in alternation.—He related a case of a gentleman who while a boy suffered with abscesses which were finally cured with elder berry bark, and who thereafter, had annually every summer boils on the back; one spring after going into the water, took cold and had pain in both hypochondria with fever. Finally a cough de-

veloped, the skin became brown, and he ran down. He tried various remedies and physicians for three years without relief. In the meantime he expectorated large quantities of offensive dark pus mixed with blood. His case was diagnosed gangrene of the lungs, abscess of the liver, etc. He was expected to succumb. The first remedy that allayed his fever was Phos acid. Then Lachesis 4—30 was given with benefit, then Lyc. 3—12 helped on the cure. Finally when there was no progress Lachesis and Lyc., were given together with rapid improvement. The man is now well. Dr. Gillespie has repeatedly found these remedies to act better in alternation than either alone. Other physicians have had the same experience. Possibly there is a remedy that is nearly related, that would alone do what those two can accomplish in alternation.

Polypus with singular symptoms.—A German woman whose case had been termed tape-worm, dyspepsia and various other diseases. An examination revealed a polypus on the posterior lip of the uterus. This was removed by ligature and the case rapidly cured. The chief remedies were Hydras., and Æs., for the stomach, and Thuja to prevent return of the polypus.

Another interesting case was a lady whose case was diagnosed cancer of the uterus, and who was given up to die. No cancer was found, but a tumor at the fundus and spinal irritation. Remedies were given to check the profuse and constant flow, she steadily improved and is alive and well to-day. The chief remedies were Phos., Ars., Calc. phos., Merc., Lachesis, Ham., Hydras., Caul., and Lilium. He also used Sabina tincture and Erigeron tincture ten drops of each to four ounces of water, as an injection and which was very beneficial in controlling the severe hæmorrhage.

Religious mania.—A druggist's wife had suffered from insanity of a religious character for two years. To her he gave three doses of Arsenicum 61,000 twelve hours apart and to the astonishment of all she was promptly cured. An Allopathic physician was converted to Homœopathy by these last two cases.

Dr. Gillespie has recently purchased an elegant home and is evidently prospering. He is worthy of the confidence of the people.

Therapeutical Department

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

NEW ORLEANS, La., April 8.—We have had the healthiest winter known in New Orleans, for forty years. What detriment the terrible and unprecedented overflow will accomplish, time alone will determine.

WM. H. HOLCOMBE.

WELLSVILLE, N. Y., April, 7.—Prevailing diseases are: Rheumatism and catarrhal troubles. Remedies: Mercurius, Actea, Mezereum, Rhus tox., and Colch. Euphrasia, Kali iod., Ars. iod., Merc. sol., Aconite, Bry. etc.

C. D. GISH.

BROOKLYN, N. Y., April 6.—As to diseases we are having nothing special, a little of everything. I am looking for a hard summer for children teething, indications being for early obstinate constipation followed by profuse prostrating diarrhoea.

W. C. LATIMER.

OMRO, Wis., March, 29.—Prevailing diseases, are *pneumonia*, for which Ver. vir. and Phos, are the remedies. The former has been a grand success with me the past year. If there is much soreness I use Bry. and Ver. vir. *Diphtheria* has prevailed some with us. Phytolacca, Proto iod. Merc. have cured every case thus far. Rheumatism also gives us much trouble, Rhus. and Bry. do the work.

J. S. DANIELS.

MONROE CITY, Mo., April 14.—No sickness at present, had a very even healthy winter, some few die of old age and drugs, but not many. Have no epidemics in this country unless pneumonia in some parts last winter. An important ceremony took place in New London, Mo., April 5th, in which I was married to Miss Lizzie A. Caldwell, of that place.

Rev. W. C. Busby officiating. I have just received some volumes of *THE INVESTIGATOR*, from the bindery, and I value them very highly.

C. C. WAKEFIELD.

FAIRFIELD, Ind., March 31.—Pneumonia; remedies, Acon. alternate Ipecac. Bronchitis, acute; remedies, Acon., alternate Spongia. Bronchitis, chronic; Dros. ra. Acute laryngitis, Acon., Spongia, Bapt., sometimes Ham., and Phyto. in a few cases Stillingia. The winter has been very favorable, to the inhabitants of this valley, "White Water." Very little sickness, no epidemic of any kind.

GEO. W. HOMSER.

SILVER CLIFF, Col., April 4.—The winter here has been very mild; westerly winds prevailing. In fact we never have winds from any other point. Mountain fevers have prevailed as never before at this season. Chief remedies: Ars., Bapt., Bry., and Gels. Have had a number of cases of erysipelas, which yielded readily to Apis, Lachesis, and Rhus. Dr. Bennett's article on diphtheritic croup was highly prized, as I was treating a similar case, when *THE INVESTIGATOR* of Feb. 15, came to hand. Many thanks for the advice, as my little patient recovered.

C. W. LAWRENCE.

HASTINGS, Michigan, April 14.—We have no prevailing diseases now, Acon. and Bell. are more frequently indicated than any other remedies prescribed to fulfill indications of course. We have had an epidemic of diphtheria in Hastings, but no cases now. In this as in all epidemics Homœopathic treatment was more than a match for all other pretended systems of medicine; Homœopathy lost eight cases, Allopathy and Eclecticism, lost thirty-five cases. Notwithstanding we treated more than the half of all the cases in the city. I know this for I am city physician, and have a report of all cases treated.

I. DEVER.

BOONE, Iowa March, 29.—I can only say we are having no general sickness. Am finding perhaps more bronchial troubles than anything else, readily yielding to Ac., Bry., Kal., and Phos. In some cases Gels. has been of decided

benefit. Some pneumonia with decided typhoid tendencies. Aconite, Verat. vir., Bry., Phos., Merc. and Gels. have been my main dependence. Have lost only one case, that of a man seventy-three years of age. Laterly have met quite a number of cases of hemicrania very stubborn, but Arsen. and Spigelia have given better satisfaction than anything else used. Can not say even these have satisfied me. Would be glad of any suggestions that might help us out.

R. M. HUNTINGTON.

BURLINGTON, N. J., April 13.—The prevailing disease here at present is fever of a malarial type, in fact this is our prevailing disease all the year round. I am located in a very malarial district, all the diseases seem to result more or less from the miasm. I am having a few cases of follicular ulceration of tonsils or what some denominate diphtheria at present. My treatment for the former diseases is principally Cinchonidia sulph. combined with Rhus. and Ars., Natr., Bry., Chelido., Podoph. and Euonymus tinc. in cathartic doses, two or three times a week. For the throat trouble, Arum t., Kali b., Merc bin., Nitric a., Coal oil extr. and a powder blowed on the part composed of Sulphur one ounce, Carbo veg. ten grains, Carbolic acid, five drops.

E. F. RINK.

JACKSONVILLE, Fla., April 11.—We have had no prevailing diseases this winter, unless you might so consider dysentery and diarrhoea, which have certainly prevailed among visitors to a considerable degree. The local population does not appear to have been very much affected. We have had a long continued drought, which has emptied the cisterns, and lowered the wells, which will probably account for these troubles to some extent. I fear the project of a Southern Institute will never fructify, I have received only eight or ten letters favoring it, and several opposing it, on the ground that it was premature, inexpedient, etc., etc. My own time has been so fully occupied this winter, that it has been a physical impossibility for me to do much correspondence to work it up. If I thought it were possible to

get together, fifteen or twenty in Atlanta, or some other central point, to form an Association, it might be well to try it.

H. R. STOUT.

DELIRIUM TREMENS IN A CHILD.

Most of the Diet Rules are excellent. But I would suggest for cream, the upper half of milk that has stood six hours, in a deep dish. I don't like the whey on account of the rennet. And I would suggest for the child over a year or sixteen months old, some of the wholesome ripe fruits with its meals, in small quantities, perhaps, except peaches and berries, cooked at first.

I have just had a remarkable case of *delirium tremens* in a child of five months old. The mother losing her husband soon after its birth, was obliged to work out, as cutter and fitter in a dressmaking house, and placed her infant out, after the first month to be "farmed." Changing from the breast to cows milk it became troublesome, and the farmer woman discovered that small quantities of whiskey mixed with her milk kept her quiet. And this was gradually increased until the doses became quite heroic. Corresponding with the increasing irritation, and for four months the child was kept intoxicated. The mother at each visit finding her child sleeping, had her suspicions aroused. And learning the facts, removed the child to another "farm" where all stimulants were at once withheld, the absence of which soon developed all the symptoms characteristic of mania potu, as far as a child of its age could express it. There was manifest fear, screeching and screaming, jumping and starting, crying and moaning, without a moments rest. The third day a professed Homœopathic doctor was called and gave a two ounce bottle of paragorie during six hours, with no relief. When the child came into my hands, the condition, being that of excitement under its most exacerbated condition. A single dose of Bell. 14c. in water, was

followed by several hours quiet. Ars. 40m and Chamomilla 4m, completed the cure.

I have my tickets for Europe next month, don't know how long I may be away.

G. F. FOOTE.

EXPERIENCE WITH SMALL-POX.

During the latter part of January and the month of February, I was engaged in treating that loathsome disease. Therefore I will give my experience with the disease and my observations of vaccination, in one family of four persons. The husband took it first being exposed to it while away from home. He took varioloid having been vaccinated when quite young. About fourteen days afterward his wife and his wife's sister were taken with the disease, the confluent form. A little girl about seven years of age I vaccinated when I discovered that the father had varioloid, (the others refusing to be vaccinated.) The vaccination took well, and while the rest of the family were passing through the maturing stage, her arm was very sore. She did not take even varioloid. Another family the father having been exposed came home was taken with varioloid having been vaccinated when a boy, the rest of the family were immediately vaccinated, result none of them had small-pox. One of them a boy had varioloid light. I also vaccinated myself as I began to treat the cases, and notwithstanding I was exposed to it every day for a month, I did not even take varioloid. I think where the vaccination is good it will in every instance abort the disease. Now a few words in regard to the treatment of the disease. Several of the cases were of the worst confluent type. Arsen. 2x trit. and Tartar emetic 2x, trit. were my principal remedies given every hour in alternation.

One case where there was great prostration with low typhoid symptoms, Baptisia tincture was given in drop doses every two hours and in twenty-four hours all the dan-

gerous symptoms had disappeared. In one bad case of the confluent form *Sarracenia purpurea* was given steadily for a week in alternation with *Arsen. 2x*. Cannot tell whether it had any effect or not, think perhaps the *Arsenicum* would have done the work alone. I think we have in *Arsenicum* a trump remedy for small-pox, in all its forms, but to be successful with it, it must be given low. As low as the *2x*, trituration and I should not hesitate to give the first in a desperate case. We have in small-pox a most violent poison to counteract and I believe that in *Arsenicum* we have the remedy. I did not lose a patient while my brother Allopaths in the neighboring towns lost every case of confluent small-pox they had.

Another remedy I wish to mention that will be found of service in the first stages and that is *Salicine*, it must be given in appreciable doses to do any good, as much as ten grains every two hours. Perhaps I have already written too much. Would like to hear from others who treated the disease. But I think that we can rely upon *Arsen.* as the sheet anchor in small-pox for it will certainly abort vaccination which I have demonstrated to my entire satisfaction.

J. S. NEAR

NEW FACTS CONCERNING DISEASES OF THE CHEST.

BY J. S. MITCHELL, M. D. CHICAGO.

(Read before the Chicago Academy of Homœopathic Physicians and Surgeons
April 13, 1882.)

Among the new facts which the progress of medical science has developed during the past year, I may mention some of the effects of experimental occlusion of the coronary arteries as stated by M. Vulpian, in a paper read at a meeting of the Academy of Science. Shortly after closure of the coronary arteries, the rhythmic ventricular contractions suddenly cease and give way to an irregular, muscular tremor such as has been noted by Paxum, and others. This

trembling motion is most intense in the right ventricle. The auricles continue to discharge their contents, the ventricles rapidly become filled with blood. They swell out considerably and at the same time the arterial pulse becomes imperceptible. The general circulation is permanently arrested.

It was further ascertained that it was not even necessary to ligate both coronary arteries at their point of origin. A section of the vago-sympathetic did not interfere with the obtaining of these results. Thus it would seem that arrest of circulation in the heart's own substance, from occlusion of the coronary arteries, occasions an incapacity on the part of the cardiac fibres to contract in a rhythmical manner.

Interest is added to these facts by a statement of Fothergill that fatty heart may be occasioned by occlusion of the coronary arteries from peri-cardial adhesions.

It is possible that our knowledge of obscure cardiac troubles will be much increased by experimental knowledge of cardiac action.

Fothergill in *The Practitioner* for April, 1881, commenting on the diagnosis of fatty heart and alluding to its mysteriousness says, that ordinarily it is but a fragment of a widespread degenerative change. That is the point to keep steadily in view. As a rule, with but few exceptions, it has such distinct associations that if they are not found it is very unlikely to be present. Most commonly it follows upon a former hypertrophy, where the coronary arteries become all but obliterated from atheromatous change. When so found the heart is heavier than normal, albeit its muscular fibre may extensively degenerate. Wasting diseases and fever may impair the heart's integrity, but repair swift and complete is the universal rule. In senile degenerative changes the fatty heart is the usual concomitant, and in these cases there is the absence of the swift repair. The condition which simulates the fatty heart most closely is that due to mal-assimilation. This is quite a common malady. When the assimilative processes are once more restored fully to their normal efficiency, the alarming symptoms pass away, and the nature of the case is cleared up.

Dr. Drummond, of Newcastle-on-Tyne, has demonstrated before the Northumberland and Durham Medical Society a physical sign which, apparently, will be of considerable value in the diagnosis of aortic aneurism. When a patient who is suffering from thoracic aneurism inspires deeply, and then closes the mouth and expires slowly through the nostrils, a puffing sound is heard on auscultating the trachea, which is synchronous with the cardiac systole. This sound is best heard with the binaural stethoscope, and is evidently a sudden involuntary expiration caused by the sudden systolic expansion of the sac expelling air from the chest. The physical sign has been demonstrated by Dr. Drummond to be absent in cases of aortic valvular diseases without aneurism, while it is present in every case of aneurism that Dr. Drummond has noticed.

Functional murmur in the pulmonary artery is not so unfrequently occurrent as sometimes supposed. Dr. Nixon in *Dublin Journal* for September, 1881, summarizes as follows: That the conditions given in order of frequency in which it occurs are: Acute articular rheumatism. Enteric fever. Fevers with great prostration, and profuse sweating. Bronchitis, and pulmonary œdema. Nervous diseases, notably hysteria and hypochondriasis. Dropsy diaphragm pressed up. Trivial affections, diarrhœa, dyspepsia. It cannot be regarded therefore as a sign of any special disease. That its characteristics closely simulate those of a murmur of attrition.

A case illustrating the accuracy of these conclusions, lately occurred in my own field. A lady aged about thirty, was affected with bronchitis one year ago, and some three months since with what was regarded as endocarditis. Since then there have been attacks of dyspnœa with general failure of strength. Some wasting and much depression of spirits. Physical examination revealed a well marked pulmonary systolic murmur, soft and constant. There were no abnormal sounds at other cardiac regions. The next day the murmur had entirely disappeared by report of the physician who called me to the case who could distinctly recognize it with me on the previous day.

One of the most practical suggestions lately made by Dr. Peter, *Revue Med.* January, 1881, is that examination of the precordial and pre aortic regions as to their sensibility will in time become as necessary as auscultation and percussion. In health the cardiac muscle is insensible. It is not so in disease. In acute and chronic myocarditis, patients complain of painful sensation in the heart. These are often overlooked or attributed to intercostal neuralgia. But pain may also be excited in such cases by pressure. Press with tip of finger in third, fourth, fifth and even sixth intercostal space with sufficient force, first close to the bone and even to the left as we descend, and we shall not fail to elicit pain in every case of myocarditis. In some cases pressure over the apex which is alone the seat of degenerate changes is painful, acute enough to excite a cry. In inveterate smokers he has found a sensitive spot at the third left intercostal space near the sternum corresponding with the auricular ventricular groove and to the situation of the ganglion of Remek. Some persons complain of intermission and cardiac pain, which they refer to this spot.

In disease of aorta and its valve there is pain on pressure with tip of finger in the second left intercostal space quite close to the sternum. In exploring the sensibility of the nerves of the cardiac plexus one must press gently, but with sufficient force, first on the third left intercostal space, then in the second, and lastly in the first. From the second left intercostal space we press to the adjacent portion of the sternum. If there is neuritis there is pain on pressure and the same if there exists neuralgia of the plexus. This should make us always suspect existence of disease of the coats of the aorta.

Dr. Peter gives an important precaution in case of angina pectoris not to press too strongly with tip of finger as he has seen a case of angina thereby induced.

We draw attention to the fact that M. Martin in a communication to the Société de Biologie during the past year, claimed that the histological structure of tubercular nodules was devoid of special significance, since inoculation with indifferant foreign bodies produces the same anatomical lesions

as those obtained with tuberculous matter. M. Martin found that the tubercles of tuberculosis possessed the property of infection, whereas the pseudo-tubercles lacked this quality.

It was ascertained that in a series of consecutive inoculations on different animals the infective properties of the original tuberculous matter became more and more active, resembling the virus of septic processes. The tubercles of indifferent substances acted in an entirely different manner. Inasmuch as Martin was apparently ignorant of the work of Cohnheim, his results and conclusions are more valuable, because they were evidently obtained independently of the German pathologist, with whose experiments we are all so familiar. Anatomical lesions are very different.

Apropos of this subject, the action of bovine tuberculosis may be considered. An article in the *Dublin Journal of Medical Sciences* of May, 1881, refers to the fact that bovine tuberculosis, in its more acute manifestations, so closely resembles an infective disease that the theory of a virus, whether generated in the interior of the body from caseous matter, or derived from without, is almost irresistible. Cohnheim recently urged this view, and Klebs professes to have discovered a micrococcus by whose agency the infection is brought about.

Dr. Creighton asserts that the tuberculosis which affects the human subject is identical with the disease which is so common in cows and oxen called the "pearl disease," and that infection is communicated to the human subject by the milk of cows affected with the disease. Twelve cases are recorded, which have all been observed recently at the hospital in Cambridge, where on microscopic examination, the appearances closely resembled those seen in cows affected with "pearl disease." Milk is now recognized as a means of carrying the virus of disease, and epidemics of typhoid and scarlet fever have been traced to it. It is important that this subject receive still further observation. As Dr. Creighton very wisely suggests, it is well for us to look to other sources than an untrapped drain or a leaky sewer-pipe to discover, if possible, the cause of infection.

Baumgarten according to the *Centralblatt für Chirurgie*, Feb. 1881, holds that lupus and tuberculosis are essentially distinct formations. Lupus is vascular, does not undergo caseation, and is capable of direct transformation into cicatricial tissue, while tubercle possesses no vessels, undergoes cheesy changes, but never cicatrizes. Experimental inoculations conclusively prove the non-identity of the two processes.

Schuller's researches have led him to the opposite conclusion. While acknowledging that Baumgarten's description of the microscopical appearances of the two kinds of neoplasm, is, in the main, correct he insists that it is true only when we compare lupous masses with tubercles of older date. If, however, we examine tubercles at an early stage of their development, as in cases of tubercular pleurisy and in recent cases of tuberculosis of the joints, we shall find them histologically identical with lupous tubercles, that is, they consist of granulation tissue enclosing giant cells and provided with vessels. When doctors differ who shall decide? No better illustration needed of the futility of prescribing merely for pathological condition.

In the *Archives Generales de Medicine*, two cases of massive pneumonia are noted at Professor Lasegue's clinic. The first was that of a laborer, aged fifty, who developed an acute pneumonia. Examination revealed absolute flatness in front and behind on the right side. At the base and in the axillary region resonance was still found; in the supraspinous and infraclavicular regions absence of respiratory bruit; no crepitant or subcrepitant rales. Bronchial breathing very marked at the inferior border of the scapula, extending from the axillary line to the vertebral column. Below this point there was a faint vesicular murmur, distant in sound and largely masked by sonorous rales. On the left side apparently only the signs of bronchitis. There was little cough and the expectorated matter was not characteristic of any special lesion. Patient died soon after admission to the hospital. Autopsy showed the upper lobe of the right lung completely hepatized, having assumed a dirty

yellowish color. The pathological status which led to the clinical diagnosis of massive pneumonia was found to reside in the bronchial tubes distributed to the upper lobe. They were completely filled to their finest ramification with a white elastic, apparently fibrinous substance, which was not elsewhere found. Massive pneumonia may at some time during its course closely resemble in its clinical aspects pleurisy with effusion, yet in certain cases bronchial breathing co-exists with the flatness on percussion. In doubtful cases an exploratory puncture would appear to be justified.

Prof. Gamberini in *Geornale Italiano* contributes a valuable paper on syphilis of the lungs—of which the following are the chief conclusions:

1. The existence of a simple inflammatory syphilitic pneumonia is admissible but not yet proved.
2. There can be no doubt about the existence of gummy disease of the lungs for which the author proposes the term consumptive pulmonary syphilis.
3. Specific treatment is the best means for distinguishing syphilitic from tubercular disease of lungs.
4. The occurrence of pulmonary disease in syphilis is not rare either in late or early acute syphilis.
5. Symptoms of syphilitic disease of lung are generally those of pneumonic phthisis.
6. Tubercle attack apex while syphilis avoids it.
7. Course of syphilitic pulmonic disease is slow and apyretic and usually it attacks only part of one lung.

We call attention particularly to two of these points:

First, that pulmonic syphilis is slow and apyretic. When physicians become thoroughly imbued with the idea that phthisis can nearly always be diagnosed by its pyretic course we shall have fewer mistakes on diagnosis.

Second, physicians of our school will be loath to admit the frequency claimed for pulmonic syphilis. This disease in the hands of the Homeopathic physician rarely if ever gives the parenchymatous inflammations. The initial sore with eruptions, alopecia and occasionally an iritis is all he expects to encounter. This speaks more for the system than volumes of records of self-limited unconstitucional cases.

Finally, may I call attention to the comparatively small addition to any one subject that scanning the yearly files of journals will give. Verily, the field is large, and the laborers few.

Book Department.

LECTURES, CLINICAL AND DIDACTIC, UPON THE DISEASES OF WOMEN. By PROF. R. LUDLAM.—CONTINUED.

Part Fourth. Lecture XVII. In this lecture, the differential diagnosis of pregnancy is considered, and our author enumerates the various signs, viz.: Suppression of the menses, (a very uncertain sign.) change in the breasts, uterine obliquities, the foetal heart sound, which he says is a positive and unmistakable sign, the uterine souffle which he regards as doubtful, the changes in the cervix, etc.; he then mentions molar pregnancy or false conception. The chapter is well worth an attentive perusal, but we decidedly object to his mentioning, that he is "skeptical about the action of Pulsatilla, in correcting a mal-presentation of the foetus in utero." If anybody can be found so unscientific and ignorant, as to assert that Pulsatilla could in any way correct a mal-presentation of a child in utero, I cannot conceive that it was necessary for Dr. L. to even mention his disbelief in any such nonsense.

Lectures XVIII, XXI., upon the diseases of pregnancy, will be found instructive and practical to the old practitioner, as well as to the student.

Lecture XXII. Post-puerperal diseases. Subinvolution of the uterus. Etiology, "Defective involution and resorption of the womb is more common than is generally supposed, and as a cause of ill health is therefore very likely to be overlooked." * * *

"It often follows abortion more especially of the fifth month. Rapid labors, especially if they are not followed by after-pains, are more likely to be followed by defective involution of the uterus than those which are tardy and difficult." * * *

The latest generalizations in gynæcology ascribed almost every case of subinvolution to a laceration of the cervix, during or in consequence of labor. Our author says this is the view of Dr. Emmet, but declares that in his judgement the views of Dr. E. are too sweeping.

In this opinion we must dissent, as we have found from careful observation in a large experience, Dr. Emmet's statements regarding this matter in question, to be fully confirmed. Defective involution and its consequences have a most important relation in the affections that the gynæcologist has to deal with, and the practitioner who does understand, and I may say thoroughly master its pathology and diagnostic importance, will never have much satisfaction in the treatment of the diseases of parous women. We recommend this chapter as most excellent and practical, but we will take occasion here to state that in the majority of cases subinvolution will be found to result from a *traumatic* cause, as the result of an abortion on a lacerated cervix.

Our author mentions the remedies for subinvolution, such as will relieve the relaxation of the uterus, muscular fibre, viz., *Secale corn.*, *Sabina*, *China*, *Ipecac*, etc., he also alludes to the frequent measurements of the uterine canal, by means of the sound, in order to assure the practitioner of the diagnosis, and mentions cases where the canal measured four and five inches, and one case was so much benefited in ten weeks by the use of *Secale*, that the canal measured only three inches, this was a very good result.

Lectures XXIII, XXVI, treats of pelvic peritonitis, pelvic cellulitis, and pelvic hæmatocele.

These chapters are instructive and almost exhaustive, and their study alone will repay any of our readers who may purchase the book. The pathology, clinical cases, treatment, medical as well as surgical, are all given in detail. Dr. Ludlam has handled these subjects in a masterly way and we do not feel disposed to make any criticisms.

Lectures XXVII, and XXVIII. Cervical metritis, corporeal cervicitis, cervical endometritis and leucorrhœa, are treated in these chapters, and the lectures are replete with good advice. We are however, disposed to find fault with the article upon cervical endometritis, which so often causes leucorrhœa, and which is not unfrequently a corporeal endometritis, complicated with cervical lacerations, and subinvolutions. Such cases of corporeal endometritis we meet often, almost daily in private practice, and are really cases of uterine catarrh, being frequently considered as cases of chronic leucorrhœa. The young practitioner needs a guide, and positive instructions for the management of these cases, for the greater number of female derangements that the country practitioner is called to treat are of this kind. On page 452, in speaking of a clinical case of uterine leucorrhœa, Dr. L. says: I have already spoken of cervical metritis, or inflammation of the parenchyma of the uterine cervix. The case before us is one in which the lesion is limited to the mucous membrane which lines its canal. It is styled cervical endometritis or endo-cervicitis, to distinguish it from corporeal endometritis, internal metritis, or inflammation of the proper uterine mucous membrane, which is found within the cavity of the womb. For while you would naturally suppose that these affections would co-exist, the fact is that they are almost as distinct and as little related to each other as are bronchitis and *bona fide* pneumonia.

We cannot quite agree with this statement, for we do not believe that the limitation of endocervicitis from corporeal endometritis is so decided as stated by our author. Dr. Goodell, *Lessons in Gynecology*, second edition, page 115, says: Like chronic endometritis, chronic metritis is alleged to attack the cervix or the body of the womb separately, and it is accordingly sub-divided into cervical and corporeal metritis. But, while granting that the cervix, from the greater injuries it sustains in coition and parturition, is often more profoundly affected than the corpus. I cannot accept in all its fullness the theory of limitation. In my experience chronic

metritis never exists alone, and is always associated with endometritis.

It has always seemed rather difficult in a parous woman to differentiate a case of endocervicitis, from a case of endometritis; we admit that cases of endocervicitis occur in young girls, or young married ladies who have borne no children, so that in the latter case, the leucorrhœal flow may be caused by a catarrhal inflammation localized in the mucous membrane of the cervix, but if it goes on unchecked, certainly the whole mucous endometrium will become involved.

Dr. Ludlam, under the head of treatment for these very common affections has given the internal treatment, and besides mentions very properly, hot douches, application of glycerine to the cervix, etc., and says, page 465: Medicated bougies and suppositories are not of any special value in endometritis; which suggestion we approve of (although we do not see what is to become of the long list of uterine medicated suppositories advertised by the Chicago and St. Louis pharmacutists.

Such cases, especially endometritis with subinvolution, and often hyperplasia, will require local treatment in the form of medicated solutions to be applied by means of swabs, to the whole endometrium, and in addition thereto, not unfrequently the repeated use of the blunt curette; but as so high an authority as Dr. Ludlam, does not seem to use such important auxiliaries to treatment, we will dismiss the subject with the remark, that we hope in the next edition a chapter will be devoted to this most important subject, and the curette not be slighted. There are excellent chapters upon abscess of the breast, the climacteric period, pruritis of the vulva, abscess of the vulva, cystocele, cystitis, hysterical ischuria, uterine deviations, prolapse with ulceration, uterine cancer and epithelioma irritable uterus, ovaritis and hysteria, all containing a great deal that is instructive not only to the student, but to the gynaecologist as well.

Part IX, from page 835, to the end of the book, some 200 pages, is taken up with the surgical diseases of women. Chapter 52 treats of laceration of the cervix. Dr. L. very properly gives two Americans the credit of calling the attention of the profession to this important ailment. To Dr. Emmet of N. Y., is usually accorded the credit of the discovery of this affection, but Dr. Montrose A. Pallen formerly of St. Louis, now of N. Y. preceded Dr. Emmet one year, and first wrote an article upon it in the *St. Louis Medical and Surgical Journal* in 1868, while Dr. Emmet followed him in 1869.

Dr. Ludlam gives the clinical history, causes, pathology, diagnosis, and general as well as surgical treatment of this most important affection which until quite recently has been little understood by our profession. A traumatic lesion which in our experience is found to exist in 16 per cent of the cases of uterine diseases which occur in married and parous women,* is one that should be studied by every physician who claims to have any knowledge of gynaecology, and moreover

*Dr. Pallen says it occurs in 40 per cent.

when we come to know that this laceration is a frequent cause of cancer of the neck of the womb, (as stated by Dr. Ludlam, p. 862), it would seem that it is high time for young physicians to post themselves up upon this most important subject. Dr. L. illustrates this chapter in a masterly manner, and describes one of the most important and satisfactory operations in uterine surgery, and withal, an operation which required no little skill in its performance. but which when well done, is found by experience to be one of the most successful and least dangerous in the whole practice of gynecology.

In Lecture 58, is a full description of vesico-vaginal fistula, and upon page 877, Dr. L. gives an illustration of a French instrument, a serrated clamp, to be used in this operation, it is a new instrument which we have not seen mentioned before in any gynecological work in our language. The directions for this operation as well as for the operation of recto-vaginal fistula are masterly and lack nothing. The chapter upon laceration of the perineum is also good, and has only one omission, which is a failure to mention the peculiar stitch of Lawson Tait, although Dr. L. has not mentioned Dr. Tait's procedure, yet we have had the opportunity to see him make this new operation of Lawson Tait's in his clinic in Chicago in Oct. 1881, upon a case of complete rupture of the perineum, which had existed for more than thirty years, involving both of the sphincters, the operations was a complete success, and exhibited not a little the skill of the operator. The work ends with more exhaustive chapters upon ovarian tumors, the operation of ovariectomy, and normal ovariectomy, likewise fibroid tumors of the uterus.

These chapters contain a mass of information quite up to the rapid advancement of our recent knowledge and experience in these affections. Upon ovarian tumors, our author ranks with our best-living surgeons in this branch of science and art, and we can in a most pressing manner, commend these chapters to our professional readers.

The work throughout is well illustrated, the printing and binding is excellent, and we hope it may find a place in the library of every physician.

T. G. COMSTOCK M. D.

St. Louis.

LEUCORRHOEA ITS CONCOMITANT SYMPTOMS AND ITS HOMOEOPATHIC TREATMENT. By A. M. Cushing, M. D. Chicago: Duncan Bros. Second edition. \$1.00.

The fact that this work has reached a second edition is a strong testimonial in its favor. A collection of the therapeutics of any disease is valuable, but when the subject chosen is a symptom of many diseased conditions, the key to the case may be found in this collection thereby enhancing its value as a work for reference.

CHRONIC SORE THROAT. By E. B. Shuldhham, M. D. London. E. Gould & Son, Chicago: Duncan Bros. \$1.00.

This is a second edition of clergyman's sore throat or follicular disease of the pharynx. In this edition the chapter on elocution is taken out. The work is just as valuable to the profession. The chapters on breathing and hygiene of the voice are excellent.

THE OPHTHALMOSCOPE; ITS THEORY AND PRACTICAL USES. By C. H. Vilas M. D., Chicago, Duncan Bros. \$1.00.

This work is just received as we go to press. This is a plain practical work that will be welcome to those who must learn from books how to examine an eye with the ophthalmoscope—as valuable an instrument for diagnosis as the thermometer.

Consultation Department.

QUERIES.

In the article "*How I treat Diphtheria.*" page 275, No. 306, March 15, 1882, Will F. B. Smith state *dose and how administered* of his preparation of Biniodide mercury, cum., Kali bich. Also in the preparation of Chlorine by formula given on page 276. Should it be Aqua dis. four ounces or six ounces as stated afterwards. B. C. G.

CONDENSED MILK FOR INFANTS.

Will you please ask the readers of your journal if they know of any child in their practice, that was raised until weaned, (in nine months) *exclusively* on condensed milk? If so on what brand, how was it prepared, *at first*, what changes were made, and when, and why? I confess to a disappointment in the use of condensed milk, and before the hot weather arrives I wish for some positive data. C. T.

THE PROPER TREATMENT FOR SMALL-POX.

As soon as you discover the real state of the case, immediately put your patient on Cimicifuga 1x drop doses every second hour, in alternation with Arsenicum 4x, one grain every other hour; if it is a recent case, only just developed it will cure your case in three or four days, and according to the severity of the case in like proportion of time; as your case progresses, prolong the distance between doses. R. W. NELSON.

TREATMENT OF THE BREASTS.

In answer to R. F. Strayer, relative to the best treatment for the breasts after the death of the child, I would say: If the milk has secreted, and the breast is full, have the milk drawn off, then rub the breasts well with strong Hamamelis ointment three times a day, giving at the same time drop doses of Phytolacca 1x in water; continue this treatment for a few days and you will have no further trouble; keep the breasts covered with a light piece of flannel. R. W. NELSON.

MEDICATING PELLETS.

Dr. R. W. Nelson gives his plan of medicating pellets, by using a cupping-glass, and saucer, I object emphatically to that method; because, first, I never *trust* a vessel for a drug, which has had any other drug within it previously; second, saucers, etc., are too carelessly washed to trust with our case-medicines; third, all kinds of vapors may be absorbed by the large surface of the drying pellets; fourth, medication may be done beforehand, in large supply-vials, and afterwards, the case-vials filled. JOHN C. MORGAN.

INSANITY AND MENSTRUAL TROUBLES.

As to practice I seem to have good success with our usual remedies. I have a case now of a lady forty-eight years of age, her menses come at irregular intervals and causes what I call a form of insanity, she bewails herself, wants to sit on the stove, tells about jumping out of the window, etc., but does not do so, if reasoned with. Her first attack came from suppression of menses by stepping in the water, causing this brain or nervous trouble so bad that she was sent to the asylum. She got better but over-work has brought it on again. Our regulars have been fighting it, now it is my turn. I have given her Lach., Glon., Bell., and tried to bring back the flow, and all with some success, but not as satisfactory as I could wish. What will cure? W. E. KNIGHT

Medical News.

J. C. Proctor, M. D. (Class 1881, C. H. M. C.) has located in Rochester, N. Y.

A. M. Smith, M. D., has removed from Nebraska City to St. Joseph, Mo.

Opium in Chicago.—A Chicago doctor is responsible for the alarming statement, that fifty druggists have 235 regular customers that are opium eaters.

L'Union Medicale gives an account of a woman in the clinic of the school of Medicine, Paris, who is seventy years, is pregnant, and waiting for confinement.

The Illinois Rally.—The twenty-seventh annual session of the Illinois Homœopathic Medical Association will be held in Chicago, May, 16, 17, and 18, 1882. The profession is earnestly requested to attend, and assist in making it a profitable meeting.

H. M. HOBART, Secretary.

Panna, a new Remedy for Tape-worm.—Panna is the root of *Aspidium athamaticum*, whose habitant is the Cape of Good Hope. It is said to be the best, mildest, and safest remedy against tape-worm. About six grammes divided into three doses are sufficient for a complete cure. Colleagues might like to try it in some of those old cases that defy everything.—*Physicians' and Surgeons' Investigator.*

Dr. W. Roberts in *L'Art Medicale* of Belgium, explains the reason why the oyster is preferred to be eaten raw. He says that the liver of the oyster is little else than a mass of glycogen, and is the most toothsome part. The mastication of this substance brings it into contact with the saliva which digest it, without the aid of its diastase. Thus the raw oyster digests itself. Cooking it destroys this natural property. It must then be digested in the ordinary way.

Studying Materia Medica.—"The best and most successful practitioners I have known, have been continued students of materia medica. I can recall more than one, not very well versed in the elements of medicine, who made a marked success by a continuous reading of King's Dispensatory.—*Eclectic Medical Journal.* The above hint is the key to successful practice and especially applicable to the Homœopath. Time is often wasted in writing and reading fine-spun theories. What the languishing patient wants is not philosophy, nor theory, but relief. Remedies have special indications, and the wise physician will thoroughly acquaint himself with them, make them

familiar as household words. If he is indefinite, he will become confused in emergencies, will often change his remedies, and his vacillation will endanger his patient, destroy the physicians' comfort and enjoyment of his vocation, and betray his weakness to his patrons, Young physicians, and *old*, study *materia medica*. There is the hiding of your power.

Medical Society Meetings.—The time will soon arrive when nearly all the Western State Societies hold their annual meetings, members and secretaries should make extra effort to secure successful sessions. Numerous reports and many questions make good meetings.

The Ohio Homœopathic Medical Society, meets in Springfield, May 9 and 10. Dr. H. E. Beebe, Sidney, *Sec.*

The Michigan Homœopathic Medical Institute, meets in Grand Rapids May 16 and 17. Dr. H. B. House, Tecumseh, *Sec.*

The Illinois Medical Association meets in Chicago, May 16-18. Dr. H. M. Hobart, Chicago, *Sec.*

The Wisconsin Homœopathic Medical Society, meets in Milwaukee, May 24 and 25. Dr. E. F. Storke, Milwaukee, *Sec.*

The Hahnemann Medical Society of Iowa, meets in Council Bluffs May 31 and June 1 and 2. Dr. E. A. Guilbert, Dubuque, *Sec.*

The Maine Homœopathic Medical Society, meets in Augusta, June 6.

The American Institute of Homœopathy, meets in Indianapolis, Indiana, June 13-16. Dr. J. O. Burgher, Pittsburg, Pa., *Sec.*

The American Pædological Society, meets in Indianapolis, Indiana, June 14. Dr. W. P. Armstrong, LaFayette Indiana, *Sec.*

The Western Academy of Homœopathy, meets in Kansas City, Missouri, June 20-22. Dr. C. H. Goodman, St. Louis, *Sec.*

Take due notice and govern yourselves accordingly. Look to the West!

The Hahnemann Medical Association of Iowa.—As instructed by the Executive Board, I hereby announce that the Thirteenth Annual Meeting of this Association will be holden at Council Bluffs, Wednesday, May 31st, and Thursday and Friday, June 1st and 2d, 1892. The Ogden House has been designated as the Associational Headquarters during the episode. The Chairman of the Local Committee of Arrangements, Dr. P. W. Poulson, will spare no pains to make the occasion as pleasant as similar occasions have been made by his predecessors on this important Committee in other places. Much in this direction devolves upon him, because we go so far from the center of the state at his urgent request. It is hoped that he will succeed in securing a reduction of fares on the various railways centering in Council Bluffs, though as to this I am unadvised.

The Executive board, repeating its often invitation, cordially urges all unaffiliated physicians of our school in Iowa, who are legally qualified, to become connected with this large and influential state organization, whose labors on behalf of the cause have been so abundant and so effective, and whose annual meetings grow more and more interesting and helpful as the years advance.

The entrance fee is \$3.00. The annual dues \$2.00. Members not expecting to be present are earnestly requested to remit their dues to the treasurer, Dr. J. H. Crippen, Waterloo, by or before, May 20th proximo.

Applicants for membership must be graduates of reputable medical colleges. Petitions may be presented by any of the officers or members, on proper blanks. Each must state the full name, age, residence, date of graduation, and title of the Alma Mater of the candidate, and must be accompanied by the entrance fee, in order to entitle the aforesaid petition to come before the board of censors.

The bureaus for 1882 are constituted as follows:

1st. *Materia Medica and Proving*s:—A. C. Cowperthwaite, Chairman; F. Becker, P. W. Poulson, B. Banton, T. G. Roberts, H. G. Griffith.

2nd. *Clinical Experience*:—J. E. King, Chairman; E. A. Guilbert, S. B. Olney, A. E. Rockey, J. H. Crippen, J. D. Burns.

3rd. *Obstetrics and Diseases of Women and Children*:—E. Cartwright, Chairman; R. F. Baker, J. E. King, Clara Yeomans, B. Banton.

4th. *Surgery and Surgical Diseases*:—J. H. Crippen, Chairman; S. B. Olney, S. E. Nixon, H. F. Griffith, G. F. Roberts, A. E. Rockey, R. F. Baker.

5th. *Medical Education*:—E. A. Guilbert, Chairman; A. E. Rockey, F. Becker.

6th. *Anatomy, Physiology, Pathology and Hygiene*:—H. P. Button, Chairman; J. D. Burns, A. E. Rockey, E. A. Guilbert.

7th. *Medical Electricity*:—F. Becker, Chairman.

8th. *Diseases of the Eye and Ear*:—E. A. Whitlock, Chairman; A. E. Rockey, G. F. Roberts.

9th. *Committee on Sanitary Science*:—R. F. Baker, Chairman; G. H. Patchen, W. Bancroft.

The executive board earnestly request the bureau chiefs, at once, to write each one of their associates urging him not to fail to prepare and bring, or forward, a paper or papers for presentation. All essays submitted to and accepted by the Association, become its property, and in order that they may be accurately reproduced in print, they should be carefully prepared for the press, and should be written only on one side of legal cap paper.

EDWARD A. GUILBERT, Secretary.

The Western Academy of Homœopathy.—The next annual session of the Western Academy of Homœopathy will be held at Kansas City, Mo., June 20th, 21st and 22nd. Gatherings of this character, by a public interchange of ideas and friendly intercourse, exert a marked influence on the people in favor of the system of medicine we present, and you are personally urged to be present and to take an active part in the proceedings either in the discussion or by contributing a paper on some live medical subject. If you are not already a member, you should identify yourself with this representative body of western Homœopathic physicians. Application for admission can be made to the chairman of the Board of Censors, J. Harts Miller, M. D., Abingdon, Ill., or to the general secretary. Annual dues \$3.00. Non membership does not exclude you from presenting a paper.

At the close of the convention there will be an excursion for members, their families and friends to Colorado, at greatly reduced rates for the round trip, from Kansas City to Denver, affording an opportunity to visit the Rocky Mountains at rail road fares hitherto unattainable. The excursion bids fair to be a most delightful one, as many have signified their intention of going. Efforts are being made to secure special rates to Kansas City for visiting physicians, of which due notice will be given in the final circular. All communications can be sent to the general secretary.

In behalf of the president and officers of the Western Academy of Homœopathy,
C. H. GOODMAN, M. D. General Secretary,
2319 Pine Street.

THE
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Medico-Legal Department.

MEDICAL EDUCATION.

STANDARD OF THE ILLINOIS STATE BOARD OF HEALTH.

TO THE EDITOR UNITED STATES MEDICAL INVESTIGATOR:
Dear Doctor:—Accompanying this please find the schedules of questions used at the last annual examination of candidates for certificates of practice by the Illinois State Board of Health (Chicago April 13–15, 1882), and to which questions 80 per cent. of correct answers are required.

The numerous inquiries both from within and without the state, as to the scope and character of these examinations, indicate that the publication of the questions may be timely and useful.

It should be noted that, after the session of 1882–83, candidates will be also required to undergo an examination in the branches of a good English education, including mathematics, English composition and elementary physics or natural philosophy. Very respectfully,

JOHN H. RAUCH, M. D., *Sec'y.*

EXAMINATION IN PHYSIOLOGY BY JOHN M'LEAN, M. D.

1. What is the action of saliva in digestion, and what are its chemical constituents?
2. Describe the digestion of starch and of fats.
3. Give the source and use of animal heat.
4. How is gastric juice formed, and what is its composition?
5. Explain the secretion of bile, its composition and use.
6. Explain the physiology of sleep.
7. Describe the foetal circulation.
8. What nerves are directly concerned in the act of respiration?
9. Describe the circulation of blood in the foetal heart.
10. What causes the sounds of the heart?

EXAMINATION IN THE PRACTICE OF MEDICINE BY JOHN M'LEAN, M. D.

1. What are the symptoms of variola, and its treatment?
2. How would you diagnose variola from varicella?
3. Give etiology, pathology and treatment of cholera infantum.
4. What is hysteria, and its treatment?
5. Give etiology, pathology and treatment of epilepsy.
6. Give diagnosis and treatment of eczema squamosa.
7. Give pathology, causes and treatment of typho-malarial fever.
8. Give differential diagnosis of diphtheria, and its treatment.
9. Give symptoms and treatment of leucocythæmia.
10. Give symptoms and treatment of acute idiopathic erysipelas.

EXAMINATION IN ANATOMY BY W. A. HASKELL, M. D.

1. Name the bones of the carpus.
2. With what bones does the sphenoid articulate?

3. Describe a vertebra.
4. Describe the ligaments of the hip joint.
5. Name and describe the pronator muscles of the forearm.
6. Give the relations of the femoral artery and vein.
7. Describe the thoracic duct.
8. Give the distribution of the median nerve.
9. Where is Wharton's duct?
10. Describe the liver.

EXAMINATION IN SURGERY BY W. A. HASKELL, M. D.

1. Define inflammation.
2. What is the difference between ulceration and mortification?—between caries and necrosis?
3. What is a tumor?
4. Give illustrations of a benign, and of a malignant, tumor.
5. Give the treatment of mammary abscess.
5. Explain the *modus operandi* of reduction of the iliac dislocation of the head of the femur, by manipulation.
7. Give the differential diagnosis of compression and concussion of the brain.
8. Give the differential diagnosis of inguinal hernia and hydrocele of the cord.
9. Give the diagnosis of morbus coxarius—
 - (a) During the first stage before the occurrence of effusion.
 - (b) During the stage of effusion—the capsule of the joint remaining entire.
10. Give the general treatment of fractures of the lower extremities.

EXAMINATION IN OBSTETRICS, BY A. L. CLARK, M. D.

1. Define obstetrics.
2. How can you differentiate pregnancy from ovarian tumor or cyst?
3. At what period or stage of labor is there the greatest danger to the mother, and what is the danger?

4. Give the contra-indications to the use of ergot.
5. Under what circumstances should version be performed?
6. Will the mother's blood pass out from the umbilical cord unless this be tied before being cut?
7. Give diagnosis and treatment of puerperal eclampsia.
8. Give diagnosis and treatment of hydrocephalus of the infant during parturition.
9. What is the shape of the posterior fontanel?
10. Give the treatment for prolapse of the funis umbilicalis.

EXAMINATION IN CHEMISTRY BY A. L. CLARK, M. D.

1. What is meant by a qualitative, and what by a quantitative, analysis?
2. How would you test water for organic impurities?
3. Is hard or soft water most liable to contamination by passage through or standing in lead pipes, and why?
4. How would you test a suspected water for salts of lead in solution?
5. Give the names and symbols for ten elementary substances?
6. Name substances with which it is incompatible to unite KI in prescriptions.
7. What chemical elements are contained in pure grape sugar not found in cane sugar?
8. What liquid is the most universal solvent?
9. What is the difference between analysis and synthesis?
10. What precautions are necessary in handling chloroform in the presence of flame or fire?

EXAMINATION IN GENERAL PATHOLOGY BY R. LUDLAM, M. D.

1. Give a definition of disease.
2. What is the difference between a predisposing and an exciting cause of disease?
3. Name the means employed in physical diagnosis.
4. What is meant by "a qualified prognosis?"

5. What form of inflammation are reparative?
6. How would you recognize the cancerous cachexia?
7. What diseases are incident to the hæmorrhagic diathesis?
8. In what diseases do we often find albumen in the urine?
9. What form of erysipelas is inoculable?
10. Why do attacks of pelvic and portal congestion frequently alternate with each other?

EXAMINATION IN GYNÆCOLOGY, BY R. LUDLAM, M. D.

1. What are the uses of the uterine sound?
2. What diseases are accompanied by an increased depth of the womb?
3. In constipation, with or without hæmorrhoids, which ovary is most frequently inflamed, and why?
4. What intra-pelvic inflammation is most frequently rheumatic?
5. What diseases are followed by fixity, or anchorage of the uterus.
6. Name the most frequent cause of menorrhagia in women who have had one or more children.
7. Define a menstrual headache, and give the treatment for it.
8. What are the sources of puerperal traumatism, and what are the most serious lesions that may result from it?
9. In a lying-in patient, how would you distinguish a physiological from a pathological chill?
10. When are mammary abscesses salutary.

EXAMINATION IN MATERIA MEDICA AND THERAPEUTICS,

BY J. H. RAUCH, M. D.

1. Classify remedial agents, broadly, by their actions and uses.
2. Name some of the principal agents in each class.
3. Name the principal urino-genital remedies, and write five prescriptions, embracing a different one in each. Give the indications intended to be met by each prescription.

4. What alteratives, emetics and cathartics are indigenous in Illinois.

5. Give the sources, active principles, two or more official preparations, and uses of (a) Camphor; (b) Ergot; (c) Nux vomica; (d) Opium; (e) Physostigma.

6. Describe the therapeutic use of the Bromides, and write prescriptions for each of three of them, with indications.

7. Mention some of the most important recent additions to the materia medica, with their use.

8. Give the therapeutic uses and applications of *aqua fluviialis* or *fontana*.

9. Mention the different official preparations of antimony.

10. Give the doses of (a) Ammonii phos. phas; (b) Iodoformum; (c) Strychniæ sulphas; (d) Acidum boracicum; (e) extr. Belladonna alc.; (f) Atropiæ sulphas; (g) Resina podophylli; (h) extr. Aconiti rad.; (i) extr. Gelsemii fld.; (k) Acidum hydrocyanicum dilutum.

EXAMINATION IN HYGIENE, BY J. H. RAUCH. M. D.

1. Give the prophylaxis of small-pox, and the measures to prevent its spread on the appearance of the first case.

2. To what extent should vaccination be made compulsory in the United States, and why?

3. What is "ground-water," and what is its agency on health?

4. Describe the principal disinfectants, their applications and modes of use.

5. Formulate a set of rules for school hygiene.

6. What is "sewer-gas," and what evils are ascribed to it?

7. Give the differential diagnosis, for sanitary purposes, of (a) scarlatina; (b) rubeola; (c) varicella; (d) variola; (e) febris flava; (f) cholera Asiatica; (g) trichiniasis.

8. Describe vaccination and its progress through the different stages; the effects ascribed to it; its complications; and the ages at, or conditions under, which it should be repeated.

9. What are the chief causes of an excessive mortality, and their remedies?
10. Describe Pasteur's recent experiments.

EXAMINATION IN MEDICAL JURISPRUDENCE,

BY J. H. RAUCH, M. D.

1. At what age is the fœtus viable, and what are the signs and indications of such age?
2. What precautions—other than for the safety of the subject—would you observe in the exhibition of an anæsthetic, and why?
3. How would you determine whether lesions, injuries or discolorations, found on a cadaver, were produced before or after death?
4. What is the course of procedure in the commitment of persons to an insane asylum in this state?
5. Has the registration of vital statistics any legal bearing, and, if so, what?

*HOMŒOPATHY IN COOK COUNTY
HOSPITAL.*

SPECIAL REPORT OF ITS INTRODUCTION.

The committee appointed by the Academy to take measures to secure the introduction of Homœopathy into the county hospital, respectfully report that their labors terminated successfully. Mention has been made at various meetings of our progress. It seems advisable that the formal report called for at the last meeting be made at this time.

The committee consisting of Dr. J. S. Mitchell, chairman, Dr. R. N. Foster, Dr. J. R. Kippax and Dr. Charles Adams were given power to add to these members. This was done by inviting Drs. N. F. Cook, Geo. A. Hall, W. J. Hawkes, of Chicago, O. H. Mann of Evanston, and W. S. Johnson, of Hyde

Park. A written invitation to attend the meetings of the committee was dispatched to W. J. Hawks M. D., of Hahnemann Medical College, with a request to communicate with his colleague and represent his college in this measure which promised to be of such paramount value to our school of practice. No notice was taken of the invitation. Dr. Cook, of Chicago, Drs. Mann of Evanston, and Johnson of Hyde Park responded promptly and rendered timely and efficient work.

It was decided by the committee that a petition from the physicians of the city asking for a portion of the hospital be secured and presented to the commissioners. The annexed form, was circulated, and received the signatures with many suggestions of approval and hearty hope of success, of all to whom it was presented save the members of the faculty of Hahnemann Medical College:

“To the Honorable the Board of Commissioners of Cook County: The undersigned physicians of Cook county, respectfully petition your Honorable Board to place a portion of Cook County Hospital under the control of Homœopathic physicians and surgeons with the privilege of holding clinics therein.”

It was signed by nearly all the physicians of Cook county except the faculty abovenamed. Every member of the faculty of the Chicago Homœopathic College not only signed the petition but rendered yeoman service in this great effort to secure another triumph for Homœopathy and another boon to the public. A similar petition was circulated among prominent citizens and tax-payers of Cook county. It was signed very extensively and heartily and the committee were much encouraged by promises of active help from some of our most influential citizens, promises which were fulfilled, and for which the committee desire to testify their hearty thanks and appreciation.

Armed with authority from this body and with the petitions just referred to your committee went before the Hospital Committee of the Honorable Board of Commissioners of Cook County, Sept. 5, 1882.

Com. W. H. Wood, of Oak Park, had presented a resolution as follows:

WHEREAS, It appears to this Board that the public interest requires that all intelligent effort for the advancement of medical science should have all the encouragement and support the county institutions may afford. Therefore

Resolved, That the Committee on Hospitals inquire and report to this board at its next meeting what arrangements may be made whereby the Homœopathic School of Medicine may be represented in the Medical Board; whereby physicians of said school may be enabled to attend certain patients in the County Hospital; whereby any Homœopathic College may have the privilege of holding clinics in said hospital.

This was unanimously adopted.

Hon. D. V. Purington, president of the board, stated the object of the meeting. Com. Wood, referring to the resolution said it was desired that the gentleman present enlighten the board as to how Homœopathy could be introduced without detriment to the interests of the hospital. There were present in addition to your committee members of the faculty of Hahnemann Medical College, and representatives of the Allopathic colleges of the city.

The petition from the physicians was read by Dr. N. F. Cooke, who gave a brief history of former efforts to secure admission to the hospital. He urged that we were present not as suppliants, but to demand the rights which our prominence, reputation and influence as a school of medicine entitled us.

Dr. J. S. Mitchell, chairman, then presented the petition of the citizens and tax payers. After referring to the fact that a large proportion of the county taxes were paid by patrons of Homœopathy, that they had a right to be represented therefore, and that a sufficient number of Homœopathic physicians and surgeons of recognized ability were ready and willing to take charge of the hospital if assigned. He made a formal request that one pavilion be set apart for use of the Homœopathic school, or separate wards in each pavilion. Each pavilion has five wards, occupying each an entire floor and disconnected with each other. Also that a

separate medical board be established with the same control as the Allopathic Medical Board, and that clinics be held in the hospital amphitheatre by members of the Homœopathic Board. He further assured the committee that if such assignment was made they could rest assured that the Homœopathic physicians and surgeons would make a record of which they would be proud and with which the Board of Commissioners would be amply satisfied.

In the discussion which followed, it was manifest that the active opposition to this great movement in behalf of Homœopathy came from members of the faculty of the Hahnemann Medical College of Chicago. By slurring the petitions, questioning whether we were able or ready to take the charge, introducing a side issue, and in fact resorting to every obstructive art they sought to defeat the measure. Very little opposition was shown by our Allopathic confreres.

The efforts of the Hahnemann College faculty were so apparently interested solely in behalf of their college and not for the general good of Homœopathy that they were without weight and Nov. 28, 1881, the Committee on Hospitals reported in substance as follows:

That great good would result to the public interests by the introduction of Homœopathy into the County Hospital instancing the fact that \$7,567.82 was annually paid for drugs, medicines and liquors.

That a division of the Hospital would cause more inducement to greater perfection in treatment and management on the part of both schools of medicine.

That their inquiries had been directed to whether a division could be practically made, whether there were a sufficient number of Homœopathic physicians and surgeons who would take charge.

That either one pavilion or separate floors might be assigned with the same control as held by the present medical board (Allopathic), which should be consulted as regards the division. Also, that a sufficient number of Homœopathic physicians and surgeons of recognized ability were ready to assume charge.

Therefore, the committee recommend that immediate steps be taken that a proper division be made, and a portion of the hospital be assigned to the management of the Homœopathic school of medicine in accordance with views herein expressed and that the committee on hospital request the Chicago Academy of Medicine to recommend two physicians connected with each of the two Homœopathic colleges, (Hahnemann College, and the Chicago Homœopathic Medical) and three not connected with either to constitute a medical board for the management and superintendance of part of the hospital to be assigned when the same shall be assigned, such board to be elected by this board to have such authority and control as is exercised by the present Medical Board of said hospital, or may be prescribed by rule of commissioners, that this board be directed to report what part of said hospital shall be assigned, and also names of physicians recommended by said board with such action as may be deemed necessary to carry into effect these recommendations of the board.

T. S. Albright,

John Farren,

C. E. Coburn,

J. W. Stewart,

D. V. Purington,

John Rheinwald.

This report was adopted by a vote of thirteen in favor to one against.*

This action practically placed Homœopathy in the county hospital.

At a special meeting of the Chicago Academy held November 29, Dr. J S Mitchell reported the progress made by the committee.

It was moved and carried that a staff for the hospital be nominated in accordance with the resolution of the board.

The following were nominated.

Charles Adams, M. D., Surgeon,

J. R. Kippax, M. D., Physician,

G. A. Hall, M. D., Surgeon,

W. J. Hawkes, M. D., Physician,

W. H. Sanders, M. D., Physician,

Charles Gatchell, M. D., Physician,

T. D. Williams, M. D., Physician.

At this meeting the academy appointed the President, J. S. Mitchell, Secretary, E. Cross, and Dr. N. B. Delamater a permanent committee on hospital matters.

*Full Board fifteen Commissioners.

At a meeting of the board held December 3. Commissioner Wood moved the election of this board, nominated by the Academy as the Homœopathic Medical Board of Cook County Hospital. Carried by a vote, of fourteen to one. Drs. Hall and Hawkes representing the faculty of Hahnemann Medical College, tendered their resignations at a subsequent meeting of the Board, which were promptly accepted. Through the whole proceeding, your committee endeavored to act impartially toward all Homœopathic interests of the county. Comment upon the action of the representatives of the Hahnemann Medical College of Chicago, is unnecessary.

The organization of the hospital staff was further completed by the appointment of Henry Sherry, M. D., C. E. Ehinger, M. D., and F. R. Day, M. D., as Homœopathic internes which appointments were confirmed by the board. The Hospital board further ordered that all patients desiring Homœopathic treatment should be assigned to the Homœopathic wards, also that every fourth medical and every fifth surgical should be so assigned.

On January 1, 1882, the Homœopathic Board assumed control of their portion of the hospital. Eighty beds are assigned.* Our board being independent, and having its own internes the position is practically the same as though we had a separate hospital. Everything thus far has worked smoothly, and we leave to the hospital board the duty of subsequently reporting their success. It is certain however, from the present outlook, that we may look for most excellent results from the introduction of Homœopathy into the hospital both to the public and to our students. Regular clinics are held by members of the Homœopathic staff, the advantages of which to students are incalculable.

The committee return thanks to the honorable Board of Commissioners of Cook county, for their liberality and impartiality, to the Academy for its promptness in aiding and directing the movement, and to those physicians and citizens who rendered such active and efficient aid, and particularly Commissioner W. H. Wood, whose active and earnest championship of the measure contributed so largely to its success. Respectfully submitted.

J. S. MITCHELL, Chairman.

The report was accepted and adopted.

*After the reading of the report, Dr. T. D. Williams, of the Homœopathic staff of the Hospital, stated that so well pleased were the Commissioners with the work done by the staff that twenty more beds had been lately assigned.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

ORONO, Me. April 22.—Prevailing diseases are: First, scarlet fever. The remedies are Bell. Merc. prot., Bry., Ars., Anac., Rhus, Sulph. Second, catarrhal fever. Remedies are: Ipe. Bry. Third, rheumatism and rheumatic fever. Remedies are: Bry., Caus., Colch. J. H. KNOX.

AHNAPEE, Wis., April 14.—There is no prevailing disease in this part of the country; I had last fall a few cases of typhoid fever. Bryonia 3x, Rhus tox. 3x, Phos. acid 2x has acted well. In one of the cases appeared an eruption all over the body similar to urticaria for which I gave Apis 3x Gelsemium 3x and last Sulph. 6x; all convalescent in about three weeks; discharged in 'four weeks' treatment. Colds are now prevailing. In all the cases I have had to treat, Aconite 3x, Bell. 3x, Nux. vom. 3x have done the best; in acute catarrh I give Merc. et Kali jod. 3x with success.

What is the disease of the horse called pinkeye? Please let us hear something about it. The disease has been prevailing here amongst the horses this winter.

H. C. F. PERLEWITZ.

CHICAGO, April 20.—I desire to note down some of the recent prevailing types of disease and the remedies I have found most useful.

1. *Influenza*, a peculiar type, characterized by watery eyes, thin excoriating discharge from nose; raw, sore feeling in pharynx, posterior nares, larynx and bronchia. In some cases the soreness commences in bronchia and goes upward. The symptoms vary slightly with the peculiarities of the patient. I have found Arum try. and drac., Causticum, Ars. iod., Sang. nit., Rumex, Phos. and Antimon. iod. suitable in these cases.

2. A peculiar form of scarlatina, in which the eruption appears only on the lower portion of the trunk, starting on a line with the umbilicus and ending at the middle of the thigh, thicker on the pubes and genitals than any where else, attended with some itching and desquamation. It is followed by the red tongue, swollen glands, and dropsy, but in no instance was severe. I have had probably twenty cases of this character, some of them side by side with cases where the eruption was diffused uniformly all over the body. I treated them all with *Rhus tox.* E. M. HALE.

ALLEGAN, Mich., April 21.—Have a very heavy opposition Allopathically, but am striking some stunning blows, especially in malarial troubles, which prevail largely here. Chills and fever are quite prevalent. I find no two cases alike, and can give no specific treatment other than the *similia* to the case in hand. I use Gelsemium largely in most cases, with Fowler's Sol. or Arsenicum or Eucalyptus, or Natrum mur. or Eupatorium, or Quinia sulph. as symptoms seem to indicate. Have been very successful thus far, and am making considerable reputation thereby. For the biliary difficulties of this section I use very successfully Podophyllin, Merc. viv. and Nux, and Bryonia and now and then Chelidonium maj. Have had some few cases of sore throat, many physicians call diphtheria. Kali bichromicum and Iodide of Potassium soon bring about the desired result. Aconite and Belladonna if fever, and head troubles develop. Have had several cases of chronic bronchitis, with an asthmatical breathing, which incapacitated the patients largely for any active labor. I have made a ten strike with every case thus far. Bryonia, Ipecac and Arsenicum have done the work mainly. Now and then an inhalation of Nitrate of Silver by the atomizer, has aided very effectually to subdue the irritated condition of the linings of the throat. I used the pure crystal dissolved in the atomizing cup, or two grains to the cupful of water. It has always worked beautifully for me. Have had several cases of dyspepsia, which have yielded to Lactopeptine with Nux, a favorite prescription of mine. C. D. WOODRUFF.

CAMBRIDGE Ohio, April, 11.—We have had it quite healthy, until the last few weeks, but now, we are having intermittents, remittent and some typhoid fevers, the last named generally takes on a mixed type of typhus malaria. In first named, *Ars.*, *Nux* and *Ipe.* are indicated. Second, *Gels.* generally merges it into an intermittent form. Third, Homœopathy has carried off the *palm*, the treatment has been, *Bry.* and *Bapt.* first stage. Second stage *Bry.* during the day and *Hyos.* at night to control the delirium. *Rhus* if the tongue becomes a dark brown color on the point. *Nit. and Mur. acids*, have been indicated. In some cases *Stram.* 30 in suppression of the urine, exhaustive sweating was controlled by *Silic.* 30 and *Merc. dul.* 3x. One more remedy to mention, that I used in a case that was characterized by a severe odontalgia, this was *Staph.* 6x—as soon as this was relieved, the fever was soon controlled. We are having inflammatory rheumatism. Remedies indicated, *Ac.*, *Bry.*, *Rhus*, Salicylate sodium, last named is the principal remedy. Diseases, among children have been scarlet fever, diphtheria, chicken-pox, measles, pertussis, etc. Wish some of your wise men would write up some on these hypochondriacal patients that we have in malarial districts with such bloating of the stomach and abdomen, constipation and palpitation that *Nux*, *Graph.*, *Ign.*, *Sulph.*, *Lyc.* will not relieve, but get better at once, upon going to some shop and getting from ten to fifteen grains of *Calomel.* I have several such cases that would be a good thing for Homœopathy and myself, to be able to cure.

L. C. WELLS.

A CASE OF INTUSSUSCEPTION.

CASE. March 11th. Charlie B—, aged seven months, was taken during the night with vomiting and purging, stools rather thin, the last had contained a small amount of blood, a mere trace only; was called about 9 A. M., and learned the above history of the case, with the following

condition: much coughing with loose rattling of mucus in the bronchial tubes, child very peevish with anxious look, refuses the nurse, but would take a small amount of milk. Four P. M. was called again, found the child passing pure blood of a bright color and rather copious, cough less and respiration more free and easy.

March 19th 4 P. M. Patient very much better, sleeps well, respiration full and easy, takes his food all right, stools of a creamy consistency but consist of fecal matter. I left with request that they should let me know if he needed any further treatment.

March 21, 1 P. M. Was called in great haste, baby taken suddenly worse, had been all right since last visit, had had a good natural stool the night before, the cause of the great alarm of the parents was the protrusion of a large tumor from the anus. I found the child with the same old anxious look, some considerable straining with a tumor about the size of a walnut protruding from the anus about an inch and a half, of a dark red color and covered with slime, it was very easily replaced, and I could pass the finger in around it on every side, showing that it was not adherent to the rectum, but had descended from some place higher up, it was about the same size as far as I could reach.

While the tumor was down, the child would worry and cry almost continually, but was quiet most of the time while it was retained within the rectum. Five P. M. Patient about the same, abdomen somewhat enlarged, with slight tympanitis.

March 23, 10 A. M. At this visit Dr. O. D. Childs saw the case with me and coincided in the diagnosis. Great distention of the abdomen; peritonitis was rapidly setting in. Refuses all nourishment; great thirst for cold water. Five P. M. No material change since morning. Abdomen a little less tympanic; stools still slimy, with a small amount of fecal matter.

March 25, 9 A. M. Peritonitis and tympanitis very much less; had several thin, watery stools during the night; rested comparatively well; less thirst. Five P. M. Patient very restless, with anxious, frightened look. Thin, watery stool every ten or fifteen minutes; great prostration; the vital

forces seem to be giving out. Patient died at 11 P. M., seemingly from exhaustion. The thin, watery stools continuing to the very last.

Post mortem thirty-six hours after death confirmed the diagnosis. About six or eight inches of the ileum had become invaginated into the colon and had been forced down through the whole length of the colon and rectum. The whole of the colon, some thirty-two inches in length, was forced upon the invaginated portion of the ilium lying in folds which were easily drawn off during the examination, there being no adhesions, and but slight indications of there having been any inflammatory condition, except in the invaginated portion of the ilium.

R.

THUYA IN VERRUCÆ.

Bertie S., aged five years, light complexion and full habit, was afflicted with "warts for a fact." The hands were literally covered. They also grew out of the corners of the nostrils and the mouth, and the chin presented a frightfully disfigured aspect. The father, a prominent druggist, had tried caustics for more than a year; but the warts only seemed to increase. I should think that in all there must have been seventy-five warts, varying from the size of a pin's head to that of a half dime. The mother called on me. I gave the child one dose of Thuya 73m with *Sac. lac.* for one week. This was interfered with by the administration of Allopathic drugs for sore throat. At the end of the week one dose more of Thuya 73m, *Sac. lac.* for ten days, at the end of which time there was a very perceptible decrease in the number of warts. Five weeks ago the third dose of Thuya 73m was given; and as I passed the house yesterday I was called in to look at my wart case. The last wart had that day "like an Arab folded its tent and peacefully passed away." Now there is a little history in this case. The father, a retailer of strong drugs, poked all sorts

of fun at the mother for putting any "faith in them little sugar powders." And to cut off the edge of this ridicule, she urged me to give her "something to put on the warts." Nary time did I. Now it is the mother's turn to laugh, and she told me that her husband is dumbfounded, and a convert to the virtue of Homœopathy. All he said was, "Well, the man that can cure warts that way, ought to make hair grow." *He's bald.* They disappeared in the order in which they came, the largest and oldest going first, and each turned black just before it disappeared, leaving a beautiful, white cuticle. I believe one dose of Thuya would have done the work, had it not been interfered with. 73m "How's that for high?"

R. F. G.

WHOOPING COUGH—ZYMOTIC.

This is pre-eminently a convulsive cough consisting of many forcible expirations, followed by a deep, prolonged inspiration and repeated a number of times during the paroxysm or "fit" of coughing.

The history of this disease it is claimed can not be clearly traced back to a period later than that of Willis, about the middle of the seventeenth century, who gave a graphic description of the disease. It is thought by some that other writers have referred to the same disease at a much earlier period. But if so they never gave an exact picture of the disease with its characteristic whoop.

Dr. Gibbs is quite sure that Mezeray attempted to describe the same disease in the fifteenth century, notwithstanding his failure to describe the peculiar whoop.

This is especially a disease of childhood—probably 99 per cent, occurring in children before the age of puberty. As to its intimate cause or the nature and seat of the disease there seems to be a wide difference of opinion. Some ascribe the irritation to the stomach, some to the lungs, some to the diaphragm, some to the pneumogastric nerve, others

to the phrenic, medulla oblongata, brain and its membranes and still others to the general nervous system, etc. All of which seem to classify the disease as having a nervous origin. There is another class of writers who give greater prominence to the catarrhal nature of the disease, Prof. Loomis of New York, being one of the latter number. He regards it as a peculiar form of catarrh of the respiratory organs, which differ with other forms of catarrh in its origin, and laryngeal and bronchial spasm which attend its development.

My own opinion as regards the nature and seat of the disease will more nearly coincide with a third class of observers who think it a disease of the blood, a blood poison if you please—I would classify this disease along with small-pox, scarlet fever, measles, diphtheria and possibly other contagious diseases and call them all zymotic contagious diseases. As an argument [in favor of this theory I would offer the following reasons:

1. The very fact of its being a contagious disease would imply that a *materies morbi* is generated or at least lurking in the system is communicated from one to another and the atmosphere is the vehicle for its transmission.

2. Like all other zymotic diseases it has a certain duration of incubation—rises to its height, declines and is self-limiting; that is, tends to recovery.

3. The fact that it is the rule to have this disease once will forever give you immunity from the same, is, I think, an argument in favor of this theory. If the disease was simply bronchial irritation or of a nervous origin, I see no reason why a person would not be subject to the disease any number of times.

4. If a child suffering from whooping cough contracts scarlet fever or other similar diseases the cough will cease and not appear until the other disease has run its course.

5. The fact that vaccination will in many instances cut the whole disease short is also another argument in its favor.

This disease may be conveniently divided into three stages: The catarrhal, spasmodic, and stage of decline. The catarrhal stage begins not unlike an ordinary cold. Coryza, bron-

chial catarrh and severe paroxysms of coughing. The cough in its early stages is dry and harsh, but is soon attended by profuse, tenacious viscid mucous. This stage lasts from one to three weeks, after which the cough becomes more and more spasmodic, and soon the characteristic whoop is heard. The cough during this stage is very distressing. It occurs in distinct paroxysms, and consists of a series of short, very rapid and violent expirations, and continues until the face is extremely suffused and respiration almost ceases, when a deep, prolonged, loud crowing inspiration takes place. This alternation takes place three or four times during a paroxysm and often ends in not only getting rid of the slimy viscid mucous in the bronchial tubes, but often the stomach contents is laid as a peace offering at the little patient's feet.

During these paroxysms the circulation is often very rapid, the pulse becomes so frequent it can hardly be counted, and the heart's action very much weakened the longer the paroxysms lasts. This is probably a mechanical difficulty, and due to the interference with respiration. The skin is often bathed in perspiration after the paroxysm.

Hæmorrhage from the nose is a frequent occurrence during this stage, sometimes also from the mouth and ears, and cases have been recorded where true apoplexy has occurred by the bursting of a vessel in the brain. These paroxysms of coughing are apt to occur after eating, from fright, crying, or even seeing another child in a paroxysm will bring them on, usually worse during the day, but sometimes they come more frequent at night. Duration of this stage of decline is about three or four weeks.

The complications in severe cases of whooping cough are quite numerous, but I shall only speak of two in this paper. First, diseases of the brain; second, diseases of the lungs, of which the latter are by far the more common.

The brain complications are convulsions and hydrocephalus. If the child be teething or suffering from bowel trouble at the time there is always danger of convulsions, which is the result of congestion or irritation of the brain or meninges. Hydrocephalus is rather of a constitutional

affection, and probably the whooping cough is merely the exciting cause of a pre-existing predisposition.

The pulmonary complications are congestion, emphysema, bronchitis and broncho-pneumonia. Of these bronchitis and broncho-pneumonia are by far the more numerous and fatal, in many epidemics nearly all deaths occurring from one or the other of these causes. In all epidemics of whooping cough these complications should be watched for, and their earliest appearance noted, that you may be able to treat the case intelligently and successfully.

The symptoms of these complications will be the same when following whooping cough as when occurring as primary diseases—only they may be somewhat masked by the whooping cough, and if not suspected and watched for might be overlooked and neglected.

It is probably not possible in the early stages to diagnose this disease to a certainty, but it may be suspected if the cough is violent, spasmodic in character, and the disease prevailing at the time, but when you hear the peculiar “whoop” all doubt can be laid aside.

Whooping cough uncomplicated, I believe, is rarely a fatal disease. Yet some epidemics occurring late in the fall or during the winter or early spring months, complicated with severe bronchitis and pneumonia, become a most formidable and fatal disease. The hygienic surroundings, such as filth, destitution, badly ventilated apartments, have much to do with the prognosis; also the condition or degree of bodily health which the child possesses at the beginning of the disease.

In looking over the various authors one is astonished, horror struck, amazed to find so many drugs recommended for this disease, besides the various compounds and receipts said to be sure cure for whooping cough. Dr. T. Ramsey, of Toledo, read a paper before the Ohio Homœopathic Society a year or two ago, and it was published in the *THE MEDICAL INVESTIGATOR*, of Chicago, in the June number of 1881, in which he said: “After fifteen years of persistent trial, I have discarded every remedy but the following: Tincture

Castanæ (chestnut leaves), tincture Lobelia inf., tincture Symplocarpus (skunk leaves), of each one dram. Sig.: Two teaspoonfuls into a goblet half full of water; mix well and give two teaspoonfuls every hour." He says his experience has been obtained from nearly 500 cases, and only met with six or seven failures. He writes very earnestly and enthusiastically of this mode of treatment.

In the same number, page 523, we find another "sure cure" for whooping cough from pharmacist Smith, which reads as follows: Corallium rub., 30th, and Chelidonium, 30th, a dose every four hours alternately. You can not fail to note quite a difference in potency in these two prescriptions. But as we have paid our money we can take our choice.

Dr. Grauvogl says in his second volume, page 190: "I feel warranted in concluding that whooping cough most frequently is a symptom of a disease of the kidneys. Most whooping cough remedies act upon this organ." In his case there recorded he gave Nux. tinc. and cured at once.

In summing up the writings of Dr. Baehr on therapeutics, I arrive at about the following conclusion: Belladonna for the early or catarrhal stage; Cuprum met. for the convulsive or whooping period, and Ipecac for the latter stage. Of course other remedies with their especial indications are given, but these three are given the prominence, claiming they are by far the best indicated. Drosera is declared to be almost useless in any stage of the disease.

Bœnninghausen gives a list of eighty remedies with indications and concomitant symptoms.

Lilienthal seventy, with symptoms for each remedy. I deem it unwise to take up your time repeating these indications and symptoms for each and every remedy, that may be at some period of the world's history useful in the treatment of this disease, but will briefly call your attention to a few that I have used in my very limited experience.

Six months ago, when I called for this disease, I did so expecting to receive instruction instead of imparting it to others. But since I was rushed on to the list as one of the

essayists I have been praying that we might have an epidemic in our city that I might gain some practical knowledge of the disease, and thus be better prepared to interest and instruct, but none came and I am left to think back on former epidemics which I have passed through and try and glean a little from the past in order to tell you how little I know about the treatment of whooping cough.

From my own experience and observation I am hardly able to say just how much good medicines do in this disease, but I feel warranted in saying if well chosen they do at least mitigate the disease to some extent, and thus prevent complications which are liable to accompany or follow whooping cough; and in my experience bronchitis and broncho-pneumonia are by far the more common and fatal.

Believing, as I do that whooping cough is a specific blood poison, which directly affects the pulmonary mucous membrane and the nervous system, producing catarrh of the bronchi by irritation and inflammation of the bronchial glands, and producing spasm of the glottis and diaphragm, by the action on the phrenic and pneumogastric. I think we should look for the remedy or remedies which are known to be valuable in that class of diseases. In other words, not only choose a remedy that will irritate and influence the same part, but will irritate them in a similar manner, by entering the blood and thus antidoting the specific poison which is the cause of the complaint.

The remedy which I think acts in this way, and the one I have the most experience with is Nitric acid which I prepare and administer as follows: One dram of the first dilution to four ounces of syrup simplex; dose, one teaspoonful if the child is less than a year old.

I also plead guilty, in many cases, of alternating other remedies with this. For instance, in the early stages of the disease one of the following remedies, if I think the symptoms indicate: Aconite, Bell., or Pulsatilla; convulsive stage, *Corrallium rub.*, *Cuprum*, *Hyoscyamus* or *Ipecac*, stage of decline, especially if complicated with bronchitis or pneumonia, *Bryonia*, *Tart. emet.*, or *Phos*. These remedies I

regard more as palliatives, relieving certain symptoms and thus rendering the disease somewhat lighter, but not directly antidoting to the blood-poison.

Inhaling the fumes disengaged in the purification of coal gas is an old domestic remedy, and if the reports of cases relieve and greatly benefitted are true, is a very valuable one.

I can give nothing from experience in regard to vaccination, but have heard from good authority that in many cases it has proved immediately curative. R. N. WARREN.

IDIOSYNCRASY, VERSUS LESION, AS A THERAPEUTIC INDICATION.

BY JOHN C. MORGAN, M. D., PHILADELPHIA.

Dr. J. D. Burns, in the April 1st number, advocates the choice of remedies by the results of physical diagnosis; and taking pneumonia as his text, reduces his remedies to four, viz: Veratr. vir., Bry., Phos., Tart. em. He also, forgetting Dr. Jousset's large mortality in the treatment of typhoid fever, and his indifferent success in other cases, holds up his clinical lectures as a guide and illustration of good Homœopathic practice.

Now, whence are Dr. Burns' chosen remedies? The first is an empirical one, from the Eclectic armory. The last was long used in Allopathy, also empirically, until Hahnemann and his followers gave the world the more exact indications now so well known. Similar remarks apply to Bry. and Phos. The only reliability attaching to any of the four, in Homœopathic practice, is that which arises from the individualizing method, which Dr. Burns himself tacitly admits by assigning them respectively to separate *stages*, in which there exist symptomatic differences, not less characteristic than the structural changes of the same date; those of congestion (Bry.) being *subjectively* as well as objectively different from those of hepatization (Phos.); so that, to say the least, the one method may be as indicative as the other.

This gives great advantage, too, when diagnosis is from any cause, difficult or imperfect—since a successful prescription may still be made, if only the symptomatology be thoroughly known.

I do not, of course, condemn all objective, or pathological indications; but I do earnestly object to so *crude a pathology*, and to the therapy based upon it. What *is* congestion? What is hepatization? They are not to be described in a single word. They represent a wonderful complex of *individual* activities and deficiencies, co-operating with an abnormal stimulus; and without these individualities, the pneumonia could never have been. The inflammation is the mere outcome of those individualities.

Again, no one form of individual complex enjoys a monopoly in that development of defeated vitality, which we call pneumonia; no more than does any one plan of military operations monopolize all the conditions of defeat in the field. This being the case, it is not enough to view the field, strewn with the slain and the wounded—it is not enough to say that thus and thus we find the lung, the tubes, the air vesicles, etc. Nay, the first condition of success in turning defeat into victory, lies in learning what are the remaining forces at command, their morale, their supplies, where they are placed, etc; not the forces of some other beaten army, but of this very body—with *its own* peculiarities, and its own resources, only. These alone are its hope. To now prescribe for the slain would be folly indeed; the whole attention is due to the survivors, the aggregate of the personal powers, whatever these may be; and these *differ for each and every patient*, aside from the mischief done.

This personality, in the experience of every *growing* physician, has often met his best efforts with amazing resistance; his best remedies, his best thoughts, his widest experience, have all been set at naught by—the patient's idiosyncrasy! Too often, he has sheltered his own inefficiency, perhaps, under that word, and conscientiously concluded he had done not only his best, but the best that anybody could do; or, if not, he has confessed to himself that in that case at least,

his most cherished notions of *crude* pathology should have yielded to a finer conception of that science; that that idiosyncrasy was an essential, nay, *the* essential factor in the pathology of that particular case; and furthermore, that the personal idiosyncrasies of all our patients are the commanding element in all their diseases, and that *personal symptoms*, however apparently irrelevant to the general facts of a morbid anatomy, are far superior to any others, as showing the individual pathology, and the individual remedy, particularly in the developing stages of disease, and also after the final completion of the lesions. The *short acme*, between the times of progress and retrogression of the structural lesion, is almost the only period of treatment in which the morbid anatomy can afford superior indications for drug-selection. At all other times the personal idiosyncrasy is supreme in the absolute pathology, and in the therapeutics of the case. Such, at least, has been the lesson which nature has severely taught me.

Dr. Burns refers to the difficulty of interpretation of these so-called "outward symptoms" (?). He says, "For instance, here is a case of vomiting, (or two cases); one is from gastric irritation, the other from cerebral irritation; one is peripheric, the other is central; the same medicine will not cure both cases, and unless the prescriber sees the difference and recognizes it in his prescription, he will not be successful. We have to keep our eyes on the central point of the divergence from nature's even course, and the nature of the divergence, before we can be the most accurate prescribers."

This is true—and this is exactly what crude pathology ignores. Nature's "point of divergence" is known only by the study of the personal chances of divergence. The idiosyncrasy only can furnish the key, in every case, for itself alone; and the "irrelevant symptoms" are precisely those which loudly proclaim this idiosyncrasy, and no others. When Homœopathic doctors say they find in a case "no symptoms," they only betray their want of acumen in this study.

To facilitate this study has been, these many years, my aim, despite professional indifferences, hostility and plagiarism, by turns. In particular, I would again call attention to my paper in the transactions of the New York state society for 1868, (copied into the *North American Journal*, for February 1869), on the "*Action and classification of medicines in connection with the anatomy of temperaments.*"*

My division of all drugs, as well as of individualities into "centrics," and "excentrics," and the signs of each class, in health, in disease and in drug effects, are there explained at length. If further explanation be asked, it will be my pleasure to make it. The directions there given have been my own and daily practical guide in drug selections, sequences, etc., during a long practice while esteeming *key-notes* very highly, and totalities at their full value. I find that only by this classification can I settle the claims of competing key-notes, and rationally set in order the symptoms of any totality. For instance recall the symptoms "goneness in the stomach," which means gastric debility, of some kind, is a key-note for both *Ignatia* and *Sepia*; the former acting on congested spinal centres; the latter in congested gastric mucous membrane. Central symptoms such as morning sleeplessness and *impressive morale* indicate that *Ignatia* is the similitum; but early night sleeplessness and *impressible morale*, both excentric or peripheral symptoms bespeak *Sepia*; (all of which is therein explained.)

Cantharides as a Cumulative Poison.—Mr. T. F. Clarke (*Lancet*, 1881, vol. i, p. 499) relates two cases exhibiting apparently a cumulative action of Cantharides when administered in small medicinal doses for the cure of gonorrhœa. In the first case, the patient had been taking a mixture for three days, each dose of which contained five minims of the tincture of Cantharides. One week after the cessation of the use of the drug strangury set in, and lasted four days. In the second case the patient, after taking two doses only of a similar Cantharides mixture, had some of the symptoms of poisoning, viz., frequent desire to micturate, and burning pain during micturition, which was very difficult, and always accompanied towards the end of the process by a few drops of blood. Notwithstanding the continuance of the five-minim doses of tincture of Cantharides three times a day, the symptoms rapidly subsided. [Very good proving.—ED. MED. INV.]

* [We shall republish this article with revisions by the author.—ED.]

Surgical Department.

EXCISION OF THE COCCYX.—NEURALGIA.

BY J. G. GILCHRIST, M. D., DETROIT.

There are probably few physicians who have not, at some time, been called upon to treat coccydynia, and it is seldom, I fear, that even temporary relief has been secured from the use of remedies. It is not my purpose to write an account of this distressing malady, or even to recount the usual methods of treatment, but simply to relate the facts in one or two recent cases.

Miss F., of Boston, Mass., was sent to me by Dr. Gaylord for treatment for coccydynia of several years standing. Had been treated by all methods, Homœopathic and otherwise, but without securing the slightest amelioration. Having divided nerves and muscular attachments in other cases, and not derived any benefit therefrom, in this case it was determined to excise the bone completely. This was done, and under the influence of *Hypericum*, there was not even pain in the wound, and the old neuralgic pain has entirely disappeared.

The same operation has been performed in two other cases with perfect success, as to complete subsidence of pain and not the slightest inconvenience discoverable from the loss of the bone.

MANIPULATION OF AXILLARY DISLOCATION.

MR. EDITOR: I think I reported the procedure accredited (page 209, *MEDICAL INVESTIGATOR*.) to Mr. Illingworth, or its equivalent years ago. The patient was a stout old German, a patient of Dr. Fellger, of this city. While the

doctor moderately extended the member (against counter extension), I placed my right palm on the acromion of the injured (left) side, my left beneath the head of the humerus. Reduction was easy, painless, and instantaneous.

In another case, the method was still simpler, the patient *less voluminous* a colored woman. Intending to repeat the above, I sent for a sheet for counter extension. During the absence of the messenger, I grasped the wrist with my right hand, and elevated the (left) limb, vertically, so that it was flexed at a right angle of the elbow; then with my left thumb upon the acromion, and my first two fingers under the head of the humerus, pressed the parts together and into place, with the gentlest of force imaginable. The final leverage movement of the limb forward, usually described in manipulation of this injury, was omitted as superfluous.

HYPERIDROSIS.

On page 278, of THE MEDICAL INVESTIGATOR, for March 15, is recorded a fatal case. Two drugs not used, I suppose, are suggested *Aconite*; the patient is drenched with sweat, as soon as she falls asleep. *Jaborandi*; red face and chest, then drenching sweat with salivation and other profuse secretions.

J. C. MORGAN.

The Alleged Antagonism between Amyl-Nitrite and Chloroform.—In this paper Dr. Testa (*Gaz. Med. Ital.*, Oct. 29 and Nov. 5, 1881) gives the results of forty-four carefully conducted experiments on the action of Amyl nitrite in presence of Chloroform in animals. The subjects of the experiments were rabbits, and the experiments themselves are divided into four series of eleven each. In the first series the action of Chloroform alone is studied; in the second, the influence on the anæsthetic condition of Amyl nitrite; in the third, the influences of varying doses of Chloroform; in the fourth, the influence of Amyl nitrite on arterial pressure. From these experiments, Dr. Testa concludes that the action of Amyl nitrite is to lower arterial tension, to increase the heart-beats, and to render respiration irregular. He believes that its action in Chloroform poisoning is not only useless, but positively pernicious, inasmuch as it intensifies the very risks to which Chloroform itself is liable. There is, therefore, no true antagonistic or antidotal action between the two substances.

Pathological Department.

DIAGNOSIS OF PANCREATIC DISEASES.

BY A. KORNDERFER, M. D., PHILADELPHIA, PA.

This subject is involved in such obscurity that we can scarcely hope to do more than give a few rules for the examination, and hints at the differentiation of the various forms of pancreatic disease. In fact, so little that may be called characteristic, is known of the symptoms developed through any idiopathic affection of the pancreas, that it may safely be asserted that we are not acquainted with a single pathognomonic symptom indicative of any of the various affections to which this organ is liable. This no doubt is, at least in part, due to the neglect shown by the profession to the examination of this organ after death, as well as to the lack of systematic study of the symptoms found in connection with known cases of pancreatic disease.

The neglect here spoken of has been almost universal. Even Virchow, who was so forward in everything pertaining to systematic post-mortem investigation, has been betrayed into the assertion that the slight importance of this organ, in a pathologico-anatomical point of view, causes its examination to be of little consequence, (vide *Post Mortem Examinations*, Virchow, page 31.) Yet Classen tabulated 322 cases of pancreatic disease, certainly a sufficient number to act as an incentive to a more careful study of the pancreas in its diseased states.

In attempting the diagnosis of any of the affections to which this organ is liable, we must first of all carefully study its relation to the neighboring organs. Its deep seated position must be borne in mind. Equally important also are the intimate anatomical relations of the pancreas to the solar plexus and its ganglia, and the topographical relation of the pancreas to the ductus choledochus. This latter being important from the fact that, under certain conditions,

jaundice may arise, in any disease which results in either swelling or contraction of the gland substance.

Physical examination by palpation and percussion, has never given satisfactory results; partly on account of the depth at which the organ lies, but often and largely to the frequently coexistent diseased condition of the stomach, duodenum, liver, spleen, kidneys, mesentery, or omentum. In fact, unless the pancreas has attained to a considerable size, and at the same time has become more or less indurated, palpation will reveal but little; while, owing to the superficial sensitiveness so frequently met with, both palpation and percussion fail to give any useful results. In advanced stages of morbid growths of the pancreas, the neighboring organs are usually involved to such a degree as seriously to prejudice the certainty of a diagnosis.

Owing to these difficulties, the writer, in attempting the physical diagnosis of pancreatic disease, was led to employ a method, which might not inappropriately be termed "impulsion," in the hope that by this means he might be enabled to detect such disease in its early stages. Though not able to speak so positively as he would desire, he nevertheless thinks some points, worthy of notice, have been developed.

In order to examine the pancreas by impulsion, the patient should, if possible, stand upright, thus keeping the abdominal muscles more or less tense. Let the examiner, sitting to the right of the patient, place his left hand over the tenth and eleventh dorsal vertebræ, his right hand at the upper portion of the hypogastric region. Then by a strong and sudden push, made with the right hand upwards and backwards, an impulse is communicated through the abdomen to the pancreas, which, if the pancreas be unduly sensitive, will elicit an aching or bruised, sore feeling. The patient may at first find some difficulty in locating this new sensation, both on account of its more or less indefinite character, as well as from its being experienced at a point different from that to which the usual pain had been referred.

Next, let the examiner, seated in front of the patient,

place his right hand at the posterior border of the left lower lateral region of the thorax, at about the tenth to twelfth rib; then with his left hand placed at the anterior border of the right lumbar region, just below the position of the head of the pancreas, make strong impulsion upwards, backwards and towards the patient's left. If the pancreas be morbidly sensitive a pain may be elicited similar in location and character to that before observed. In this position we have, as it were, the pancreas between our hands. The head being fixed in the curve of the duodenum any strong impulse from right to left and backwards will disturb its position, or at least bring pressure to bear upon it far better than either palpation or percussion.

Though impulsion will not enable us to differentiate the various forms of pancreatic disease, it will, nevertheless, in many instances, throw light upon cases which otherwise would appear to be of gastric or hepatic functional origin. These few hints in relation to impulsion are probably sufficient for our present purpose.

[Since the above was written the writer has been able, in one case to corroborate a diagnosis of malignant disease of the pancreas made by impulsion. The autopsy proved it to be a primary sarcoma of the pancreas.—A. K.]

The symptoms of pancreatic disease are too little known to afford us positive data on which to base a differential diagnosis, still we shall, as far as possible, give the important diagnostic points of the following.

ACUTE PRIMARY PANCREATITIS.

Among the most important symptoms of this rare form of disease we may mention, colicky, or deep seated dull pains, commencing in the epigastrium and shooting either towards the shoulder or toward the spine. This pain may, in a short time, become very intense, and may be accompanied by great restlessness; præcordial anxiety; dyspnœa, tendency to faint; nausea; eructations and vomiting of a thin, bile-stained fluid, which affords no relief; or the vomit may be of a clear, or greenish, viscid fluid. Thirst is often present, though the

tongue is moist. This moisture of the tongue is usually marked in pancreatic disease, standing in contrast with the dry tongue of inflammatory affections of other abdominal organs. The bowels are usually constipated; distention of the abdomen is not uncommon, and, when existing, interferes seriously with physical examination by palpation or percussion, but not to so great a degree with impulsion.

Slight pyrexia generally accompanies this condition.

In unfavorable cases the symptoms attain their greatest intensity within a few days; the pulse then becomes small, suppressed and irregular; the extremities cold; and the features hippocratic; death taking place in acute collapse. In case the inflammatory process goes on to suppuration, we have rigors, alternating with flushes of heat. If the peritoneum becomes involved, symptoms of local or general peritonitis supervene. Acute pancreatitis must be carefully differentiated from acute inflammation of the adjacent abdominal organs.

From acute gastritis it may be distinguished by the fact that this affection is generally superinduced by corrosive or irritating substances, especially the mineral and acrid poisons, as Arsenic, Tartar emetic; mustard; Ipecacuanha, etc.; or from irritative substances, taken as food, such as decomposing meat, vegetables, or shell fish; or from very cold or very hot food or drink; in addition to which we find wanting the more characteristic vomiting of all food and drink, together with the aversion to eating, so common in acute gastritis.

From acute hepatitis it may be known, as in this affection we have more or less hepatic pain, which is aggravated by pressure as well as by deep inspiration and from cough. The yellow tinge of the conjunctiva, or more fully developed jaundice, though so characteristic of hepatitis, may also be found in acute pancreatitis when it is accompanied by much swelling of the gland, in cases where the ductus choledochus passes partially or mainly through the head of the pancreas. Swelling of the head of the pancreas, in such cases, causes closure of the duct, thus obstructing the flow of bile. Here,

however, the location of the pain, and especially the marked sensitiveness of the liver on percussion or palpation in cases of hepatitis, will usually serve to prevent error.

From hepatic colic it may be distinguished by the difference in the starting point and location of the pains; in hepatic colic the pain being referred to the gall-bladder and from thence radiating to the chest, shoulder and other parts; again in hepatic colic, save when of short duration, we have jaundice; this, though possible, is not common in acute pancreatitis. The previous history will also throw light on the nature of the case.

ACUTE SECONDARY PANCREATITIS.

According to Friedreich, the diagnosis of this affection is not at present possible, though its presence may be suspected, if, in a severe case of infectious disease, we have in addition to the high fever, the clinical features of acute parenchymatous degeneration of the liver (acute swelling), and of the kidneys (albuminuria), together with enlargement of the spleen. It is also possible that the intercurrent jaundice, arising during the course of some very acute infectious diseases, may be due to the pressure of an acutely inflamed (enlarged) pancreas upon the ductus choledochus.

Metastatic abscess constitutes another form of secondary inflammation of the pancreas. This form is very rare and its diagnosis impossible, though in pyæmic, or puerperal disease, its presence may be suspected if the epigastric pains, together with the characteristic vomit, or fatty stools, be present.

A possible metastasis to the pancreas, in cases of parotitis, has been suggested. Evidence in support of this is wanting, though from a few published reports it would appear that further observation in this direction might yield affirmative results.

CHRONIC PANCREATITIS.

But little is known of the symptomatology of this affection. The organic changes in the stomach, duodenum, peri-

toneum, liver, kidneys, etc., with which it is complicated, or rather of which it forms a complication, makes a diagnosis practically impossible.

The emaciation, the sensation of weight or pain in the epigastrium, pyrosis, vomiting, increased flow of saliva, prominent as they are in this affection, are met with to the same degree in other affections. More important, however, are the fatty stools, an intercurrent melituria, the epigastric pain of a neuralgic nature, and especially, an appreciable and deeply seated swelling across the epigastric region; these would lend great probability the diagnosis of the pancreatic disease. Jaundice is frequently met with in chronic pancreatitis even when there is no accompanying disease of the liver. This may be due either to pressure of the head of the pancreas upon, and consequent obstruction of, the ductus choledochus, or to obstruction and closure resulting from contraction of the pancreas during the later stages of the disease. If the pancreas press upon the vena porta, thus interfering with the portal circulation, ascites may result; if on the inferior vena cava, œdema of the lower extremities; if on the duodenum, we may have symptoms of intestinal stenosis. Any of these conditions, if present, will complicate matters so as to make the diagnosis more and more uncertain; while if these conditions, owing to the slow progress of the pancreatic disease, develop gradually, an error of diagnosis is scarcely to be avoided.

The presence of fatty stools, melituria, or an appreciable tumor in the epigastrium, though pointing directly to the pancreas, still leave us to differentiate between chronic pancreatitis and cancer. In cases of cancer, however, the symptoms of cancer cachexia will usually be present in sufficient degree to assist in the diagnosis.

MORBID GROWTHS.

Cancer.—This is by far the most common of pancreatic new growths, being also the most frequently met primary disease of this organ, though withal, very rare.

The symptoms manifest by this affection are by no means

clearly indicative thereof, while, in addition to this source of difficulty, we find them generally modified by similar disease of one or other of the surrounding organs. Thus we may have symptoms pointing either to constrictive disease of the stomach or duodenum; or, symptoms of chronic gastric catarrh; or of progressive liver disease, with or without jaundice. Among the symptoms of cancer of the pancreas may be mentioned, watery eructation or watery vomiting, great thirst with moist tongue, and extreme emaciation. These were looked upon by Hohnbaum as very reliable, but from what we have already said regarding these symptoms, it may readily be conceived how little dependence is to be placed upon any of them as especially indicative of cancer. Pressure by the cancerous growth upon the surrounding organs may give rise to most varied symptoms, often tending to obscure the diagnosis, and in many cases even making it impossible.

Probably one of the most important symptoms of this disease is the intense and persistent pain deep in the epigastrium. This pain is of marked neuralgic type, has times of remission, often coming on in paroxysms which may continue from a few minutes to even days; it can scarcely be said to intermit, as, in most cases, a constant though less severe pain is experienced between the paroxysms. This latter condition is not met to the same degree in chronic pancreatitis, where, though the pains may be equally severe, there are times of entire cessation.

The pain in cancer may be either local, confined to a spot deep in the epigastrium, or it may extend across the epigastrium to either one or the other hypochondrium, most frequently to the right; or it may shoot toward the back, sacrum or shoulder. At other times the pain may spread from the epigastric region through the entire abdomen. Position exerts considerable influence in modifying the pain, it being decidedly aggravated in the upright position and markedly relieved when the abdominal muscles are flexed. An appreciable tumor affords important evidence in this affection, though unfortunately, owing to the position of

the pancreas, this in most cases, does not exist. The head of the pancreas, being the part most frequently attacked, lying beneath the liver is beyond the reach of both palpation and percussion. Even in the more favorable case it will be necessary to examine the patient when the stomach is empty, care being taken that the bowels have been thoroughly evacuated of all solid fecal matter. The abdominal muscles must be thoroughly relaxed, the patient either lying on the back with the knees well drawn up, or placed in the kneelbow position. In some cases it will be necessary to employ an anæsthetic for the purpose of gaining thorough relaxation of the abdominal muscles. Even when we have discovered such tumor, unless we can exclude cancer of the stomach, liver or omentum, we are not in a position to give a positive diagnosis.

Finally, if the patient be advanced in years, and of marked cachetic habit, suffers from a continuous pain in the epigastrium, and a tumor be found located deep in the same region, and in addition, we have ground to exclude primary disease of the neighboring abdominal organs, we have fair reasons on which to diagnose cancer and to locate the disease in the pancreas. The presence of fatty stools, or melituria, adds largely to the certainty. The size, nodulation and density of the growth would distinguish it from chronic enlargement, as would the density and nodulation from cystic degeneration.

Sarcoma of the pancreas cannot be diagnosed from cancer, as the symptoms and conditions accompanying the one affection are likewise found with the other.

CYSTS OF THE PANCREAS.

The diagnosis of cysts of the pancreas is possible only in cases where they have attained considerable size. The swelling presents a round or oval, smooth surface, and if within reach of physical examination fluctuation may possibly be detected. The tumor, when accessible, will be found lying deep in the epigastric region. The pains are much less intense than the cancer pains. The cancer cachexia and

extreme emaciation are wanting. This fact will warrant the exclusion of cancer. The presence of fatty stools or melituria, together with the before-mentioned physical signs, would render the diagnosis very probable. In such cases care must be taken not to mistake the pancreatic cyst for an aneurism of the aorta, as the pulsatile movements which might be communicated by the normal aorta may simulate aneurism.

CALCULI.

A fixed calculus may cause various forms of change; thus may arise chronic interstitial inflammation, induration, atrophy of the gland, parenchyma, or we may have a peri-pancreatitis with acute irritation of the surrounding structure; or purulent inflammation may result; cysts also may form. Fatty stools and melituria have also been observed in a number of cases. Jaundice may arise from pressure upon the ductus choledochus preventing the normal flow of the bile. From the above, it will be evident that the presence of a pancreatic calculus cannot be diagnosed during life.

HÆMORRHAGE IN THE PANCREAS.

This form of hæmorrhage generally results in sudden, almost instantaneous death, therefore no time is allowed for diagnosis during life. If such sudden death occur in a patient who previously suffered from symptoms referable to the pancreas, and there existed no evidence of organic affection of other of the viscera, hæmorrhage of the pancreas may be suspected. The only case of this form of pancreatic disease which the writer had the privilege of examining, had suffered for many years with violent so-called "bilious attacks." During such an attack she was found with an extremely rapid and weak pulse and heart's action. The pains were promptly relieved by the indicated remedy, and the patient was ordered to keep the recumbent posture until my next visit. Contrary to this order the patient arose from bed within an hour after my departure, sat down beside the bed and died instantly. The post-mortem examina-

tion showed fatty degeneration of the heart, liver and pancreas, some of the vessels of the pancreas having undergone complete fatty metamorphosis.

FATTY DEGENERATION OF THE PANCREAS.

This may result from a chronic inflammation of the gland, but it is usually found only in cases of general obesity; especially also in drunkards. It offers no pathognomonic symptoms, though the fatty stools and melituria may be present, and it may be accompanied by pains very similar in character to those mentioned under cancer, but may be distinguished by the long intermissions during which no sign of the trouble can be found. Such was the case in the patient just alluded to.

Amyloid disease.—This is usually found only in conjunction with marked amyloid change in other organs, and, like fatty degeneration, cannot be recognized during life.

PROGNOSIS OF PANCREATIC DISEASES.

So few cases of disease of the pancreas have been recorded that but little can be said in regard to the prognosis of the various forms of affection to which this gland is liable, but from the known favorable action of remedies, when applied under the law of similars, in the treatment of diseases of kindred glands, we would be led to believe that a favorable prognosis might be given in many cases of acute pancreatitis, also in the early stages of chronic pancreatitis. As regards morbid growths, cysts, concretions, etc., we are at present unable to speak favorably, as most of such cases, thus far recorded, have been unrecognized prior to the autopsy. In general, owing to the uncertainty surrounding the diagnosis of pancreatic disease as well as the fact that many cases of supposed gastric, hepatic, or intestinal origin, have in reality been dependent upon disease of the pancreas, it is but fair to infer that many unrecognized cases have recovered.

Society Department.

THE NORTH EASTERN OHIO HOMOEOPATHIC MEDICAL SOCIETY.

This society met in Akron, Ohio, April 14th. Dr. Johnson of Ravenna, was called to the chair. The minutes of the last meeting were read and approved.

The committee on nominations for membership proposed the names of Drs. Gann, of Wooster, and Kelly, of Orrville, who were duly elected.

DISCUSSION ON WHOOPING COUGH.

Dr. Warren, of Wooster, appointed at the last meeting of the society to prepare a paper on "whooping cough" then read the paper on page 428.

After the monograph had been read, the various sections of it were taken up for discussion.

Dr. Childs said his experience with the disease was a varied one. Much depends on the atmosphere. When malaria and catarrhal epidemics prevail, the disease of a necessity becomes complicated with others. He had never had a serious case of it which took on the lung complication spoken of. His greatest trouble was with children who were of exceedingly nervous temperament, and he especially dreaded the disease in warm weather; he would rather have forty cases in winter than a single one in summer. He had had three cases of it complicated with dysentery. Such cases usually prove fatal, although he had lost but one.

Dr. Royer, of Massillon, said he did not know anything about this disease; he had treated lots of it, but guessed all the patients had died. It was his opinion that the atmosphere had lots to do with the duration and contagious influences of it. One section of the country might have the disease very badly, while another would escape it entirely during the same season. Then again one section where it existed would respond quickly to certain remedies administered, while in another, the same remedies would produce no impression whatever.

Dr. Gann, of Wooster, said he is in the same town as Dr. Warren. Just after going there, he was called to see a case in which there was a lung complication. He suffered interference from the Old School, but they finally gave the case up and left him to take entire control of it, when it at once began to mend. The reading of this paper prompted him to ask the question whether or not all contagious or epidemic diseases were zymotic.

Dr. Kirtland said he desired to have the question of Dr. Gann replied to, and then discussed blood-poisoning and its origin in the system.

Dr. Rockwell said he did not believe that there was any such thing as a specific for whooping cough. His experience had been that it was necessary to individualize the cases.

Dr. Coburn had occasion to treat many cases and treated them in the manner indicated by Dr. Rockwell. He also said he had treated 120 cases of small pox, and those that had been inoculated with the disease by contiguity were much easier to treat, and had more varioloid symptoms than did those who were vaccinated. Yet he thought vaccination was an absolute preventive of small pox.

Dr. Wilder said he came here to be instructed in these things and not to speak, yet he agreed with the ideas of Dr. Rockwell.

Dr. Murdoch said his experience with it was varied.

Drs. Bean, Rush, Bierce and Johnson spoke on the subject but their views were similar to those already given, when the discussion closed.

The treasurer of the society then made his report.

They then proceeded to the election of officers for the ensuing year.

Dr. L. Bierce, of Warren, President.

Dr. H. A. Kirtland, of Massillon, Vice-President.

Dr. Geo. A. Kelly, of Orrville, Secretary.

Dr. R. B. Rush, of Salem, Treasurer.

Drs. Wm. Murdoch, Akron, R. B. Johnson, Ravenna, and H. C. Royer of Massillon, Censors.

Dr. Bierce, the president elect, then returned his thanks for the honor conferred upon him.

REPORTS OF SPECIAL CASES

were called for, when Dr. Rush responded detailing the case of a child two months old that came under his treatment from other hands, which was called inflammation of the bowels, but which the society decided was cerebro-spinal meningitis. Dr. Royer reported the case of a woman, who it was said by other physicians, had sciatica. He examined the case very thoroughly, and discovered a very hard globose particle on the abdomen. He at once satisfied himself that it was an abscess of the bowels. After treating, it broke when he feared a fatal issue, but was gladly disappointed as the patient was now on a fair way to recover. Dr. Bierce reported the case of two children whom he was called to treat, in which he diagnosed the trouble as congestion of the brain with all the characteristics of delirium tremens. They were constantly seeing rats, mice, flowers and all other conceivable things. The duration of the paroxysm was about fifty hours. Dr. Royer said he had a case in his own son of a similar character, which lasted three days and nights. He discovered very soon the cause, when a bottle with a spoon lying beside it came to his notice. It was a bottle of Belladonna and Glycerine which he kept for external application, and found that the boy had taken three doses, equal to about thirty fluid drops.

The society then adjourned until 2.30 P. M.

AFTERNOON SESSION.

Dr. Bean then read a written report on "Chronic Cervical Endometritis," its etiology, pathology, diagnosis, prognosis and treatment. The paper was both long and very exhaustive.

Dr. Kirtland also read a paper on the treatment of this disease. Dr. Childs being called upon to discuss the subject, said he was not prepared to say much on it, but he knew it was altogether to prevalent, let it arise from what source it would. The paper was good; it pleased him. The disease arises many times from the want of proper instructions to young girls from their mothers, from a false idea of modesty; but the worst feature of it arose from the competitive rush of studies in our public schools. Of course, lots of cases are congenital, others produced by indiscretions, but for the vast majority of cases it arose from this over-study. In all cases he had met with, constitutional treatment was the best. It was necessary to treat the nervous system, build it up so that there would be something to base other or more heroic treatment on.

Dr. McGranahan said this disease had given him more trouble than all his money. If you want to treat women you must treat nerves. They could and did cure this disease in from six weeks to three months, but it was done as Dr. Childs suggested, by kind and gentle treatment.

Drs. Rush, Gann and Carter were appointed a committee to report at the next meeting resolutions on the death of Dr. C. F. Manter.

Verbal reports were then called for, and Dr. Bockwell read the report of a case recently treated by him (see p. 425).

Dr. B. E. Miller was granted a certificate to practice at Doylestown until October 1st.

Drs. Royer and Gann were appointed delegates to the State Medical Society, and Drs. Rush and Childs to the American Institute of Homœopathy, at Indianapolis, in June.

Dr. Johnson moved a vote of thanks to the Akron doctors for the manner in which they had entertained the Society, which was carried unanimously.

The next place of meeting was then brought up, when invitations were extended from Salem, Wooster and Youngstown, Wooster being finally chosen, and the date made for the third Wednesday of October, 1882.

The following papers will be read at that meeting:

Typho-Malarial Fever—Drs. Murdoch and Carter.

Cholera Infantum—Dr. Marks.

Blood Poisoning—Drs. Childs and Rush.

Drs. Royer and Wilcox will also furnish papers on surgery, especially dislocations of the hip and shoulder joints.

The society then adjourned.

Progress of the Medical Sciences.

Arsenical Poisoning.—Dr. N. Popoff, after a series of experiments in Mierzejewski's laboratory (*St. Petersburg Med. Woch.*, No. 33, 1881), comes to the following conclusions respecting arsenical poisoning, 1. That arsenic may, within a few hours after its application, cause an unmistakable alteration of the spinal cord, which may manifest itself either as myelitis centralis acuta or poliomyelitis acuta. 2. That in more chronic cases an inflammation may result, not only of the grey substance but of the white also, constituting a diffuse myelitis. 3. The peripheral nervous system is unaffected in those cases in which death occurs within three months after the reception of the poison. 4. That the paralyzes from arsenic poisoning are of central origin. He has had similar results with lead, and believes that in long continued metallic poisoning, alterations in the spinal cord are very likely to occur.

Poisoning by Carbolic Acid.—A case of poisoning by Carbolic acid admitted into the medical clinic at Freiburg is detailed by P. zur Nieden (*Berl. Klin. Woch.*, 1881, No. 48), and is of unusual interest, since the patient, a robust woman of 30, swallowed an alcoholic solution of Carbolic acid containing 35.8 per cent. of phenol, and recovered. It was ascertained that 12.9 grammes, or nearly half a fluid ounce, of Carbolic acid was swallowed, of which 6.7 grammes were subsequently washed out of the stomach; but at least 6 grammes, or about a fluid drachm and a half of Phenol, must have been absorbed. Hæmoglobinuria set in within an hour of the ingestion of the poison; and that the urine contained hæmoglobin, was determined by the spectroscope, but no red corpuscles were detected in the secretion. Eight and a half hours after the taking of the Phenol, hæmoglobin was no longer detectable in the urine, though a phenol reaction remained for two days. The most prominent symptoms were insensibility within ten minutes, dizziness speedily passing into profound coma, contracted pupils, irregular breathing, irregularity of pulse, extreme cyanosis, vomiting, and depression of temperature (temperature in an hour and half 34.4 deg. Cent. or 94 deg. Fahr). The chief interest of the case lies in the acute hæmoglobinuria.

On Strychnia.—Allen (*Commercial Organic Analysis*, vol. ii, p. 486) utilizes the optical properties of a compound which strychnia forms with iodine for the detection of the alkaloid. A very small drop of an alcoholic solution of iodine is placed on a microscope slide, and allowed to evaporate. Directly it is dry, a drop of the solution of the supposed alkaloid in acetic acid with a drop of sulphuric acid is added a drop of rectified spirits is then placed on the mixture, which is allowed to evaporate spontaneously. On examining the residue

under the microscope with a Nichol's prism and selenite, but using no analyzer, characteristic crystals will be observed if strychnia be present. These may have the form of circular tufts of fine black needles; of minute dots, of a more or less triangular form, exhibiting yellow, pink, and green tints; large triangular crystals of a yellow or green color, composed of three parts radiating from a centre; solid naced prisms, occasionally showing complementary tints; or solid rosettes of four, five, and six-sided prisms. In all cases it is, of course, desirable to compare the results with those obtained in a similar manner from a minute quantity of strychnia. The essential conditions are the simultaneous presence of alcohol, sulphuric and acetic acids, free iodine, and a trace of strychnia.

Medical Women in China.—Much has recently been written on the labors of medical women in India, and we find that such work is not without its reward also in China. According to the *Celestial Empire*, in the summer of 1879 the wife of Li Hung Chang, the great Viceroy of Chihli, was dangerously ill at Tientsin, and foreign medical assistance was called in. Chinese etiquette forbade the two doctors engaged obtaining sufficient knowledge of the case for treatment, and Miss Howard, an American lady with a medical diploma, was at once called in. Under her care Lady Li soon recovered. The result of this successful treatment of the illustrious Chinese lady, was the establishment of a large hospital, under a foreign physician, the funds for which were provided by voluntary contributions from the native literati and gentry. The institution has just been opened by the Viceroy himself. When the news of Miss Howard's success reached America, a wealthy gentleman of Baltimore subscribed funds to build a hospital for Chinese women at Tientsin, and the two buildings—one erected by Chinese, the other by American philanthropy—now stand side by side in that town. Li Hung Chang and his lady have both presented commemorative tablets to the hospital. One of them runs thus: "The skillful statesman and the skillful physician are alike in this: that they give their thought to cure what is ill. In the act of administering government and of dispensing cures, what hinders China and other lands from being one family?"

Telegraphers' Cramp.—At the fifty-sixth regular meeting of the Chicago Electrical society, a paper was read by Dr. N. B. Delamater on "Prevention of Telegraphers' Cramp or Writers' Paralysis." The perfect harmony and fusion of action of muscles and nerves is co-ordination. The origin of this co-ordination Dr. Delamater traced from its birth in the ideational center of the brain to its manifestation in muscular action. But this co-ordination is impaired by any disease affecting the parts involved. The speaker spoke of the predisposing causes of nervous weakness, whether hereditary or due to circumstances in the life of a patient. Stimulants of all kinds, he said, tend to weaken the system. Dissipation, too, of various kinds is the cause of loss of the resisting power of the system. In addition to such

courses, preparing the way for the paralysis of the nervous organization, the chairs and tables of operators may not be adapted to the stature and special needs of those using them. The key may be placed so as to keep the arm in an unnatural tension. The doctor spoke of the best modes of resting the arm by placing it in different positions, also of the urgent necessity that all clothing, as that about the neck and shoulders, should be so loose as not to impede a free circulation of the blood. The attitude of the body, was also spoken of, and the need of avoiding such positions as would cause the muscles to be thrown into unnatural relations to one another, and the full functions of the lungs affected. Some relief from the paralysis will be found in different methods of operating. Let anything be done with the hand and arm that will call into play a new set of muscles. When the presence of the paralysis is noted, its location as affecting what nerves should be known. If it is a case of cramp or telegraphers' tremor complete rest will often prove beneficial.

Medical troubles in China.—The Chinese authorities of Shanghai recently issued a quaint decree respecting the neglect of physicians to attend at once on their patients, and the high fees which they charge. They give notice that it is the duty of all physicians to use their knowledge for the benefit of the people; when people are sick they must be ready to attend upon them whenever they are sent for, without regarding the hour of the night or day, or the state of the weather. When people are ill they long for the presence of the doctor as the grain of seed longs for the rains. Instead of doing this, however, the physicians now think that they possess great skill, and not only charge high fees, but insist on being paid full hire for their chair coolies, and they do not care what becomes of the patient so that they get their fees. If these were only charged to the wealthy it would not so much matter; but the poor have to pay them also. An evil practice (the decree goes on) also exists by which doctors will not visit their patients before one o'clock in the afternoon; some will even smoke opium and drink tea until late in the evening. These are abuses, the magistrates say, which they will on no account permit. Doctors must attend their patients at all times; they must, if necessary, visit them several times daily; they must think more of them and less of their fees. Notice, therefore, is given to all officials and people that a physician who does not attend when he is called must only receive half his fees and half his chair-hire. "If you physicians delay your visits you show your wickedness and sin against yourselves." The decree is a model one for a paternal government; argument, entreaty, oburgation, exposition, threats, are all mingled in due proportions.—*Review.*

A Somewhat Unusual Source of Lead-Poisoning.—Mr. F. Porter Smith draws attention (in the *Lancet*, Oct. 1881, p. 779) to the fact that wine may be contaminated with lead from some of the shot used in washing the bottles being allowed to remain.

Medical News.

J. C. Nottingham, M. D., from Marion, Ind., to Bay City, Mich.

S. H. Simon, M. D., has removed from Camden, N. J., to Harrisburg, Pa.

Dr. F. B. Hoerman, Watertown, Wis., writes: I have been elected health officer of this city.

Dr. Roberts, of Ottumwa, Iowa, took a partner about a year ago. Now there is a third member of the firm. It's a boy.

G. M. Ockford, M. D., has removed from Burlington, Vt., to Vincennes, Ind. Another valuable importation to the West.

Dr. White of the firm of "Drs. Bedell and White," has removed to Utica, N. Y., her old home, where she has a fine office at 24 Arcade building. *Dr. Leila G. Bedell's* address is 306 La Salle Avenue, Chicago.

The Rock River Institute of Homœopathy is a live society of thirty members. *J. A. Hoffman, M. D.*, is President, and *G. W. I. Brown, M. D.*, is Secretary. The bureaus for 1882 are composed of active, energetic practitioners.

New York Ophthalmic Hospital.—Report for the month ending March 31, 1882. Number of prescriptions, 4,872; number of new patients, 731; number of patients resident in the hospital, 23; average daily attendance, 181; largest daily attendance, 249.

CHAS. DEADY, M. D., Resident Surgeon.

Married.—April 13, 1882, at the residence of the brides father, Joseph Morrow, Summit Point, West Virginia. *Dr. Ernest Crutcher* of Louisiana, Missouri, (formerly of Nashville, Tenn.), and *Miss Kate Vadoir Morrow*. The groom graduated with distinction in the medical department of Vanderbilt University, (Allopathic) in 1879, but shortly after embraced Homœopathy, taking his *ad eundem* degree at Homœopathic Medical College of Mo., two years since. Accept congratulations.

Homœopathic Medical Society of Ohio.—The eighteenth annual session will be held at City Council Chamber, Springfield, Tuesday and Wednesday, May 9, and 10, 1882, beginning at 9.30 o'clock, A. M. We believe the session of 1882 will exceed all preceding in attendance, as well as interest and profit to the profession. We hope each and every Homœopathic physician in Ohio will make an effort to be present. Headquarters at the Lagonda house. Rates \$2 per day. The I. B. and W. C. C. C. and I. railways and their branches, will carry delegates at full fare going and one cent per mile returning.

H. E. BEEBE, Secretary.

A Noble step Forward.—The medical society of the state of New York, has recently decided, after much discussion, to allow its members freedom of consultation with Homœopaths. This action has evoked intense adverse criticism from narrow minded "regulars." We can hardly say that it reflects great honor upon the state society, but rather that it removes a cause of reproach from an eminent society, many of whose honored members have long been above such bigotry and narrowness, both in opinion and practice. But for high minded leaders in any body to entertain broad views, and to influence that body to adopt them, are two very different things.

To the Young Physician.—Will you allow an old practitioner to give you a hint or two? Well I presume that you are located. Now you want an introduction. You know to do so you must introduce yourself. How you do it will tell for or against you. A card in the paper is one way but not the best. A neat circular is another way. This should be brief stating simply that Dr. — would respectfully announce to the people of — and vicinity that he has located in their midst for the practice of his profession or to help the sick, or a better way is to take a pamphlet like Law of Cure have printed on it, Presented with the compliments of Dr. —. That directs attention to your mode of practice and makes converts at the same time. It defines your position and aids a more rapid introduction into the confidence of the people. Let it be generally known that "you will find me with my library when not visiting patients." Strict attention to business, courteous demeanor and ready sympathy are the elements that insure success.

The Nation.—Since its consolidation with the New York *Evening Post*, has increased its facilities in every department, enlarged its size to twenty-four pages, and added many able writers to its previous list. It is now pronounced by many of its readers to be better than ever before. Established in 1865, the *Nation* was a pioneer in this country as a weekly journal of literary and political criticism, of the highest order, conducted free from the control of party or interest of any sort. Despite a precarious support during the first few years, it has held to its original aim, and has long been a recognized authority at home and abroad. Its editorial management has been unchanged from the first, and its projectors intend that, with their present facilities, the *Nation* shall become more than ever before the medium of the ablest thought of the time. The form and style of the paper are chosen with a view of the most suitable shape for binding, and a set of the *Nation* preserved, bound, and indexed, makes a most complete and readable record of current events of importance in the political and literary world available for the American public, the subscription has been reduced to \$3 per annum.

Specimen copies sent on request. Address the Publisher, 210 Broadway, New York.

Medical Society Meetings.—The time will soon arrive when nearly all the Western State Societies hold their annual meetings. members and secretaries should make extra effort to secure successful sessions. Numerous reports and many questions make good meetings.

The Michigan Homœopathic Medical Institute, meets in Grand Rapids May 16 and 17. Dr. H. B. House, Tecumseh, Sec.

The Illinois Medical Association, meets in Chicago, May 16 and 18. Dr. H. M. Hobart, Chicago, Sec.

The Wisconsin Homœopathic Medical Society, meets in Milwaukee, May 24 and 25. Dr. E. F. Storke, Milwaukee, Sec.

The Hahnemann Medical Society of Iowa, meets in Council Bluffs May 31 and June 1 and 2. Dr. E. A. Guilbert, Dubuque, Sec.

The Maine Homœopathic Medical Society, meets in Augusta, June 9.

The American Institute of Homœopathy, meets in Indianapolis Indiana, June 13 and 16. Dr. J. C. Burgher, Pittsburg, Pa., Sec.

The American Pœdological Society, meets in Indianapolis, Indiana, June 14. Dr. W. P. Armstrong, LaFayette, Indiana, Sec.

The Western Academy of Homœopathy, meets in Kansas City, Missouri, June 20 and 22. Dr. C. Goodman, St. Louis, Sec.

Take due notice and govern yourselves accordingly. Look to the West.

Honors to Homœopathy.—The Board of County Commissioners, Denver, seem to thoroughly appreciate the good service done by Drs. Everett and Britt in the management of the county hospital. Upon motion of Mr. Brown the board passed the following by a unanimous vote :

WHEREAS, As appears by the report of the county physicians. the expenses of the county in the medical department of the poor house, and the treatment of the sick in the county jail and the outside poor of the county, for the year ending March 31, 1882, was the sum of \$3,223.46 less than the expenses of the county for the like purpose for the year ending March 31, 1881; and

WHEREAS, During the period first mentioned the number treated by the county physicians was largely in excess of the number treated for the preceding year mentioned, thereby showing a double gain; and

WHEREAS, It also appears that during the year ending March 31, 1882, the death rate of the county poor was reduced 50 per cent. below the rate of the next preceding year, and

WHEREAS, Such reduction in expenses and in the death rate was largely due to the efforts of Ambrose S. Everett, late county physician, and Dr. Britt, late resident physician; therefore be it

Resolved, In the opinion of the board Dr. Ambrose S. Everett deserves the gratitude of the people of this county for the faithful, economical and successful manner in which he has discharged the arduous duties of the office of county physician.

That the results attained under his management attest in the highest degree his skill as a physician and his worth as a man. That the thanks of this board are due and are hereby tendered to Dr. Britt for his faithful and judicious services rendered to the county as resident physician at the poor house. That to both Dr. Everett and Dr. Britt this board extend its high appreciation of their services, so honorably and successfully performed.

Homœopathy Ahead.—Dr. Ambrose S. Everett, who has been county physician of Denver for the past year, made his retiring report to the board of county commissioners, the board having decided to change the school of medicine to Allopathy. The report is very favorable to the Homœopaths. It is shown that the death rate has not only been decreased 50 per cent., but the cost of the operating expenses has also been greatly diminished. The following is the report in full :

To the Honorable Board of County Commissioners of Arapahoe county, Colorado :

Gentlemen.—I have the honor herewith to submit to your honorable body, in addition to my regular monthly communication, a summary of the twelve reports submitted by me, covering the official year ending March 31, 1882, and have carefully compared the same with a similar summary for the year ending March 31, 1881.

	1881.	1880.
Number of patients on hand April 1.....	82	49
Number of patients admitted during the year.....	928	711
Number of patients discharged during the year...	858	597
Number of patients born during the year.....	13	10
Number of patients died during the year.....	74	91
Number of patients remaining March 31.....	89	82
Average daily attendance at hospital.....	79.4	67
Number of Jail and outside patients.....	337	212
Total number of cases treated.....	1,358	982
Cost of drugs and surgical supplies.....	\$1,001.25	\$1,747.27
Salary of druggist.....		600 00
Cost of prescriptions for outside patients.....		316 90
Total cost of drugs, surgical supplies and salary of druggist.....	\$1,001.25	\$2,664.17
Cost per patient.....	73	2.78
Mortality rate.....	.07.9 % c	13.2 % c

When we took charge of the medical department of the county it will be remembered that we only claimed to be able to reduce the expenses \$1,000 or \$1,200. From the amount saved it will be seen that we have done nearly three times better than we claimed to be able to do. It will be seen also that the death rate has been reduced nearly 50 per cent. It is very gratifying to us that we have been enabled to place on record and carry down into history results so far in advance of our highest anticipations. It gives me great pleasure also to congratulate your honorable body, and especially those members of it who favored the introduction of Homœopathy in the county institutions, upon these results.

In behalf of the Homœopathic world, I thank you for the fair-mindedness, the manly courage and liberal spirit which prompted you to afford Homœopathy the opportunity to make these results. The influences of Homœopathy upon the county institutions will be indirectly felt for years to come. The results which it obtained have already enabled you to contract with the Old School for the management of the medical department of the county at a price 50 per cent less than you ever would have been able to do if the change from the Old School to Homœopathy had never been made.

The American Institute of Homœopathy.—To the members of the American Institute of Homœopathy and the general profession :

The thirty-ninth anniversary and the thirty-fifth session of this national body will be held in the New Denison House in Indianapolis Ind., commencing Tuesday, June 13, at 10 o'clock, A. M.

The proceedings will be opened with the address of the president, Wm. L. Breyfogle, M. D., of Louisville, Ky., after which the usual order of business will be carried out.

The titles of the papers to be presented by the different bureaus, so far as they have been reported, cover a range of practical subjects of great importance and daily interest, and have been prepared by well known writers, professors and practitioners of our school.

The thirty-fourth session was marked by an awakened interest on the part of the members in the advancement of the material prosperity of the Institute, as shown by the attendance and the large addition to the membership.

We have no doubt that the thirty-fifth session will be equally as successful in each particular as the one which preceded. As the Institute again meets in the West, two years after the successful and enjoyable meeting held at Milwaukee, we are certain that every physician who is a member of the Institute or who desires to become a member, and especially those who live west of the Alleghenies, will feel it to be not only a duty but a pleasure to attend this annual session. Whether you are present or prevented from attending by circumstances beyond your control, you should not forget that the Institute is a representative body and your assistance, in the form of practical contributions and the extension of its membership, is desirable to enable it to maintain this position.

Indianapolis being one of the great railroad centers of the West it can be reached easily from every point. The members of the profession living in the state are prepared, through the Indiana Institute of Homœopathy and Dr. O. S. Runnels, chairman of the local committee of arrangements, to give the members of the Institute, and their families, a most hearty and generous welcome, and will do all in their power to make the meeting an occasion of pleasure and profit for those who attend.

The members of the Institute will be accommodated in the following hotels: The New Denison House, (terms \$2.50, \$3.00 and \$3.50 per day, according to the location of the room); the Bates (\$2.50 and \$3.00); and the Grand (rates to members \$3.00 and \$3.50 per day, a limited number of rooms will be placed in reserve at \$2.50 per day). Members should notify Dr. O. S. Runnels, of Indianapolis, *in advance* stating the number of rooms required, price they wish to pay, etc., so that their rooms can be reserved for them and they advised before leaving home, where they have been placed. By giving attention to this matter considerable annoyance, both for the members and the committee of arrangements, will be avoided.

Full particulars in regard to railroads, rate of fare, etc., will be inserted in the regular circular, which, together with application for membership, can be obtained by addressing the secretary.

In behalf of the executive committee,

J. C. BURGER, *Gen. Sec'y.*

332 Penn. Ave., Pittsburgh, Pa.

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Psychological Department.

SOME PHASES OF NEURASTHENIA.

BY C. S. ELDRIDGE, M. D., CHICAGO.

Nearly every physician's clientele contributes a greater or less number of patients ordinarily termed hypochondriacs. Throughout all the departments of a medical man's life, perhaps no troubles so tax his skill, and so largely draw upon his forbearance as these cases. I think it will be found not far from correct to state, that fifteen-twentieths of the hypochondriacs, (neurasthenics) are admitted to the doctor's office, and soon bowed out, loaded with some pet theories on hygiene and dietetics, with Ignatia as a medicament to keep them on the track. All the hypochondriacs are neurasthenics; all of them complainants, and the doctors generally defendants. When neurasthenia fastens itself upon a person nearly every organ and function is susceptible to its influence. This particular field of study has been considerably neglected,

probably so from the fact that many symptoms complained of by neurasthenic patients have been so hard to account for through the ordinary processes of examination; lately, however, much light has been thrown upon the subject. The trouble prevails largely in every locality where the people are overtaxed mentally. In foreign countries, where business hours are so much more abridged than here, the trouble exists only to a limited extent. Patients do not die of neurasthenia as an idiopathic difficulty. As a form of nervous exhaustion, however, it perpetuates itself, causes other troubles, and an endless amount of suffering. It will be generally noticed that nothing but subjective symptoms are complained of in these cases. Change of structure anywhere is not discovered, and therefore under the ordinary form of reasoning *apriori* none may be supposed to exist. With most diseases, we have the characteristic prodromal symptoms and judge of cases by their past and present phenomena. With neurasthenics it is a vexed problem to determine the antecedent history of cases and reason them out. The physician cannot note structural change as in the case of a luxated or fractured bone, and in consequence of its taking time, patience, and perseverance to diagnosticate these troubles, many of them are passed over with only a cursory examination, and some supposedly characteristic symptom by which the doctor selects his key-note remedy is eagerly sought out.

Some forms of neurasthenia take their name from the fact that one organ is particularly involved more than others. Thus we have cerebral neurasthenia, digestive neurasthenia, sexual neurasthenia, etc., the nerve supply being the media of transmission. A general neurasthenic state may obtain or we may have special and well defined individual forms of the difficulty.

In point of frequency Beard alleges the cerebral form to occur most often, followed by the sexual. Of course Homœopathic physicians cannot indorse the crudities and inconsistencies as set forth in Beard's treatment of neurasthenia. I refer solely to his use of drugs, and not to the hygienic regime, which is excellent. Physicians of all schools owe

him, Stretch Dowse, and a few others who have written similarly, a debt of gratitude. The etiology and symptomatology have been discussed in a masterly way, and much that was hitherto surrounded by the glamour of mystery has been explained. I will report two or three cases.

A lady of thirty years recently consulted me for relief from general nervousness and insomnia. She alleged that once or twice during every twenty-four hours a paroxysm of suffocation, or as she described it, smothering came upon her, during which time she became very cold and so tremulous as not to be able to hold herself still. Such attacks were preceded and attended by a distressing feeling of faintness. She had regularly recurring dysmenorrhœa. The nights were a source of dread to her, because she could not sleep, and therefore she sat up as late as possible every night. A friend presented her with a handsome clock, but she affirmed that the ticking of it made her so nervous she could not sleep, and sometime during the night she would rise and stop the pendulum. She had a feeling of constriction of the chest, and an uncontrolable desire to move her lower extremities. She had polyuria and a moderate leucorrhœa. I was led to believe from the totality of her symptoms that the uterus was the seat of the difficulty and upon examining her found a fibrous growth upon the posterior lip of the cervix, constituting an ear-like projection. This folded across the os so as to seriously interfere with the menstrual outflow, and readily accounted for the dysmenorrhœa. The presence of the growth had induced an erosion of the tissues surrounding the os, thus explaining the leucorrhœa and frequent micturition and whole train of mental symptoms. I removed the growth by an operation, and subsequently treated the stump until it was completely healed with applications of Comp. Tinct. Benzoin. Moschus 3x and placebo were the only internal remedies employed. Cure complete in about sixty days.

Consulted by a merchant of this city for relief from vertigo and impotence. Found him not wholly but nearly impotent with an almost unremitting form of vertigo and

decidedly dyspeptic. For years he had led the life of an epicure and in the matter of wine, women and cigars only stopped with a maximum indulgence. He had double varicocele and hyperæsthesia of the prostatic urethra, the latter symptom being explained by the presence of urates, with which the urine was found to be heavily loaded. This patient had sleepless nights, became irritable and petulant, and carried on his business after the manner of a misanthrope and despot. He got *Nux 2d trit.* and *Phos. acid 2x* two days each in succession, with Galvanism every other day to spine, perineum and testicles. At the end of ninety days there were no traces of his difficulty left, except the varicocele, which was not materially influenced one way or the other. I should have mentioned that this patient was instructed to partake very sparingly of nitrogenized food, stop wine altogether, and reduce the number of cigars per day to the minimum. The instructions were carried out with fidelity, and the man was saved from a hopeless state of impotency, and perhaps what would have been more dangerous—an organic nephretic disease.

A young man from Montana came into my office with quivering lip and anxious face, was afraid of his own shadow, had monophobia, could not eat, sleep, or control the melancholy which encompassed him. Nocturnal emissions occurred two or three times a week. He was dyspeptic, noncourageous and pronouncedly asthenic. I was fully convinced he had practiced masturbation but he would not admit as much. Upon examination I found an elongated and constricted prepuce and removed it under an anæsthetic. Within twenty-four hours after the circumcision he began to improve and passed speedily to a state of convalescence, finally becoming as brave, self-reliant and courageous as a Spartan warrior. The remedies were *Phos. acid*, *China* and *Nux* in the order named.

In some future issue of this journal I will present a case or two more bearing upon the interesting subject, *Neurasthenia*.

Hygiene Department.

INEBRIATION—ITS TREATMENT AND CURE.

BY GEO. F. FOOTE, M. D., STAMFORD, CT.

It is not our province in this article to discuss the evils of intemperance, or dwell upon its causes. The former are too intimately blended with our daily lives to need elaboration; while the latter stares upon us unblushingly at almost every corner of our public streets. And while we, from the bottom of our hearts, deplore the state of society which is obliged to tolerate such evils, we will leave for a future article the discussion of its causes.

We acknowledge the evil and its effects, and we propose to deal with the disease as we find it in individual cases. We propose to point out the correct mode of treating this infirmity and effecting a permanent cure, as viewed from our own stand point.

Within a few years past asylums have been built in this country for the reception and treatment of inebriates. Ostensibly their management is based upon the theory that inebriety is a physical disease, but practically upon the idea that the disease is moral, and that moral suasion in connection with enforced abstinence, a generous diet and a good hygiene is to affect a cure. The patients are confined for a few months, some voluntarily and others by compulsion, with the expectation that by enforced seclusion from temptation, the moral state will be so elevated that by the efforts of their own will they can raise themselves above the influences of their physical demands. Little if any attention is paid to the physical, except what is hygienic. The consequence is that but a small per cent, of permanent cures are made.

It is a matter of great complaint, that in exposure to temptation and old associates the reformed inebriate, after spend-

ing months in the asylum, again returns to his old habits, being wholly unable to withstand the demands of his physical system, which demands are imperative by reason of the fact that his disease, instead of being cured, has lain dormant like any other form of chronic affections, ready to break out even when exposed to the characteristic excitation.

The large asylum upon Ward's Island, New York, built at great expense, has been abandoned as a cure for this disease, and turned over to other purposes on account of its want of success, after several years of trial. The physician to this institution reports that he has never made a single permanent cure, all having returned to their former habits after leaving the institution. Other asylums report a partial success, and no doubt some are saved. But many that are sent out as cured, carry with them the seeds of the disease that spring into growth when under evil influences.

These institutions are sometimes recommended as good places to "sober off" in, after a spree, or as an asylum during a fit of *mania a potu*, and are often used for this purpose. But most of their patients are conscientiously seeking relief by a term of confinement, where they have all the luxuries of a well appointed hotel. They have fine, airy rooms, with a generous diet. The hygiene is excellent. They have the periodicals, books, billiards, ten-pins and other amusements to fill in the time.

But as to curing the chronic ailments of the physical in connection with the moral system, but little is done for it. The medical treatment being Allopathic, but little medicine is given. And the rule is if any the less the better, for the reason they have no specifics for this affection, nothing that is curative. But in its stead they rely principally upon enforced abstinence, and moral suasion, with a generous diet. It is expected, in connection with this, that the moral influence through their associations will so impress the patients, with the advantages of a reform, that their moral nature will be elevated to a degree that will enable them to rise above all temptation.

There are some cures, but not so many as the friends of

the asylums expected. But we also know of cures made outside of asylums. We call to mind the case of a young man that had for years been indulging in his cups. Returning home one day quite intoxicated, he struck his sister for a trival offense, inflicting pain and great mortification. This brutal act so shocked his fraternal feelings that he at once abandoned his habits of intemperance and has never returned to them through an intervening period of thirty-five years. Another dates his reform from the loss of a dear friend. Sudden shocks from other causes have been known to effect a reform. But these are rare cases, peculiar to persons of a strong will, that gives them uncommon power over their physical natures.

Post mortems of the bodies of those in different stages of inebriety, that have met with sudden death, show an inflammation of the inner coats of the stomach, and actual lesion of structure, which in a degree, of course, depends upon the character and extent of the indulgence and the time of their duration. Colored drawings of these conditions, including the different stages from the moderate drinker to an "old toper," and even to *mania a potu*, have been publicly exhibited by those engaged in temperance reform. These show beyond a doubt that the inebriate has disease that is physical, a broken down tissue that must of necessity produce abnormal symptoms; and experience teaches us that these symptoms affect the morale of the patient, and place him beyond the power of self-control.

It becomes us then as we review the matter from a rational standpoint, that we exercise all charity toward this class of patients. They are entitled to our fullest sympathy as much as a person suffering from any other disease. It does not behoove us to stop and inquire into the causes that engendered this affliction, before we give the required relief. The fact is apparent that they originally sinned, that by the laws of society, the laws of the land, the circumstances of their associations, they have in the first place been led astray, and they ought not to have yielded to this evil in its embryonic state. "But he that is without sin among you let him cast

the first stone." The same rule applies to almost every disease. The laws of health have been violated by indulgences that make us responsible for our sicknesses. We have poisoned our systems with strong tea, coffee or condiments, or by that filthy habit, the use of tobacco, or in the pursuit of some pleasure we have overtaken our bodies; and when we are sick are we to be deprived of sympathy and aid because we transgressed good hygienic rules? One's better nature revolts at the idea. Then, if common humanity teaches us better than this, why except the inebriate? He also is sick, and has an infirmity that irresistibly drags him into states of moral depression, into debauchery, and often into crime. But he has a physical disease that compels him to drink. His thirst is unquenchable, except by indulgence. He must drink by virtue of the same law that compels a starving man to eat when food is placed before him.

The stomach of one of these patients long addicted to the use of alcoholic drinks is highly disorganized. The tissue for secreting gastric juice is greatly impaired and digestion is almost at a standstill. The velvety surface called the mucous membrane, instead of the healthy look, which is that of a most delicate pink, assumes a dark and angry appearance, as if engorged with venous blood. It is in a state of chronic inflammation, inactive in the performance of its functions, except when aroused by large doses of the most powerful stimulants, and then it can do its work but imperfectly. In this condition it is painful, creating a morbid desire for stimulants, which desire can be appeased only by indulgence. So that the moral condition is but a symptom of an objective disease.

Having thus located this disease we must prescribe the true remedy, the same as we would prescribe for any other chronic affection. In this the Homœopathic system of medication far exceeds any other treatment, for the reason that it prescribes for the symptoms, meeting each and every one with a specific that is curable.

We have learned by experience and by the repeated failures in our public institutions that confinement, and through it

enforced abstinence, do not effect a reform. If this were so the unfortunates of our penitentiaries and prisons who are incarcerated for years, ought to be cured of this disease; but we find them invariably returning to their old habits when set at liberty.

Some years since while visiting the Ohio penitentiary we met a prisoner whom we had known as an intelligent youth, but who, as he grew to manhood, became dissipated, and in one of his sprees committed some overt act, for which he was sent to prison. In conversing with him he seemed to feel the disgrace brought upon himself and friends, but claimed that by two years and a half confinement he had been cured of his habit of drinking, having lost all desire for it through his long abstinence. But the sequel showed that the poor fellow was mistaken, as he fell at the first exposure to temptation, and finally died a miserable drunkard. This is but a history of many others, all of which helps to corroborate the absurdity of trying to cure this infirmity except by a rational course of medication in conjunction with all the hygiene that can be brought to bear upon it. This rational treatment must of necessity be Homœopathic, for the reason that no other system accepts the symptoms physical and mental as the true exponent of the disease, which symptoms must guide the physician in the choice of his medicine in each particular case.

But the patient has something to do in the management of this disease. He is not to sit down with his hands folded and wait to be acted upon—wait to be cured. He must take an active part. He is the one most interested. He has a body to save, and a soul to regenerate, and he, too must be up and doing; and in order to make his work effective he should be in freedom. He must have the opportunity to discipline his moral condition. In other words, he must be in temptation which should be tempered to his state, “like the wind to the shorn lamb.” And as he is relieved from time to time from his physical sufferings, from the unpleasant symptoms that press upon him and excite this inordinate desire for stimulating drinks, he will, through the curative action of

well chosen medicines, gradually elevate his moral nature and rise above the depressing influences that have borne him down. He will assert his manhood and face the enemy in all its diabolical and persuasive influences, until by familiarity with its presence it is no longer a temptation.

Here then is the secret of success in curing this infirmity.

1st. It is an acknowledged disease and receives treatment varying with its symptoms the same as any sickness.

2d. During this treatment the patient is thrown upon his own resources for recuperation, by being exposed to temptation until by familiarity, assisted, of course, by the medicine, the presence of liquor excites no desire for its use.

During the treatment the utmost freedom consistent with his state is allowed to the patient. The only restraint is by moral suasion and by pleasant associates. He is held accountable for each and every act to the physician in charge simply by virtue of the relation from which he expects to be benefited.

His physician watches over him as a father would care for his child, ready with his means to bridge him safely over all obstructions calculated to oppose his progress. As before stated he is constantly exposed to temptation. He carries liquor in his pocket. He finds it in his room. He smells and touches it with his tongue, daily. But he is enjoined to report to his physician whenever the desire for stimulous besets him, and he receives a medicine that allays the irritation and quiets the symptom within a few minutes. His system is sustained by a generous diet, plenty of exercise and mental occupation. And in time he is restored to his friends in a regenerated state, capable of battling with the ills of life in whatever demoralizing forms they may present themselves. He is cured!

On Arsenic.—Drs. Hohn and Renbold (*Friedreich's Blatt. fur Gerichtl.*, pp. 15, 22) also publish interesting cases of acute arsenical poisoning. In Hohn's case, the body was exhumed after being buried for more than fourteen years, and arsenic was detected in it.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

CARROLL, Iowa April 27.—Prevailing diseases: Cerebro-spinal meningitis, diphtheria malignant, measles and pneumonia, this winter and spring. J. M. PATTY.

DANIELSVILLE, Ct., May 5.—Prevailing, diseases are: Scarlet fever. Bell. and Apis, have been the remedies. Baptisia assisted me in curing thirteen cases of typhoid fever last winter. I have used Cucurbita pepo, with very good success in vomiting of pregnancy. O. S. JENKINS.

LYNN, Mass., May 5.—The most prevalent diseases, here are erysipelas, diphtheria and bronchial troubles. The first readily controlled by Rhus. and Bell. The second, though some severe cases yield readily to indicated remedies as Kali b., Bell., Apis and Phyt. I am confident that Kali bich., crude, is much more effectual than any trituration. I have seen marked change from one-tenth of a grain in one-half glass of water, when one grain of first did not relieve, and the trituration was then three days old.

E. B. CUSHING.

BRINTON, Utah, April 20.—We have had a remarkable healthy winter. Since spring has set in the weather has been quite changeable, with the changes we have had some bronchitis, some broncho-pneumonia, some typho-malarial fever, the latter seems to be the prevailing disease at present. One thing our country did not know what malarial disease was, until the last three years, up to that time, I never heard of a case in these mountains. *Smiths Tonic* is all the go, one man used twenty-seven bottles and lived and shook too, afterwards. All the cases that I have cured according to the law similia, etc., have stayed cured. I used

my little Faradic battery during the chill with a mighty good effect, some of the worst cases of shaking I have broken up in from five to ten minutes, then gave the appropriate fever remedy. When I saw my patient shaking I gave the current just strong enough to steady the nerves. I draw the moderator sufficient to produce a little centre action at the wrist. Now I would like the profession if they have experimented any in that way with chills and fever, that they would give us the result of their experience, if not try it and report.

H. C. HULLINGER.

BATH, Mich., April 27.—The diseases here are tonsilitis, rheumatism, jaundice with an occasional case of diphtheria. Remedies used. (1.) Aconite 1x, Bell. 3x, seldom have to use any other remedies. (2.) Rhus tox. 3x to 30x. Bry. 3x, Cim. 1x. Supplementing them as indicated by Salycilic acid two grains every other night. (3.) Pod. 2x, Merc. sol. 3x. Bry. 3x. (4.) Bell. 3x. Phy. Merc bin. and prot. with Sulpho-carbolate Soda, in all bad cases as recommended by Dr. Beebe in *THE INVESTIGATOR*, etc. We do very much need a first class Homœopathic surgeon at Lansing, the honor of Homœopathy in Michigan demands that a first class physician and surgeon come to Lansing, a growing and central location. Only a few weeks ago a young man was hurt on the head at a mill only about five or six miles from Lansing and needed trephining. A Homœopathic graduate from Pulte was first called, he called on a graduate of Cleveland, a Homœopath and they neither of them dare to undertake the job and so of course it went to the Old School doctors of Lansing, and they of course utter the old cry of Homœopathy has no educated surgeon, etc. The Homœopathic physicians around Lansing know that we have no competent skillful operator within reach and feel it keenly. If one would come we would all help him and he could doubtless build up a good business.

A. R. HICKS.

DIED FROM DOSING.

EDITOR INVESTIGATOR: Two great men have died in this country during the last month, Longfellow and Emerson. Taking the account of the death of each from the newspapers we find that Longfellow was suffering from a diarrhœa—a not very terrible disease generally—and that his physician gave him “something to check the diarrhœa,” and inflammation of the bowels set in from which he died.

Ralph Waldo Emerson was suffering from acute pneumonia, and as the pain was very severe his physicians gave him an opiate to relieve the pain. *He was never conscious afterwards.* Comment is unnecessary and yet I can not help but believe that had Longfellow and Emerson employed no physician they might both be living to-day.

LINCOLN, Neb.

GEO. H. SIMMONS.

HOW TO USE THE TAMPON.

Please make the following corrections to my article on uterine hæmorrhage in the April number of THE INVESTIGATOR:

On page 382, third line from the bottom of the page, strike out the “and” at the end of the line.

On page 384, fourth line, read dram instead of draw.

On page 385, instead of Quinia in one grain doses every three hours for ten days, read Quinia in one grain doses three or four times a day for ten days.

Several physicians have made enquiry of me where the Pessary preventives and Inflatable pessaries may be obtained. They can be purchased at any wholesale drug house or from Duncan Bros.

To apply this tampon insert the P. P. first, with the concave or hollow side next toward the womb, then the inflatable pessary with its flat surface next to the under side of the P. P., then with an ordinary pump syringe fill the

latter as full of water as can be conveniently borne by the patient. If the vaginal walls are unnecessarily distended, the patient will complain of distress, in which event the stem should be loosened, and a little of the water in the pessary drawn off. The tampon should be removed every twelve hours and the vagina thoroughly cleansed with a hot water injection and a little Carbolic acid added to the water.

F. B. SMITH.

HINTS FROM PRACTICE.

BY CH. E. JOHNSON, M. D., FLORA, IND.,

WATER UNDER THE BED.

I can verify the statement of Drs. Ball & Means, of Troy, Ohio, as to the benefit of placing a bucket full of cold water under the bed of patients suffering with night sweats. I have also seen very beneficial effects from the same means used in low typhoid conditions when from neglect excoriations had been allowed on bony prominences.

RHEUMATISM AND GLASS LEGS.

If any of the readers of *THE INVESTIGATOR* have had to contend with inflammatory rheumatism of an intensely inflammatory character, when the properly indicated remedies would seem to fail or at best give only negative results, let me suggest that they insulate such patients by placing glass under the bed posts. To many, this may seem like foolishness, but before they condemn let me give you a case so treated. Mr. Geo. Snider aged thirty-eight, very large, corpulent, plethoric addicted to use liquors and tobacco, was attacked with inflammatory rheumatism, he was treated for weeks by a *regular* to no avail, a change was made and a very careful selection of the remedy (*Arnica 3x*) gave but little relief, his life was despaired of, and was about to

notify the family that could do no more when it occurred that I had heard or read somewhere that insulation would relieve the pain of rheumatism. I immediately placed glass under the bed posts and waited to note the result, imagine my surprise at seeing him fall into a natural sleep in less than two hours, something he had not done for many days and nights. He slept calmly and peacefully for about six hours, awoke much refreshed and praising God for it. Continued the Arnica, in three days he was able to leave the house and in ten days declared himself free from pain. If after the first day the pains should threaten to return they were immediately relieved by getting into bed again. He is now three years after the attack free from all appearances of rheumatism. Symptoms for which I selected Arnica will be found in Johnson's Therapeutic Key. If this case is of sufficient importance to give your readers, request a report from those who may have occasion to try this means in connection with their properly selected remedies.

INFLAMMATION.

BY P. DIEDERICH, M. D., WYANDOTTE, KANSAS.

Read before the Homœopathic Medical Society of Kansas, May 8, 1882.

When an inflammatory process arises in any part of the body, our attention is called to it first by the nervous system, through a changed sensibility in the part. (This rule has exceptions.) A morbid agent produces this altered sensibility, and the effort of the system to free itself from it, causes all the phenomena of inflammation. (Gross.) The parenchyma and other tissues are irritated, and the first effect on the circulation is a contraction of the capillaries. Through the irritation of the tissues an augmented function ensues, causing a demand for more tissue material, and to comply with this demand, the contraction of the capillaries soon gives way to dilatation. Now the circulation in the capillaries increases, and as there can be no vacant room in

the blood vessels, the rapidity of the whole circulation must be increased independently of the nervous system, or of paralysis of the blood vessels. (Grauvogl.) If inflammation advances farther, other changes will occur. The circulation gradually ceases, and we have a perfect stagnation in the inflamed tissues; around this stagnation a sluggish circulation and still further around the centre of inflammation an increased activity in the circulation. But by this time we have already all the symptoms of true inflammation, which we mention only briefly: (1.) Blood much altered. (2.) Copious exudation of liquor sanguinis. (3.) Perverted nutrition, and (4) suspension of the function. Soon we notice also a change in the tissues and more or less prostration of the vital power. (Franklin.)

The words of Celsus, "Ruber et tumor, cum calore et dolore," laconically and appropriately describe the symptoms of inflammation. The inflammatory redness is persistent, it may disappear by pressure, but returns as soon as pressure is taken off. The degree and character of the redness are sometimes valuable diagnostic signs. Swelling is seldom absent in inflammation of external parts, yet it may not accompany inflammation of internal structures. Inflammation in the serous and fibrous tissues, the tendons, cartilages, blood vessels, nerves and bones may be severe without swelling. Heat is another prominent feature and generally present in inflammation. The heat is partially actual as can be ascertained by the touch or thermometer, but partly it is the result of perverted nervous function, and is estimated only by the patient. Pain is the most characteristic symptom of the four enumerated by Celsus. It may be attributed partly to a stretched condition of the nerves from the swollen part, and partly to a disordered sensation accompanying the deranged nutrition and function. Inflammatory pain is increased by pressure and is constant. A sudden disappearance of it in severe cases of inflammation generally indicates danger and often may be looked upon as a precursor of dissolution. (Franklin.)

Now let us define the inflammatory process. Inflamma-

tion primarily is a local morbid process, involving the circulation, the blood and nutrition of the part in a particular manner, and also impeding its function. Secondly it affects the whole system.

The result and terminations of inflammation are: (1.) It may gradually subside without any morbid changes in the tissues, or the functions of the part. This is the most desirable termination and is called resolution. (2.) The results of inflammation are very often an excessive deposit of serum or fibrin. It may be stated, that all traumatic lesions from the small trifling cut, to the most severe wound are repaired through the assistance of an excessive deposit. (3.) Many times suppuration ensues from inflammation, and as through the agency of an excessive deposit wounds are healed, so in suppuration sometimes sloughs are discharged, dead matter and foreign substances removed from the body. (4.) Inflammation may terminate in ulceration and in some degree this may be salutary to the system, as a means to get rid of disintegrated material. (5.) Some cases end in gangrene and mortification, indicating that the preceding inflammation was a process of the most severe character. (6.) Through destruction of the blood vessels, or a peculiar condition of the capillaries frequently inflammation is followed by hæmorrhage. When inflammation shows a tendency to resolution, the prognosis is favorable, but in all other terminations fatal cases constitute a large percentage. It is of vital importance for every physician, to be familiar with everything pertaining to inflammation, and he who masters this subject best, will be the most successful practitioner.

What are the causes of inflammation? Truly they are manifold and sometimes the task is almost beyond the power of the closest observer to find the cause. We head the list of causes with: (1.) Taking cold. (We make a rough guess of how great a percentage of inflammations arise from each cause, which we enumerate.) When we state that 40 per cent. of all cases of inflammations originate from taking cold, we do not think we exaggerate. (2.) Eating and drinking too hot, too cold, or in excess; eating indigestible,

spoiled and adulterated food; drinking impure water, 15 per cent. (3.) Lesions and traumatic injuries, 12 per cent. (4.) Malarial miasm, atmospheric conditions favorable to the development of epidemics, 10 per cent. (5.) Poisons, contagions, 5 per cent. (6.) Alcoholic drinks, 5 per cent. (7.) Violent exertions, mental and physical, 2 per cent. (8.) Exposure to the hot rays of the sun in summer; and the severe cold in winter, 2 per cent. (9.) Dentition, 2 per cent. (10.) Inflammations extending from one part to another, 2 per cent. (11.) Metastasis, 1 per cent. (12.) Inhalation of impure, dusty air, and acrid gases, 1 per cent. (13.) Accumulation of hardened fæces in the intestinal canal, 1 per cent. (14.) Sitting mode of life, 1 per cent. (15.) Excessive use of tobacco, and excess in drinking tea and coffee, one-half of 1 per cent. (16.) Foreign substances like embolus and thrombus, one-half of 1 per cent.

Treatment of inflammation. To combat inflammation our opponents of the Old School employ the antiphlogistic treatment. That means: (1.) The antiphlogistic regimen, *i. e.*, total abstinence from solid animal food and stimulating drinks; due attention to ventilation, temperature, etc. (2.) Remedies, chiefly purgatives, preparations of Mercury, Tartar emetic and Opium. Blood-letting was *the* remedy, but at present it is out of fashion. (3.) External applications, hot fomentations, or cold lotions and counter-irritation, blisters, sinapism, etc. With these means the Old School physician intends to reduce the increased activity in the inflamed part. And sure enough, he reduces not only activity and vitality in the diseased part, but in the whole system. If inflammation has advanced to the stage of stagnation and perverted nutrition, those and similar remedies are also intended to relieve stagnation and to correct nutrition. When stagnation occurs in the digestive apparatus, indeed the antiphlogistic remedies will repair it to running order, but how this should relieve stagnation in the circulation, is incomprehensible. To correct nutrition, the antiphlogistic treatment reduces the supply. How a reduction of tissue material should correct a perverted nutrition is another point not easy to understand.

The Hydropathic treatment of inflammation is good as far as it goes, there is no doubt about that, but it is insufficient. It can be used to reduce the increase, or to stimulate the decrease in the activity of the circulation, and at the same time helps to correct the perverted nutrition. No harm can arise from the judicious use of Hydropathy, and not interfering with the medicinal treatment, it should be used more or less in every case of inflammation. If there was no better medicinal treatment known than the antiphlogistic of the Old School, it would be best to use Hydropathy and discard medicine altogether, but there is another and better treatment, *i. e.*, the Homœopathic. It may be, that in the future the law of *similia similibus curantur* will be eclipsed by a surer guide in therapeutics, but up to date nothing known can compete with the efficacy of the well selected Homœopathic remedy. The physiological provings verified through clinical experience give such a certainty as to the effects of the remedies, that enthusiasts think the system of Homœopathy could be classed amongst the exact sciences. That is an exaggeration and it actually harms the cause of Homœopathy to express such ideas. The system of Homœopathy is far superior to any other in therapeutics, and that is all that in truth can be claimed of it. Now let us consider the Homœopathic treatment of inflammation. Has Homœopathy any specifics to subdue the inflammatory process? Homœopathy has no specifics, each remedy has an individuality and as diseased conditions are sometimes very similar, yet always differ more or less from all other cases, so are remedies, each one differs more or less from all the rest. Homœopathy teaches that every remedy in the whole *materia medica* is capable of exciting symptoms similar to inflammation (Grauvogl), hence the remedy has to be selected carefully in every individual case. That remedy being the most similar in its physiological action to the pathological condition which we have to combat is *the* remedy. The neophyte may lose courage when he is informed of this truly Homœopathic principle. How can he practice in accordance with it? Is it not just as difficult to find the most similar

remedy, as to find the lost needle in a haystack? To select in *each case the most similar remedy* is ideal, never was one and never will be one able to do it. But we are able to select such a similar remedy having decidedly a curative effect, although sometimes far from being the *most* similar. Homœopathy has scarcely outgrown swaddling clothes, and yet Homœopathic therapeutical works contain already a vast amount of information and clinical experience on all the monsters of inflammation. Even a mere routine practitioner, one who acts only from the hints in those works, can do more good in such cases, than his learned opponent of the Old School. If these learned opponents only would throw away prejudices and with an unbiased mind reflect on the Homœopathic treatment of inflammation, surely they would be convinced of the universality of the fundamental law of Homœopathy. Not only one, or ten, or a hundred different inflammations yield readily to Homœopathic treatment, no, the law of *similia similibus curantur* embraces one and all, whatever may be their name or character. The circulation, perverted nutrition, the altered blood, the nerves, and in fact everything morbidly affected in the whole system is acted upon by the Homœopathic remedy, and the result is a speedy, gradual return of the diseased part and the whole system to a healthy condition. This is the rule, but it has exceptions. Some cases turn out unfavorably on account of the incapacity of the practitioner to select the right remedy. Or the selection of the remedy may be right, but the dose being wrong it may have no effect whatever, or even do actual harm. Our own observation leads us to believe the former is the case when the potency is too high, and the latter when it is too low. When through carelessness of pharmacist or physician spoiled or inert remedies are administered, the result must be unsatisfactory in inflammation as well as in any other diseased condition. And lastly, in some far advanced cases, or in very virulent attacks the purest and best selected remedy cannot always stay the progress of the inflammation.

(1.) *Aconitum napellis*, "the Homœopathic lancet, the

back bone of our *materia medica*” is almost a panacea in all incipient cases of inflammation. Granted that 40 per cent. of inflammatory cases arise from taking cold, we maintain that the power of Mr. Monkshood will abort at least thirty-six of these cases and not allow them to enter into the stage of true inflammation, if he is called in at the right time.

(1.) Other remedies often called for in every day practice and indispensably necessary to combat successfully inflammation are; (2.) The furious Belladonna. (3.) The irritable Bryonia alba. (4.) Arsenicum album full of anguish and despair. (5.) The family of Mercury with weak memory. (6.) Apathetic Phosphorus. (7.) The quarrelsome and oversensitive Nux vomica. (8.) The quarrelsome and delirious Veratrum viride. (9.) The dull minded Gelsemium. (10.) The inconsolable Veratrum album. (11.) Apis mellifica with premonition of death. (12.) Tartar emetic, does not allow to be touched. (13.) The indelicate and indifferent Phytolacca decandra. (14.) The frenzical Cantharis. (15.) Anxious Digitalis purpurea. (16.) The sad Iodum. (17.) The large group of Kali preparations. (18.) Bromium with desire for mental work. Inflammations from traumatic lesions and injuries. (1.) Arnica montana. (2.) Calendula officinalis. (3.) Rhus toxicodendron. (4.) Hamamelis virginica. Chronic inflammation. (1.) Sulphur. (2.) Calcareo carbonica and (3.) Silicea.

Finally the attention of the profession is called particularly to Quercus glandulis, and Pinus sylvestris. Of Quercus we do not know of any physiological provings. Clinically it has proved itself to be one of the best remedies in splenitis; enlargement of the spleen, also when that condition arose from malarial miasm. *Acute pain in the region of the spleen.* Dose for an adult, gtt 5, 1x. Pinus sylvestris should be remembered in cases of nephritis. The following symptoms are from Allen's *Materia Medica*: “Violent boring burning pains in the kidneys, extending along the ureters. Spasm of the bladder. Burning pains when urinating. Micturition difficult. Very greatly increased secretion of urine. Urine of strong odor.” Dr. Alf, of Trier, Germany, believed Pinus sylvestris to be a stone-dissolving remedy in calculi vesicæ. Dose the same as of Quercus.

Materia Medica Department.

TROUSSEAU ON MOSCHUS IN ATAXIC PNEUMONIA.

BY JOHN C. MORGAN, M. D., PHILADELPHIA.

This author says first, negatively, that Moschus is not indicated in mere symptomatic febrile delirium; nor in any form of toxic delirium, whether of external or internal causation; but in cases of complicating *subjective nervous disorder* in inflammatory disease; or in trauma after a debauch; the grand characteristics being *disproportion* between the functional symptoms, with nervous delirium, and on this basis a peculiar kind of *malignity*; in such cases, this drug is the *sine qua non*.

The following symptoms are mainly copied from Trousseau's Clinical Medicine; the last six, and the eye symptoms, however, are drawn from Lippe's Materia Medica, in harmony with his lectures, and with Trousseau, viz:

Disproportional lightness of the fever, inflammation, compared with the *delirium*.

Delirium, subjectively *concomitant not symptomatic*.

Manifest sensitiveness.

Insomnia.

Glistening, upturned eyes.

Great *disorder* of the nervous system.

Pulse, unequal in volume.

Pulse respiration *ratio*, greatly impaired.

Ratio of other functions greatly impaired.

Respirations, sighing.

Threatening of convulsions.

Ataxic malignity, of subjective nervous origin; in women; or in habitual drinkers; or in other sensitive persons.

One side of the body is burning hot; or, one cheek is

pale and hot; the other red and cold; or, hot face, (not red) with dim sight.

One hand pale and hot; the other, red and cold; or,

External coldness, with internal heat.

Chewing motion of the lower jaw.

*ANTIMONIUM TARTARICUM IN SCIATIC
RHEUMATISM.*

BY C. F. TAYLOR, M. D. FALMOUTH, MASS.

I was called on March 2nd, to see a lady about seventy years of age suffering severely from sciatic rheumatism. It would come on in the most violent paroxysms. The slightest movement aggravating the pain, unable to turn in bed. Bowels constipated, dark yellow coat on the tongue, yellowish skin, and some nausea the most of the time. I gave her Acon., Bry., Ars. high and low, Bell., China, Cham., Igna., Hepar. and Cef. After visiting the patient two or three times a day for two weeks and applying a great variety of outward applications and not improving any, I began to feel very anxious about the case. The lady had great confidence in Homœopathy and in my ability to help her as I had carried her through several severe sicknesses before. About this time I received THE UNITED STATES MEDICAL INVESTIGATOR of March 1st. It has been a welcome visitor in my office the past twelve years. Almost the first article I saw was a case of sciatic rheumatism, cured with Tartar emetic 6th. The case was very similar to mine. I started for my patient and gave the Tartar emetic and in five hours, she was relieved of all pain. It had the most wonderful effect I ever saw. The liver had been diseased for many years and I finished up the case with Bry. 3d, and Merc sol. 3d. Many thanks to Dr. J. D. Grabill, and THE UNITED STATES MEDICAL INVESTIGATOR.

*A PROVING OF FERRUM MURIATICUM
WITH CLINICAL CONFIRMATIONS.*

BY A. W. WOODWARD, M. D., PROFESSOR OF MATERIA MEDICA
AND THERAPEUTICS IN THE CHICAGO HOMŒOPATHIC
MEDICAL COLLEGE.

Read before the Illinois Homœopathic Medical Association, May 16, 1882.

The medical problem of to day, is no longer the pathology of disease; but rather, how can we cure or relieve it speedily and surely?

That the difficulty of applying remedies successfully has not been materially lessened by the developments of pathology, all will admit, therefore if we would improve our therapeutics, we must learn wherein our knowledge still remains defective.

What are the teachings of pathology? Briefly this, that acute diseases always present a combination of disturbances usually associated with a local lesion; to illustrate, the term croupous pneumonia indicates a multiple condition, not the hepatized lung and cough alone, but associated with fever, headache, pains in back and limbs, flushed face, and more or less disturbance of stomach, bowels, and kidneys. It is all of these disturbances together, that constitute this form of the disease, and it is differentiated from typhoid pneumonia; not so much by the structural changes in the lung, as by the concomitant symptoms attending.

We conclude therefore the terms croupous pneumonia, or typhoid pneumonia signify a specific combination of symptoms attended by a hepatized lung. Hence pathology itself demands that we observe the totality of symptoms.

To meet this requirement, we find our knowledge of drug action is limited to a number of local effects, or disconnected symptoms, that in application must be given for the fever, for the pain, or for the rusty sputa, in short for the one particular symptom only. How incomplete is such an adaptation! It must necessarily be experimental and the result uncertain.

The problem before us then, is, how to find a similia for the totality of symptoms as found in acute diseases, can it be supplied without resorting to our impracticable repositories?

Believing that our drug provings were correct guides to practice so far as they went. I became convinced three years ago, that, if the principle of similia was correct in details, it must be in the aggregate also, and if other methods of proving were followed, a combination of disturbances peculiar to each drug, could be discovered in the succession of organs affected thereby. I then instituted a series of experiments with various drugs, upon myself and others, to test the principle. My plan was to take one dose only, but of sufficient quantity to develop constitutional effects, and to record not only abnormal sensations and products, but increased normal actions and secretions also, in other words every positive effect upon the organism.

Of the results of these experiments, I can say that, having facilitated many cures, and having repeatedly borne the test of clinical experience, I am justified in affirming as a new principle in medicine, *that the succession of organic disturbances produced by a medicinal dose of a drug taken in health, represents the combination of organic derangements, to which that drug is always specific in disease.*

It is for the purpose of illustrating this principle, that I invite your attention to the following proving and clinical experiences.

PROVING OF FERRUM MURIATICUM.

7.45 A. M. In sound health, pulse sixty-five, full and regular, took five drops tincture Chloride of Iron, in a half glass of water at one dose. Soon occurred *uncomfortable fullness of stomach* and desire to eructate but could not.

7.55. Disturbance of stomach continues, with pressure and *fullness in temporal region.*

8.15. Pain in the forehead with *aching and soreness of muscles in cervical and lumbar region.*

8.25. *Face and hands moist with perspiration* without cause.

8.30. Unusual appetite for breakfast, followed by repeated eructations.

10. Headache returns, increased by motion, pulse sixty-five.

10.10. *Sexual excitement* and erection without provocation.

10.25. Usual stool delayed until now, it was followed by increased headache, and unusual rectal irritation.

11.05. Desire for stool returns, *with shooting pains through right lung*, feel weary without cause.

11.30. Sinking at stomach, unquenchable thirst and craving for stimulants, pulse sixty-five.

12.30. Sneezing and coryza, with streaks of blood on handkerchief.

1. P. M. Considerable salivation thick offensive mucus.

1.30. Sinking at the stomach, faint from delayed dinner, was soon satisfied eating less than usual, while eating numbness of thighs and neuralgic pains in scapulæ.

4. P. M. Soreness and lameness of neck continued all day, now increased to stiffness and pain on motion.

6. Face burns and is flushed though not hot to touch, pulse sixty-eight.

6.15. *Abundant urine* followed by increased weariness, no desire for supper.

8. *Pulse eighty-four*. Feverish thirst, headache and mental activity, with occasional cramps in soles of feet.

10. Pulse ninety full and hard, feverish heat and sleeplessness until midnight, was annoyed by repeated sour eructations.

Second day wakened with offensive mouth no desire for breakfast, headache when trying to think or when walking. Occasional cramps in feet during the day.

These symptoms are in themselves of no value as therapeutic guides, but if we read them as indicating a series of organic disturbances, and administer the drug in disease guided by the similarity of this succession, to the combination of disorders present in the case; it would decide the

question whether the Homœopathicity of Iron was dependent upon the identity of special symptoms, or whether it could be found as well, or better, in this particular combination.

Let us review the proving, and see what this combination is. We find the first drug effect was upon the stomach causing fullness, etc., the second was upon the head causing pain, the third phenomena was pain in the neck and spine, fourth disturbance of the skin in perspiration. Fifth it aroused the sexual organs. Sixth it caused stool, etc.

Assuming that this proving is correct, we may conclude that by the law of *similia*, the diseases curable by the Muriate of Iron must include symptoms of the stomach, head, spine, skin, and sexual organs in greater or less severity.

Let us see how available this rule has proved to be in practice.

CASE I. *Diphtheria*. Mary L. has taken cold and stopped menstruation, complains of sore throat, severe throbbing headache, and pains in back and limbs, upon examination find extensive pearly exudate upon both tonsils, with swelling of submaxillary glands, the face is deeply flushed. Pulse 120, full and hard, breath quite offensive. Patient had taken Bell. and Merc iod. for thirty-six hours, and was growing worse. Under *Ferrum mur.* 2x, given every two hours, menstruation was restored within twelve hours and a rapid convalescence followed within two days.

CASE II. *Ulcerated sore throat*. Ida F. always a poor eater and sleeper, is attending high school and studies hard, has suffered from scant and tardy menstruation for the past six months, took cold just as menstruation should have begun, complains of sore throat and extreme dysphagia, lancinating headache and sensitiveness to noise and light, feels very weak it is an effort even to raise her hands to her head, back aches only when sitting up, no pains in limbs, face blanched like one ex-sanguinated, hands and feet cold and damp. On further inspection found blackish looking foul smelling ulcer on left tonsil, with some swelling of adjacent glands. Pulse ninety very weak. *Arsenicum* 3x had been given for twenty-four

hours and patient is worse. *Ferrum mur.* 2x given hourly procured prompt relief. Next morning menstruation was established, pains had largely subsided, warmth was restored to extremities, and the ulcer looked more healthy. A steady improvement followed using this remedy alone, with convalescence in five days.

CASE III. *Acute bronchitis*. Freddie K. aged thirteen, recovering from measles was taken suddenly with slight chill and labored respirations, frequent and painful loose cough, attended by extensive rales throughout bronchi. Preceding the measles the boy had exhibited a notional appetite, and had suffered frequent attacks of indigestion. He is thin in flesh, and of nervous temperament. At present he will take no food, flies in a passion if offered milk instead of water. When undisturbed, lies in a semi-stupor most of the time. Complains of being very weak, and is much exhausted after coughing, his face is pale, while the hands and feet are swollen and covered with a livid rash (remnants of measles.) Pulse 130, weak, temperature 102° , dyspnoea much increased by exertion or excitement, bowels loose and inclined to diarrhoea. *Arsenicum* failed, *Stibium* was of no effect, finally *Ferrum mur.* 6x was given with relief of dyspnoea in two doses, and a cure in three days.

CASE IV. *Anæmia* grafted upon amenorrhœa, now exhibits cardiac complications, "nun's murmur" with much pain and occasional faintness. This patient has exhibited for months a persistent loss of appetite except for fruit, and suffers from indigestion when she forces herself to eat. The lady is of an active temperament, "cannot bear to be sick, don't see why she should be so weak," her lips look pale, face slightly œdematous, hands and feet cold. This being a typical case for Iron, it was given, steady improvement followed, with removal of all symptoms, except amenorrhœa which was of years duration.

CASE V. *Acute phthisis*. H. P. aged thirty, married, and amorous to an extreme degree. For several years has been dyspeptic, and being an active and successful business man, sleeplessness and easy fatigue are old complaints. For

the past year he has had an irritative cough and occasional slight hæmorrhages, for six months past has had more indigestion than usual, has worked harder and become more worried and weak, meanwhile loosing his virility, and twenty pounds in weight. After an exposure, this man came home with a chill, panting respiration, violent and painful cough, retching and vomiting, splitting headache, flushed cheeks, and pain all over. Pulse 130, temperature 102°. Aconite quieted fever and pains and relieved dyspnœa and cough. On third day bronchial rales extensive over both lungs with dullness on percussion in upper half of left, and lower right lung, coughs in frequent paroxysms, with copious muco-purulent expectoration. Patient is very thirsty, and fears he will die, must make his arrangements to that end, is very weak and faint even from talking, face pale and covered with sweat when sleeping or coughing, pulse 130, temperature 101½°, was chilly during day, feverish and restless at night. Hepar sulph. was given on third day with no benefit. Arsenicum, Calc carb., Phos. were proved useless, finally Ferrum mur. 3x was given on eighth day and brought the pulse down steadily, within two days it was reduced to 85. Meanwhile the cough was greatly diminished in frequency, pains much relieved, and expectoration markedly reduced in quantity and improved in quality.

The patient now began to relish his food, was more cheerful, had more strength of voice and limbs, showed better color and less perspiration. Continued Iron one day more, and found on the eleventh day of disease, increase of fever with a temperature of 104½, cough incessant and dyspnœa distressing, inordinate thirst, extreme anxiety and restlessness returned. Recognizing a medicinal aggravation, omitted Iron and gave Verat vir. for twenty-four hours, this relieved the dyspnœa, cough and fever, then changed to Calc. phos. 3x, for two days. This arrested the cough still further, but left the patient with total loss of appetite, dull headache, great prostration, and continuous sweats. At this time the bronchitis was mostly overcome, there remained

dullness in lungs as before, with tardy expiratory murmur, pulse 90, respiration 34, bowels inclined to diarrhoea; on fourteenth day returned to *Ferrum mur.* 12c under which there was a steady improvement again, first arresting diarrhoea and sweats, then improving strength and appetite. On nineteenth day pulse 80, temperature $100\frac{1}{2}$. Twenty-second day pulse 76, temperature $99\frac{1}{2}^{\circ}$ insatiable appetite, cough and expectoration slight, sleeps good, no sweats, strength improving, urinates only twice in twenty-four hours scant and dark. Twenty-third day relapsed again, high fever, anxiety, frequent cough, copious expectoration, sweats. This attack was cut short in twenty-four hours by *Cannabis*, on twenty-fifth day pulse down to 80, temperature normal, cough and expectoration greatly reduced, appetite *nil*, anxiety and debility great. These call for Iron again, it was given as before, until thirty-fourth day another relapse not so severe. Since then, for three weeks there has been a constant improvement, and now a fair prospect of at least temporary enjoyment of health.

CASE VI. *Malarial fever during pregnancy.* Mrs. H. four months pregnant, has complained several days of chilliness during day until 4 P. M., then becomes heated, flushed and restless, fever is attended by nausea and headache. This lady has had several miscarriages, and always preceded by these symptoms; naturally this makes her very anxious. In addition to these symptoms she complains of entire loss of appetite, could live indefinitely without food, is very much debilitated, slight exercise induces pains in her back which threaten labor, her face is waxy and at times œdematous. Having taken *Arsenicum*, *Cinchona*, *Gels.* without relief. *Ferrum mur.* 6x was given, this arrested the febrile paroxysm within twenty-four hours, and a prompt recovery followed.

CASE VII. *Chronic leucorrhœa.* Mrs. G. married ten years, has had five children and three miscarriages. Complains of debility, and bearing down pains with profuse leucorrhœa, examination shows prolapsus uteri, with ulceration and sub-involution dating since last confinement. Leu-

corrhœal discharge from os, creamy and copious, she has had various local treatments with but temporary relief, with these local conditions, she was weak, emaciated, and nervous to an extreme degree, besides being a martyr to dyspepsia, her chief complaint. She worried over many trifles, and real trouble overwhelmed her. She was pale except when under excitement when she flushed easily. Pulse 65; weak, intermittent.

Believing that constitutional treatment was important, I determined to try it alone. *Ferrum mur.* 3x, was given four times daily. This prescription worked so well, it was continued for two months, with but one intermission, which was a mistake. Examination now reveals great improvement, leucorrhœa almost cured, prolapsus and hypertrophy diminished, and pains removed. She now eats well, has ceased from worrying, has gained in strength and flesh, and to use her own words, "is nearly well." Three months later became again pregnant.

We may review these cases with advantage, to see where-in they were alike and required the same remedy.

CASE I. Diphtheria, the local symptoms were *gastric*, the chief complaint besides was of the *head*, then of bone pains, (*spinal*,) associated with swelled glands and flushed cheeks (*cutaneous*,) with menstrual suppression in the case (*sexual*), therefore *Ferrum*.

CASE II. Ulcerated throat, the local symptoms are (*gastric*), neuralgic pains and photophobia (*cephalic*), exhaustion (*spinal*), pallor and sweat (*cutaneous*), arrest of menses, (*sexual*), though the special symptoms varied, *Ferrum* was the remedy.

CASE III. Passing the local disease of the lungs, the chief sympathetic disturbance was thirst and insane aversion to food (*gastric*), rage or semi-stupor (*cephalic*) great debility (*spinal*), livid rash (*cutaneous*) and finally his age determines a probable *sexual* disturbance, hence *Ferrum* was curative.

CASE IV. Chlorosis (*cutaneous* and *sexual*,) with dys-

pepsia (*gastric*), abnormal activity of mind (*cephalic*) debility (*spinal*), five sufficient reasons for Ferrum.

CASE V. *Phthisis florida*. Why give Ferrum against the usages of both schools of practice? Because there was a dyspeptic basis (*gastric*), with mental anxiety (*cephalic*), great exhaustion (*spinal*), emaciation and sweats (*cutaneous*), and an overtaxed *sexual* organism.

CASE VI. Malaria, attended by intolerance of food, *gastric*, apprehension (*cephalic*), great debility (*spinal*), waxy countenance (*cutaneous*), associated with pregnancy (*sexual*). Was it only because Ferrum is a "nutrition remedy" that it was curative here?

CASE VII. Chronic metritis (*sexual*), next to the local symptoms the patient complained chiefly of her digestion (*gastric*), then her worryment of mind (*cephalic*), headache and weariness (*spinal*) emaciation and pallor (*cutaneous*). These are sufficient clinical reasons, why Iron has become the chief remedy of the Old School practitioners in the treatment of these cases, that so often present this combination of symptoms.

These cases give unmistakable evidence of the curative action of Ferrum muriaticum in a variety of diseases, no two of which presented the same special symptoms. What then determined the successful use of this remedy? You will find the answer in the fact that every case presented a combination of sympathetic disorders, that was similar to the succession of disturbances developed in the proving. And you will observe also, that (excepting the local disease) the gastric symptoms were most prominent in every case, cephalic next, spinal third in importance, cutaneous fourth, and sexual disorders fifth in severity.

This combination is one very commonly met with in bedside experiences. How many of our patients live from year to year in this busy American life of ours, with poorly nourished and over wrought nervous systems, associated with exhausted or deranged sexual organs? Does not this constitute a basis for disease, that must give it a peculiar bias and call for special remedies?

Doubtless this explains the universal use and abuse of Iron, as a therapeutic agent in the hands of Old School practitioners. They have learned to depend upon it largely in the treatment of nervous diseases, headaches, neuralgias, mental disorders, epilepsy, chorea, general debility and rheumatism, also in acute and chronic skin diseases, anæmia, dropsies, scrofula, rickets, and secondary syphilis, in zymotic diseases, as erysipelas, scarlet fever, diphtheria, variola, in chronic affections of respiratory organs, bronchitis, asthma, phthisis, and heart diseases, in chronic gastritis and enteritis, diarrhœa and dysenteries, in chronic malarial affections, in chronic sexual disorders, impotence, spermatorrhœa, metritis, leucorrhœas, and deranged menstruation, besides hæmorrhages in general. Indeed it would be difficult to mention one non-febrile affection, where this remedy judiciously used has not proved useful in their hands.

Because Iron has done much irreparable mischief, shall we continue to neglect so valuable an agent? By our light and in our doses we can avoid these dangers. When tried, it will be found a close analogue of Arsenicum, though with sharp differences that will make it even more a polychrest in our hands. I need only add that success in its use, requires that we be governed by these five limiting conditions that have been described.

Hasty Burials.—A woman living in Rue Blacs, Brussels, says the *London Medical Press*, went to inform the registerer, of the death of her child, when the physician of the health depot came to prove the death. He remarked that the face was death-like, the body stiff, the heart still, and the child appeared quite dead, he raise one of its arms and instead of falling, it remained in the position, in which he placed it. The physician immediately attended to the poor little being with restorations, and was able, in a few hours, to bring it back to life and consciousness. Without enlarging on the evidences of death, we will only say, that an ophthalmoscopic examination, is an excellent means of diagnosis. During the last agony, it is easy to identify the difference that are produced in the bloodvessels of the pupil, especially the gradual anæmia of the arteries, and the pallor of the optic papilla when life ceases, the veins become separated, as if cut with a knife from point to point. This is what is called the pneumatosis of the veins, (liberation of the cases of the blood.)

Children's Department.

ACID AND ALKALINE CONDITIONS EXPLAINED.

T. C. DUNCAN, M. D.:

Dear Doctor:—I have just read your article in the April 15th INVESTIGATOR, on "Acid and alkaline children." I herewith send you an article written in 1880, in which you will observe the two temperaments or acid and alkaline conditions are recognized, and a brief endeavor to show *how* they are produced, tracing it back to "*innervation*" as any one may do if the numerous experiments on nerve action are carefully studied.

CAMDEN, N. J.

G. R. FORTINER, M. D.

CEREBRO-SPINAL AND SYMPATHETIC INNERVATION.*

I desire to call attention to a few facts in relation to the *associate action* of the spinal and sympathetic nerves, in their control of the vegetative functions, and their influence in health and disease, and the diseases peculiar to temperament, with their physiological treatment.

Much has been written upon the structure and function of nerve-cells, ganglia, fibres, etc.; but, unless we except the investigations of our *Alma Mater*, we find no work giving a definite description of the associate action of the two great systems of nerves, and their reciprocal effect upon circulation, nutrition, secretions, etc. We are left to study the experiments of different physiologists to learn what facts are proven, and thus find the law of nerve-action.

The sympathetic has been called the *vegetative system*, because it governs vegetative functions. But the spinal nerve-filaments play an important part in the control of all the vital processes, and their associate action is essential to the

*Read before the Eclectic Medical Society, of the State of New Jersey, at its Semi-annual Meeting, in Newark, October 21st, 1880.

maintenance of that equilibrium which is necessary to symmetrical growth and the harmonious performance of every function; as may be seen by their anatomical arrangement and manifest action. Each ganglion and plexus of the sympathetic receives a supply of spinal nerves. Some pass through the ganglion to the glands or organs, or ramify the walls of vessels, and each ganglion contains both motor and sensory filaments. It is evident that both spinal and sympathetic filaments are distributed to the muscular fibres of all the tubes of the body, throughout their remotest ramifications, and that they regulate the calibre of the vessels in circulation and preside over other functions.

As nerve-force is manifested through muscular action, it may be well to notice the arrangement of the muscular system; their relation to each other, and how they are influenced by the nerves which preside over them. In the voluntary muscular system we find extensors and flexors; and that by their alternate contraction and relaxation, locomotion is performed. In the hollow viscera and arteries we find longitudinal and circular muscular fibres, which are the extensors and flexors of the viscera, by the alternate action of which systole, diastole, and peristalsis are performed.

The Weber brothers have demonstrated that the motor filaments of the pneumogastriacs are derived exclusively from the spinal accessory, and that when they are subjected to powerful galvanization, the heart is arrested in *diastole*; and experiments prove that the opposite will result when these nerves are divided. By experiments on dogs in full digestion, it has been ascertained that before division of these nerves the mucous membrane of the stomach is turgid. Contractions and secretions progress regularly; but upon division of the nerve, the membrane becomes pale, secretion is arrested, sensibility and motion cease. Other experiments have shown that after section of the pneumogastriacs in the neck, the most powerful cathartics fail to produce purgation, even in doses sufficient to cause death.

These experiments show that both spinal and sympathetic nerves participate in all the functions. When equilibrium

is disturbed, the functions are perverted or arrested. They also show that, whenever a spinal nerve is energized, the organs or vessels dilate, whether of heart, arteries, stomach, bowels, or other tubes. When the spinal nerve is divided, or innervation suppressed, the vessels contract, because they are left under the control of sympathetic innervation, which, it will be found, contracts all concentric fibre, as may be seen by experiments on the sympathetic.

“The experiments of Claude Bernard on the sympathetic nerves in the neck of the rabbit have shown that division of the nerves causes the vessels to dilate, increasing blood supply and temperature in the ear on the corresponding side; but by bringing an induced current of electricity to bear on the peripheric extremity after section, the vascular muscles contract, and anæmia follows.”

From what has been noted, it may be seen that the cerebro-spinal filaments are distributed to longitudinal or dilator fibre, and the sympathetic filaments to concentric or contracting fibre. Another interesting fact, showing harmony of action between voluntary and involuntary muscles, may be seen by noting that the cerebro-spinal nerves, longitudinal fibre, and extensor muscles are impressed by the same influences. On the other hand, we find the sympathetic, concentric fibre, and flexor muscles agreeing in action. That the muscular system, according to this division, is susceptible to the same influences, may be seen by studying the effect of the emotions, electrical experiments, and certain principles in medicine. The pleasant and higher intellectual emotions—love, hope, courage, etc.—by their elevating and energizing effect upon the spinal nerves, favor good digestion, circulation, nutrition, secretion and health, causing the man to walk erect, and, as is often said, “laugh and grow fat.” The bitter principles in medicine, are known to increase gastric and intestinal secretion and nutrition; but let us see if they energize the spinal nerves and extensor muscles. We will take *Nux vomica* as the representative of this class—a powerful energizer of spinal nerves, causing dilation of the vessels, congestion, convulsions, tetanus, and opisthotonos.

Tissues grown under excessive spinal innervation—or, in other words, a *relative deficiency of sympathetic energy*—are soft, with a tendency to adipose; the secretions are abundant, but bland, “*alkaline*,” tending to purulency. Persons of the lymphatic temperament belong to this class, and are subject to a class of diseases peculiar to a full, sluggish circulation and excessive nutrition, such as languor, fevers, congestions, acne, boils, fungus growths, uterine and other polypi, hæmorrhoids, albuminuria, convulsions, etc. The physiological treatment of this class is to energize the sympathetic nerves causing contraction of circular fibre, accelerating capillary circulation; thus removing congestion, and favoring retrograde metamorphosis. That the sympathetic nerves, circular fibres of the viscera, and flexor muscles are susceptible to the same influences, we will state that the painful emotions, anxiety, hard study, and the acrid principles in medicine, energize the sympathetic nerves, contracting circular fibre, decreasing blood supply, nutrition and secretion. Fear causes pallor; the man drops his head and leans forward; the dog crouches and draws his tail between his legs. Acrid medicines or other matter causes spasm of the circular fibre of the bowels and flexion of the body, as the boy who has eaten unripe fruit can testify. The nervobilious temperament belongs to the class of excessive sympathetic innervation. They are physically and mentally active, sensitive to external influences. The brain and spinal cord suffer from anæmia in all degrees. Such persons are subject to melancholia, delusions, etc.; jaundice from spasm of gallduct. They suffer from deficient nutrition, from constricted absorbents; the food digests, but is not assimilated; the secretions are scanty and *acid*; tissues grown under this influence are fine-grained and hard. The physiological treatment of this class is by depressing sympathetic or increasing spinal innervation. Dyspeptics of this class are made comfortable by a simple sedative treatment, relieving nervous fret, relaxing the absorbents and blood-vessels, thus allowing free nutrition. The bitter tonics will have the same effect, by increasing spinal innervation, restoring equilibrium and health.

Medicines act, directly or indirectly, through the nervous system. They may be of vegetable, animal or mineral origin, and may have chemical action. But chemical force may be transmuted through the vital processes, and become vital force. The same may be said of electrical force. The treatment of disease upon this basis requires a close study of the physiological action of remedies. The physician will not be a routinist, dealing in formulas for disease according to nosology, but will treat pathological conditions upon physiological principles by restoring lost equilibrium of innervation.

We may believe and practice "specific medication" founded upon years of experience, but we will be enabled to select our specifics for pathological conditions with greater certainty if our cases are correctly diagnosed in the light of temperament and innervation; thus employing nature's method of restoring lost energy through the resident forces of the body.

In this manner the most depressing diseases may be arrested, as diphtheria, scarlet fever and the eruptive diseases, which are essentially diseases of depression of the sympathetic nerves with a tendency to congestion and death. If we examine the physiological action of the remedies which have been most successfully used in the treatment of these diseases, we will find that they are of the class that energize the sympathetic nervous system, such as Belladonna, Ipecacuanha, Apis mellifica, Phytolacca, and the Sulphites which antagonize or destroy the zymotic and depressing element of the disease.

Small-pox belongs to this class of diseases. *Cimicifuga racemosa* has a good reputation in treating it. This is another energizer of the sympathetic system, causing concentric contraction to such an extent as to cause anæmia of the brain and spinal cord; hence its usefulness in congestive rheumatism, headaches, etc. We can work out the law of Homœopathic similars on this basis. For instance, we give a remedy for congestive headache, causing contraction of capillaries, accelerating circulation until relieved, when the remedy should be discontinued, or we may produce the opposite condition,

anæmic headache. If the remedy be pushed still further, by depriving brain and cord of blood and nourishment, then exhaustion, relaxation, and congestion may follow. Thus we see how a remedy which will cure, will also produce congestion. .

What physician has not learned that the remedies classed as diuretics will not always prove diuretic? When the sympathetic system is in a state of high tension, and constriction marks every feature of the case, excitant diuretics will increase the difficulty, but a sedative like Gelsemium will prove both sedative and diuretic.

Medicines possess other properties beside exciting or depressing. They may supply deficiency or neutralize excess of elements, and display elective affinity for different parts of the body. But it must be remembered that the mode of elimination decides the action of many remedies.

The *Lancet*, of July 3, 1880, in an article from Pantelejeff, upon "Recent Investigations on the Action of Drugs," the experiments being made upon dogs, rabbits, and frogs, states that subcutaneous injections of Quinia arrests the heart in diastole, but a subsequent injection of Atropine causes it to resume its pulsations. The appearance of the heart, when its action is arrested by Quinine, is as if the blood pressure on the heart was greater than the cardiac walls could contract upon. If Atropine was injected first, so as to cause an acceleration, this was arrested by Quinine. This agrees with our understanding of the action of the drugs named, and any physician may make these principles in physiology and therapeutics both a pleasant and profitable study in daily practice.

Silk Thread as a Source of Lead Poisoning.—Dr. T. Churton records in the *Brit. Med. Jour.*, Dec. 1881, p. 1013, a case of lead-poisoning in a dressmaker, where he was puzzled to trace the origin of the poison. Accidentally hearing that silk thread was sold by weight, and that it was the custom to moisten it with a lead salt, he gained a clue to the mystery. [A glance at section 288 of the *Medical Digest* at once shows that this source of poisoning has been known since 1866.—*Rep.*]

Society Department.

KANSAS HOMŒOPATHIC MEDICAL SOCIETY.

This young and enthusiastic society assembled in Wyandotte, Kansas, May 3rd and 4th.

Dr. W. D. Gentry called the meeting to order.

A song was sung by a quartet, and Elder Cogswell next offered prayer.

“Over the Ocean” was beautifully sung by the quartet.

J. S. Stockton delivered the address of welcome.

Dr. H. W. Roby, of Topeka, President of the Society, was here introduced, and spoke for an hour on the philosophy of Homœopathy

We herewith quote the substance of Dr. Roby’s speech:

“A brief year has elapsed since we last met in the capacity of a scientific body seeking more light and knowledge in the healing of the sick and the saving of life.

“A greatly increased prosperity I am sure has been the lot of most of us, and the greatest blessing of it all is that it has not come to us from an increase in human suffering, but from a greatly increased number of converts to the best medical system in the world.

“I am sure I can safely say that the last year has witnessed the grandest revolution in medical sentiment and belief of any year in the history of the human race. Our cause has grown immensely in favor of the people as well as in favor of our opponents.

“Unnumbered victories have been gained on the broad fields of contest in Europe and America, and I believe we stand on the threshold of still greater victories to come.

“Within a little over a year what is known in medical circles as “The Beaconsfield Contest” has been waged, and the result is a triumph of Homœopathy in England, such as had not been dreamed of by our most hopeful friends there. It illustrates again the old adage that ‘blood will tell.’

“Until a section of Royalty could be converted to Homœopathy, our system had no standing in that great nation on whose domain the sun never sets. But when England’s one time greatest statesman, her one time Lord Chancellor, and her three times Premier became a convert, that became the sharp-shooter’s bullet which brought down Sir Wm. Janner, Sir James Paget, and the Royal College from their lofty pinnacle of exclusiveness. And after covering it up in a good many husks of verbiage, they finally passed a resolution permitting members of the college to consult with Homœopaths. While that controversy was raging among the medical men and journals of England, the secular press took up the discussion and so thoroughly ven-

tilated the position of the royal sycophants, and their very absurd code of ethics that now it is quite a respectable thing to be a Homœopathist in England. That contest set the whole British-thinking public to discussing, investigating, and trying this new system of treatment. And as discussion and trial are all that it needs any where to give it a solid footing among the people—the outcome of the contest is very different from the wishes of the opponents of Homœopathy in that part of the world.

“ In Germany also a great upheaval in favor of our system has occurred. It has been discovered that their Premier and greatest statesman, Bismarck, is a believer in this awful fallacy, and it would not do to fight very hard the medical beliefs of so great a personage, and so ‘ blood tells’ in Germany as well as in England.

“ But in both England and Germany our friends have labored under very great disadvantages. On account of peculiar laws, manipulated by the dominant school and the druggists combined, no broad, generous system of Homœopathic education could be established. But patient toil always wins, if intelligently directed, and at last a new era has dawned for the disciples of Hahnemann in Europe.

“ In this country, where ‘ life, liberty and the pursuit of happiness’ is guaranteed to all alike, a very different condition of things obtains. We have plenty of medical colleges, plenty of medical journals, and a large amount of open, candid discussion and investigation, and as a natural result, we have a large Homœopathic patronage, which is growing larger every day. So it has been given to the United States to achieve the greatest victories for our cause.

“ In New York the Old School has ordered a suspension of hostilities, and has adopted a new clause in its code of ethics, not only permitting consultations between the two schools, but permitting its members to investigate and adopt as much as pleases them of this ‘ great fallacy’ without subjecting them to discipline in, or expulsion from their ranks. They seem to think that the only way for them to rid the world of this ‘ little pill calamity’ is to convert themselves into a huge medical octopus and swallow up the whole outfit of pills, doctors, dogmas and all. And so they now threaten to absorb us entirely. And it looks as if Michigan is only waiting for the meeting of her society to follow the example of New York and London.

“ Since Hufeland, so long ago, barred Hahnemann from the columns of his journal, until the present year no such sight has been witnessed, as the Old School medical journals of this year present.

“ For ninety years the journals of that school have been held as sacred against every form of thought that could possibly suggest the existence or truth of Homœopathy as was the Chinese Empire for so many centuries against the thoughts and people of other countries.

“ But at last the embargo is raised, and ships sail into Chinese ports ; and articles freighted with Homœopathic ideas and principles find undisputed access into many of the leading journals of the hitherto intolerant school of medicine. Editorials confessing the truth of

Similia Similibus Curantur as a therapeutic guide and advocating its investigation and adoption begin to appear in those same journals, which, but a few years ago, were shouting, 'Down with the Imposture!'

"The inquisitorial cry of 'Heresy,' and the war cry of 'Humbug' are now seldom heard; the roar of heavy artillery has ceased in the big fort of the Royal College in London; it has ceased in New York; it is almost unheard in Michigan and Illinois, and the old mortars are red with rust in other States, and flags of truce are appearing at many points along the line. And the question comes home to us with great emphasis, What shall we do? How shall we receive those who seek to abandon the war and join us in the diffusion of light in the healing art.

"I think those flags should be received with the same magnanimity with which Washington received that of Cornwallis and Grant that of Lee.

"Surely it is no idle or empty honor to receive the capitulation of the largest medical army ever mustered on the face of earth. And that, too, after almost one hundred years of war and enmity.

"We should remember that they are our neighbors, and many of them our friends, personally, and if we see that they have to swallow what seems to them a pretty large pill in admitting the truth of Homœopathy, let us add a generous coating of sugar to make it as palatable as possible. For we, of all the world, know best how to make pills palatable.

"To be sure, our opponents have been very tardy in recognizing the truth to our guiding principle. But then it is not the first time in the history of medicine, that they have been slow to confess the truth. When we think of the persecution and scorn heaped upon poor Harvey for daring to discover the circulation of the blood and thereby upsetting some old chronic notions, and upon poor Jenner for discovering that vaccination would protect against small-pox, we ought to be thankful that it has not taken over about a century for them to forgive poor Hahnemann for discovering the law of cure. And so we have reason to congratulate ourselves to-day upon the triumphs which these long years of struggle for truth are bringing us.

"We can afford to be quietly serene and happy, and to go on scattering light and knowledge broadcast among the people.

"We have an army of three hundred physicians and thirty thousand patrons in this state, and that patronage represents largely the brains and money of the state, for it is a conceded fact that Homœopathy has first choice of patrons in every intelligent community. One of the reasons given by a recent Old School writer for advocating the adoption of Homœopathy by them was that it captured so many of their best paying and most intelligent patrons that they would soon be obliged to adopt it in sheer self-protection.

"The city of Chicago is often pointed out as a representative American city, and a comparison of the Homœopathic clientele, and the

tax lists in that city shows that nine-twelfths of all the property and capital there, is owned and controlled by the patrons of this system of medicine. And an Old School physician of that city, in a medical meeting there four or five years ago said it was a lamentable fact that the Homœopathic doctors were ringing nearly all the silver door-bells on the prominent residence streets, and avenues, while they were left to skirmish for subsistence in the pauper and lumber districts. But there like Robinson Crusoe, they are monarch of all they survey.

"Homœopathy is the very refinement of medicine, and it thrives best in the great centres of thought and wealth. Crude people are apt to be satisfied with crude methods of medicine, as well as in all other affairs of life. Intelligent people demand intelligent methods, and refined people demand refined methods. Our method is pre-eminently one of intelligence and refinement, and if we do not disgrace ourselves, we shall so order our practice as to commend it to the very best people in one of the foremost commonwealths in the great Federal Union.

"How shall we do it? First begin with ourselves. If our personal habits are untidy and slovenly, we should divest ourselves of them as promptly as we would so many small-pox infected garments, and substitute something more refined and worthy.

"If our offices and homes are in an unworthy condition, we should at once set about making them not only places that the eye of refinement can tolerate, but places where the weary and sick and those with morbid sensibilities, from illness, can find rest and comfort; places that attract, and not repel the most sensitive.

"We should put our time and money into our business, without stint, until we have the best libraries, the best medical and surgical outfits, the best horses and carriages to be found among physicians in our respective communities. Then let no man or woman show greater attention and courtesy to those who honor us with their patronage. Show ourselves worthy of that high honor.

"These are some of the exterior things we should do to make Homœopathy most successful; but they are by no means all, or the greatest. For, in addition to the manners and habits and outward furnishing of the physician, the one indispensable thing to be looked to, above all others, is the inward furnishing.

"Let our minds, our brains, our hearts, our hands, be so furnished with knowledge and skill, that death shall stand a long time, fearing and trembling, before daring to make an attack, where we are defending the citadel of life. Let us lay all science, all art, all handicraft, under such large contribution, to the one great end of saving life and mitigating affliction that none can excel us.

"So much concerning the individual. What are our collective duties and privileges?

"First—to stand in solid phalanx; armed cap a pie for Homœopathy, for truth, and to march steadily on, to the drumbeat of principle. Let none fall out of line or rank, because of any of the petty things of

ife. Let us make ourselves, to the utmost, honor to the state which honors us. Let us, furthermore, prick up the wicks of intelligence amongst us, and set the oil of industry to burning brighter, and let the white light of science shine upon all the dark subjects and places about us.

"Let us enlist more and better students in this most honorable profession on God's earth, and to teach them not to temporize with death or dishonor.

"I think we ought to have in this state a Homœopathic journal devoted to the propagation of Homœopathic principles and ideas among the people. We have an abundance of journals for the doctors but none for the people.

"They are ready to do a large amount of successful work for the cause if we will furnish them with the ammunition of facts.

"If we will only furnish them with the grape and cannister of facts, they will do very effective work in battering down the old walls of tradition and superstition.

"I think we could also advance the interests of Homœopathy in our state very much by establishing lecture bureaux in every considerable city and town in the state, by means of which the subject of Homœopathy might be discussed in one or more public lectures every year, by some of our best thinkers and orators. The merits of our system will bear public and private discussion just as thoroughly as will morality, statecraft or religion. I commend these thoughts to your careful consideration.

Prof. Early sang a solo, on "When the Mists have Rolled Away," a most appropriate song, coming, as it does, on the threshold on which stands Homœopathy, a second Hercules, contending with the Old School for supremacy.

The quartet sang again, after which Mr. Tunnell pronounced the benediction.

SECOND DAY'S SESSION.

The Society met, as per adjournment, president Roby in the chair. The secretary read minutes of yesterday's meeting.

W. D. Gentry moved that the matter of the status of the physicians be referred to a special committee, consisting of Klemp, Edic and Newhall.

Reports from special committee. W. D. Gentry reported having made a microscopic examination of a specimen sent by Dr. George Wigg, of Clay Centre. A recess of ten minutes was taken to examine the specimen, which was a polypus.

The following resolution was adopted:

Resolved, That physicians, whose names were dropped from under Kansas laws, be reinstated on payment of back dues, and that section seven and a half be added to by laws, to read as follows: Members who are not residents of Kansas shall not be eligible to any elective office in the society.

Discussions ensued on some medical questions.

Dr. Gilley offered a resolution to the effect that Homœopaths be barred from consultation with Allopaths. This resolution was introduced to draw out the sense of the meeting, more than for any other reason. The resolution was finally snowed under.

The election of officers next took place with the following results:

President—H. W. Gilley.

Vice-President—A. P. Forster.

Recording secretary—C. H. Hallowell.

Corresponding secretary—S. A. Newhall.

Treasurer—G. H. T. Johnson.

Board of Censors—J. J. Edic, F. Klemp, P. Diedrich.

Committee on Necrology—appointed by the chair—G. H. T. Johnson, H. W. Gilley, J. J. Edic.

The next meeting will be held at Emporia, Kansas, on the first Wednesday in May, in 1883.

Scrofulous Children.—Dr. Leila G. Bedell delivered a lecture before the Woman's Physiological Society, Chicago, on scrofula and the care of scrofulous children. She prefaced her lecture by an illustration and description of the blood vessels, the circulatory system, the lymphatic vessels, and the digestive apparatus. She commenced by saying that the only form under which scrofula was originally recognized, was in that form of swollen glands of the neck by which the contour of the human face and neck was made to resemble that of a certain thick-necked animal, and hence the objectionable name scrofula from scrofa, which means a sow. The term scrofula has fallen into disrepute because the ignorant have classed under it all such chronic affections as appeared to them at all obscure. Scrofula, in fact, is not a disease, but only a state or condition of the constitution. It often comes to one as phthisis or consumption, either of the lungs or bowels. The leading characteristic of scrofulous invalids are a fineness of texture: smooth, fair, soft skin, fine hair, and usually, but not always, large blue eyes. The decided brunette and "ginger blonde" are generally exempt from scrofula; the type lies between the two. It is an inherited disease; does not originate from a specific poison, but as the result of a diseased lymphatic system ensuing from over activity of the glands and excessive formation of lymph. It seems to be the result of long-continued depletion caused by overwork and insufficiency of food aggravated by intemperate habits. Scrofula may be prevented somewhat by open-air exercise, such as rowing, fishing horseback riding, etc. A temperate climate throughout the year is also necessary to allay this disease; also, wholesome nutritious diet and plenty of salt baths. Mental depression must be avoided and everything done to make a child's life pleasant and bright.

Consultation Department.

PRESCRIPTION FOR THE EDITOR.

I perceive by **THE INVESTIGATOR**, April 15, that you are laid up with "spasm or neuralgia of the colon," and asking "your readers to kindly suggest a remedy." Magnesia phos. 6x is the remedy, *par excellence*. In a recent attack one dose dry on the tongue will relieve you in five minutes—in your case; take a dose at once, if necessary repeat in ten or fifteen minutes, and to complete the cure, perhaps you might take it three times in the course of twenty-four hours, then stop. I never saw the like of it for relieving any kind of spasm, or convulsion, or colic in man, woman, child or baby. Hoping this remedy will return you to your editorial chair, I am yours truly,
R. W. NELSON.

THE DOSE OF MERC. CUM KALI.

In answer to B. C. G. as to dose of Mercury biniodide cum. Kali bich. I would say that I am governed by the age of the patient and the severity of the disease. The dose should range from three to six grains given once in from three to six hours dry upon the tongue. In the milder forms of diphtheria and throat affections where this remedy is indicated. I sometimes use fifteen grains of the Mercury cum. Kali bich. instead of twenty grains to the nine ounces of sugar milk. Bartholow says in his *Materia Medica*, page 179 that all agents promoting waste such as Mercury, the iodides etc., increase the therapeutic activity of the alkalis. I believe that the therapeutic action of both Merc bin. and Kali bich. are increased by being combined, that the therapeutic action of the Mercury is as much enhanced by the combination as the Kali. In the preparation of Chlorine it should be four ounces of Aqua dis. instead of six ounces.
F. B. SMITH.

CASE FOR COUNSEL.

I have a boy thirteen years of age, boyish for his years, but well developed, healthy and active. Large brain, and fine student. But I have fears of what seems to me a defect of the genital organs.

In early childhood the testicles descended into the scrotum as with other children, but for about two years past, have returned; occasionally the right testicle descends below the arch, but the left remains above. Will this be corrected at puberty? If not, is there any course of treatment, or surgical operation, that will effect a cure? What work on the diseases or malformations of the male genital organs will cover this case?
C. MCK.

[The various congenital malformations of the genitalia are fully treated in my work on *Diseases of Children*. The remedy suggested would be Calc. phos. unless Apis is called for by its peculiar symptoms,

turn-up toes, short fingers, and]general defective development of the fibrous tissue.—T. C. D.]

CHRONIC RHEUMATISM.

I have a case of chronic rheumatism on which I wish information if some reader of the journal will be kind enough to give it through the Consultation Department.

Mrs. W. L. H., aged fifty, has had rheumatism for three years, and gradually growing worse, notwithstanding all treatment, which was Allopathic until last January, when I took charge of the case. The shoulders and all the joints of the upper extremities are very painful on motion, and the joints of the fingers are slightly swollen; the fore arms and hands are numb, and the left hand nearly powerless. Left elbow is very tender to the touch. The knees are very little swollen, but are very tender and sore; she can bear no weight on them; the ankles don't pain her, but the feet swell sometimes considerably. Appetite good; sleeps well when pains are not severe; bowels regular. Aggravations before storms and during bad weather. Ameliorations from warmth and fine weather.

Remedies used: Arn., Bry., Caulo., Act. rac.,]Caust., Chin., Puls., Rhod., Rhus. tox.

Pains are of a somewhat shifting nature. What will cure?

R. T. HARMAN.

CONDENSED MILK FOR INFANTS.

"C. T." asks in the April 15th number about the use of condensed milk. I have known children to be raised on the article in question for the first nine months of their lives, apparently quite successfully. But the kind of condensed milk used in these cases is only procurable in the large cities or places contiguous to the manufactories. In New York and Brooklyn it is retailed by milk-men in the same manner as ordinary cow's milk. By adding four parts of water to one of milk, you have about the ordinary milk with the addition of a small quantity of sugar, and this can be further diluted as occasion may require. Where this can be procured daily, it is altogether the most desirable form of condensed milk and almost invariably is acceptable to the infant stomach. Away from the centers of manufacturing we have to rely upon that found in cans. This contains a much larger proportion of sugar, and this fact renders it inappropriate for infant feeding much beyond the fourth month.

The Swiss milk is less objectionable on this account than any others, and where it is obtainable, can often be used with advantage. Of the American brands, I have found the "Alderney," made in New York, to be the best and to give the most gratifying results from its use. But whenever I advise its use, I have it procured directly from the manufactory, for I have found on more than one occasion that condensed milk deteriorates from being kept on the shelves of a grocery for months or perhaps years. I have never been disappointed in the

use of condensed milk that was freshly put up, while the reverse is true of the "shop-worn" article. Having procured the milk, I usually commence at first, with very young infants, with a small teaspoonful of the condensed milk to a cup full of warm water, increasing the quantity of milk as the child increases in age or its condition requires. In the use of condensed milk, the same rules as to cleanliness and care of bottles and vessels used should be rigorously observed. It is better also to prepare it fresh every time it is required. As previously stated, condensed milk usually answers alone for the first four months of life. After that, some farinaceous food should be added, to be used in conjunction with the condensed milk, or the natural product substituted for the latter. After the fifth month I usually allow beef tea occasionally, but each child needs to be studied in its individuality and a diet prescribed that shall meet all the indications.

GEO. M. OCKFORD.

Is Castration Warrantable in Spurious Hermaphroditism?—Dr. E. P. Bennett, of Danbury, Conn., sends us the following interesting and suggestive communication: "There perhaps has never been a true case of hermaphroditism found in the human subject, but there is a peculiar deformity which, among the ignorant, is considered as such. Two cases of this kind have occurred in my own practice. Both children were considered females, and baptized as such. In one of these cases, my son, Dr. Wm. C. Bennett, was called upon to visit a sick girl, as they said, and during his visit the mother had occasion to change the child's diaper, and, although at first sight the genitals of the child appeared as those of a female, yet from some peculiarity he suspected that it was not a female. We then together visited it, and upon examination, we found an ununited scrotum, and in the sulcus, between the two halves, was the opening of the urethra, and in each labia was found a testicle. The penis was about the size of a small goose-quill, without any prepuce and unperforate. The second case was a complete duplicate of the first. Now, I do not report this case as anything strange, as most works on surgery treat of them, but it is to another aspect of the case to which I wish to call the attention of the profession, and seek their advice. One of these mothers, after I had explained the case to her, wished me to remove the testes, and for, as I thought, good and substantial reason. She said to me, 'This child can never develop into a man or a woman. He will have the passions of a man without being able to gratify them; therefore, if castrated he will not have this to contend with. Again, the removal of the testicles will prevent the growth of a beard and whiskers, and I can rear it as a female, and the deformity will never be discovered, as it certainly would be if reared as a boy, as he would always have to sit down to urinate, and other little boys would soon discover his deformity, and call him hermaphrodite, to his shame and annoyance.' Now, the question is: Would not this have been the better course under the circumstances? In my opinion it would, but I told the mother I did not know that I had a legal right to do so. I then lost sight of the case."

Book Department.

HOLMES' SYSTEM OF SURGERY, Vol. III.

This volume closes the series of this important work on surgery. It is compact and aims to give full attention to the various subjects handled. This is a work that every surgeon should possess.

THE SPHYGMOGRAPH, its History and Use as an Aid to Diagnosis in Ordinary Practice. By R. E. Dudgeon, M. D. London: Bailliere, Tindall & Cox. Chicago: Duncan Bros. \$1.00.

This is a valuable little work describing the Sphygmograph and its practical application by one who has made the instrument a special study, and like a practical Yankee invented one—which is a great improvement over all others.

THE CHILD OF PROMISE is a work that deserves more than passing notice. Through an inadvertence the early notice of this work was mislaid and we owe the brilliant young author (Dr. W. M. Cate) an apology. The undercurrent of this work proves that scientific, logical medicine is Homœopathy in due course of succession and that guess-work Allopathy is the Ishmael. Hippocrates the father of deductive reasoning in medicine is our father. It is an amusing as well as logical work and will stand the shafts of ridicule and envy. Get it, and read it.

MINOR SURGERY. By E. C. Franklin, M. D., Chicago: Gross & Delbridge, Duncan Bros. 416 pp. \$4.00.

This is a section of Prof. Franklin's work on Surgery that is here elaborated into a separate treatise. Works on minor surgery are getting as numerous as those on *materia medica*. This volume is more voluminous than ordinary works on minor surgery, still that does not detract from its value. It will stand on the well-known reputation of the author. As a sample of bookmaking it is creditable to Chicago as a publishing centre.

MONROE'S MATERIA MEDICA MEMORIZER.

Chicago: Duncan Bros. 75 cts.

This is an acrostic rhythmic arrangement of the key-notes and leading indications of 44 remedies. Here is a specimen:

Bilious troubles and others that *hot* weather sends.
Rheumatism, that comes when warm or when cool.
Yellow tongue that is *dry*, which symptom extends
Over mouth, down the throat, even including the stool;
Now the stool is beside, quite large and quite hard
Imitating the pulse in the latter regard.
Aconite-like in frequency and fullness and tension
As found in the fevers of every dimension.
Look out when the *serous pains* membranes invest;
Beneficial *eruptions*, when being suppressed
After *motion* much worse—while great thirst prevents rest.

It is a unique work and will doubtless serve a useful purpose.

Medical News.

C. Lippe, M. D., has removed to 68 west 50th St. New York City.

H. Burrows, M. D., has removed from El Paso, Ill., to Oberlin, Ohio.

Dr. Carlson, of Milwaukee, goes for a trip to Europe during the summer.

A. Laliencranz, M. D., of San Francisco, gave us a call on his way to Europe.

S. Lalienthal, M. D., crosses the briny deep to rest his eyes in cloudy Europe.

The Homœopathic Medical Society of Colorado will meet on the 6th, 7th, and 8th of June at Denver, members of the profession are invited to be present.

W. L. BRETT, Acting Secretary.

Married.—*S. D. Johnson, M. D.*, and *Minnie L. Rodger* were married Wednesday, April 26, at Packwaukee, Wis. To all single *M. D.*'s we advise "Go thou and do likewise."

Dr. Danforth, President of the Wisconsin Society called and assured us that a grand meeting is expected at Milwaukee, May 24 and 25. The Badger *M. D.*'s will rally for a good thing at the Newhall. Visiting physicians may expect a meeting worthy of attending.

Samuel O. L. Potter, M. D., is now an *M. D. sure*. His name is among the list of graduates from Jefferson Medical College of Philadelphia, for 1882. He carried off the \$100 prize offered by Henry C. Lea's Son & Co. Subject: Dyslalia. (Stuttering.)

A Women's Hospital has been established in Milwaukee, by Drs. Danforth and Carlson. This is the first one of the kind in our school in this country. We learn that it promises a success. Prof. D.'s reputation as a gynæcologist will doubtless soon fill it.

Diphtheria Communicated by Cats.—*Dr. Wm. Buncè*, of Oberlin, O., reports to the *N. Y. Medical Record* several fatal cases of diphtheria, in which the disease had been communicated to the families by domestic cats. The cats had well marked diphtheritic membrane in the throat. The girls had endeavored to remove the membrane and cure the cats, thus exposing themselves to the disease.

Killed.—May 10, John Correspondent, who swooned in his chair at 4 P. M. after reading circulars labeled "Be sure and read this;" "Don't throw this away." Just as he was leaving for lunch the post man arrived with a batch labeled "important" and over these his agony increased and as the 4 o'clock mail arrived with another batch he gave up the ghost in despair. So died a martyr to the avaricious advertiser who for ways that are dark and tricks that are vain he only is peculiar.

The American Institute of Homœopathy meets this year in the west. If western physicians take an interest in its grand work it will meet alternately east and west. The influence of a great body of this kind tells for the cause far more in the west than in the east. It is the *oldest* American medical body, and every representative of Homœopathy should be a member. Let there be a grand rally at Indianapolis June 13. We are assured that the bureaus are preparing a most valuable series of medical papers. As for the discussions, they are worth crossing the continent to hear. If all our readers cannot attend send your names for membership and get the bulky volume of transactions.

Rescue the perishing.—We throw lines over wrecked vessels and save the passengers; yet we stand helpless by and see people perish in the flames or leap from upper windows, never thinking to treat them in the same manner. I desire to suggest to the firemen of large cities, the idea of throwing ropes into high windows by some mechanical device like a mortar. Attach one end of a rope at the ground and the other to the ball, the size and material of which can be determined by experiment. Put the ball into the mortar, and fire it over a building, or into a window. Powder might be used but I think compressed air or a spiral spring would be preferable. The details of the necessary mechanism will readily suggest themselves to a practical mechanic.

PORTLAND, Oregon.

O. B. BIRD.

Medical Society Meetings.—The time will soon arrive when nearly all the Western State Societies hold their annual meetings, members and secretaries should make extra effort to secure successful sessions.

The Nebraska Society meets at Lincoln, May 24 and 25.

The Wisconsin Homœopathic Medical Society, meets in Milwaukee, May 24 and 25. Dr. E. F. Storke, Milwaukee, Sec.

The Hahnemann Medical Society of Iowa, meets in Council Bluffs May 31 and June 1 and 2. Dr. E. A. Guilbert, Dubuque, Sec.

The Maine Homœopathic Medical Society, meets in Augusta, June 9.

The American Institute of Homœopathy, meets in Indianapolis, Indiana, June 13 and 16. Dr. J. C. Burgher, Pittsburg, Pa., Sec.

The American Pædological Society, meets in Indianapolis, Indiana, June 14. Dr. W. P. Armstrong, LaFayette, Indiana, Sec.

The Western Academy of Homœopathy, meets in Kansas City, Missouri, June 20 and 22. Dr. C. Goodman, St. Louis, Sec.

Take due notice and govern yourselves accordingly. Look to the West.

American Institute of Homœopathy.—The following titles of papers were received too late, for insertion in the general circular. *Bureau of Surgery*, A. R. Thomas, M. D., Chairman; Geo. A. Hall, M. D., "Carcinoma of the Rectum"; I. T. Talbot, M. D., "Antiseptic Surgery"; N. Schneider, M. D., "Cystitis"; C. M. Thomas, M. D. "Rapid Lithotripsy"; H. I. Ostrom, M. D., "Relation between Waste Cells and Pathological New Formations, with special References to

Neoplasius of the Breast"; C. L. Green, M. D., "An Emergency in Surgery"; J. E. James, M. D., "Osteotomy". *Bureau of Microscopy*, J. E. Smith, M. D., Chairman; John C. Morgan, M. D., "Hyaline Tube-casts". *Bureau of Anatomy*, W. von Gottschalk, M. D., Chairman, "Mola"; Wm. Owens, M. D., "The Vaso-motor Nerves; their Origin, Functions and Relations to Morbid Processes"; G. H. Wilson, M. D., "Perinephritis with suppuration in a boy three years of Age"; H. P. Bellows, M. D., "Some interesting effects produced by the action of attenuated Drugs upon the Growth of Protophytes, as observed by the Microscope"; C. Van Artsdalen, M. D., "The uterus its Anatomy"; John Malin, M. D., "Do. its Physiology"; N. Homer, M. D., "Do. its Pathology." *Bureau of Physiological Medicine*, S. Lillenthal, M. D., Chairman; O. P. Baer, M. D., "Psychological and Clinical Observations on Insanity"; T. L. Brown, M. D., "When and why are we Insane?"; P. G. Valentine, M. D., "Tape-worm—its Relation to Insanity"; J. C. Guernsey, M. D., "Imperfect Hygiene of the Sexual Function in Women, as a cause of Insanity"; J. R. Haynes, M. D., "The Responsibility of the Insane."

J. C. BURGER, General Secretary.

Medical Writers.—Many of them write so clearly, that "he who runs may read" and understand them. We always know that the writer is an old practitioner. He talks *sound sense* and for the benefit of his medical brethren and the relief of the sick. Other articles are seen to be written by the newly fledged physician, anxious to see his name over an article in our medical journals. He takes the first case of interest to him, adds to it, polishes it up, lies about it, then gives his absurd treatment, and expects the medical world to think he is a wonderful man. Another class think medical journals are to advertise their wonderful deeds, and they write long articles explaining how they outwitted another physician and how rapidly they cured the patient, after the other doctor had given him up to die. They do not think of informing the public *how* they did it, so much as *that* they did it, and they justify themselves by adding at the end of their letter that it was a score for this or that school of medicine. But the worst of all is the writer whose only object seems to be the display of his wonderful command of long words and technical phrases than to impart sound knowledge. Recently we read the first sentence of a long article as follows: "Pathological processes are but the utterances of physiological functions under abnormal circumstances." We venture to say there is not one physician in a hundred who will read another sentence of that article after reading the first. However interesting the subject he "weakens" at once. The general practitioner wants something that he can quickly comprehend, without reading and re-reading, or referring to two dictionaries by his side. If some of our contributors read this article, they may understand why their papers have never appeared in this journal. We solicit short, practical articles.—*Physicians and Surgeons Investigator.*

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Surgical Department.

*REPORT UPON FRACTURES TREATED IN
THE HOMŒOPATHIC DEPARTMENT OF
THE COOK COUNTY HOSPITAL FROM
JANUARY 1, TO MAY 17, 1882.*

BY CHARLES ADAMS, M. D., ATTENDING SURGEON.

Read before the Illinois Homœopathic Medical Society.

The subject of fractures is one which must necessarily engage the attention of the general practitioner, for while cases requiring operation may generally be referred to specialists, every practitioner is expected to understand the setting of a broken bone and the after treatment of the case. With this in view it has occurred to the writer that a report embodying the methods found most serviceable in this special line might be a fair beginning toward the utilization of the large amount of clinical material at command in the hospital

service. In this paper therefore a brief resume of the number and variety of cases treated, the methods employed and the results will be presented.

Bones of face.—Three cases have occurred involving the bones of the face, one of the nasal bones, one superior maxilla and zygoma, and one of the inferior maxilla. The case of fracture of the ossa nasi was complicated with concussion of the brain and profound shock from which the patient died five hours after admission. The case of fracture of the superior maxilla and zygoma, (32,460,) was occasioned by a fall upon the side of the face from a wagon. The injury was followed by deep ecchymosis, much swelling and severe pain. The swelling made the exact nature of the injury to the jaw obscure, but no trouble was found in diagnosing the injury to the zygoma or adjusting the fragments by bandage and compress. On the subsidence of the swelling it was found that a quadrangular piece of the orbital edge of the maxilla with a small portion of the orbital plate were gone and could not be located. The missing fragment opened into and uncovered the infra-orbital canal and our patient suffered from a severe traumatic neuralgia, the result undoubtedly of injury done the nerve either at the time of the accident or by subsequent pressure from the displaced fragment of bone. The propriety of an exploratory incision was considered, but the necessity for an operation averted by the use of Hypericum. Under this remedy the patient made speedy recovery and was discharged well. The case of fracture of inferior maxilla was accompanied by the loss of a considerable piece of the alveolar process, was dressed with pasteboard splints and Barton's bandage under which method the patient still in hospital is doing well.

Scapula.—One case of fracture of the scapula (33,261) was the result of a fall, the line of fracture of the bone being transversely through the acromion process. This was dressed by slinging the arm across the chest the elbow being carried well forward so as to elevate and throw backward the point of the shoulder, the arm and shoulder being immobilised by a bandage over all. Patient discharged thirty

days after admission with good union and no deformity.

Clavicle.—Three fractures of the clavicle, one in the middle and two of the acromial third, have been treated, the treatment being directed toward the classical indications, to carry the shoulder upward, outward and backward. This we accomplish with a well adjusted bandage, using an axillary pad and carrying the hand of the injured side across the chest as far toward the point of the opposite shoulder as it can be maintained with comfort to the patient. If the bandage be kept snug and the axillary pad well in place, which latter is readily done by securing it to the arm by adhesive strips, this plan of treatment gives as little deformity as any the writer is acquainted with.

Ribs.—Two cases of fractured ribs both complicated with contusion have been received and treated by the simple method of adjusting broad strips of adhesive plaster to the injured side extending from the middle line of the sternum to the spinous processes of the vertebræ and overlapping the seat of fracture upward and downward to a sufficient extent to thoroughly immobilise the parts. The adhesive strips should be applied while the patient makes forced expiration so that respiration may be made as thoroughly abdominal as possible. If this point be not kept in mind the parts will not be so thoroughly fixed as is essential to the comfort of the patient or proper care of the case.

Humerus.—Two simple and one compound comminuted fractures of the humerus have been under care. The simple cases were (32,782, 32,843) one transverse and one oblique of the middle third. The method adopted has been as follows: After reducing the fracture and applying a roller carefully from the fingers to the shoulder, the arm bent at a right angle, a pasteboard splint is cut to fit or moulded so as to cap the shoulder and extend on the dorsal surface of the arm and forearm nearly to the wrist, a short anterior splint is applied and all secured by bandage or adhesive strips. The forearm is supported by a sling, and, after a week, passive motion carefully made of the elbow joint to prevent the stiffness incident to long confinement. No

deformity existed on discharge of the cases 32,782, and 32,843. Case 33,325 admitted April, 13, was a patient eight years of age said to have been run over by a street car. The humerus had sustained a compound comminuted fracture of its upper half, the complicating wound involving the upper fourth of arm and axillary region. The wound was dressed by the Lister method, and the arm put up in an angular splint. The wound healed readily and good union of the fracture has ensued. The lad is still in hospital for extensive laceration of the thigh received at the same time.

Radius.—Three fractures of the radius, one complicated by abscess and two simple, have been under treatment. No. 33,000 came into hospital much debilitated from exposure and privation, having worked for some time after receiving the fracture. Abscess formed at the seat of fracture about two inches from carpal articulation, was opened, drainage tube inserted, and dressed antiseptically. Good union took place without loss of bone. Case 32,615 had sustained a Colles' fracture a week before admission. The fracture had been dressed but without reduction. The existing deformity was remedied as far as possible by manipulation but slight deformity persisted at discharge. Case 32,885 was a Colles' fracture received in a fall of three stories down an elevator shaft. The method used in this case was Pilcher's, reduction by over extension of the hand and the securing of the fragments in position by a two-inch strip of adhesive plaster enveloping the parts involved. This case made good recovery without deformity. In private practice the writer has found the method above perfectly efficient, no splint being used except as a reminder to the patient to keep the arm quiet. Motion at the wrist joint should be made in a passive way every day after the first week.

Ilium.—Two cases of fractured ilium have been treated, both the result of crushing injuries, and accompanied by severe muscular contusion. In both cases the parts involved were immobilised by the application of a spica of adhesive strips and the patient kept in the recumbent position.

Femur.—Six cases of fracture of the femur were received

and treated as follows: Case 32,015, female, aged fifty-nine, sustained an intracapsular fracture of the cervix femoris, and was treated by extension by the other staff some six weeks before transfer to our department. This patient is still in hospital, no union having taken place. Case 32,585. Boy, aged twelve, separation of epiphysis. This case being set was very satisfactorily treated by the application of a posterior splint of pasteboard and bandage. Firm union occurred in thirty days, when patient was discharged on crutches. Cases 32,651, 32,942, and 33,206 were simple oblique fractures of the shaft, treated by the method hereafter described, and making good recoveries, with a shortening of three-tenths of an inch each. Case 32,936. Boy, aged fourteen, was injured by an explosion of gas in a vault, burning his head, face and hands and throwing him with such violence against the wall of the vault as to produce a compound oblique fracture of the femur in the lower third. The wound was dressed by the Lister method and healed readily. A high degree of fever with delirium was present as a result of the burn, but under the unremitting care of our house staff, good recovery ensued. The condition of the patient and the extreme obliquity of the fracture made his recovery with a scant inch of shortening a fortunate result.

The method of dressing fracture of the femur which has been followed is worthy, we think, of detailed description. After setting, extension is made by adhesive plaster strips, extending from the thigh one half to one inch below the fracture to beyond the sole of the foot, and embracing a stretcher to which is fastened the cord running over a pulley at the foot of the bed. The adhesive is secured by a roller bandage applied from the roots of the toes to the malleoli under the strips, and from thence over the strips to their upper extremities.

The extending strips are carried up nearly to the point of fracture, instead of to the knee, as commonly recommended.

1. To secure greater surface of attachment.
2. To obviate painful stretching of ligaments of knee.
3. To obviate somewhat the tendency to displacement of lower fragment.

Short splints are adjusted about the thigh as follows: Posteriorly a well cushioned splint of heavy pasteboard or sole-leather, from the tuberosity of the ischium to below the knee-joint. Short internal and anterior splints three-fourths the length of the femur itself, and an external splint to fit limb from above trochanter to below knee. These splints being adjusted by bandages or straps, the foot is placed in the foot rest, well padded, and extension applied. Counter extension is made by elevating the foot of the bed to say four inches. It will be observed that no sand bags or long splints are used, the foot rest prevents any eversion or inversion of the foot.

Other decided advantages of the foot rest are these:

1. The weight has full power to act, no force being lost overcoming the friction of the heel on the bed clothes.
2. The heel sustains no weight and therefore risk of ulceration is avoided.

The sliding foot rest is the invention of Dr. Henry Sherry, house surgeon to our department, and I am certain will do good service and him credit.

Leg.—Case 32,462 illustrates the conservative value of the Lister method for treatment of compound fractures. The patient received a compound comminuted fracture of the tibia and fibula, with joint wound, in a word, the injury was such that without the method amputation would have been imperative. The case was transferred to our department after forty-five days treatment in the other. It was then all healed save some ulceration about heel below malleolus, and union begun. The patient was discharged with a useful leg, considerable motion in the ankle joint, thirty-four days after admission to our department, having been in hospital altogether seventy-nine days. Case 32,916 received a compound fracture of the bones of the leg just below middle. Considerable hæmorrhage occurred from wound, which was irrigated with Carbolic lotion, and then sealed with compound tincture Benzoin. The leg was secured in a fracture box, well padded, the wound in addition to the Balsam being covered by thick pads of Oakum, saturated

with the lotion. The case although complicated by internal injuries, did well until the fourth day after admission, when he died of fatty embolism. The post mortem examination showed the fracture in good condition, the wound closed, the pulmonary arteries occluded by a mixed clot of fat and blood, pulmonary œdema being the immediate cause of death. The starting point of the embolus in these cases is the medulla of the bone, and the possibility of its occurrence after injury of the shafts of bones should be borne in mind.

Tibia.—Three compound fractures of the tibia are now in the hospital. Two of them, 32,798 and 33,142 did well as far as the external wound was concerned, but after six weeks in fracture box failed to unite. Both are now doing well, having been operated upon for non-union, one by drilling the false joint of fibrous tissue, the other, after failure by drilling by partial resection of the bone surfaces. Case 33,432, ten days old on admission, had much malposition, with abscess. The abscess was opened, dressed antiseptically and the case is now progressing favorably. A plaster splint seems to offer as good a method as any for simple fracture of tibia, compound cases requiring antiseptic dressing and fracture box.

Fibula.—One case of fractured fibula, dressed after the method of Dupuytren, inside splint heavily padded at inner malleolus, to secure position. Discharged in thirty-three days with good union.

There have been many minor fractures, as of phalanges, etc., which have usually required amputation or resection, but the above includes most of the more important cases.

Poisoning by red lead.—Assistant-Surgeon Kanny Loll Dey (*Rep. of Calcutta Med. Soc.*, July 13, 1881) reports a case of suicidal poisoning by red lead. A woman was seen alive at 8 a.m. At noon, she was found groaning and in convulsions. She struggled for about an hour in this condition, and then expired. The only very noticeable appearances met with at the necropsy was corrosion (*sic*) of the stomach, and the mucous coat easily separable. This is perhaps the only recorded fatal case of poisoning by red lead.

Materia Medica Department.

OUR MATERIA MEDICA.

Read before the Homœopathic Medical Society of Kansas, May 1882.

We as Homœopaths should feel obliged to investigate particularly into one branch of medical science, i. e. *materia medica*. Every Homœopath must be convinced, that our *materia medica* is not yet in such a state of perfection, as we could make it, through more thorough and scientific provings. Hahnemann worked like a giant, proving and observing, but we should not be satisfied with his labor. The tools which we possess to accomplish the work in the garden of our *materia medica*, are so far superior to those of Hahnemann, that we by all means should make use of them, and should not rest, until every remedy is proved thoroughly and scientifically. In every other branch of medical science our opponents of the Old School make discoveries of great importance to every practitioner of medicine, but their investigation on drug action are not any better than at Hahnemann's time. Empiricism is their guiding star yet. I do not deny the value of empirical facts, and common sense should teach us to make use of them when necessary, but to the ardent student of physiological drug action, it rarely occurs, that he has any need of empirical remedies. And, if we do not rest upon the laurels of the great champion Hahnemann, but push onward his work, go ahead in the direction given by him, surely we will acquire a knowledge of drug action large enough to cover every symptom of every diseased condition of the human system. The profession at large should take more interest in proving and reprovng remedies. In every Homœopathic society should be a bureau on provings, and every healthy member of the society should be obliged to make at least one proving every year on himself; and those not in perfect health should be obliged to make provings on other persons. By doing so, Homœopathy would

advance more, than by any other means, because every prover would naturally take a live interest in the perfection of our materia medica.

Let us not go to sleep listening to the songs of empiricism, but let us work in the light of physiological provings, and let us work together, for that is indispensably necessary to accomplish the grand result, viz: the perfection of our materia medica.

WYANDOTTE, Kansas.

P. DIEDERICH.

EXPERIENCE WITH FERRUM.

BY T. M. WATSON, M. D., GRIGGSVILLE, ILL.

Read before the Illinois Homœopathic Medical Association, May, 1883.

I shall only attempt to give my experience in the use of Ferrum and some illustrative cases. My basis of selection with Iron, as with all other remedies, is *symptomatology*. As a rule I find its secondary general symptoms the most reliable guide in chronic cases: great general debility, pallidity of face and mucous surfaces, emaciation, œdema of face and extremities, melancholy, nervous hysterical disposition, shortness of breath, palpitation and trembling, want of appetite, gastralgia and dyspeptic symptoms. These symptoms are commonly a result of a chlorotic state of the system, are found in a wide diversity of diseases, and are a very sure indication for its exhibition as a remedy. In illustration I give a case from my record:

Miss S., aged sixteen, came to me in August, 1877, suffering with chronic tertian ague, of over a year's duration. Through its influence she had become greatly debilitated, was thin in flesh, pale and sallow in face, markedly anæmic, with puffiness about the eyes, especially in the morning, a feeling of chilliness and want of natural heat a good deal of the time, a tendency to sweat continually, especially from any exertion, low spirited and nervous, appetite poor and irregular, bowels mostly constipated but frequently troubled with

painless diarrhœa and lienteria. Previous to this sickness was regular and natural at her menses, now they were often late, pale and scanty, and very painful. The special symptoms of the ague were, a chilliness in the evening, lasting some time and accompanied with redness of the face and thirst, fever without thirst during the night, and profuse sweat towards morning. During the chill heat was pleasant to her, but during the fever wanted to be cool and have the clothes off. The sweat afforded no relief to the symptoms and increased the headache and bad feeling generally. The spleen was swollen and tender to pressure with sharp pains during the paroxysm. Before coming to me the patient had tried everything from heroic Quinine treatment to the greatest variety of patent medicines without success. One prescription of Ferr. 3x trit. cured permanently without a return to this date.

In chronic rheumatism, dyspepsia and other diseases I have made many cures where the same general symptoms were present, and they are my common guide in selecting this remedy. In contradiction to these cases, I often prescribe Ferr. when the general cachexia is not developed. A common example of this class is rheumatism of the deltoid muscle. A case in point:

Mr. B., wood chopper, of strong, vigorous constitution and excellent general health, while "grubbing" during the winter of 1877 and 1878 contracted rheumatism which was at first general but finally concentrated in his right shoulder. This was a severe, steady pain, worse at night in bed, but unaccompanied by any marked constitutional disturbance. After vainly trying for weeks various doctors and then a number of patent liniments he came to me. Ferr. 3x was prescribed and he was completely cured in a week.

CASE II. Gastralgia—Mr. D., sanguine, lymphatic temperament, full form, florid face, general good health but occasionally troubled with dyspepsia, was taken in the morning with a pain in the gastric region which steadily increased during the day. The pain was constant, covering the epigastric region and extending to the left side and without

great localized tenderness or belching and became agonizing in its continuous course. Sent for me in the afternoon. Many remedies were prescribed without avail, and I was becoming discouraged and my patient desperate, when the local pain called Ferrum to mind. It was prescribed. The relief was immediate and a few hours completed the cure. These cases will suffice to give you my idea of its application as a remedy. As a usual thing the general concomitants suggest its use, but in these cases and many others I have met, only a knowledge of the characteristic symptoms of its pathogenesis will give one a complete control of its usefulness. For patients with some of the first class of symptoms (the secondary) I am satisfied this remedy has not received the recognition at our hands it deserves. In "regular" hands it has been fearfully abused (as see Trousseau and Pidoux); at ours it has been too much neglected. The third trituration is my favorite preparation. Ferr. phos. I have found an excellent remedy in acute cases for the primary symptoms with fever and plethora and Ferr. iod. for cases of chlorotic character engrafted on scrofulous constitutions.

THE OPIUM HABIT.

[Some years ago, this journal discussed the cure of the Opium habit, and from time to time, has published articles of interest bearing on this subject. The following article by Dr. Sell of New York, is of value, as showing what a supposed harmless article may do.—Ed.]

THE OPIUM HABIT, SUCCESSFULLY TREATED BY THE AVENA SATIVA.

The subject which I desire to discuss to-day is of such vital importance, that I cannot expect to do it justice in the limited time allotted to me. If the practical facts, however, which I shall present, will tend to awaken inquiry, and that lead to beneficial results, the object of my paper will have been attained.

The remedy to which I shall call your attention is the *Concentrated Tincture Avena sativa*, our common oats.

The *Avena sativa* is one of the genera of the tribe *Aveneæ*, belonging to the natural order *Gramineæ*.

The *Avena sativa* is a highly important grain, one of our staple productions. A most common variety is said to be indigenous to the Island of Juan Fernandez, while another sort, resembling it, is found growing wild in California.

According to Pliny (*Hist. Nat.* XVIII. p. 17) it was known to the Egyptians, Hebrews, Greeks and Romans. However uncertain its native land may be, there seems to be no doubt but that the *Celts and Germans* cultivated oats along the Danube two thousand years ago. It was introduced into the North American colonies soon after their settlement by Europeans. It was sown by Gosnold on Cuttyhunk, one of the Elizabeth Islands, in Buzzard Bay in 1602, cultivated in Newfoundland in 1622, and introduced by colonists on Massachusetts Bay in 1629.

Oats forms one of the principal sources of sustenance of the inhabitants of Norway and Sweden, of a part of Siberia and of Scotland. In the latter country and in Friesland, its cultivation attains the highest perfection, and forms considerably more than half of the annual grain crops.

According to one analysis oats contains fully 7 p. c. of oil or fat, and 17 p. c. of avenine—a proteine compound, as the gluten of wheat—making together 24 p. c. of really nutritive matter. Davy found in 1000 parts of Scotch oats 743 of soluble or nutritive matter, containing 641 of mucilage or starch, 15 saccharine matter, and 87 gluten or albumen.

Mr. Norton's analysis demonstrates the pre-eminent value of oats, both to gratify the olfactories, to please the palate, to build up the bones, and to give body and vigor to the whole animal system. It seems most remarkable, that an article of so much importance, so extensively cultivated for many centuries, should escape the notice of medical men through all these years. Until recently, very little, if any progress has been made in our knowledge of oats as a medicinal agent since the day of Pliny, when at least one variety of oats was cultivated on account of its superior fitness as an article of diet for the sick. Many works on *materia medica* and therapeutics, among the most recent as well as the oldest, either do not mention it, or else speak of the *Avena farina*—oatmeal—simply as an article of food, being somewhat laxative, hence appropriate in cases of habitual constipation from inertia of the intestines. Works of less pretension, speak

of a decoction of oats as possessing decided diuretic properties, and useful in dropsy and recent colds and coughs, and as poultices. All the uses of oats have evidently been taken from domestic practice. The decoction spoken of is known in Scotland by the name of water-gruel and in Ireland by that of oat-meal tea. Certainly botanical works speak of gruels and decoctions of groats or grits, mixed with water and good cow's milk as excellent for infants, so much so as to be one of the best possible substitutes for breastmilk; and either used plain or sweetened with sugar, or acidulated or acidified, as acting admirably as demulcents, and as being therefore suitable in many cases of fever, inflammation, calculus, dysentery, diarrhœa and cholera. Plain gruel of groats is pronounced useful in clysters.

A small volume on domestic medicine, published in London nearly a century ago (1794), has about as much on the medical use of oats, as all other medical works combined that I had time to consult.

It remained for Dr. Keith to prepare the active principle of the *Avena sativa*, in 1858, and after having experimented with it in various classes of nervous diseases, to find that it had great stimulating powers. In 1874 the doctor had a concentrated tincture of the *Avena* prepared for paralysis, from the effects of which he himself suffered three and one-half years, and in three weeks, having taken the *Avena* in fifteen drop doses three or four times a day, he was not only free from paralysis, but relieved from many serious symptoms, both mental and physical.

I commenced experimenting with the so-called active principle, *i. e.* with the powder of *Avena sativa*, in 1873, but the results were not flattering, whether due to the preparation or to my employment of the same, I am unable to say. Later, however, after the concentrated tincture was prepared, and I had learned of the results of the above case, I commenced using the tincture, and have ever since found it a most useful and reliable remedy. I attribute to it the following properties: *Diuretic, slightly laxative, tonic, stimulant*, but especially *nerve-stimulant*. It exerts a most powerful influence upon and through the nervous system. I have found it a most valuable adjuvant to other medicines, in the treatment of different diseases, but especially when the nervous and circulatory systems are at fault.

Many serious cases of the various female diseases gradually but slowly improved under one or more of the many uterine or ovarian remedies, if properly adapted to them, but

frequently the patients would remark, that, as soon as the Avena was extended to them, along with the other remedies, that they found themselves grow fleshy and improve in health more rapidly.

It is an excellent substitute for intoxicating drinks, and will in many cases cure inebriety, provided the patient can be kept from his old associates. It is an antidote to Opium poisoning, as verified in a case of attempted suicide by laudanum. Nervous headache and prostration, due to mental strain or worry, are easily brought under its curative effect. The Avena possesses no narcotic nor anodyne effect, yet it readily relieves many cases of insomnia. Some of the worst cases of neuralgia, including those forms so common in patients who suffer from hemiplegia, have been cured by this remedy.

Epilepsy has been brought under subjection by it more effectively than by other remedies, and traumatic cases in particular.

It is one of the best remedies in hysteria, melancholia, neurasthenia, and in all forms of nervous prostration, whether caused by inebriety, by the abuse of tobacco, opium or morphine, by sexual excess, masturbation, or mental strain.

However interesting some of these cases are, to me at least, I shall forbear giving the history of any, being content to merely mention the fact that I am constantly using this remedial agent in such diseases with great satisfaction. I shall close my remarks for to-day by mentioning the last but not least affection for which the Avena has proven itself an efficacious remedy. It was during the summer of our centennial year, that I made what I consider a no small discovery in therapeutics, namely, that the *concentrated tincture Avena sativa* is the very best remedy in the distressful, and in many cases hopeless, malady of the Opium or Morphine habit.

To show you that I do not overdraw the picture, and that I do not speak hyperbolically, you will indulge me while I relate a brief history of a few cases. To those of you who have seen a single absolutely bad case, I need not say, by way of preface, that I consider such a one, as for himself or herself, worse than an inebriate, and in some instances this holds even true to other members of the household. Most inebriates have lucid intervals, when they are not only good wives or kind husbands, but also thrifty; whereas an inveterate Opium eater is a perfect blank to himself and to others, and of the two his drug is the more expensive.

1. *First*, then, look at the slave of this dreadful habit, made so by his own physician, who was supposed to be treating him for some neuralgic affection. The patient, a German of middle age, had gradually, at the end of three years, brought himself to this most deplorable condition, that he injected two large hypodermic syringefuls of Magendie's solution every three hours. These had to be injected amidst sores and ulcers, for he was literally covered with them, as the effect of the injections. These large doses of Morphine the minimum and maximum quantities actually used during the twenty-four hours being twelve and forty-eight or fifty grains, had no more effect upon the patient than to produce fifteen minutes of sleep with his eyes wide open. He kept to his bed, and was a constant nuisance to himself and others. All attempts at curing him of this lamentable habit had utterly failed. The Avena was given him in twelve to twenty drop doses, being ordered at once to reduce the quantity of Morphine one-half, and as rapidly as possible to stop it altogether.

When two drachms of the Con. tinc. Avena had been administered, I was informed that the patient slept the greater part of the time, fully two hours at one time, and now with his eyes completely closed. Although this looked very encouraging, the patient was not cured, and perhaps simply because one did not wish to have him cured, all I positively know is, that one refused to procure and give him the remedy.

2. The *next* case is a Mrs. L., middle-aged, who had been the slave of this habit for seven years, and had taken twelve grains of Morphine daily; she was radically cured with the Avena. Her history is briefly this: For a number of years she had been troubled with pain in her back, together with soreness and weakness in her bowels, suffering at times very much. She consulted physician after physician until she had seen seven, and here comes the old story again, none was able to relieve her pain save by Morphine, and thus they not only did not cure her of her ailments, but made her infinitely worse, by making her the slave of a most cruel taskmaster from whom they could not release her. After suffering the most intense pain, at times so severe that she could neither walk nor stand, using the different remedies prescribed by her physicians, besides liniments and strengthening plasters to no purpose, until she many times thought she would prefer to die to taking the Morphine all her life, she became utterly heart-sick and discouraged. At last an advertise-

ment of one of the so-called Opium curers fell into her hands, and then she, like a drowning person catching at a straw, took Dr. B's dirty looking Morphine preparation for four months, for which she paid eighty dollars, then she discovered that she was no nearer being cured than the first day she took it. This discouraged her more than ever, and she concluded that she never would try to stop it again, but take it and die as soon as possible. However in the summer of 1876, being very sick and confined to her bed (I happened to be in the town where she lives), she called me to see her. I treated her other ailments, and at the same time gave her the Avena for her Morphine habit, and six months afterwards she writes me:

"I have not taken a particle of Morphine or anything of the kind since the first day I saw you. The *nervine* (Avena) took the place of the Morphine, making me comfortable and keeping my nerves quiet. At the end of two weeks I got along nicely without the *nervine*. Under your treatment I have regained my health. I have not been as well for ten years. I feel twenty years younger, and weigh twenty-five pounds more than ever before. I can hardly realize to-day that I have not taken any Morphine in six months, after I had taken it seven years. I am now able to do my own housework, and feel well."

3. The *next* case has been treated by Dr. W. A. D., of Bloomington, Ill., and I will let *him* give you the facts of the same. On Sept. 20, 1881, he wrote to me as follows: "After the lapse of two months I write you the results of the use of the Avena in the case of my wife. You will probably recollect that I stated that she had used Morphine for twenty years, that she took an ounce in fifteen days" (being thirty-two grains per day), and that she seemed a perfect wreck, as you can readily suppose.

After receiving your kind letter in reply to my inquiries, I sent for the tincture and commenced its administration in accordance with your suggestions, and have the extreme satisfaction of reporting complete success—that the patient has used no Morphine since she commenced the tincture, except for the first two weeks, when she occasionally took small amounts to relieve extreme distress. Since that time she has used none—now two months.

She is much improved, both mentally and physically, and indeed is hardly like the same woman, and really bids fair to become her former self.

I consider it one of the most remarkable cures on record,

and must do myself the justice to tender to you my sincere thanks for the kind letter and suggestions which I received from you.

If you should feel interest in further investigating the case, I will be most happy to hear from you at any time."

In reply to a letter of inquiry from me, he wrote, Oct. 1, 1881, thus:

"My wife is forty-six years old, is slender, rather tall, light complected. Was taken in the summer of 1858 with what was thought to be scirrhus of the stomach, and Morphine was found to be a palliative, and *as such was continued* until the drug produced its *own disease*, which has kept the "*castle*" until it was *routed* by the use of the Avena. About the 1st of last June I commenced the administration of the medicine as you so kindly suggested, and since which time she has used no narcotic, except during the first two weeks, as before stated, since which time she has used *none*, and for the last month has used none of the Avena, and to day is improved beyond the most sanguine expectation of her friends, both mentally and physically. When I commenced to give her the Avena, I felt and said if it cured her, it would certainly cure any case of Opium habit, and I still think so."

Feb. 1, 1882, the doctor writes: "My wife is radically cured of the Opium habit; has used none since June last, either of Opium or Avena."

4. I shall relate but *one more case*, treated by Dr. J. G., of Blue Grass, Iowa. I shall give some of the facts contained in letters dated Oct. 26, 1881, and Jan. 27, 1882. "Please accept my thanks for the information I have already received from you relative to the Con. tinc. Avena sativa.

"I have one of the most remarkable cases of the Opiomorphiæ mania that I have seen on record. The patient has been a slave to the habit for over sixteen years. He has been using Sulph. morphia from twenty to forty grains per day, two drachms lasting about three days on an average.

"He has been trying every remedy that he has heard of—he has tried some eight or ten different doctors who *claimed* to have cured every case treated.

The first one was a Dr. S. Collins, of La Porte, Ind. The first *thirty dollars* sent him for a *cure* did him more harm than good. Sixteen dollars more were sent for a new supply, which acted no better, but dried up the secretions so much that he was compelled to abandon its use. A Dr. Squires, of some point in Indiana, received the next *five*

dollars for a trial bottle of medicine, which contained Morphine and had to be abandoned on account of the high price. Berien Springs, Michigan, was the next place of note, but *sixty-five dollars* spent there left him no nearer cured than when he commenced.

Dr. Beck, of Cincinnati, Ohio, received the next *one hundred and thirteen dollars*, but with his slushy looking medicine, containing Morphine, the patient was still compelled to use a certain quantity of Morphine about eight or nine times every twenty-four hours, and hence had to abandon the Beck remedy. He has tried others and has spent a large amount of money. The Avena meets more nearly the requirements than anything he has ever tried. It satisfies and dissipates all desire for Morphine, but he has paroxysms of weakness, which he himself expresses as an *entire oneness* and an unearthly feeling and restlessness at night. At such times he resorts to Morphine, one dose of which soon allays that weakness, its influence often lasting thirty-six hours. I tried Sulph. quin. and other salts of Cinchona, but they seemed to aggravate his weakness or prostration. But for these two troubles he would feel perfectly happy. If you could suggest anything to aid in overcoming them, the victory would be ours. Should we succeed, it will be the greatest victory yet obtained."

This victory, gentlemen, I believe will be obtained in this case as soon as the remedy is properly given and sufficiently pushed.

The ordinary dose and frequency of taking this remedy, will not suffice in such a case as I have just related. In cases of extreme debility, and as a rule in cases of paralysis, as well as in most of the diseases to which I have summarily referred, a dose of from six to thirty drops, three or four times a day will suffice, about half an hour before each meal in hot water, and in cold water at bed-time. When given in hot water its action is almost immediate.

In the *Opium* or *Morphine habit* as well as in *inebriety* or *alcoholism*, the best rule is to give the Avena in hot water with the same frequency that the patient was accustomed to take his Opium or Morphine, *i. e.*, as often as the system demands it, and in doses sufficient to produce the desired effect. As all cases do not require the same amount, trial and experience will be the best guides. It is necessary, however, to bear in mind the physiological action of this remedy, which is to produce congestion of the base of the brain. A *fulness* at the *base* of the *brain* will indicate that the *dose*

dare not be increased, and a pain in that region suggests that an *overdose* has been given. The diminution of the dose regulates itself by the above symptoms. As long as the system demands the remedy, it must be administered in doses sufficient to supply that demand, and whenever given in larger doses than required, it will manifest itself by its symptoms. Dr. G., of Iowa, informed me Jan. 27th, that the *Avena* did not affect his patient, as it does most people, indicating that he had not yet supplied his demand, and hence, most likely, the "restless nights" and "weak spells."

Let it be borne in mind, that it is not proposed to cure all manner of diseases by the *Avena*, much less such diseases as have generally been held to be incurable. Let the physician use his intelligence and ingenuity in administering remedies which will actually relieve the malady, instead of giving opiates which are generally mere make-believes, and leave the disease no better and the patient in most instances worse for having taken them. It is a grave question with me whether all the good that Opium has ever done, can be compared with the mischief and intense harm that its abuse has inflicted upon the human race. There is an awful responsibility resting upon those who have been aiding and abetting in constituting and establishing a large army of miserable wretches, who are enslaved, soul and body, by this direful Opium habit.

Any remedial agent, then, that will aid us in breaking the bonds of this Opium slavery should be hailed by the medical profession as a most welcome guest. And however the medical profession may view this subject, for myself I feel as though I have not lived in vain were I to have accomplished nothing else in life, than to have discovered that the *Avena sativa* is a cure for the "Opium habit," unless the patient is afflicted with some other incurable disease, and even then by far the majority will get along better and live longer without than with Opium, provided they receive proper treatment. I invite thorough and faithful investigation of this remedy, and correct reports of cases treated thereby, whether favorable or unfavorable, will be thankfully acknowledged. My favorable results stand thus far corroborated by the two typical cases herein reported, the *one* treated by Dr. W. A. D., of Illinois, the *other* by Dr. S. G., of Iowa.

Since this paper was prepared the following case came to the notice of the author:

Dr. G. E. S., of Cleveland, O., writes, February 20, 1882, as follows: "I see by reading the proceedings of the

New York State Medical Society that you read a paper upon the medicinal effect of the *Avena sativa* in the cure of the Opium habit. I have a case of that kind which I have not succeeded in curing, and I would like very much to get your experience with that drug. The case is not very bad as yet, as only about two grains of Morphia is used daily, but it seems as hard to break the habit as if more were taken. I will give you the history of this case from my note-book, as follows: G. B. C., male, aged fifty-eight years, began the use of Morphia two years ago to allay the pain in chronic rheumatism. He began by using one-fourth to one-half grain twice per day, but gradually increased until he got up to two grains per day, which dose he has been taking during the last six months. About the 1st of February he applied to me for assistance to break the habit which, at this time, had got complete control of him.

“Although he said he would not increase the dose on any account, yet there was a strong tendency that way. When he stops for a day he claims the pain is as bad as ever. Please let me hear from you on this subject.” March 24, 1882, the doctor writes: “Time has now passed sufficiently long for me to give a full statement to you relative to my Opium patient. I procured the remedy, and used it as follows: I ordered fifteen drops, to be taken as often as he felt the desire for the Morphia. He took the *first* day four doses of fifteen drops each, without any Morphia. *Second* day same size and number of doses, but in consequence of the severe pain and lack of the Morphia stimulant he took one-fourth grain Morphia. *Third* day I increased the *Avena* to twenty drops four times and no Morphia. *Fourth* day, same amount and one-fourth grain Morphia was taken. *Fifth* day, *Avena* the same and no Morphia. *Sixth* day, twenty-five drops three times and no Morphia. No Morphia has been taken since the fourth day, but three doses per day of the *Avena* up to the 20th of March, since which time he has discontinued the medicine altogether. I am satisfied that if a patient will steadily pursue the course of treatment with the *Avena* he can rid himself of this most terrible habit. I hope others will be induced to try this medicine, and report their experience with it, that the profession may know that there is hope for those afflicted with this disease, for it is nothing more than a disease.” April 1st the doctor writes: “The patient still suffers with rheumatic pains, but feels himself perfectly cured of the Opium habit.”

[We hope our readers will try this remedy* and report.—ED.]

*To be obtained of Duncan Bros.

Eye and Ear Department.

FOREIGN BODY IN THE VITREOUS.

BY J. H. BUFFUM, M. D. CHICAGO, ILL.

Read before the Illinois Homœopathic Medical Association.

The introduction of foreign bodies into the eye presents the most frequent cause of sympathetic ophthalmia. Too often the foreign body is out of sight, the wound of the cornea or sclera has closed, and it becomes impossible to make any exploration either with the magnet where iron or steel has become enclosed in the eye-ball, or with any instrument, unless with an ophthalmoscope before the eye and a clear media, it however, even then becomes a most difficult matter in the majority of cases, and the additional injury to the parts during the operation tends to render the reaction more rapid and violent. The direct result of the presence of a foreign body in the vitreous seems to be an inflammation of this structure, a hyalitis, with development of connective tissue elements which from their attachment to the retina or ciliary body, are apt to cause a detachment of these tissues upon the contraction of these new tissue filaments, which must come sooner or later. In many cases I am satisfied the sympathetic inflammation which has been propagated to the other eye has arisen from the irritation of the ciliary nerves following the detachment of the retina or ciliary body from the shortening of the fibrous bands which have formed in the vitreous. In these cases I have found the foreign body encysted and had remained so for years without causing any decided irritation beyond that which followed immediately upon its introduction into the eye.

An eye which contains a foreign body, is certain sooner or later to lose its function completely, and endanger the integrity of its fellow. The injured eye should always be removed when it remains in an irritable or chronically inflamed

condition, or where any symptoms of sympathetic irritation or inflammation appear in the other eye.

The time which may elapse after a foreign body has become lodged in the eye, and before sympathetic symptoms appear, may be from a few weeks to many years. In one case which I have met the time from injury to the inception of sympathetic ophthalmia was but ten days, it is very rare indeed that the exciting action appears earlier than three or four weeks, as up to that time the tissues have not become sufficiently disorganized to cause extension by nerve irritation. In those cases where the affection of the well eye does not appear for many years, the result obtains more frequently from the secondary changes which may be caused by loosening of chalky deposits in the choroid or retina, bone formation, hæmorrhage from an atheromatous vessel, or secondary injury to the eye from a blow inflicted upon or about the eye. Usually there is a history of frequent slight attacks of inflammation, which are allayed by treatment and followed by a period of repose, until finally one of these successive paroxysms again appears in the atrophied ball, which perhaps has remained sensitive to the touch from a previous attack, and the other eye becomes suddenly sympathetically inflamed and notwithstanding all efforts is destroyed.

In the case reported here, the reason the patient was able to go so long a time without serious involvement of the other eye is due to the early encystment of the foreign body and the loss of sensibility of the choroid and retina from the inflammation resulting directly from the injury. The eye-ball passing into a stage of atrophic degeneration of its most delicate tissues and remaining quiescent until the cataractous lens becoming loosened from its attachment by the patient jumping from his carriage, now hammers the ciliary body upon every rapid movement of a very energetic man. The foreign body also becomes detached from its position in the lower part of the fundus, where it had quietly laid for twenty-four years, and again causes irritation.

CASE. Mr. C., aged forty-two. Twenty-four years ago, while opening a barrel of sugar with a hatchet felt something

strike the left eye. Severe and long continued inflammation of the eye followed, this gradually subsided in about a year, leaving good perception of light but no qualitative vision. Ten years ago all perception of light disappeared and the eye deviated outwards, causing a divergent squint. At times the eye would become very irritable and cause some temporary disturbance, followed by a longer or shorter period of repose. Two months ago he presented himself to me for examination and advice as to the removal of the cataractous lens, which had become loosened from its attachments, and now on every vertical movement of the body rose and fell against the ciliary body, constantly irritating that still sensitive portion of the eye. This condition had existed for two or three months, and now there was a chronic congestion of the sclera over the lower portion of the ciliary body, with tenderness to touch. The eye-ball had retained its shape and size, the tension being somewhat diminished. The iris appeared widely dilated, owing to the atrophy of its structure from the previous inflammation, the lens while cataractous appeared to have taken on a fibrous degeneration, and was entirely detached from its supporting ligament, except at the nasal side, with slow motion of the head it appeared to swing back and forth in the fluid vitreous. A slight scar on the lower segment of the cornea was still visible and was doubtless the point of entrance of the foreign body, probably a piece of a nail, as wood rarely acquires sufficient momentum to carry it beyond the cornea. I felt assured from the irritable condition of the eye that the foreign body had passed through the anterior chamber and was still within the eye. Evidences of an old choroiditis were apparent from the momentary glimpses of the fundus, which I was able to get with the ophthalmoscope, when the lens would sink back into the vitreous. One portion of the lens appeared from its greater density as if it might possibly contain the foreign body in its structure, and as the patient desired to retain the eye-ball if possible, I consented to operate for the removal of the cataract, and if the foreign body was found in it I would allow the globe to remain, if the

foreign body was not found I should at once enucleate the eye. The patient was accordingly etherized in a sitting position with head reclining. When well under the influence of the anæsthetic the head was brought forward until the cataract fell outward into the anterior chamber. The lens was at once transfixed by a needle passed through the lower part of the cornea. By this means the position of the cataract was rendered stable, the head was then allowed to rest upon the back of the chair, and the lens held by needle in the hand of an assistant. Making a Liebrich's incision through the upper portion of the cornea and introducing a wire cataract scoop, specially adapted to suit the case, the cataract was delivered in its capsule with but slight loss of vitreous. An examination of the cataract, showed that the original lens tissues had been replaced by connective tissue, the suspected portion proved to be a nodule of tissue more dense than the surrounding portions, but containing no foreign substance. The globe was then removed without difficulty. The patient suffered no pain from the operation, and in a few days was able to be out.

The well eye, which had presented symptoms of irritation, photophobia, lachrymation and weakened accomodation, began to improve within forty-eight hours and soon became as strong as ever. An artificial eye was inserted a month later with good cosmetic effect.

After hardening the enucleated globe in alcohol, I found in the lower part of the fundus a piece of iron about 1 m. m. thick by 2 m. m. broad and 3.5 m. m. long, and still partially enveloped in connective tissue, with filaments extending into the vitreous, but not attached to the fundus. In all probability it had been, but owing to the degenerative changes which had taken place in the eye, those attachments had become severed and allowed the iron to move about the fundus with all violent movements of the body.

The microscopical examination showed that there had existed an irido-choroiditis with degenerative changes in the choroid and resulting atrophy of the retina and optic nerve.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

GLOVERSVILLE, N. Y. May 28.—The diseases here are ordinary, chiefly rubeola, tonsilitis, catarrhal and inflammatory conditions resulting from house cleaning, taking down stoves, and the presence of a great deal of rainy weather with continued damp atmosphere. Remedies, Aconite, Bell. Merc. iod. rub., Merc prot., and Phyto.

E. H. EISENBREY.

GORHAM, Me., May 15.—The diseases which I am meeting, and principle remedies used are: (1.) Bilious fever. (2.) Typhoid fever. (3.) Pneumonia. Some of remedies used in cases are: (1.) Acon., Bry., Pod., Merc., Cham. (2.) Verat. vir., Acon., Bry., Phos., Chel., Tart. em. (3.) Bapt., Verat. vir., Bry., Phos., Ars. Remedies given as symptoms indicate. No deaths.

R. A. BUZZELL.

NEWBURGH, N. Y., May 16.—There has been much sickness in this city the last year. Scarlet fever has been quite prevalent. Many malignant cases have been reported by the Allopathic physicians of the place, a number of deaths occurring in the same family. Our Homœopathic physicians have had no such mortality, in fact, none of my cases have proved fatal. Ailanthus has proved of much service in those cases that seemed malignant. Pneumonia has also been quite prevalent and generally very severe. An epidemic of influenza was upon us for weeks, numbering hundreds of cases. Eupatorium perf. and Rhus. tox. were the indicated remedies. Just now we are torn up with building the West Shore Railroad, and we shall without doubt have plenty of malarial fever in the fall, an episode in our city life that I do not anticipate with any pleasure whatever.

JNO. J. MITCHELL.

HOW TO TREAT SMALL-POX.

When we read R. W. Nelson's communication to **THE INVESTIGATOR** of April 15th, headed: "The proper Treatment for Small-Pox," we smiled; in fact I am not certain we did not laugh right out. Here is where the laugh comes in; the whole list of remedies reduced to two, and the time or course of the disease cut short; in fact cured in from three to four days.

I laughed; well I did. I felt just like going and burning my old *Symptomen Codex*, which has always perplexed me so much, to say nothing about the hard work it has caused me.

I did go for Hahnemann's *Organon*, and should have burnt or thrown it into the rag-bag, to be sold to the first rag buyer who might come along, had I not by chance seen this text, which with your permission I will quote. "The medicine which is the most Homœopathically adapted is the most beneficial, and is the specific remedy." I must confess this was a stunner; so I stopped to think, what is to be understood by those words written by none other than the *Immortal* Hahnemann.

I put the old book back on the shelf again, not fully satisfied that I might not have to call on it in the future, notwithstanding I thought, peace be to your ashes if I did not burn you.

Next I went for Lilienthal. I could find no comfort in it for a lazy or an ignorant doctor, for he recommended no less than thirty-four remedies, either of which might be found necessary in the treatment of a case of small-pox. I fear he has spent too much time reading the *Organon* consequently knows but little of this new rule (*cut and try*.) One gets that way when they read the *Organon* too much. I have put mine away.

Just see what a difference! Dr. Nelson gives the "proper treatment for small-pox," as it were in a nut-shell. This is about the way he does it, *Cimicifuga* 1x, drop doses every second hour, in alternation with *Arsenicum* 4x, one grain

every other hour. He says if it is a recent case it will cure in from three to four days.

Now doctor you have boiled the remedies down to two, and have greatly curtailed the disease; in fact you have obliged us by doing away with the Codex, Organon, and Lillienthal's hard book. Won't you please just boil a little more, and do away with one of those remedies, I do not care which of them you dispense with, only make it certain which is the remedy; by doing so you may shorten up a day or two on the disease. I would not ask you to go to further trouble, but you know it will do away with vaccination, and we will get a boom on small-pox.

HASTINGS, Michigan.

I. DEVER.

[Had friend D. been a diligent reader of this journal, he would have discovered Dr. Bowen's article in which Ars. 1st, stands alone as the remedy for small-pox. Remember the potency and do not go recklessly, and try to make a proving. Joking aside—give us your experience in the treatment of cases of small-pox please.—ED.]

ON THE LAW OF SIMILARITY.

I would like to make one request through your valuable, able, practical and always welcome INVESTIGATOR. That some of our German Homœopathic brethren translate in parts, monthly, for your most popular and practical Homœopathic journal, the German pamphlet or work explaining the *modus operandi* of Homœopathic remedies according to the law of similarity, which at this time is more than ever wanted in our school, to satisfy medical progress and the demands of literary research and logic based on well known progressive physiological facts. It is Dr. Wislicenus, found in his work entitled: "Entwicklung eines wahren physiologischen heilverfahrens. Leipsic, 1860."

The object of this work as stated by Dr. Baehr, is to show the correctness of the law of similarity in a series of logical

deductions. Dr. Baehr says he invites all in the warmest manner, to read this book.

“The necessary consequences of the law of similarity, so far as the practical business of the physician is concerned, are moreover so fully developed in this work from the leading maxims of Homœopathy that the book is not only inserted with purely scientific but a directly practical interest.”

I do hope some brother will give us the part of this work if nothing more that relates to the Homœopathic law of similarity, based on known physiological facts.

H. HENRY.

[The Law of Similarity by Von Grauvogl, translated by Dr. Shipman, covers about the same ground and should have a wide circulation.—ED.]

GENERAL NEUROPARALYTIC HYPERHYDROSIS.

BY H. N. KEENER, M. D., PRINCETON, ILL.

Read before the Illinois Homœopathic Medical Association, May, 1882.

Mrs. D., Irish widow, mother of several children, washer-woman, and in straits for the necessaries of life, has been troubled with flushings for years. Last year commenced having attacks of chills and vomiting that would last a week to ten days. Nothing had seemed to relieve. Chills were not malarial, as there was no enlargement of the spleen. From the irregularity of time of appearing and duration, they were considered nervous.

Last July or August was called on account of a return of the above. Was having vomiting, could not retain anything on the stomach, chills irregularly, shiverings and an unusual amount of cover, bathed in perspiration, yet very cold; intense thirst; pulse 72, no fever; face red and swollen; eyes bright; headache; sleepless; did get a little delirious and thought she was crazy; tongue coated white; vomiting of watery mucous and bile; pain and heaviness of stomach; pain in

bowels; constipated; urine scanty; severe backache; cramps in calves of legs; sighing breathing and very despondent after no particular time; sweating the most extraordinary would set in, amounting to many pounds in the twenty-four hours.

One day the water soaked the bedding and dripped on the floor beneath. All the coverings would be saturated or damp. Head as wet as if dipped in water; had to cover with a shawl, and it in turn was wet through. After many remedies and procedures, over in three weeks, gradually abating, and of course very weak.

In November attack returned, had light chills in interval, but neglected to get any medicine, also flushings as before. Condition and phenomena same, except there was great dyspnœa. Complained of sensation as of heart stopping beating, and weight in stomach. As weather was now cool, a vapor was visible in the room and settled on walls and windows. *Veratrum album* and diluted alcohol baths morning and night, over in ten days, and has had no return since.

Patient was visited by many out of curiosity, thought the woman, who weighs two hundred pounds, would sweat herself away.

A similar case is reported in *N. Y. Medical Record*, Jan. 21, 1882, page 68, from *Gaz. Med. di Roma*, by Dr. Orsi.

CARUNCLES CURED BY THUJA.

BY L. PRATT, M. D., WHEATON, ILL.

Read before the Illinois Homœopathic Medical Association, May, 1882.

PRESIDENT AND MEMBERS OF THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION. The reasons for presenting this report from the bureau of clinical medicine will duly appear in the sequel. Caruncles, vascular tumors growing on the margin and within the orifice of the female urethra. They are usually exceedingly annoying to the sufferer and many times seriously affect the general health of the subject. I

invite the attention of the profession to a few cases which have come under my care, for the purpose of urging the propriety of further testing the efficacy of internal medication for the permanent cure of that morbid condition.

I am aware that this disease is one which is considered curable by surgical interference exclusively. These means do fail at times. And many more times it becomes necessary to repeat the operations because the tumors form again.

Being convinced that we have a remedy which acts specifically upon that class of morbid growths, I deem it appropriate to make a brief report from the clinical bureau of a few cases which present some practical hints.

Gynæcological and other surgeons uniformly agree that the only method of cure is by extirpation. They are then liable to form again, sometimes within a few months. Their existence is to be determined by inspection only. Sometimes they exist for a long time before the patient or her physician is aware of their presence. The painful urination and other symptoms suffered by the patient are often attributed to uterine and other causes, for which she is treated at times (and of course ineffectually) for a long period before a proper examination is made, which reveals the source of her sufferings.

The cervix-uteri has been treated by applications, vaginal suppositories introduced, and pessaries worn without relief before the existence of a caruncle has been detected, which proved to be the entire cause of the other symptoms, both subjective and objective.

Many physicians have been thus deceived because most of the symptoms are such as present themselves in uterine disease. For example, pain in the left ovarian region, which is deemed pathognomonic of uterine disease, has been known to be produced by caruncles which could have been easily detected by a little more careful examination on the part of the practitioner.

I will not dwell upon the surgical methods for their removal, except so far as to mention that there are three methods of doing it, viz., ligation, excision with a scalpel

or scissors, and the actual cantery. The two latter methods combined is thought the surest method by some experienced surgeons.

CASE I. One case to which your attention is invited was that of a widow lady, aged forty-eight. She related the chief points in the history of her sufferings. At first she suffered slight pain during micturition. This gradually increased in severity until it became almost intolerable, accompanied with a burning, and the pain was most intense as the last drops were voided with a feeling as if she must pass more. She endured these symptoms for more than a year and her general health became seriously affected. The physician whom she consulted prescribed diuretics, tonics and astringent vaginal injections. No improvement resulting from these methods she consulted an intelligent and experienced gynæcologist who cauterized the growth a few times, which was followed by temporary relief of all her symptoms; but they returned within a few weeks with great severity and she went to another—a professor of diseases of women. He gave her Chloroform and removed the growth by excision and cauterization. Her urinary sufferings disappeared, her general health improved and for a time (a month or so) she thought herself cured. Gradually the old symptoms returned, as before, very severe.

An examination revealed a vascular tumor protruding from the meatus, looking not much larger than a common pea. On opening the meatus it was found not to be pedunculated, its base extending about half way around the urethra and within it about one inch. A little Carbolic acid was applied to it with a view of destroying its extreme sensibility and she was given tinct. of Thuja and Glycerine, equal parts with instruction to apply a little with a small probang to the meatus and within it twice daily. Also prescribed Thuja 3d dec. dilution three or four drops in a spoonful of water three times daily, with instructions to report within a week. Patient returned at the week's end much improved, caruncle smaller, less soreness, less pain, general condition improved. Same prescription continued. At the next visit the improve-

ment was more marked, and so on until at the end of a month she was discharged cured. It has now been two years and there has been no return of her disease. From a condition of fearful suffering both mental and bodily, so much so as to completely embitter her life and entirely disqualify her for domestic duties, she has become cheerful, active and useful.

CASE II. Mrs. S. aged twenty-eight, has suffered from painful urination for more than a year, health previously good, so much pain and soreness that a sitting posture is annoying, has leucorrhœa which is at times irritating, suffers sharp pains and has frequently a sense of heat in left ovarian region, bearing down feeling, micturition at times so distressing as to almost produce spasms. Vaginismus so severe that coition could not be tolerated for past nine months. She seems broken down in mind and body, lies in bed most of the time, is melancholic, morose, irritable, has dysmenorrhœa, walking is painful. Her physician had told her she had prolapsus and cystitis (chronic) and treated her with vaginal injections (which were so painful that she was compelled to abandon their use,) and internal remedies for three months without any good result and life had become a perfect burden to her.

On inspection it was found that she had a pedunculated caruncle just within the meatus and numerous small sesselated ones on nearly the whole circle of lower end of the urethra. The pedunculated one was clipped off with scissors, and the patient given a small vial of Thuja 6x, two or three drops in water every four hours with tinct. of same remedy and Glycerine equal parts to apply twice daily, after having touched the morbid growths with Carbolic acid as in first case. This treatment was followed up, but at longer intervals between doses of the remedy, and after improvement, local application once in one to three and four days, until at the end of two months all serious symptoms were removed together with the local soreness and painful urination. No other remedy was used except occasionally a vaginal injection of warm water. She was discharged over one year

ago and is now in the enjoyment of good health, and is of course happy. She does not appear like the same person at all.

CASE III. This was one where the vascular growth seemed to originate from the inner edge of the meatus, was flat and spread out nearly all around and just within it. It was cured within three weeks time by the same remedy, did not in this case apply any Carbohc acid. Painful urination had existed for more than a year, and the urethra was very sensitive to the touch. She was a single lady thirty years of age usually in good general health, but this affection was beginning to undermine it.

Several other cases of different degrees of severity and varieties have been treated by me with like satisfactory results, but these are sufficient to give an inkling of what I hope you may test in your practice.

TRAUMATISM OF THE BRAIN.

BY N. B. DELAMATER, M. D., CHICAGO.

Read before the Illinois Homopopathic Medical Society, May, 1883.

MR. PRESIDENT AND MEMBERS OF THE ILLINOIS STATE HOMOEOPATHIC ASSOCIATION. I desire to call your attention not to anything new, but a subject quite important to the general practitioner. When called to see a case of traumatism of the brain, it will be readily understood that a differentiation between cerebral shock or concussion and compression is of the greatest importance. In most of our text-books and articles on this subject very sharp and well marked distinctions are drawn; the differentiation seems so perfectly clear, that it would seem an error could not possibly be made in the diagnosis, and yet it is not at all infrequent to meet cases in which we are at a loss to decide which we have, or to find later on in the case that our original diagnosis was incorrect. And on careful comparison with the text-books we find that we could not have come to a different conclu-

sion. The difficulty I believe lies partly in the fact that in both conditions we have the one common element standing out in bold relief, and to it are referable the general disturbances. That is, in both we have the symptoms of general disturbance, produced through a more or less disturbance of nutrition of the whole brain, which, according to the irritability of the various sections of the brain, is shown in irritable or paralytic phenomena.

The cortex is necessarily first affected in either case. The medullary centers later.

We can only distinguish in most cases between shock and compression by the order in which the symptoms appear, the time of their duration, and their increase or decrease in severity.

In cerebral shock, the symptoms are of early occurrence, and, in favorable cases, disappear early, while in compression they increase rapidly or slowly, but steadily, and even in cases where the extravasation is quickly absorbed, the symptoms last longer than in shock. Thus if after an injury to the skull, the cerebral symptoms are steadily more severe, the coma more profound, the respiration stertorous, the pulse steadily retarded, we have a clear diagnosis of compression increasing from extravasation and trephining, with a view to arrest the hæmorrhage may be considered.

If, however, severe cerebral symptoms similar to these appear quickly after the injury, are some, or all of them transient, a tendency is shown to decrease in the severity and we finally have left a dullness, with confusion and drowsiness, the pulse and respiration becoming nearly normal, we have to deal with the dual condition, first concussion or shock, to which the first severe symptoms are due, and later a small extravasation, producing only slight compression on the surface of the brain.

If absorption of a large extravasation takes place, the disturbance of the pulse and of respiration will disappear first, while the mental symptoms remain for a time and are the last to disappear.

Slight concussion causes only a transitory confusion, re-

sulting from shock to the nervous elements, or vaso-motor disturbance of the surface of the brain. A more severe shock has more lasting benumbing of the faculties and retardation of the pulse, with irregularity of the respiration, from a more pronounced paralysis of the cortex, and with it irritation of the automatic centers of the medulla. A still severer shock produces quickening, weakening, and smallness of the pulse, together with deep coma in consequence of paralysis of the central organs involved.

In compression of the brain from extravasation of blood between it and the dura mater, when slight, may cause also only a moderate, transient benumbing of the faculties, but when more extensive, causes more lasting unconsciousness, with sopor and slow pulse, and later, coma with small, rapid pulse.

The cortical paralysis in cases of shock, from mere confusion to the most profound coma, is the result of nutritive disturbances in the nervous elements, accompanied later by vaso motor disorder or capillary hæmorrhages in the cortex.

In cases of compression, the coma is due to anæmia caused by the increasing pressure having a great extension over the cortex, inhibiting and destroying the function of the nerve elements.

The same cause affects the automatic organs, first causing irritation and then paralysis.

Phosphorus Poisoning.—Dr. M. S. Danillo (*Archives Gen. de Med.* Jan. 1882) comes to the following conclusions respecting the pathological anatomy of the spinal cord in poisoning by phosphorus 1. Changes in the spinal cord from phosphorus intoxication are of myelitic nature. 2. In acute phosphorus poisoning, the central nervous system contains only depots of pigment of hæmatic origin. 3. Large doses of phosphorus give rise to a central myelitis involving the entire length of the spinal cord, with extravasation and pigmentation small and frequently repeated doses occasion a diffuse myelitis. 4. Certain nervous phenomena, observed during life as consequences of phosphoric intoxication, result from either one of these types of myelitis. In cases of poisoning by phosphorus, attention has been chiefly devoted to the liver, but these observations would seem to show that the central nervous system also requires extended chemical examination.

Obstetrical Department.

*PROGRESS IN TOCOLOGY.**

BY R. N. FOSTER, M. D., CHICAGO.

This fine work marks an epoch in the literature of midwifery in America, partly because of the excellent character of the work itself, and partly because of the exceeding backwardness of our country in this department. For since the days of Bard, the earliest of American obstetrical writers, to the present time, the United States has produced all told less than twenty original treatises on midwifery. England possesses about one hundred and fifty such treatises; France about one hundred and seventy-five; Germany over two hundred; Holland nearly forty, and Italy about thirty.

To an ambitious American author therefore there is now offered a most inviting field; the unlimited resources of these 600 volumes from which to draw his scientific supplies; a great and rapidly increasing constituency of appreciative readers; and neither predecessor nor contemporary anywhere within sight! The world of medicine does not offer an equal prize.

That Prof. Lusk appreciates these facts is evident enough, for no pains has been spared to render his work one that cannot be easily surpassed, and it is a question whether there is to be found in the English language to-day a systematic treatise on obstetrics which, all things considered, can be said to equal the one under consideration. Yet this fact will not prevent some active rivalry in the near future. For although the only real motive that remains to inspire an obstetrical author is the desire and the ability to produce a better work than any that has yet been produced, still the

*THE SCIENCE AND ART OF MIDWIFERY, By WILLIAM THOMPSON LUSK, A. M., M. D. Professor of Obstetrics and the Diseases of Women and Children in the Bellevue Hospital Medical College, etc. New York: D. Appleton, & Co. 1882. Chicago: Duncan Bros, Price \$5.00.

potent rivalry of institutions, schools, individual names, and booksellers, may be relied on to operate a "revival" in midwifery treatises immediately. Already from the far west "where rolls the Oregon" is announced another "Text-book of modern midwifery," by Rodney Glisan, M. D., and it makes us quake to think how many medical men there are to be found in this magnificent country, who feel quite capable of carrying forward a large daily and nightly practice, of lecturing a hundred times annually in a medical college, of managing a hospital, working a charitable society or two, teaching a Sunday school, doing committee or other official duty in two or three medical societies, editing one journal, and writing indiscriminately for half a dozen more, of doing all these things and at the same time producing a standard treatise on midwifery or any other subject at a year's notice. Yet it is safe to say that no classical treatise has ever been produced under such circumstances, or ever will be. The great works of the European authors from whom even Prof. Lusk is compelled to draw for nearly all of his most precise and important information, are produced by men whose university training in the first place has been of the highest order; whose subsequent experience and association and observation have all been of the most favorable character so far as their special work is concerned; whose leisure for study and experiment has been abundant; and whom the state has liberally supported in their work. In this latter respect the effete monarchies contrast strongly with the republican simplicity prevailing, for example, in our own state, the chief aim of which seems to be to tax the doctor with a multitude of petty unpaid duties, to demand the utmost of him at his own expense, and to give him nothing whatever beyond the privilege of making his own living, if he will work hard enough and neglect his own scientific training sufficiently, in order to do it. All of which is meant as prefatory to a sort of a comparative review of Lusk's midwifery, the object of which is not merely to review the work, but to present to our readers methodically the advances and peculiarities of modern midwifery.

Is there anything in a name, when applied to a work of this kind? Not much, perhaps, and yet Professor Lusk has been criticised unfavorably for the use of the term "Midwifery" rather than "Obstetrics" in the title of his book. The latter term is said to be the more classical, the former homely, and pointing to the primitive domestic administration of the subject. But to this criticism we may object that both terms are alike imperfect. One may be classic and the other domestic, but neither is scientific. A "midwife" is a "with-wife" merely, that is, one who is with the wife—during her confinement; while the "obstetricus" is one who "stands by"—during confinement. Both terms, like many others of similar import, such as "sage femme," "accoucheur," and so forth, are really attempts to avoid too great plainness of speech respecting a delicate matter. They are meant simply as modest allusions to a subject which is not to be openly named. They lack every element of scientific directness and simplicity. There is but one term known to us which exactly covers the ground in question, and that term is "Tocology," and nobody seems inclined to adopt it; at least its use is exceedingly rare. "Accouchement" is the term preferred by the French, "midwifery" is English, and "Obstetricia" is the Latin; but they are all alike mere allusions; while "Tocology" is the analogue of pathology, physiology, embryology, and a host of terms with similar endings, and with similar direct, definite, plump scientific meaning. We are tocologists.

The arrangement of Prof. Lusk's work differs from that to which we have been accustomed. Thus the book opens with a description of the female organs of generation, instead of with the usual display of pelvic bones and ligaments. The first chapter is devoted entirely to this description, and in its preparation the works of more than thirty authorities are laid under contribution. This is characteristic of Prof. Lusk's treatise throughout. It is a veritable mine of research, and the array of great names that is brought to the support of the author's statements leaves but little room for any want of confidence on the part of the reader. The

author shows that he knows precisely how a modern work on tocology must be produced; it must be a digest of all that has gone before, and small indeed is the original contribution which any one man can now make to this department.

And what can we find that is noteworthy in this first chapter? Simply a few scholarly touches that serve to make the subject clear and interesting. Thus the term "vulva" finds here something like a precise definition, which all authors do not give it. "The labia majora act as a sort of valve, which closes the orifice of the vagina, whence the term vulva—i. e., valva, the folding door of the ancients" —(p. 2). Yet even here we must question this pretty piece of etymology. The term "vulva" is more probably derived from the Latin word "volva," a covering, an integument, that in which anything is rolled up; and it designated the uterus of women and animals from the most ancient times, and has since been vaguely employed to designate everything from the fundus to the labial fissure. And furthermore this definition may be criticised as unauthorized; for it makes the vulva another name for the external labia, which is somewhat unique, and gives us only a superfluous term. Dunglison gives two definitions of the word, in one of which it means the fissure itself between the labia, in the other the whole of the external female generative organs. This latter is the definition given by Gray. And Ramsbotham describes it in almost the same terms by which he defines the pudendum. The fact seems to be that we have here a very useless piece of nomenclature, about as devoid of strict scientific meaning as any anatomical term can well be. We move the expulsion of the word "vulva" from tocology, because it has no real use and no precise meaning. There will be trouble with it otherwise until the end of time.

Respecting the labial commissures Prof. Lusk makes the following noteworthy observation: "The two extremities of the vulva have been designated the *anterior and posterior commissures of the labia*; but those terms, so far as they convey the idea of connecting bands between the labia, are

incorrect, for Luschka has shown that the labia are directly continuous with the mons veneris in front and the perineum behind." (p. 3).

And again, "The labia minora meet posteriorly, in most instances, and form a thin circular band, the *frenulum vulvæ* or *fourchette*. The fourchette has usually been regarded as the posterior commissure of the labia majora, but this view Luschka has shown to be incorrect" (p. 4).

There is abundance of this minute corrected anatomy in this treatise, which renders it of great value to the careful student. And yet even in the last paragraph quoted there is direct proof of what we have just said respecting the term "vulva;" for on p. 2 the *labia majora* are said to form the vulva; while here on p. 4 (last quotation) the *labia minora* are said to form the frenulum vulvæ.

On p. 9 we note the following: "The vagina is likewise furnished with transverse ridges (*cristæ*, not *rugæ*—they are not wrinkles), which are more fully developed upon the anterior than upon the posterior wall." This is a very proper correction; the so-called *rugæ* of the vagina are very far from being mere wrinkles; they more closely resemble regular rows of small fig-warts passing entirely around and around the vaginal canal than anything else. In a specimen in possession of the writer taken from an infant one week old, the *cristæ* are beautifully developed, and by their regularity and firmness remind one of the honey-comb like arrangement of the mucous membrane in the stomach of certain ruminants. Not that the arrangement is at all like that of the honey-comb in form, but that the term wrinkles or *rugæ* is no more applicable to one structure than to the other.

The remainder of the first thirty-two pages is occupied with a clear, careful, and minute description of the uterus, ovaries, and so forth, all of which is fully illustrated by numerous engravings. These engravings are for the most part rather coarse, and yet they are generally clear and succeed in exhibiting faithfully the designed points. Thus there are five cuts representing as many abnormalities of uterine

structure, the uterus unicornis, the double uterus and vagina, the uterus bicornis, the uterus cordiformis, and the uterus septus bilocularis. Chapter second treats of the development of the ovum, and to that we hope to pay some attention in our next.

(*To be continued.*)

Influence of Nutrition on Poisoning by Strychna.—M. Delaunay has presented to the Academie des Sciences (meetings on Aug. 29 and Sept. 5) the result of experiments made with the assistance of M. Wiet regarding the influence of the greater or less intensity of nutritive phenomena on Strychnia-poisoning. *Constitution.*—On injecting the same dose of Strychnia into two frogs, one of which was large and vigorous, and the other small and feeble, the phenomena of poisoning were seen to be much more rapid, and particularly more intense in the first than in the second. In the case of recovery, the stronger frog recovered before the more feeble. *Alimentation.*—A frog, which had always been well nourished, was more sensitive to the action of the poison than an anæmic frog, which had been starved for some weeks. *Muscular power.*—On injecting the same dose of Strychnia into two frogs of the same size, one of which moved and hopped for half an hour, it was seen that the latter was sooner and more seriously poisoned than the other. *Position.*—Regarding the position held by the animal; if the same dose of poison were given to two frogs, one of which was suspended by the head and the other by the feet, it was seen that convulsions affected the frog with the head low twenty minutes before the other, and were much more intense. The author is led to believe that the horizontal position may be a cause of death in individuals seriously poisoned, and he questions if it would not be good to maintain them in a vertical position—the head high and the feet low—by placing them in a special apparatus. *Hæmorrhage.*—If the same dose of Strychnia were given to two frogs, one of which was previously enfeebled by hæmorrhage, it was seen that the latter was less rapidly and less seriously poisoned than the frog which was untouched. From the therapeutic point of view, if, after having equally poisoned two frogs, one of them were bled, it were seen to return to a normal condition whilst it lost blood. It is known, from the researches of M. Ch. Richet, that large doses of Strychnia kill without producing convulsions. If a frog thus poisoned were bled, tonic convulsions, which characterise the first degree of poisoning, were produced in it. *Congestion.*—If congestion were produced in the foot of a frog by burning it with nitric acid, or by inserting pins in its palmar surface, this foot was seen to become convulsed before the other, and the convulsions were also more violent.

Society Department.

THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.

The eighteenth annual session of the Homœopathic Medical Society of Ohio was held in Springfield, May 9 and 10, at the City Council chamber.

The Association was called to order at 10.30 A. M. by President Wm. Owens. The censors being absent, Drs. Wm. Webster, Dayton, and Grant of Springfield were appointed Board of Censors. The chair also appointed an auditing committee which consisted of Drs. Parmalee and Van Norman.

The Board of Censors now presented the names of J. T. Futch, Findlay; J. Miller, Springfield; J. Andrews, Celina; D. B. Hale, West Liberty; Spring Hill, and W. Outland, Zanesfield, who were accordingly elected.

Reports of delegates from other societies being in order, Dr. Wm. Webster, Dayton, presenting a verbal report regarding the flourishing condition of the Montgomery county society. Dr. M. H. Parmalee reported his meeting the Michigan Society as a delegate.

J. C. Sanders reported as a delegate from the Cleveland Homœopathic Hospital College. Delegates were requested to furnish written reports.

A report from the World's Convention by Dr. Eaton.

Dr. Owens reported as delegate to American Institute. The doctor considers this the most interesting medical convention in America.

The report of bureaus were next in order. First was called the bureau of obstetrics. M. M. Eaton, responding with a paper on Post partum Hæmorrhage, Discussion by Drs. Logee, Sanders, Parmalee, and Owens. Adjournment until 2 P. M.

AFTERNOON SESSION.

The society was called to order at 2.30 P. M., by the president. A report was made by the board of censors; The application of J. A. Studabaker, Springfield, and R. D. Connell, Columbus, were presented and elected to membership. Dr. Van Norman now introduced captain Bushnell president of city council, who delivered an address of welcome. President Owens responded giving a comparison between the present, and a visit to Springfield forty-five years ago. Dr. Sanders continued the bureau of obstetrics by reading a paper on Extra Uterine Gestation. An animated discussion followed. With this paper the bureau of obstetrics closed.

President Owens then read the annual address. On motion the address was received and referred to a committee consisting of Drs. Wm. Webster, H. Ring, and M. H. Parmalee.

The next bureau called was that of clinical medicine. Dr. H. Ring of Urbana, read a paper on "Euphrasia." Dr. C. C. White followed with a paper on "Clinical Cases." Dr. J. B. Owens chairman of the bureau concluded by presenting a paper on the "Treatment of Typhoid fever vs. Typhoid symptoms." The bureau was now closed.

Then followed the bureau of materia medica. Dr. Shappee, Xenia acted chairman. The first paper presented was by Dr. Wm. Webster, Dayton, on "Artemesia treditata," or common sage bush of western plains. Next followed Dr. J. W. Clemmer, Columbus, with a paper on "Fallacies of High Potencies," and discussion of some interest followed.

A paper was here presented by the President, Wm. Owens, "Tendency of the so-called 'Regulars' in Medicine."

The board of censors reported the following who were elected: H. C. Houston, Urbana; C. W. Carroll, Sidney; A. E. Elliot, Lodi; B. A. Brady, Cincinnati; Ralph Morden, Groveport; D. Adams, Columbus; and B. S. Hunt, Tawana.

The session adjourned to meet at 9 Wednesday morning.

An invitation was extended to all present to attend the reception at Dr. Van Norman's residence.

SECOND DAY—MORNING SESSION.

The society was called to order by the president, after which the committee on publication was appointed, consisting of Drs. H. E. Beebe, H. M. Logee and M. H. Parmalee.

On motion all papers read by members of the society were referred to the publishing committee.

The board of censors made a report of the following applicants who were elected to membership: C. F. Ginn, Miamisburg, and C. Hoyt, Chillicothe.

Delegates to other societies were appointed.

The society then proceeded to fix the place of next meeting. Columbus was the place selected.

The names of M. H. Parmalee, Toledo, and C. C. White, Columbus, were proposed for president.

The ballot resulted in favor of C. C. White, Columbus.

C. E. Walton was elected first vice president, and W. A. Phillips, Cleveland, second vice president. Dr. H. E. Beebe, Sidney, was re-elected secretary, and J. C. Sanders, M. D., Cleveland, re-elected treasurer.

Censors: Drs. J. M. Miller, Springfield; J. P. Geppert, Cincinnati; H. M. Logee, Oxford; R. D. Connell, Columbus; N. Schneider, Cleveland; R. B. Bush, Salem; and M. H. Parmalee, Toledo.

A paper of the bureau of obstetrics was read by title "Puerperal Pyæmia," by Dr. R. B. Johnston, Ravenna, and was referred to the publishing committee.

The bureau of insanity then was called. None of the members being present except Dr. Geppert, the papers were referred to the committee.

Next was the bureau of sanitary science. Dr. Eggleston presented a paper, the "Dynamics of Sanitary Science." Dr. H. M. Logee presented a paper, which was read by title, "Food Adulterations." Was referred to the publishing committee.

A paper was presented by J. P. Geppert on "Cremation.

The bureau of anatomy, physiology and pathology was called. No members were present and papers were referred to the publishing committee.

The bureau of surgery was next in order. Dr. M. H. Parmalee, Toledo, read a paper on "Perinæo-Rectal Laceration." Dr. D. W. Harts-horn, Cincinnati, then read a paper on "Treatment of Angular Curvature of the Spine."

Drs. G. M. Ireland, Wilmington, M. M. Moffat, London, and H. Mills, Attica, were elected members.

Dr. Moore, of Springfield, then read the report of a case of "Strangulated Hernia."

Dr. J. C. Anderson, Mansfield, followed with a paper on "Hip Disease."

The bureau was closed after the reading of a paper by the chairman, C. E. Walton, Hamilton, "Vesical Calculi."

Dr. Schneider gave his treatment of open wounds.

Drs. J. C. Fahnestock, Covington, and J. D. Harris, Franklin, were elected to membership.

Delegates to the various societies were elected. To the American Institute of Homœopathy, H. M. Logee, Oxford, and D. W. Harts-horn, Cincinnati; to the Michigan State Society, M. H. Parmalee, Toledo; to Indiana Institute of Homœopathy, G. C. McDermott, Cincinnati, and W. A. Phillips, Cleveland; to Montgomery County Society, J. Miller, Springfield; to the Western Academy of Homœopathy, W. A. Phillips.

Drs. J. D. Grabill, Union City Ind., Louis Barnes, Delaware, Ohio, and H. M. Curtis, Chagrin Falls, were elected honorary members.

The papers of the bureau of gynæcology were referred to the publishing committee.

Bureau of ophthalmology and otology reported. G. C. McDermot, Cincinnati, read a paper entitled "Cases from Practice."

Dr. W. A. Phillips presented a paper.

The society tendered thanks to Dr. Van Norman for his entertainment. Also the city council for the use of the room.

Auditing committee reported favorably and the committee on presidents address recommended its publication.

The society then adjourned to meet the second Tuesday of May, 1883.

W. OWENS, Pres. H. E. BEEBE, Secy.

Musk in Spasm of the Glottis.—Dr. Gallup of Sangutus, New York, reports in the "Medical Counselor," a case of complicated whooping cough in which spasm of the glottis, continued for days with short intervals, was relieved by inhalation of strong odor of musk.

Consultation Department.

ANSWER TO CASE.

Would suggest for R. T. Harman's case in INVESTIGATOR May 15, Kali hydriodicum and Rhus radicans. Give the first about the third trituration and the Rhus rad. about the 30th potency.

G. M. OCKFORD.

THE ILLINOIS MEDICAL LAW.

What does the State Board of Health of Illinois require of a physician, with a diploma, from a reputable medical college, who locates in Illinois? Does he have to pass any examination before commencing his profession?

W. T. K.

[All that is required is to show diploma, with certificate of good character and pay the fee.—ED.]

WANTED A SURGEON.

DEAR DOCTOR: Your question to me concerning a good location for a Homœopathic physician, I considered a private matter and did not expect it published in THE UNITED STATES MEDICAL INVESTIGATOR, and I desire this explanation published in the next issue to set me right with my colleagues. Homœopathy as a practice of medicine is as well represented in Lansing as any city of its size in the west, careful prescribers, successful in combatting disease, and each with a good practice. But a surgeon who makes surgery and surgical diseases a specialty we have not. Such a one I think could build up a good business. "*None other is needed.*"

Yours truly,

A. R. HICKS.

[We printed Dr. H's answer for the reason that it emphasizes the fact that surgical training in our ranks is not up to the demand of the times. One who has had a special surgical training will be a surgeon in spite of himself. When a great hospital opens its wards to us this lack in our ranks is painfully evident. When our patients meet with accidents, that an Old School surgeon often must be given charge of the cases, is a fact most humiliating. A doctor who cannot be surgeon as well as physician loses his grip on his families. That our profession neglect the study of surgery is self-evident; but the increase of surgical literature by Homœopathic authors shows that a change is taking place. Our college that is planted beside the best Old School colleges to be found doubling its teaching force on surgery shows that the future surgical reputation will not be below par as far as it is concerned. Those in the profession whose surgical knowledge is lacking should get Gilchrist's Minor Surgery, Surgical

Therapeutics, Ludlam's Medical and Surgical Diseases of Women, and other standard works and keep abreast of the times in this branch. Those who can should visit Cook County Hospital for a few weeks and post up on the surgery of accidents.—ED.]

73M. OF THUJA.

R. F. G. (in the number of May 1, 1882) gives us a case of *Verrucae* cured by a few doses of this remedy. I would like to be informed, first, if Thuja 30, for instance, would not have done the same? Second, what is the meaning of 73m? How must I prepare it? The doctor does not mean to say that 73-1000 times one drop of the medicine is put to 9 or 99 drops of water or alcohol, shake up, etc.? For in that case, allowing for each dilution proper skaking included, three minutes. I could make twenty in one hour, and by working hard eight hours continually would make 160 potencies each day, which would be about 455 days or 15 months steady work to make the 73m. What an enormous quantity of water or alcohol must be used! How costly it must be! Now, I am told there is a machine to do the work, but I fail to see how that can make a great deal of difference; the number of shakings must remain the same. You cannot make ten dilutions at one stroke, as you would cut 100 pieces of tinware at once? *One dilution must be made FROM and AFTER the other.* Or is the meaning: one drop tincture in the proportion as if mixed with 73,000 drops of water, which would be the 730th cent. dilution; or is it made still easier by putting one drop to 73,000 drops and shake (which is impossible). I would like to be informed about this matter, that I could judge about the meaning of the question, "How is that for high?" I suppose the doctor himself made the preparation in order to be sure that it was the 73m, who did the work himself, and not perhaps the 15th, 30th, or probably 200th potency, which was labeled 73m. If the doctor did not prepare it himself, was it done under his supervision? Was he watching the process for at least *one year* day by day until 73m was reached? Finally, what induced him to try such a funny, odd number of dilution? Why not take the 30th, which he knows how it is prepared, or else can prepare himself? C.

CONDENSED MILK FOR INFANTS.

In answer to C. T. (MEDICAL INVESTIGATOR, April 15, 1882) would say that in my practice I have seen children, if not entirely, at any rate *almost exclusively* raised on condensed milk. One instance, all the particulars of which I now recollect, was a girl very thin and small, sickly-born. The mother (of seven children) had very little milk, but for several reasons concluded to hold on as long as possible, as she had done with her previous child—once a day and about 11 or 12 P. M. The child was nursed and got at least something; but the main and almost exclusive nourishment was given in the shape of condensed milk—"Gail Borden Eagle Brand." About one or one

and a half teaspoonfuls of milk, plus a pinch of table-salt, was dissolved in half a teacupful of boiling or hot water, put in a common baby's bottle with glass and rubber tube and nipple, and administered to the child, who always took it readily. For the night it was prepared in the same way, before retiring (11 P. M.), and kept warm by putting it between the pillows in bed. Invariably between 2:30 and 3:30 A. M. the child would awake partake of her bottle and sleep again quietly until 6 or 7 A. M., when again a bottle was given. By degrees, as much as two teaspoonfuls of milk was put into three-quarters of a cup of water, but less often given. The child was given nothing else until at the age of six or seven months, when the teeth made their appearance. The only sign that teething was going on, consisted in a little restlessness, a little diminished appetite and biting on the rubber nipple. After the appearance of four teeth, a change in the food was made by giving it every morning a small piece of bread cooked in a little water and milk, adding plenty of granulated sugar to it, beating like thick boiled starch or gruel, and at dinner-time a little soup. After ten or eleven months the child commenced to eat other things though her main food was always condensed milk. The child has always been, and is yet, (now fifteen or sixteen months old,) a picture of health, strong in body and mind, and solid muscle, was never pot-bellied, she was walking when twelve months old, talks a number of words very distinctly, sleeps sound, eats and drinks hearty, and is as much advanced, if not more than any child of her age. She still uses the condensed milk, about twice a day and once a night, in the strength of three teaspoonfuls of milk to a tea-cupful of hot water. The child never had any thrush, infant powder never was used, dandruff and the like never troubled her; skin always in healthy condition, Bowels had now and then a tendency to costiveness which was easily controlled by a few doses Nux or Lycop. Once she had for two or three weeks, whooping cough, not very violent, mostly coming on in the night, one dose of Coral. rub. 200 every night for one week, cured that complaint. The younger the child the oftener it was given the bottle but less quantity at the time. On an average it has used from birth to three or four months, one and one-half to two cans of milk a week, afterwards two, and when it was one year old, it used (then besides other nourishment) three cans each week. Proper care was always taken to clean the bottle and tube, every time it was used and water plus a little soda and always kept full of fresh or soda-water until it was used again. I could cite several cases more of the same happy results; but I must add that all these children were properly treated from birth *never had a drop of brandy*, NO TEAS, nor nostrum of any description; fresh water as drink, plenty of fresh (city) air, cleansing and washing, was properly attended to. If this writing will encourage C. T. to try it again, I would be glad to hear from him.

J. L. CARDOZO.

Medical News.

Personal.—Remember the Institute.

Dr. C. H. Vilas, has given up his European trip this spring, owing to sickness in his family.

R. W. Carr, M. D., of Sedalia, Mo., was recently elected member of the Board of Health of that city.

Seneca, Kansas, county seat, 2,000 growing, good country, intelligent people want a Homœopathic physician.

Dr. M. L. Reed has moved from Farmer City, Ill., to Ashton, Dakota. *Dr. M. C. McIntire* succeeds him at Farmer City, Ill.

Dr. J. L. Daniels, of the class of 1882, New York Homœopathic Medical College, has been appointed on the house-staff New York Homœopathic Charity Hospital, W. I.

Hot Springs.—The Board of health organized a short time since is composed of the following gentlemen: *Dr. L. S. Ordway*, President; *Dr. J. T. Jelks*, Secretary; *Dr. W. H. Barry*. This is a good board and gives entire satisfaction.—*Star*.

Professional Courtesy.—There seems a strange lack of the common courtesies of life among some of the profession. A letter of inquiry receives no attention, even if it contains a stamp for reply. A bill is tossed one side and *forgotten*. A book forwarded "with the compliments of —," receives no acknowledgement, even if the recipient is a professional teacher. These are a few of the instances wherein "good breeding" is violated. "So busy" is the usual excuse. How much time would it take to be civil? Five minutes a day would cover every instance, we believe. It is not time that is wanting, but a proper appreciation of the civilities of social life. There are, however, many honorable exceptions.

Trephining. An Interesting Case.—*Dr. E. Donnelly*, of San Francisco, assisted by *Dr. A. Ferris*, (*Pacific Medical and Surgical Journal*) successfully trephined the skull of a miner, who for eleven years had carried a fragment of bone driven in between the inner plate of the skull and the dura mater. The old wound had healed, but for months the pressure of the fragment upon the brain had produced headache, deafness, paralysis of the tongue, and a drawing of it to one side. All these symptoms were removed by the operation, and perfect health restored. The brain was covered and protected subsequently only by the meninges and the scalp.

Lithium tig. 200: Four doses, in one day. In a case of uterine and heart trouble, with dyspepsia, etc., and after anxiety and excitement the lady, (a widow, brunette, aged thirty years,) was made to "feel quite well," for some time after four doses. *Indicating symptoms:*

sensation extending upwards from the left sub-cardiac and cardiac regions, as of waves of some kind, which, momentarily, on reaching the head, seemed to stun the senses; especially before the night sleep, in bed; wants to be swallowing, as if to push a load down, worse afternoons and evenings; nervous tremor all through left side and heart increasing at every sound and thought; a great deal of flatulence. The relief, on two occasions, was so signal and durable, that the drug is clearly entitled to the credit. (Such cases are not very uncommon.)

Medical Society Meetings.—The time will soon arrive when the National and Western Societies hold their annual meetings. The profession should make extra effort to secure successful sessions.

The Maine Homœopathic Medical Society, meets in Augusta, June 9.

The American Institute of Homœopathy, meets in Indianapolis, Indiana, June 13 and 16. Dr. J. C. Burgher, Pittsburg, Pa., Sec.

The American Pædological Society, meets in Indianapolis, Indiana, June 14. Dr. W. P. Armstrong, LaFayette, Indiana, Sec.

The Western Academy of Homœopathy, meets in Kansas City, Missouri, June 20 and 22. Dr. C. Goodman, St. Louis, Sec.

Take due notice and govern yourselves accordingly. Look to the West.

The American Institute Presidency.—As THE UNITED STATES MEDICAL INVESTIGATOR circulates largely all over the west it would seem that a proposition to slightly change the order of management of the American Institute of Homœopathy should be presented to this great wing of the profession at this time, seeing that the Institute meets in the west this year. It is the custom to elect the president of the Institute alternately from the east and west. The eastern man is elected in the west and the western one in the east. This would seem all right, but the facts are that the candidates are presented by a few delegates and elected by the courtesy of those who have little acquaintance with the man. Then again, the western man presides in the west, and *vice versa*. To give the Institute its national character an eastern or southern man should preside in the west, and *vice versa*; while the election should occur from the section where the candidate is best known. It would be courtesy to confine the candidates to the state or city entertaining the Institute. If this plan was followed this year the presiding officer for next year should be elected from the west and the choice should properly be from the Wisconsin or Indiana profession. Anyway this year the election, by right belongs to the west, as the south claimed it last year. This is not written in the interest of any party, but for the good of the Institute and the prosperity of the cause. Let us rally to Indianapolis and elect some leading, active, working WESTERN MAN.

The American Pædological Society, will hold its third annual meeting, during the session of the American Institute of Homœopathy, at

Indianapolis, June 14, 1882 at 10 A. M. With an afternoon session at 2 P. M. President, S. Lillenthal, M. D., New York; Vice-President, W. B. Chamberlain, M. D., Worcester, Mass.; Secretary, W. P. Armstrong, M. D. Lafayette, Ind.; Chairman Board of Censors, Geo. F. Foote, M. D., Stamford, Conn. The order of business after the president's address, minutes and correspondence of the society, the following subjects, and papers relating thereto, will be discussed in the order given. 1. Infantile Eczema. 2. Capillary Bronchitis. 3. Diphtheritic croup. 4. Elementary infantile foods. The following papers will be presented and read: Chronic Eczema, Wm. Owens, M. D., Cincinnati; Capillary Bronchitis, J. M. Deschere, M. D., New York; Infantile Convulsions, S. Lillenthal, M. D., New York; Diphtheritic Croup, C. W. Earle, M. D., Chicago; Same, T. C. Duncan, M. D., Chicago. Elementary Infantile Foods, Robt. N. Tooker, M. D., Chicago; Same, J. P. Mills, M. D., Chicago. E. Miscellaneous Business. F. Election of Officers. G. Adjournment. A full attendance of all physicians interested in the diseases of children is requested, and a profitable meeting is expected. The most attractive feature of these meetings is the exhaustive discussion of the topics presented. The proceedings and papers will be published in the medical journals.

W. P. ARMSTRONG, Secretary.

How to Cook Rice.—Rice is becoming a much more popular article of food than heretofore. It is frequently substituted for potatoes as the chief meal of the day, being more nutritious and much more readily digested. At its present cost, it is relatively cheaper than potatoes, oatmeal or grain-grits of any kind. In preparing it, only just enough cold water should be poured on to prevent the rice from burning at the bottom of the pot, which should have a close fitting cover, and with a moderate fire the rice is steamed rather than boiled until it is nearly done; then the cover is taken off, the surplus steam and moisture allowed to escape, and the rice turns out a mass of snow-white kernels, each separate from the other, and as much superior to the usual soggy mass, as a fine mealy potato is superior to a water-soaked article. [As an article of diet for young children, so cooked and added to milk, we have a nutritious food.—ED.]

The coming Meeting of the Institute.—The indications for a large meeting of the American Institute at Indianapolis, are very flattering. A very large number of rooms have already been engaged, and the assurances are coming from every quarter that this will be one of the largest and best meetings we have ever had. In accordance with these promises the local committee have secured Dicksons Grand Opera House as the place of meeting (instead of Plymouth Church as announced) and every effort is being made to give the visitors something in the way of a *most cordial welcome* that they will not forget. All who intend to come (and who do not,) should apply *at once* to the undersigned for *reserved rooms* if they would not be forced at the eleventh hour to put up with a sky light. Don't let anybody stay away. Hurrah for the Institute. Yours, fraternally

O. S. RUNNELS, Chairman Committee of Arrangements.

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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

YOUNG AMERICA, Minn. May 27.—In regard to diseases prevalent we have had all winter and spring a perfect scourge of diphtheria, largely in its most malignant form. Cases which baffled all skill and medicine; many of which after twenty-four hours of violent inflammation became putrid, foul, offensive, living corpses, lingering on in a semi-conscious condition until at the end of three or four days death caused their burial. It has been my lot to be called to two hundred and twelve of these cases, twenty-one of which resulted in death. The treatment most successful with me has been the internal use of Nitric acid 1x, Kali bich. 2x, Merc. cyan. 2x, Bromine 1x, and Liq. Calc. chlor 1x according to indications. Belladonna and the Mercurial preparations other than the Cyanuret have availed nothing. Externally I have used as gargles Dilute alcohol, Solution permang. Potassium, Hot

tea and liquor of Chloride of Lime; the last having given by far the best results.

Occasionally have been obliged to resort to steaming over slaking lime. At present the prevailing diseases are pneumonia of a mild type and cerebro spinal meningitis and scarlatina of a very severe type. In pneumonia I am violating therapeutic law by using Acon. nap. tincture and Verat. vir. tincture (Norwood's tincture) in equal parts in the proportion of one-fourth drop to the teaspoonful of water, and it has not failed me in one solitary instance. The various complications of the disease have yielded to Bry., Phos., Rhus. and Tart. emet.

In scarlatina just now I rely on Belladonna tincture entirely, and use Acon., Hyosc. and Gelsem. for such variations from the regular course and complications as demand them. Opium overcomes the sopor immediately. Meningitis though of a severe form yields readily to Bell., Acon., Gels., and Rhus. Both latter diseases are existing here as an epidemic. All cases have so far resulted in permanent, hearty recovery with no after trouble except in one case otorrhœa, which yielded in seven days to Puls. I have one case that baffles me. A lady, thin, tall, of bilious temperament and an excessive menstruator, came to me three years ago to be treated for tape worm, asserting that several links had been passed, which as she had preserved them in Alcohol she showed me. I was satisfied it was no tape worm and commenced an investigation. Three months afterward she showed me apparently a ball of wrapping twine she said she had passed. I examined it with microscope and found the "string" to be hollow, perforated in some places, and twenty-two inches long. I finally succeeded in distending about six inches of it with Mercury and arrived at the conclusion (right or wrong) that the "worm" was the mucous lining of intestine which was thus discarded, as I could explain it in no other way. I satisfied my patient with this theory and having cured her of a long standing constipation, I now three years afterwards, after having consulted many friends on the subject, am as far from a *confirmed* faith in any theory or cause

of the phenomena as I then was. What do you think about it? Perhaps it would not be amiss to say here that we have in the county a "Homœopathic Society" of seventy-five members, composed of some of the most intelligent merchants, professional men and farmers in the county. The cause is daily gaining ground and its work is fast telling on the minds of the people.

C. W. RICHES.

A CASE FROM PRACTICE.

Read before the Homœopathic Medical Society of Kansas, May 3, 1883.

Master Charlie Figalla, fifteen years old was always strong and healthy up to April 27, 1881, when he was taken sick. He complained of being sick all over, aching, severe headache, and was very hot and feverish. That lasted all day. During the night he got up once to get himself a drink. After a while the family were aroused hearing a strange noise, and when they reached the bed of the boy, he was in a fearful convulsion; he was as rigid as a log. Now a prominent Allopathic physician of this town was summoned in a hurry. He worked with the boy that night and the next day. The boy never spoke a word after the first convulsion, and seemed to be delirious all the time. The convulsions lasted more or less during the next two weeks, and his whole right side was mainly affected since the first convulsion.

On May 10th, he was conscious and talked some. The doctor pronounced the disease malarial fever, and to the anxious questions of the parents always responded, "he is doing well, and will be up and around soon."

On the 11th, in the afternoon at five o'clock I was called. On the way to the house I was told the history of the case, and learned also that the boy had taken a spell (convulsion) that morning, just like the first one two weeks before. I found him perfectly unconscious, and from convulsions as rigid as a stick. Opisthotonos. Profound coma, which

had lasted all day; he had not uttered a sound. Had not taken anything all day, and most of the time could not on account of trismus. Pulse 115, hard, full, bounding, slight perspiration. Respiration 28. Pupils dilated, but movable. Had not taken any of the doctors last prescription, because when the medicine arrived, he could not open his mouth. My diagnosis was cerebro-spinal meningitis. Prognosis unfavorable. I put a few drops within his lips and he swallowed. Now I directed to give a dose of medicine every half an hour. Later the dose was repeated from one to three hours. My first prescription was Bell. 2x, Cic. vir. 1x. Indications for Bell. comatose condition, dilated pupils, convulsions and feverish pulse. Indications for Cic. vir., convulsions with loss of consciousness, opisthotonos and trismus. After these remedies had exhausted their curative effect the second prescription followed, viz: Hyos. 2x, and Gels. 1x. Indications for Hyos., muttering delirium, wanted to lie naked all the time. Indications for Gels., weakness and trembling through the whole system; paralytic condition. This prescription was superceded by the third and last one. Sulph. 3x, and Calc phosph. 3x. Indications for Sulph. his right side was more helpless than his left. Paralysis of the right arm. Burning of the hands and feet. Indications for Calc. phosph. brain-fag. Recovery ensued in the following order: 1. The coma left and trismus did not reappear any more. 2. The general tetanic condition improved, but the right arm and leg continued to be convulsed more or less for about two weeks. 3. The delirious state ceased and returned only a few times in a short, slight form. 4. Speech returned about the tenth day, but first only in a few broken words; memory returned also slowly. 5. The paralysis of the right arm and leg decreased gradually after two weeks. June 3, the boy received the last medicine. In September he was employed in the rail road shops at Armstrong, and I think he has not lost a days work since.

WYANDOTTE, Kansas.

P. DIEDERICH.

CIRRHOSIS OF THE LIVER.

BY J. S. MITCHELL, M. D., CHICAGO.

Read before the Illinois Homœopathic Medical Association, May, 1882.

Regarding the duration and progress of cirrhosis, Frerich's says "no real intermission can be recognized in the course of the disease. It either advances steadily or makes occasional rapid strides when fresh exciting causes come into play."

In view of this statement the following clinical case may be of interest:

Mr. Blank, aged fifty, previously of strong physique and of healthy parentage, noticed last fall failure of general strength and appetite and presence of ascites. Symptoms became quite troublesome in November. Placed himself under charge of Allopathic physician in December, took Buchu Nitrate potash Jalap, etc., with no appreciable result. In January placed himself in charge of physician of our school in Denver. He was tapped February 4th, and five or six gallons of serum removed, followed by great relief. After that a milk diet and Arsenicum internally checked rapidity of accumulation of serum. Appetite then very poor and much loss of strength.

March 4th, came under charge of my friend Dr. Jenney, of Kansas City. He was placed on Arsen. 3x, and 200, afterwards Apis 3x, a milk diet and an abdominal bandage of red flannel. Improvement marked. There was loss of weight but gain of strength. April 2d, consulted me by advice of Dr. Jenney.

Patient weak and anæmic, ascites considerable but no œdema of extremities, appetite fair, urine scanty, and at times rich in urates, no bile tinge or albumen.

On palpation the liver could be felt, in spite of the ascites, very plainly. The sharp margins, reduced size and above all the firm consistence and granular feeling of the organ, left no doubt that it was a case of cirrhosis. There were

no large nodules such as are met with in carcinoma and lobulated liver. In view of the ascites percussion furnished little aid in determining the size. Palpation however enabled one to determine that there was an actual diminution in size.

Dyspnœa was present to considerable extent. Digestion was weak. Articles that were not very easy of digestion readily disturbed bowels. There was alternate constipation and diarrhœa. Febrile movement insignificant. Stools generally like putty.

ETIOLOGY.

The diagnosis in this case having been readily made the etiology became interesting. The patient was of unusual intelligence, and had carefully studied the disease himself. It is so often associated with the habit of taking the strong spirits that it is called "gin drinker's liver." Considering the number of those who use alcohol in some form, and the rarity of cirrhosis it may be of interest to direct attention to the consideration of this question for a moment. Our patient was in no sense a drunkard. Like many gentlemen he confessed to a social glass quite frequently, say a dozen times a day. These were mostly cocktails and like drinks taken through the day as one meet friends, mainly on an empty stomach. Budd justly observes spirits are most injurious when they are taken neat, *i. e.*, undiluted with water, and on an empty stomach. After poisoning animals with alcohol, Percy found the largest quantity in the liver. It would pass first through the portal vein and give rise to irritation. Like all poisons the greater the dilution the less the injurious effect. If one must drink, the wines and beers with the larger volume of water would be least harmful. If we can induce imbibers to drink only at or after meals there would be less danger of cirrhosis, the habitual gin or whisky drinker unfortunately can seldom be induced to withhold the early morning glass.

This fact may sufficiently explain the infrequency of cirrhosis, and I may also add the other graver lesions induced

by alcoholism. *The number of drinkers is large, but the typical toper is rare.* He has, I opine, about the same relation to the whole number of drinkers that cirrhosis has to the whole number of functional disorders resulting from alcoholism.

I do not propose, for the limits of the paper forbid, to discuss the relation cirrhosis bears to syphilis, intermittent fever, infectious diseases, gout, etc. I venture to add an interesting statement of G. Wegner's, that Phosphorus introduced into rabbits, cats and dogs, produced an interstitial hepatitis that by steady administration of relatively large doses of this poison was transformed into granular atrophy, and occasioned death by the same disturbances as occur in human beings affected with this disease. This may give us a clue to the treatment though Phosphorus poisoning in man has not yet, I believe caused the same results.

SYMPTOMS.

There was nothing unusual in the patient's symptoms, save absence of the dirty yellow color of integument and conjunctiva. While the ascites was very considerable there was no œdema of the extremities. I was not able to determine the question of enlargement of the spleen, which doubtless existed, because of the ascites. Attention may be called to the ease with which the peculiar pathological condition of the liver was ascertained. By placing the patient in the supine position the ascites offered no serious obstacle to mapping out by palpation a portion of the organ sufficient to establish beyond doubt the nature of the affection. The left lobe was reduced in size. The lower and outer margins of the right lobe could be clearly defined. Rubbing the fingers firmly over the hepatic region the granular condition could be clearly felt. The granules appeared to be rather larger than a marrow-fat pea. The impression made was that they were quite uniform and not very much elevated. Icterus is not common to the disease but may be present. It is rare however that as good a complexion obtains as in our case.

PROGNOSIS.

All authorities declare that in cases accurately diagnosed the termination is without exception death, indeed as Frerichs observes there is hardly any intermission in the steady march towards the goal of fatality. The recent history of this case becomes then of more than ordinary interest. It will be noted that after he came under Homœopathic treatment there was steady improvement. This has now continued three months, sufficiently long to establish a very decided remission. So marked is the change for the better that we do not feel the necessity of waiting longer before chronicling it. The emaciation, anæmia and weakness so common to the disease progressed uninterruptedly until he began to take Arsenicum. He is now almost recovered from the dyspnœa and weakness. He can walk any ordinary distance without much fatigue. The anæmia has given place to a healthy ruddy color. The girth has diminished with an increase of weight, showing that the decrease in the ascites has been attended with an increase in the amount of flesh. The appetite which at one time was entirely gone, is now good all the time. Pain in the bowels, which was quite frequent has ceased. A troublesome cough present at his first visit to me has now entirely stopped. Stools no longer have the putty character. The patient is now active and able to attend to his usual avocation. Improvement has been slow, but it has been steady, a better convalescence by far than an intermission and then a relapse. I am certain of the diagnosis and I have hopes of a complete cure. There is little doubt concerning the etiology. The patient has rare intelligence and a strong will. He is *now* absolutely temperate. The exciting cause is now inoperative. Without complication of syphilis, tuberculosis, malarial cachexia, or other cause, it is fair to assume that pathologically we have mainly chronic inflammatory hyperplasia of the interstitial connective tissue with shrinking.

TREATMENT.

First, he has a firm flannel corset which exerts equable pressure over the whole abdomen.

Second, diet is very plain, mainly milk with beef steak, mutton chops and bread allowed in moderation. Slight deviations are followed by aggravation of the intestinal catarrh. Every form of alcoholic beverage absolutely interdicted.

Third, internally he has had as before named, Arsen. 6x, and 200. Under this remedy the ascites has never increased and most of the time it has perceptibly diminished. When first given the pallor, thirst, prostration, anæmia, gastro-intestinal catarrh and weakness pointed to it. Bell. 3x, was given afterwards when there was pain aggravated by pressure in right hypochondrium, dry cough, flushed face and increase of gastro-intestinal catarrh.

This was only given a short time when we changed to China, which is applicable in both acute and chronic liver troubles. Lycopodium was also found useful. This remedy is regarded as specially serviceable in cirrhosis. It has no icteric symptoms, but it does have the sallowness, gastro-intestinal catarrh, ascites and emaciation with the feelings peculiar to the disease. The patient has returned home and thus far there is nothing to indicate that we shall have his convalescence arrested. Not only the history of this case but multitudes of others lead us to the belief that many grave pathological lesions apparently incurable may be arrested or cured with potentized remedies.

Dyspepsia a result of Uterine Irritation.—Dr. P. Porter of Detroit, Michigan, (*Medical Counselor*) attributes dyspepsia in very many women, to uterine disease, chiefly of the cervix, and relies for relief besides internal remedies, on local treatment, irrigation with hot water three times a day; care being taken, that the hole in the end of the tube be closed, lest trouble arise, from a jet of hot water thrown into the uterus. Dr. Foster, the editor of *The New York Medical Journal and Obstetric Review*, on a kindred subject advocates hot water as the chief remedial agent, if its proper and faithful use can be secured, in chronic extra-uterine pelvic inflammations.

VENNOR'S WEATHER AND DISEASE.

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

Read before the Illinois Homœopathic Medical Association May, 1882.

The fond mother looks forward to the sultry days of summer with dread, and the pædologist scans the horizon of the coming sickly season with no little anxiety.

Coming events cast their shadows before, and he, endeavors to discern the signs of times. A wise and successful physician, in the treatment of little ones, always made a close study of the first cases of serious sickness that he met in early summer, to obtain an idea of the under current of disease. Like the channel in the great Father of Waters, this he found to be constantly changing. A skillful prescriber makes it a habit every spring of carefully studying symptom-combinations that emphasize the prominence of this remedy or that group of medicines for the season's diseases. Where both remedy and food are selected from these combinations, the importance of the early study of the season's phase of disease grows equally important and imperative. The skilled pilot floats in the strongest current, so the successful pædologist sounds the storm channels—he is deeply interested in the weather chart. A true weather prophet would be one of the greatest blessings to infantile humanity, who are so easily affected by the weather.

Vennor, perhaps the most popular weather seer, forecasts the summer weather of 1882 as follows:

1. A season that will merit the designation of cool to cold and wet, generally. Not that there will not be terms of summer warmth and even intense heat for periods, but rather that these last will appear in the retrospect as of but comparative insignificance, or as the exceptions to the general rule.

2. The season will be marked by not only great precipitation, but by a mugginess of atmosphere, generally caused by the reeking condition of the earth and the long continuance of clouded sky. This will result in periods of extreme

sultriness and heavy weather, during which the thunder and hail-storms will occur. In other words, the summer will be the reverse of clear and dry.

3. There is a likelihood of June and August frost in northern, western, and southern sections, and a general cold wave may occur toward midsummer.

4. The autumn months will continue moist. September will probably give rains and floods in Western Canada and in western and southern sections of the United States. October will be much the same, with early cold and snow falls. November will begin the winter of 1882-3, a winter likely to be memorable on account of its exceptionally heavy snow falls and very cold weather over the whole northern hemisphere. That "a cold and wet summer is invariably followed by a cold and stormy winter" is a truth now so well proven and borne out by the testimony of past records that we cannot lightly put it aside: and if we have good and sufficient grounds for predicting the former—as we most assuredly have at this time—it is but right that we should warn the people of the latter in good season.

5. The approaching season will probably be the first of a couple of wet summers, and as 1882 is, so is 1883 likely to be. But here we must stop for the present.

HENRY G. VENNOR.

Vennor is a great believer in twin years and if his prophecy proves true, twin babies will make 1882-3 famous. A wet year in this section favors infantile development, at the same time it gives us diseases of a peculiar type. Dry summers are marked by gastritis, constipation and dysentery, while wet ones are characterized by catarrhs, enteric chiefly.

Judging the future by the past, Vennor is not far wrong and we may as well keep our weather-eye open and the right remedy for the genus epidemicus ever at hand.

I have already this year learned that the food question is markedly influenced by this weather drift. In trying to select a food adapted to the want of many babies who were brought to me as a last resort—the patient evidently believing that I knew all about babies, and of course could

tell at a glance just the food the starving nursling needed. I have been compelled to put several of them onto condensed milk. I say compelled, for I have not been satisfied with the action of condensed milk and had abandoned its use almost altogether. Not because it did not agree, but on account of the large amount of sugar which it contains (to preserve it) causing in the child a tendency to hydrocephalus acquired. The reason condensed milk agrees better with children this year is, I judge, on account of its constipating effect, or in other words because the large amount of lactic acid generated so aids digestion and especially assimilation high up in the alimentary canal, that the small amount of refuse causes scybalous stools. This is easily rectified by a mixed diet, unless the nervous energies are deranged by the constitutional effects of this excessively sweet food. Constipation is one of the early symptoms of acquired hydrocephalus. I have been trying to get a condensed milk containing less sugar and hope to make arrangements with the Illinois Condensing Milk Co. at Elgin to supply this city with plain condensed milk, or an article containing sugar of milk instead of cane sugar.

Through private sources I learn that they, by an inspector, keep the dairies that supply them with milk in the highest possible sanitary condition. As an old farmer expressed it: "They pay the highest price for milk, but you got to keep everything clean as a new pin, whitewashing the stables every little while, etc."

New York and Philadelphia are supplied with plain condensed milk, and Dr. Guernsey and other physicians speak in the highest terms of its value as a food for infants in hot weather. If we are to have the stormy weather predicted by Vennor the difficulty of getting and keeping ordinary milk pure and sweet will be very great this summer. Hence the necessity of selecting some food not easily affected by the sudden changes of the weather.

Horlick's food in its new and improved condition will be frequently of great service. The same is true of Nestle's food, which can now be had in unlimited quantities.

Murdock's liquid food (composed of blood and wine) may save some children that run away down. Here Koumiss has also proved of great value, but for very young children it is often too sour an article of diet. This year it also may do good service and should be kept in mind.

We certainly are passing through an unusual season. I have seen more cases of typhoid fever the past fall and winter and especially this spring than I have met before in the nearly score of years I have been a resident of Chicago. I think the weather is responsible. We have had an English winter, and it has brought us the prevailing English diseases, chiefly urinary and enteric.

The cases of typhoid fever, with one or two exceptions, were in the finest houses in this city. Residences in which the most acute sanitary nose could not detect an unsavory smell. The cause, as far as I could get at it, was retarded assimilation. These cases were chiefly young people and children who supported an extra appetite. They were poisoned by their own defective excretions, but back of this was the stagnant, cloudy, negative atmosphere. The *modus operandi* is, I judge, about this: The negative electric weather lowers the nervous energies which preside over the absorbent lymphatics and they, especially the superficial ones of the intestines, Peyer's patches, etc., take on inflammation and softening, giving us what is termed enteric or typhoid fever.

"Mugginess of atmosphere, caused by the reeking condition of the earth and the long continuance of clouded sky" will be very apt to give us retarded assimilation in various phases, which will be manifest by that form of disease in children known as summer complaint, technically, entero-colic catarrh, which when fully developed gives us entero-colitis, a disease by the way that we should be very familiar with.

Attacks of gastro-enteric catarrh, acute, so-called cholera infantum, will be frequently met, and I judge will be less amenable to control. Not so much on their own account but the repair of damages will be more difficult because of retarded assimilation from lowered nervous energy. The

tendency of the disease to assume a chronic form will tax the best energies of the physician. In the new edition of my work on *Diseases of Children*, now in the hands of the binders, I have tried to rearrange the diseases of the stomach and bowels so as to help the practitioner in all the phases that such a singular season as this will give rise to.

The great prevalence of small pox and the severity of that catarrhal disease, measles, gives emphasis to this as an unusual season. The tendency of measles to invade the deeper tissues, giving rise to croupous pneumonia rather than catarrhal and to ecchymoses rather than the usual papular eruption proves it would seem the presence of an unusual genius epidemicus.

With these facts, and the severity of bronchitis, the outlook for the annual sneezers, so-called hay fever subjects, is not very flattering. Those who cannot find the remedy for the genus epidemicus will have to early hie away to the mountains. By the way, this is a grand illustration of the truth of *similia*. Ozone will give rise to severe coryza similar to hay fever, while cool mountain air loaded with ozone will cure this disease at once.

The nervous innervation is evident in nervous exhaustion, and in children by the tendency to spasm of bowels, bladder, stomach and general convulsions. The remedy that has met this undercurrent tendency best in my experience has been *Hyoscyamus*. The allied remedies have been *Arsenicum*, *Canth.*, *Bryonia*, *Bell.*, *Merc.*, *Kali bich.* *Gels.* and *Puls.*

A study of this remedy and its comparative remedies, as given in *Cowperthwait's Materia Medica*, will I feel forearm us for the treatment of the many singular cases of diseases that we shall meet. In typhoid fever that has been ushered in with more prostration than fever that goes right on in spite of *Bapt.*, *Bry.*, *Rhus.*, etc., is arrested by *Hyoscyamus* even in the second week.

The spasmodic cough worse on lying down is met by *Hyoscyamus*. The sleeplessness of overwrought business men and underfed babies is controlled by *Hyoscyamus*. The

enteric pain, the thirst, the distension so often met in children will call attention to Hyoscyamus and its near associates.

A remedy that corresponds with the genus epidemicus will not as many suppose cure all forms of disease, but if we know the remedy that corresponds to the under current we will find that the surface ripples (slight ailments), will be met by one or another of the comparative remedies.

A study of this subject will lead us away from routine and its disappointments into the more exact path of individualization of the epidemic, endemic and personal peculiarity of each case.

"PLEASANT MEDICATION AND SPECIFIC INDICATIONS."

BY JOHN H. HENRY, M. D., MONTGOMERY, ALA.

The names of great physicians are objects of high and lasting veneration. The dogmatists in their climax of glory did not dare to tarnish the glory of the name Hippocrates. It is remarkable Eclectics, dogmatists and empirics appeal to him as authority although his greatest merit consisted in teaching the art of faithfully observing the phenomena of disease. "This is his greatest merit." His philosophy is a rational empiricism based upon experience, his rules of practice are derived from experience. "Avoiding dogmatism, he has never tried to arrange the results of his experience into a system." In his practice he was an Eclectic and had no other guide in the treatment of disease except in his power of observing and individualizing.

Quite a number of distinguished physicians have taken him as their guide, and the most celebrated practitioners have kept aloof from systems, and have been Eclectics, but in the course of time the most distinguished Eclectics are embarrassed at the results of observation derived from experience, they are unable to distinguish truth from error in

the number of cures and pretended observations reported in medical journals of the day, which must force them to an empirical treatment which is very doubtful in its results, or they must be guided by rules of their own.

The necessity of some guiding principle is constantly felt by physicians, and it is natural some attempts have been made to establish the practice of medicine on a solid basis. All attempts based on science should be given justice and we should give all honor and the deepest gratitude should be shown to the memory of those physicians who have risked life, health and fortune in their endeavors to perfect the healing art and to reduce the rules of practice to scientific principles. In looking back to the past and present history of medicine it is with pleasure we find civilization and medicine have kept apace. And in this progress we are not to inquire whether instinct, experience or chance first gave us this or that remedy for diseases. Our acquaintance with the virtues of medicine in the early age of mankind and of the world was very imperfect, and the curing of disease was by giving remedies known to have cured similar cases. This was Empiricism based on comparison of diseases and symptoms adapted to our infant humanity.

After long years of groping in darkness and man began to reflect on the first cause of the phenomena of our nature and the changes undergone, reflecting physicians attempted to establish a system of rational medicine and treatment of disease, based on the fundamental principle to cure disease was to remove the cause. Until the present time this principle "*tolle causam*" is followed, although some object, that the cause being hid in most cases is the product of much speculation, the reason of so many errors, but no author of new systems has failed to fall more or less in the same deep although every effort was made to shun them.

Unwilling as we all are to give up a favorite opinion, we are obliged to demonstrate the truth of a theory that generally throws us in a network of speculation, based on false premises so glaring that the whole structure crumbles before scientific thought and reason.

In studying the many different methods of practice we are able to account for the various systems of medicine. They all have a common end, which is to remove the cause of disease, to apply rational treatment, medicine and philosophy is governed by idealism and empiricism.

Seeing it is impossible to construct a practical therapeutic system on idealism, rational empiricism endeavors to elevate medicine to an experimental science. The physiological school is still less perfect. They pretend to have some knowledge of organic structure but they are but little acquainted with the importance of the functions of nutrition and sanguification. They are still mysterious and the knowledge of the relation of many of the sympathetic organs are very incomplete. The limits of our physiological knowledge upon which pathology is based, require us to know the laws of vital functions in their normal conditions, before we can obtain a clear notion of their normal changes. It is true physicians deny this uncertainty. But a number of distinguished physicians and writers complain of the imperfections of medical science, and those who are most distinguished and practical feel it most sensitively.

I might multiply and mention a number of other schools of medicine, but as we have now too many excellent descriptions of disease, our knowledge of the cause of disease is scarcely anything but contradiction and speculation. And those that oppose the specific method of treating disease generally forget the evidence of Hildebrand, Boerhaave and Hufeland and many other medical savans to the imperfections of medicine and they do not hesitate to designate any treatment as rational, even unsuccessful, if based upon a hypothesis defended by logic. The sick cares nothing for logic and the principles or system; they wish to be cured quickly and speedily. I have known a most ignorant slave colored man that was able to cure king's evil, as he called it. It was a chronic indolent tumor behind the ears, the parotid glands. About his cabin in the woods the sick with these enlargements would congregate from a long distance to be cured by this unlettered slave, which he did from herbs and compounds

obtained from the woods and field that surrounded his house. Let it be known that cancer can be cured by the most ignorant and thousands upon thousands will find the ignorant unlettered man in spite of all the government, state and corporate laws, pay their money to be. And here I will give a hint in the cure of cancer. Calcareo phos. internally and locally is one of our best remedies. Iodide of Sulphur, Iodide of Lime, Iodide of Arsenic, Iodide of Antimony, Muriate of Gold and Soda, are others. First take out the cancer with the Butter of Antimony. After it is out use Iodine locally with the Phosphate of Lime. I have cured six cases with these remedies, large cancers of the breast, neck and face, in fact I have not failed in a single case where the remedies are used as I directed. I have cured cases where the Old School physicians have pronounced they would not live twenty days, all the glands under the arm involved, the arm swollen and two or three times larger than natural, a quart of hæmorrhage from the cancer of the breast at a time. I also use a tea of a common plant growing all over the sandy hills of the south, called wild tea. I have failed as yet to find the proper botanical name for it. Seven cases of cancer are now living that have been cured by this treatment during the last seven years. The treatment was discovered by reading and studying Hahnemann's antipsoric theory of treating chronic diseases.

I dare not say I can cure cancer for it would be quacking in me, but I have not failed in a single case since I discovered the remedies eight years ago. I feel confident with the combination treatment with the vegetable remedies and antipsoric remedies of Hahnemann, a cure can be effected in most cases given up as hopeless. This is rather a bold position to take, although specific medical therapeutics is not as positive as that of making sugar and curing bacou. Yet in the words of the learned Hempel in his Organon of Specific Medicine, page 17, "Even specifics will fail of curing when the reactive energies of the organism are entirely destroyed; but specific remedies accomplish a cure in every case where a cure is possible, and much more speedily, safely and thoroughly than any other medicine could do."

In reading and studying Dr. Duncan's great work on Diseases of Children, which is always open on all difficult cases I have to treat, I learn Belladonna, Calcarea carb., Calc. phos., Sepia, Arsenic, Sulphur, Silicia, although old remedies in our clinical treatment of diseases of children, yet in no practical work can we find the indications so clearly given for the remedial specific symptoms of the remedy to the clear positive specific symptoms of children's and infant's diseases. Why are Homœopaths so silly as to spend money for Allopathic nonsense treatment and contrary to their best interest as successful physicians, when they can buy such practical Homœopathic works by such able and practical teachers like Duncan of this Homœopathic school. The more Allopathic books we spend our money for, that teach us how to cure diseases the more we will abuse Hahnemann's theory of antipsoric remedies and small doses, and be less successful in curing diseases.

Let all of us that have wandered back to the beauties of the physiological and chemical school of medicine, go back to the solid teaching of Hahnemann, who has endeavored to teach. That the tendency to idealize and to arrive at a knowledge of the invisible cause of disease by pure reason is dangerous, and that nothing can be known of disease with certainty except its perceptible phenomena. We must accept Hahnemann's doctrines, for the principles of specific medication and specific indications, are the corner stones laid on the rock foundation of *similia similibus curantur*.

In reading the Art. XXXVI *Cincinnati Eclectic Medical Journal*, edited by John M. Scudder, May, 1882, page 207, headed, "Pleasant Medication and Specific Indications," the article is ably written and abounds in truths and facts which interest the practical physician. But where does he get these clinical truths and suggestions from? which he claims belong to the Eclectic school while he abuses Homœopathy as teaching infinitesimals in his words. "I consider the high potency dynamization (Homœopathy) an imposition and fraud on common sense and reason." Then on next line he says, "It is difficult to state what the dose should be as

yet, much good will be accomplished in the future by study, observation and experience." A few practical examples may serve to illustrate this. I would like to copy this entire article to show the boldness which small dose Allopaths and specific pleasant indicated symptom small dose Eclectic physicians are appropriating Homœopathic remedies and abusing us. To this proof that very startling fact and truth contained in the well written, and much to be admired practical article of G. S. Troyer, M. D. is taken freely and boldly from Homœopathy. First, headache, "Belladonna will cure if our patient feels dull and sleepy, would sleep if it were not for the pain. Eyes are dull, pupils dilated. (Troyer.) *Jahr's Homœopathic New Manual of Symptoms and Codex*, by C. G. Hempel, M. D., Vol. I, 1848, Belladonna page 245. Dullness of head, feels heavy as if going to sleep. Confusion of the senses feels sleepy, the pain obliges him to close his eyes. Dullness of sight, page 249. Pain in the eyes as if being torn out, enormously dilated." (Hahnemann.) Dr. Troyer's second remedy for headache is *Rhus tox.* "The pain is frontal, especially in left orbit is sharp and burning, and there is contraction of tissues about the eyes. *Rhus cures.*" (*Jahr's vol. II*, page 677.) Headache in the forehead behind the left eye. Burning and creeping in forehead and temporal line. Burning in the eyes. Pressure in the left eye as inflamed. "Troyer's *Gelsemium* cures flushed face, bright eyes, contracted pupils, increased heat of head, and headache all over." *Hale's New Remedies*, 1867, page 398. "Pain over the whole top of head." *New Remedies*, 1875, page 254. "Hot head, flushed face." Page 253. "Head feels heavy and big face, scarlet, large, full and quick pulse not very hard."

Troyer's indications for *Pulsatilla* "patient is nervous and feels as if she had lost all her friends. Light complexion, hair and eyes." *Jahr's Vol. II*. page 607. Hahnemann's indications "especially adapted to females, melancholy, pale face, blonde hair, blue eyes, gloomy and melancholy, page 585. Sad, weeping and disponding, full of care about domestic affairs."

Dr. T. "Podophyllin will cure if the veins are full, as if it would burst and there is dizziness." *Jahr*, page 510. "Sensation of fullness, giddiness, stunning headache relieved by pressure, dullness with pain in right hypochondrium."

Dr. T. "Kali bich. will cure, if you have a frontal headache mostly over the left eye, pain of dull, heavy throbbing character, or a throbbing headache at the angles of forehead, with dimness of sight, dissolve one grain in four ounces of water and give a teaspoonful every fifteen minutes and a few doses will convince you of the utility of small doses and pleasant medication."

Vol. I. Page, 886, *Jahr's Kali bich*. "Frontal headache generally over one eye, violent shooting pain along the left orbital arch extend to angle of the eye. Throbbing headache at the angles of forehead, pain over left eye. Sight confused and dim."

Dr. T. "Bryonia promptly cures headache extending from forehead to occiput increased on motion." *Jahr's* page 326, published 1848, by Hahnemann seventy years ago. Bryonia. "Violent headache as if the skull were pressed asunder from forehead to occiput, aggravated by movement, page 337. The characteristic peculiarities of this remedy is aggravation by movement and contact".

Dr. T. "Nux vomica, cures cases of extreme nausea and sometimes vomiting, face sallow, yellowness about the eyes and mouth, intestinal uneasiness give Nux vom. not fifteen drops for a dose, but add ten to four ounces of water, and give a teaspoonful frequently repeated." (*Jahr's* Vol. II. page 385.) "Nausea at different times a day, qualmish and anxious nauseated, violent vomiting, nausea without vomiting. Page 138. Yellow appearance around nose and mouth. Face earthy yellow, complexion pale, wretched look, blue margius around the eyes, gripping and clutching in the abdomen and intestines going and coming."

Dr. T. "Colic, Nux vomica will cure all cases of colic having specific indications." Ipecac colic being better on ing quiet, constant nausea, stooping causes vomiting."

Hahnemann, *Jahr's* page 866. "Cutting colic, teasing colic,

pricking colic," page 865. "Nausea, qualmishness with incipient colic. Colic or pain griping and pinching, better by rest but is violently worse by motion." (Hale's New Remedies, page 305, remedy for colic.) It is true we got the remedy from Dr. J. G. Jones, Prof. of Practice in the Eclectic Medical College Cincinnati, we thank him and the Eclectic School for it. He says for bilious colic but to Homœopathic specific symptoms and pleasant specific medicines, we get these symptoms which the remedy will cure colic when there is constant pain of a violent, twisting character, all the pains aggravated by lying down. Dr. Troyer says, "Colocynth cures symptoms of cutting pains in abdomen, with diarrhœa and dysentery pains intermitting, or come and go, tenesmus increasing the pain, feeling as if the intestines were squeezed between stones compelling one to bend double." Hahnemann wrote the same indications for Colocynth symptoms over sixty years ago. (Jahr's page 577, Vol. I.) He says the Eclectic treat colic with small and pleasant doses they will cure in less time than Morphia, Chloral and any other narcotic. He says, "I have described enough to show the necessity of a careful adaptation of the disease to the symptoms, it is true of every disease and there is no case that may not be analysed in this way, and if you can once determine the exact indications for a remedy, you may employ it whenever you find these indications no matter what may be the name of the disease, or condition of the patient otherwise." Hahnemann (*Organon*, page 212,) wrote eighty years ago. Do not lose sight of this great truth that all known remedies, the preference must be given to those whose specific symptoms bear the closest resemblance to the symptoms of the disease, and they will cure without regard to name. Dr. Troyer says, "try small doses and pleasant medication and be convinced, I say, try small doses." "Pleasant medication and specific indication." Study Hahnemann's *Organon* and Jahr's *New Manual or Symptomen Codex*, the Bible and prayer book of every true Homœopathic physician and you will find where the Scudder Troyer and Allopathic school of small doses, pleasant medication and specific indications, get all these wise sayings

about the specific remedies and specific indications. Then abuse Homœopathy and call us that have faith in high potencies dynamizations and the antipsoric theory of chronic disease imposters and frauds on common sense and reason.

Homœopaths have always given credit where we first received a remedy from, but to us belongs the great truth of adapting the specific symptoms of the remedy to the specific symptoms of the disease, and giving small doses of specific pleasant medical remedies in specific indications or symptoms.

Eclectic and Allopathic small dose pleasant medicine brothers get on our Homœopathic ship. Our breast ropes are fast and strong. Our breast plate of specific medicine cannot be stolen from the ship. Our breast hooks *similia similibus* are our strong timbers. Our breast for pleasant medication and specific indication are the ropes in our ship to hold her head to a mark, so that we may steer free of the shoals and rocks of rationalism and empiricism, which most medical crafts have foundered, wrecked.

Twenty-eight years ago after graduating in the old Allopathic school ministry of New York, I was taught and graduated in the Homœopathic college of Philadelphia, Penn., by Neidhard, Williamson and Hering to give from one to two and three drops of the *similia* Homœopathic remedy Aconite, Belladonna, Bryonia, Chamomilla, Colocynth, Nuxvomica, Rhus. tox. and all other vegetable tinctures in doses to suit the severity and danger of the case, and of all mineral or other remedies give from one to five grains of the tincture 1st or to 3rd trit. Repeat the doses every five, ten, twenty or thirty minutes, or mix from one to six, twelve or twenty drops in tumblers half full of cold water or in four ounces or six ounces of water in a bottle and give every five, ten, twenty or thirty minutes as required. I was also taught the smaller the dose that would cure the disease was always best, and in most cases from the 3rd to 12th in tinctures was best, and triturations from 3rd to 30th, I could range with freedom. I was also taught Homœopathy did not recognize any dose and the size of the dose had nothing to do with

the truth of Homœopathy. That to be a Homœopathic physician was to believe in the law of similia, to make the symptoms of medicine fit or cover the symptoms of disease, and the nearer this comparison agreed in similarity the small dose would cure best, but at times crude and large doses would be required to cure, and do it more readily upon these great practical truths as taught by my illustrious friend, Charles Neidhard. I have never failed or lost confidence in the power of Homœopathic specific pleasant medicines to cure diseases and the combination of remedies *cannot destroy the truth* of the law of similia and that the success of all schools of physicians in curing diseases depends on the Homœopathic specific similia remedies used singly or in combination. Let us take Chlorate of Potash, Jahr's New Manuel published in 1848, Dr. Hartens provings cures arthritic and herpetic prosopalgia, Dr. Liebeck all kinds of (scorbutic sore mouths), Dr. Hempel cures all sore mouths, salivation and diseases caused by mercury are speedily cured by it. Ergot forty years ago Homœopathy taught physicians of our school to give this remedy in every species of hæmorrhage, heart disease, leucorrhœa, dry gangrene of all parts of the body, all forms of diarrhœa, spleen diseases, piles, hæmorrhage from anus, paralysis, vomiting, diplopia, noise in ears, bleeding from nose. See Jahr's, page 741, and you will find Homœopathic physicians have used and recommended fifty years ago Ergot for all these diseases. Our Allopathic and Eclectic brethren are now recommending it. See Iodide of Potash, the mercurials, Iodine, Bromine, and by examining the provings of Bromine and Carbonate of Potash by Hahnemann you will find seventy years ago violent spasms laid down under the symptoms of each, indicating why and how they cure epilepsy, Jahr's, page 922, same under Iron. These chemically combined give Bromide of Potash, a good remedy in epilepsy. I might go on naming and proving all the specific and new remedies in the Old and Eclectic Schools are taken from Hahnemann. Aconite for fever, Belladonna, brain diseases, Opium, threatened apoplexy, Bryon., pleurisy and typhoid fever, Cereus bonplandi, heart disease, Arsenic

in gastritis, Ipecac in vomiting and asthenia, Cantharides in inflammation of bladder, Nux vom. in gastritis, Phosphorous in pneumonia, Bichromate of Potash in headaches over left eye and ulceration of the cartilages, Pulsatilla in menstrual diseases.

Dr. Troyer says we are daily progressing (I say into Homœopathy) for ten or twelve years ago the Tompsonians and Eclectics did administer the most disgusting, heating, puking, purging, collapsing, nauseous doses, decoctions, by the pint, quart, gallon, and quarter-pound of bitter powders. But they did not stop at this, they had to steam and sweat them to death. But now Dr. T. says our patients get a few drops of pleasant tinctures or fluid extracts added to a half glass of water and they take it without any trouble or grumbling. Listen old Homœopaths to this Eclectic brother. In most cases the effect is almost magical compared with the old way. Our patients are not sick after they get well; no shattered constitutions will be required." Organon page 171. The most appropriate remedial employment of medicines whose peculiar effects are known. Sec. 146. It is the duty of the physician to employ those medicines whose pure effects have been proved upon a healthy person in the manner best suited to the cure of natural diseases. Now comes the place where Dr. Scudder and his specific Eclectics have found all their thunder and so much bright and startling originality about pleasant medication and specific indications. Dr. G. S. Troyer and the most of his original symptom specific indications are taken from the Homœopathic proving, and then in his words, page 208, *Cincinnati Eclectic Med. Journal*, May, 1882, page 208, headed, "Specific Indications," he says the proper dose or that which gives the best results is very much smaller than larger doses of indirect medicine would suppose possible. Where did he and his brother Eclectics get the idea of direct actions of medicines? From Homœopathy. Yet see how ingeniously and serpent-like he attacks Homœopathy.

"Yet these small doses of one grain, two grains, one drop, six drops, twelve and twenty drops mixed in a tumbler half

full of cold water or four ounces of cold water is not infinitesimal as our Homœopathic friends would have us believe. Then he says he considers the high potency dynamization Homœopath an imposition and fraud on common sense and reason. But read again what he says. "It is difficult to state what the dose should be as yet; much good will be accomplished in future by study, observation, and experience." See *Organon*, page 171, for us to learn where he gets more of his original lightning this time when he seems to be charged full to strike down Homœopathy. Hahnemann says the medicines whose symptoms bear the greatest resemblance to natural disease ought to be the appropriate and a cure take place. "As a rule the dose of medicine should be the smallest quantity that will produce the desired result." This sounds very much like our beloved Hahnemann in his *Organon of Medicine* of 1810, and his treatise on the virtues of medicine in 1805, and his first dissertation on Homœopathy in 1796.

See Hahnemann's *Organon* page 176., The smaller the dose of the Homœopathic remedy the slighter the aggravation. Page 177. The number of medicines (used by him over sixty years ago), whose pure and precise action is known being moderate (200.) *Organon* page 223 Sec. 283. Hahnemann says, the true physician will only administer a Homœopathic remedy in the precise dose necessary to exceed and destroy the disease, Sec. 284. The effects of dose by no means is diminished in proportion to the quantity of the medicine used in disease. Eight drops of a tincture taken at one dose does not produce four times the effect of a dose of two drops and a single drop composed of one drop of a tincture, and ten of water, does not produce ten times the effect that a drop ten times more attenuated would produce, page 209 and Sec. 247. The most subtile doses of the best chosen Homœopathic medicines can be repeated in chronic cases at longer and shorter intervals according to the more chronic the disease. But in acute diseases in the words of our great master, the more violent and acute, from one hour down to five minutes the dose may be repeated. In short, propor-

tionably to the greater or less rapidity with which the disease runs its course and to the nature of the remedy administered. The dose of the same medicine should be repeated until a cure is effected or ceases to afford relief. Then another Homœopathic remedy chosen according to the symptoms.

"THE DUTY OF THE PHYSICIAN."

Hahnemann's Organon Introduction, page 28. "Specifics are those medicines which are homogeneous to the morbid irritation, (now called Homœopathic,) and whose application has been prohibited by the Old School of medicine as being highly dangerous, because experience proved that the use of them in such powerful doses as *had been usually administered*, was pernicious in maladies where the aptitude to undergo homogeneous irritation existed to a great extent.

Besides this the Old School, or Eclectics never once thought of administering those medicines in very small or extremely minute doses. Thus, no one before my time ventured to cure in the direct and most natural way, by using homogeneous and specific medicines, nor was it possible to do so, because the fullest extent of their effects was unknown and in that state remained; and had it been otherwise it would have been impossible to have guessed out remedies. (As our specific Eclectic brothers pretend when they know they get them from Homœopathy,) so very applicable by such generalizing opinions."

Hahnemann's Organon of Homœopathic medicine page 96, Sec. 1st. The sole duty of a physician is to restore health. This is the true art of healing. Sec. 2. The perfection of a cure consists in restoring health in a prompt mild, and permanent manner, by the shortest, safest and most certain means upon principles that are at once plain and intelligible. Sec. 3. Read Allopaths and Eclectic what our master says seventy years ago, on same page. When the physician clearly perceives the *curative indication* in each case of disease and is acquainted with the therapeutic effects of medicines guided by evidence and reason, he knows

how to apply that which is curative in disease, (both in regard to the choice of the dose and time to administer and repeat it,) *then only can he accomplish his purpose in a rational manner, then only can he merit the title of a genuine physician, skilled in the art of healing.* Sec. 5. The physician must learn all the particulars of his acute and chronic diseases to discover the fundamental cause. The state of the physical constitution (particularly in a chronic disease.) The disposition, occupation, mode of life, habits social relations, age, sexual functions, mental symptoms.

The Homœopathic Materia Medica Hahnemann's (70) seventy years ago contained (200) two hundred remedies or medicines whose pure and precise action is known; at the present time near (400) over (300) have been faithfully proved on healthy men in order to ascertain the pathogenetic and specific properties of each drug, others but partially proved, are used by us on empirical grounds.

THE FORM OF OUR HOMŒOPATHIC PLEASANT SPECIFIC REMEDIES OR MEDICINES.

They are prepared and kept in the form of globules, triturations, pilules and tinctures, a few in glycerine and others such as anthraxine, psoricum, vaccine and snake poison. Organon page (215.) Hahnemann says "the most certain and effectual means of obtaining the medicinal power of fresh herbs is by mixing them with alcohol and equal parts of the expressed juice of green plants; he is the author of this mode of preparing medicines published in (1810) two years before the Russian campaign of (1812.) He says it is true they would rather make it appear the discovery came from the deserts of Asia than give him the honor. Alcohol was formerly added to the juice of plants to preserve, to make extracts, but never to use as remedial agents.

Our Homœopathic tinctures are chiefly from the vegetable and animal kingdoms; the expressed juice mother tinctures marked on all of our bottles by the Greek tincture symbol. From these are prepared our potencies and dilu-

tions. The most if not all of our triturations are prepared from the mineral kingdom. Our best specific remedies and only ones to cure chronic diseases which cannot be cured without them are Hahnemann's antipsoric remedies for all Homœopathic physicians that disregard his teachings that psorac is the sole, true and fundamental cause that produces all the other countless forms of disease not produced by syphilis and sycosis can never, never be successful in completely curing chronic diseases. This grand principle of Hahnemann is the only anchor or rock that holds fast the Homœopathic ship amidst the stormy, tempestuous sea of human suffering and disease. Dr. Dunsford in his *Practical Homœopathic Observations* published in London 1833, page 182, says the antipsoric remedies of Hahnemann act in an astonishing manner, assisting the powers of nature when deficient, and strengthening the system in guarding against relapse. Dr. Arthur Lutze in his work on the Theory and practice of Homœopathy, in my opinion the most practical work we have, adheres with the intensest rigidity to Hahnemann's original doctrines, except in combining two remedies, page 2, Theory and Practice.

No physician of America or Europe ever had a more lucrative practice. Dunsford, a student of Hahnemann, same book, page 33, "The grand feature in Hahnemann's system next to the principle on which it is founded is his theory of chronic diseases." Page 34, "Viewing the subject in this light and being firmly convinced that Hahnemann's theory of chronic diseases is correct every true Homœopath will anticipate with delight the benefit to be derived from its universal adoption." (*To all of which I say Amen.*)

OUR SUGAR GLOBULES AND PILULES.

These little fun-making things for our Allopathic and Eclectic brothers are fast being claimed and stolen from Homœopathy. We use them only as refined, elegant, simple, ingenious and attractive vehicles for the administration of our pleasant specific medicines indicated by the specific symptoms of disease.

HOW TO SELECT HOMŒOPATHIC REMEDIES.

All our remedies are selected upon the fundamental principles of our practice, the law of cure discovered, promulgated and demonstrated by our beloved and learned Master, Hahnemann, forcibly and simply expressed in our motto, *similia similibus curantur*, which means diseases are effectually, safely and quickly cured by medicines producing similar symptoms to those found in the sick with disease. "Homœopathy then, proceeds upon the great and incontrovertable truth that as the physiological functions of the human organism constitute a harmonious play of beautifully co-ordinate forces, so nature has ordained a definite relation between remedial agents and diseases." In the discoveries of such relationship co-extensive with nature, ever fresh, ever increasing in interest, consists the study of Homœopathy in its application as well as its practice. The treatment of disease (let me tell my Eclectic specific School of Scudder brethren, we welcome you in this great work your Cincinnati Eclectic Journal is at the present time the heavy artillery of), the Homœopathic school casting shell and shot and canister in the dark dungeons and forts of Allopathy and crude Eclecticism which we could not have reached in the next twenty years by our beautiful silver mounted single shot rifle, *similia*. But after you have killed the old turkey gobbler of Allopathy and the old hen of Eclecticism with pleasant specific Homœopathic shot or shell please do not abuse your Homœopathic ammunition. The practice of medicine henceforth must rest on positive and unerring laws; it cannot possibly depend on chance, but must be regulated in a manner commensurate with the unchanging principles of nature and philosophy and present progressive times.

THE HOMŒOPATHIC DOSE.

We use various doses from the mother tinctures to the highest attenuations. I think it best to range from the mother tinctures to the 30th, of our master. I often use

the 200th, and like Calcarea carb., Sepia, Sulphur, Lycopodium and Silicea best in the 30, and 200, also Chamomilla 200, best in colic of infants, Aconite Hepar sul. and Spongia 30 best in croup. Hahnemann in his Organon of medicine of 1810 and in his treatise on the virtues of medicine in 1805, and his first dissertation on Homœopathy in 1796. See Organon page 176. He says the smaller the dose of the Homœopathic remedy the slighter the aggravation, page 223, Sec. 283. Says the true physician will only administer a Homœopathic remedy in the precise dose necessary to exceed and destroy the disease, Sec. 284. The effects of dose by no means is diminished in proportion to the quantity of the medicine used in disease, he says eight drops of a tincture taken at one dose does not produce four times the effect of a dose of two drops, and a single drop composed of one drop of a tincture and ten of water, does not produce ten times the effect that a drop ten times more attenuated would produce. Page 209, Sec. 247. The most subtile doses of the best chosen Homœopathic medicines can be repeated in chronic cases at longer or shorter intervals according to the more chronic the disease. But in acute diseases in the words of our great master Hahnemann, the more violent and acute from one hour down to five minutes the dose may be repeated. In short proportionably to the greater or less rapidity with which the disease runs its course, and to the nature of the remedy administered. The dose of the same medicine should be repeated until a cure is effected or ceases to afford relief. Then another Homœopathic remedy chosen according to the symptoms will be required, Organon, page 171, Sec. 146. It is the duty of the physician to employ those medicines whose pure effects have been proved upon a healthy person in the manner best suited to the cure of natural disease. Where does Ringer, Phillips and the great practical physicians and firm believers in the value of medicines in the cure of disease. In my opinion of them all the most renowned bold original thinker and medical motor not only in this country but in Europe, (I speak of Prof. Robert Bartholow of Philadelphia,) get these advance ideas and a

belief in the power of medicine. Preface page 7. He says the influence of some of our most prominent medical thinkers have been opposed to the value of medicines in the treatment of disease. "The modern school of pathologist, absorbed in the contemplation of the ravages of diseases, are either oblivious of the curative powers of remedies, or openly ridicule the pretensions of therapeutists. He says a large experience in the treatment of disease could not fail to develop some positive convictions of the real value of remedies. Therefore he has no sympathy with the therapeutical nihilism of the day and that my convictions find expression in the recommendation of plans of treatment. These profound thinkers, practical physicians are with the Homœopaths in having faith in the specific curative powers of medicine. Bartholow's Practice page 179. Speaking of Leucocythemia, unfortunately we possess no specific against this disease. Iron he says, is a specific in anæmia. He says many remedies have a specificity of action.

Specific medication, and specific eclectic brothers of the Scudder Eclectic School get all these wise and apparently original thoughts, expressions and startling indications and curative remedy power? We say from Hahnemann and Homœopathy. Now for the proof. This article was suggested by reading an able, most interesting and practical article in the *Eclectic Medical Journal*, edited by John M. Scudder, M. D. In my opinion the commanding general of the heavy artillery forces of Homœopathy.

All Homœopaths contend every medicine produces in all living animal organism peculiar and constant changes, which belong to each, which has given use to the expression, specific medicines. A specific then is a drug which in the universality of its effects, is impressed with individual character, and requires for its recognition necessary beforehand, physiological experiments. The specific must always correspond with the individuality, but never with the species, and that such specific remedies are truly rational specifics. Hahnemann's Organon, page 171, "The medicines whose symptoms bear the greatest resemblance to natural diseases ought to

be the appropriate and certain Homœopathic remedy and is the *specific remedy in the case.*"

Organon of Specific Homœopathy, by C. J. Hempel, 1854, page 17, Specific Homœopathic remedies do not necessarily achieve a cure in every case. "Even specifics will fail of curing when the reactive energies of the organism are entirely destroyed; but (mark what he says, brothers Troyer, Scudder and Eclectics of the Scudder pleasant remedies and specific indications.) *Specific* remedies accomplish a cure in every case where a cure is possible and much more speedily, safely and thoroughly than any other *medicines* could do."

Dr. Dunsford, student of Hahnemann, in his Practical Advantages of Homœopathy, 1833, page 14, "The principle upon which Homœopathy is based—viz: that medicines which in a healthy person produce symptoms similar to those of particular diseases, are specifics to cure those diseases."

Hartmann's Acute and Chronic Diseases, published in 1847, Introduction, page 52, "The specific treatment as we understand it in the Homœopathic school, consists in selecting a remedial agent, the pathogenetic effects of which upon the healthy organism are similar to the symptoms of the natural disease." "This is the Homœopathic law of cure, law which is founded in nature and is the only true guide for the administration of such remedies as will secure a successful reaction of the organism."

Organon of the specific healing art, translated from the German by Hempel, 1847, by Gottlieb Luding Rau, M. D., of the Homœopathic school, page 30:

"The specific method, specific remedies have been prescribed for a long time previous to Hahnemann but a specific curative method, properly speaking, was not known until his time."

Theophraste talks much about specifics, terms them *Aveana* and says "diseases are cured by remedies affecting the organism similarly to the disease. Erastus accounts for the virtues of specific remedies by their form and temperature. Cardanus doubted the maxim of *contraria* for diarrhœa is frequently cured by purgatives."

Baselies Valentinus says, "like cures like, but contraria cannot. Later writes, especially Bouldue, Detharding, Thoury de Haen, have explained the action of specific remedies upon the ground of similarity. Stærk has gone further than any other, for he suggests that Stramonium might cure mental 'derangement.'" "As regards the value of the discovery itself it matters not whether Hahnemann has been led by others or by observation, reading and reflection." "He has the merit of having proclaimed the important fact that any remedial agent may be a specific, and that any disease can be specifically cured by a remedy which is capable of producing a similar disease on a healthy person.

Trousseau's Clinical Medicine, Vol. III, lecture XXII, page 1st. "The specific element is dominant throughout the whole of medicine. Diseases have certain characters in common and also individual or specific characters, specific causes, specific symptoms, knowledge of specific character applied to diagnosis, and treatment."

Vol. II. Same author. What is clinical medicine, page 13. Homœopathy taught us to recognise the inherent forces of the living economy. There success based with precision upon cures belonging exclusively to nature have been useful lessons to us, page 14. "To know the natural progress of disease is to know more than half of medicine. It is with the aid of this compass that the physician steers with certainty through the difficult study of therapeutics. The foolishness of amulets and all kinds of practice and even Homœopathy may yield useful instruction. For I tell you (page 17,) the most of the ascertained fact in medical therapeutics, we have proceeds from empiricism, page 19. The physician with intelligence will institute a plan of treatment with a single medicine and give the special remedy according to the nature of the case, page 20. He will make the remedy as *inoffensive as possible*. He will study the special symptoms of the case and all other indications which must be appreciated and fulfilled." This is good Homœopathy from Prof. Trousseau, the greatest of clinical, medical teachers of Allopathy.

HOMŒOPATHIC DOSES AND POTENCIES.

In administering and preparing Homœopathic doses and remedies we have four modes of preparing the medicines, viz: Tinctures, triturations, medicated pilules and globules and more than one way of administering the remedies. Organon page 221, Sec. 280. Hahnemann says, "Experience will serve as a rule by which doses of Homœopathic medicines without exception, are to be attenuated to such a degree, taken as a medicine produces almost insensible aggravation of disease. It is of little import if it appears to physicians who use gross and material doses to comprehend the action of attenuated Homœopathic doses."

Hempel's Organon of Specific Homœopathy, page 84, "The size of the dose depends on, first, the violence of the disease, second, the susceptibility of the sick to medical impressions, third, the power of the remedial agent." He prefers low doses. Page 91, same low doses may be repeated every five or ten minutes, according to requirements of the case, or every one-half, three, six, or twelve hours. Rau Organon of the specific healing art of Homœopathy, page 178, "The magnitude of the dose is a subject of great importance. The followers of every school have made it a rule to determine the magnitude of the dose by the irritability and reactive power of the organism." Page 184, "We have no definite rules about repeating the dose, but should not be repeated if the medicine has produced an essential change in the symptoms. In general terms the rule is to watch the effects of the remedy and act accordingly." Hartman, Vol. I., Practice, page 60, "Give the specific remedy in a sufficient quantity to excite the curative reaction of the organism, without occasioning any unnecessary aggravation of the symptoms, which would only serve to impede the cure." Page 61, "There are no fixed rules for the magnitude of the dose or the employment of particular potencies; every physician uses those potencies and doses which seems to him best, and if he succeeds in curing his patient, he considers that potency the best which has effected the cure and

advocates it as such, upon the ground of experience." Baehr, *Homœopathic Science of Therapeutics*, page 41, "The question of the dose is a purely practical question, whose solution can only be approximated and achieved by thousands of experiments."

Daily, page 42, "Experience likewise points to the fact the size of the dose depends upon the peculiar character of the pathological process." "A normal dose be it small or large is an assertion that cannot be proved—a mere theory that can never be substantiated by practice." "And every Homœopathic physician that adheres to the normal dose is damaging the cause and spirit of Homœopathy." "Our doses of tinctures is one drop administered at stated intervals or (as our Scudder brothers of the Eclectic school agree with us) from three to twenty drops to a tumbler half full of cold water, or four ounces of water, teaspoonful every five, ten, twenty, or thirty minutes, or one, two, or three hours. Triturations may be taken dry on the tongue, or in solution, or one grain, or as much as will stand on the point of a pen-knife, equal to one drop of the tincture."

Or mix ten to twenty grains in four ounces of water and give a teaspoonful according to circumstances. Our nice globules and pilules (where did Mr. Warner get the idea of these elegant Liliputian medicines), which we give dry and in solution. Six globules adult dose, or one pilule is considered equivalent to one drop of the tincture. It is best to give our medicines on an empty stomach. The water for mixing our medicines should be distilled, filtered, or cold boiled water, or the purest spring water. All of our solutions must be made in clean tumblers half full of water, well covered, or in a four ounce bottle of water, well corked, and kept from light and dust.

COMBINATION OF REMEDIES.

Dr. Arthur Lutze, although he adheres with the utmost rigidity to Hahnemann's original doctrines except in one particular in the treatment of inveterate chronic diseases,

he uses a combination of remedies. Dr. Julius Aegidi, physician to the Princess Frederica of Prussia, now medical counsellor, in 1833 corroborated the cure of 233 cases with combined remedies.

"The habit of mixing remedies has existed from time immemorial and many physicians have spoken for and against. The greatest practitioners have generally used simple prescriptions. The great Hufeland defends the use of compounds.

Rau's Specific Medical Homœopathic, page 118 (a). "It would be strange if the simple chemical substances were the only ones in nature endowed with medicinal properties. (b.) We possess several pharmaceutic compounds which we cannot reasonably reject in practice."

W. S. Searle, M. D., *North American Journal of Homœopathy*, May, 1882, page 613, openly says, "From the time of Hahnemann to the present the tenets of Homœopathy was the single remedy. As a practitioner of Homœopathy and the experience I have been able to gather in a quarter of a century, if there be any objection to mixing remedies under the circumstances I have detailed, is guilty of conduct unbecoming a Christian and physician, Hahnemann opposes all compound prescriptions which are not chemically united. Quite a number of Homœopaths have attempted mixed remedies, but have failed. There is no doubt compound remedies may be used with advantage in some acute and chronic diseases. Belladonna and Arsenic in diarrhœa of children, Sulphur and China in chronic debility, Nux vom. and Sulphur in constipation, Sulphur, Mercury and Arsenic in syphilis, Plumbum and Nitrate of Uranium in Bright's disease. Twenty-eight years ago I contended for the combining of antipsora remedies with vegetable remedies and I go so far, that all acute diseases are best treated and more quickly cured with the alternation of antipsoric remedies and vegetable tinctures. The same with chronic diseases. And this makes me a firm believer in Homœopathy, and Homœopathic physicians can never be successful in the treatment of *chronic* diseases unless they accept Hahnemann and

the *psora doctrine*, which is in my opinion the *rock* or foundation of the specific method of the treatment and cure of all forms of disease. And in looking the Homœopathic world over the great ardent and successful practitioners of our school accept the antipsoric doctrine. Dr. Dunsford, page 34, "Being firmly convinced that Hahnemann's theory (*psora*) of chronic diseases is correct, every true Homœopathist will anticipate with delight the benefit to be derived from its universal adoption."

Why then are we Homœopaths? First, because according to Hahnemann we have a *true materia medica* a collection of the real effects of drugs, a code of nature in which the elements of natural diseases encounter their similarities in one word, artificial diseased conditions, which for the similar natural conditions of disease, furnish the only true Homœopathic remedy, that is to say, specific remedial agents for a lasting cure. As Homœopathic physicians we have this conviction, our remedies with pure experiment is our rock of principle. And we with this doctrine do not submit to the reigning physical and pathological veins, but contain unchangeable objective laws, which were only to be acquired of nature by experiment on the healthy animal organism whether explained by physiology and pathology or not. And, greater than Archimedes, who demanded a fulcrum in order to move the world, our great master Hahnemann, let me tell you small drop and two drop Allopaths and Eclectic pleasant medications and specific indications, you have taken this from Hahnemann, and attempted to rob Homœopathy of the great blessings given to us for poor sick humanity, when will you cease to steal of our own pure materia of Homœopathy and abusing us as quacks, imposters, and high potency dynamization as an imposition and fraud on common sense and reason. When you know *dose, potency dynamization*, large or small doses, single or compound remedies, do not and cannot effect the truth of the Homœopathic doctrine based on the law of similia. Doctors fight us in the open field, do not bushwhack us. But let me invite you to accept in full our maxims of *similia similibus curan-*

tur, which unites pathology and *materia medica*, these two powerful supports of medical science into real scientific therapeutics, because they are in accordance with nature. To comprehend the symptoms of disease, as well as those produced by drugs, to know the character of both; in short, to understand that which constitutes the very spirit in medicine. The selection by the symptoms of disease and medicine is the mere outline or skeleton of each, and frequently the finer and most characteristic features for the development of the organic individuality are absolutely exacted. "Here the specific method of the Old and New School, surrounded by illusion and hypothesis, as it were unlocked through the law of *similia similibus curantur*, and brought to the daylight of real science in this law, the various rays of the specific which history has dispersed, control as in the natural focus, and become useful, indestructible material for the formation of a true, scientific and practical medical science, in which organic unity forms the sole rule of conduct for practice and in which our knowledge acquires clearness and precision.

Read, my small dose brother Allopath and Eclectic pleasant medicine givers, Hahnemann's *Organon*, where you will find abundance of literary proofs of specific pleasant medicines and small doses. These, my friends, will be shining stars to guide you in the dark night of the *materia medica*. For he teaches you that by physiological experiments alone are the treasures of the specific disclosed, by them only general remedies and these dispersed rays are concentrated into the focus of *similia similibus*, and only by this concentration do they obtain their very essence and peculiarity, and thus become worthy of scientific recognition and fit for practical use.

How can the small dose Allopath and Eclectic specific pleasant medicine indications giver, venture to question, make insinuations, or condemn Homœopathy in an arrogant manner? Self-respect will not permit that Homœopathy, like a serving and modest hand-maid, which opponents would wish to make of it, should watch anxiously

and apprehensively the looks and acts of Allopathy and specific Eclectics, for each, devoid of every organic law, is doomed to the most disgraceful servitude of the most arbitrary hypotheses and speculations, whilst nature herself has, through its organic law, created Homœopathy free. Dr. Jochmann is perfectly right when he says, in alluding to the objections which have been made against this organic science, "I do not know whether it is absolutely required to be a physician to raise such objections; but it is quite apparent to me that one need not be one to be ashamed of them." Let us then as Homœopaths make valid the truth of small doses and specific indications and pleasant medicine, for they are our inheritance from our medical father Hahnemann; and Allopaths and Eclectics cannot steal them from us. Let us proclaim this truth without fear, with scientific seriousness, and with dignity. Let us at all times show we teach and practice a firm and reliable science of experience, instead of the old one repletè with suppositions. We cannot permit the free organic law of nature to be subservient to the law of arbitrary invention, because it would be treason against truth and nature. We as Homœopathists must be watchful and prepared for the battle that is now before us.

The Allopathic forts and arsenals are armed and equipped for our doctrine. We must have the same political rights in the National and State Boards which the old gouty Allopathic school possesses. For we all too well know what mighty influence and effect government and state and corporate laws have on the progress of every science. Take the medical law of Alabama, North Carolina and Florida. Can Homœopathy ever succeed in such states where such laws are on the statute books? We all know and feel the hostility to Homœopathy, how young Homœopathic physicians desirous of coming and settling in these states are insulted, persecuted, hindered and driven out by the Old Allopathic or recognized school of medicine. We must contend in all boards of health. We must take care of, defend and further the cause of Homœopathy. This is a reason for such a requisition on the part of science; and another on the part

of the administration of justice. Until this scientific and political equality in medicine, especially in the South, it is our duty as Homœopaths to unite and resist firmly and constantly the oppressions which threaten us from all sides. We must make valid the power of the truth of similia without fear, with scientific seriousness, and with dignity.

Let us meet the most cunning sophistries delivered by our Allopathic would be friends with a sweet undermark of high respectability, and when such words diffuse themselves like poison among the well educated and reading public, and thence fall like mildew upon the people—then gentleness must cease, then truth must be spoken with fiery tongue, and the actual execution of the same must follow blow after blow until the rotten walls of the old temple of hypothesis and dogmatic edifice of medicine, which physiology continually undermines, shall be shaken till no stone is left upon the other. For it concerns a high and sacred cause—the welfare of millions. And if quietness seems to reign now in your states protected by law, let me warn you, it is not the calmness of peace, it is the stillness before the thunderstorm, which constantly growls in a threatening manner, and which on the first opportunity throws forth its lightning. (Read Palmer in the *North American Review*, April 1882. Why don't some of our learned brothers like Jones answer and dissect that vile serpent-like production?) Are we afraid of the Michigan bears of Allopathy? Let it not be said, oh, for a defender of Hoœmopathy to rise up in this free land of America in these times equal to Dr. Wilhelm Stens, secretary councillor of his majesty the king of Prussia. Let us perfect our system of practice by picking up and out the particles of truth in whatever system we may find them and after arranging them by means of the specific principle similia into one harmonious whole use them in practice. And as we obtain a deeper and more correct insight into the *modus operandi* of specific remedies, the Homœopathic law, which has been discovered will be more deeply found in science and reason.

Surgical Department.

NERVE STRETCHING.

[Extracted from the French by Elizabeth L. Chapin. M. D., Chicago.]

This operation seems to enter definitely into surgical procedures to-day and in many instances appears satisfactory. We borrow from an excellent thesis of M. Weit the following details: It was first tried experimentally in 1864, recently quite extensively practiced. The results of these experiences show that the effects range according to the force and duration of the treatment. If light and brief, reflex irritability of the extremities is exaggerated. If prolonged it descends below the wound, and the centripetal fibres lose the integrity of their functions before the centrifugal are affected. The practical conclusion then is, that stretching well done causes loss of sensibility; while the motor current is preserved. After stretching the sciatic in an animal sensibility of the toes disappears on the side of the lesion, but if the other leg is irritated, movement is manifested in the first. Several hypotheses have been advanced to explain this more or less complete anæsthesia without alteration of mobility; as alteration of the fibres of the cord; mechanical action propagated to the nervous centres; influence on the peripheral termination of the nerves.

M. Vogt admits that when one practices nerve-stretching the lengthening is made in all parts, but is of course limited, or it would result in a solution of continuity. In all cases a remarkable change is noticed in the blood vessels, a zigzag dilatation reaching even the finest capillaries. In the spaces included between the capillary loops, masses of fat cells form. Eight or ten days after the operation numerous traces of embryonic proliferations and little vessels of new formation are found. M. Vogt attributes these vascular alterations to the mechanical action of the neurilemma, which, less elastic than the nerve fibre which it envelopes, slips to the surface

and causes more or less traction on the vessels. The microscopic examination of a nerve made immediately after stretching, shows hyperæmia and capillary hæmorrhage; the axes cylinders and the myelizing substances may be divided but the latter is intact. M. Vogt says there are no central lesions even after a most energetic stretching, while M. Wiet maintains that it is really the cord which is lengthened; as is seen by the changes which occur in the medulla when the pneumogastrics are stretched, there being present not only an injection visible to the naked eye, but sometimes even slight hæmorrhages. He says that lesions in the nerve sheaths vary according to the period of examination. *En resume*, it is evident that nerve stretching not only causes functional disturbance and vascular changes, but incomplete degeneration of certain fibres and consequent irritation. And it would seem to extend to the nerve centres according to the experiments of Brown-Sequard and Wiet.

From a practical standpoint, the important facts among experimental results are the following: Stretching interrupts the sensitive current, but not the motor; the anæsthesia is more or less complete according to the degree of force employed. It acts on the nerve centres, especially when drawn from the side of the central origin; if from the peripheral side the affect is slight. Opinion seems to differ widely as to the amount of force which may be used without rupture. Trombetta says that eighty-four kilogrammes may be applied to the sciatic. M. Blum says it may break if more than fifteen kilogrammes are used.

Successful Removal of the Kidney.—At the Charing Cross Hospital, says *The Lancet*, there is a lad, fifteen years of age, from whom Dr. Barwell, removed a kidney, who is now convalescent. By sounding through an incision, that had been made some months before, and which had healed, leaving only a sinus, the operator detected a stone. The gland containing it, was enucleated *en masse*, and a ligature round the pedicle. The boy has been going on well, his temperature becoming normal and regular, and the wound being now nearly healed. This is, we believe the second successful case of removal of the kidney for stone.

Medico-Legal Department.

ADDRESS OF PRESIDENT KEENER.

LADIES AND GENTLEMEN, MEMBERS OF THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION: You have been pleased to say that the honor, privilege and duty of being your presiding officer devolves upon me. While gratified at this exhibition of your favor, I am conscious of the need of forbearance on your part, with my inexperience in the discharge of such duty. Believing, that through your co-operation, this will be an interesting and profitable session, I present you a few thoughts on

OUR STATUS.

That Homœopathy commands a larger share of respectful consideration than at any past period of its history, that we are the observed of all observers, professional, is apparent to the reader of the current medical literature, in the common discussion of medical ethics, or politics, as it has been termed. Societies and journals are proposing consultation with us, and the educated of every name.

Two notable cases, that of our late lamented President, and that of the late Lord Beaconsfield, have contributed more than all else, of the present time, to draw attention to our school in medicine. The discussion, necessarily, has occurred simultaneously in the two hemispheres, and the result has been, as said above, to give Homœopathy a more favorable attention than ever before.

While not criticising the medical advisors, nor prepared to say that the result would have been different in the former illustrious patient's case, he would be unworthy the name of Homœopath, who did not honestly believe, that under Homœopathic treatment, the chances for that splendid physical organization, would have been unmeasurably increased.

With the prime minister's medical attendant, the probabilities seem to be, that his conduct was to be his public renunciation of Homœopathy, as he has followed it by a monograph on "The Laws of Therapeutics."

One thing we are certain of, however we may differ, honesty and consistency are jewels in every ones character, and an equivocal position meets the disapproval of honest men.

Everywhere the spirit of liberalism is stirring the Old School and municipal bodies to give no equal privileges; and if those who have the honor of representing similia, are prudent, and diligent in the further elucidation of its unquestionable worth, in the alleviation and cure of disease, the days will come, when the wishes, hopes and ambition of our founder will be realized, viz: an open and honorable recognition of his labors by all honest and earnest medical men.

Why? We firmly believe that our assertions of the superior efficacy of our system of therapeutics, have been put to the test, and found to be correct.

We can remember the time, when our principles were not accepted by the Allopaths, nor were they willing to admit that anything worthy of credence could come from our Nazareth.

Whereas, now, they acknowledge the four tenets that are the basis for our position in medicine. The law or rule, governing our prescribing for the removal or cure of disease. The proving in health, of drugs, as a means of knowing their range of action. The single remedy, or simplicity, in prescribing. And the smallest dose compatible with the activity of the remedy.

Therefore, from without, from every direction, there is encouragement, may it stimulate us to produce other and better evidences, of the faith that is within us.

While it may be claimed, that only as individuals, and not as a body, have the above been accepted, we answer, as individuals, and not as associations, with one exception, are we ready to believe that our usefulness as a school of medicine, is at an end, and, therefore, no further need of a dis-

tinctive title as physicians. Neither that in order to meet this spirit of liberality, can we, by any means see the necessity, at present, of denying our faith, by deserting our name. It is an honorable one, made so by our principles, and the memory of honorable men, especially that of our founder, who whatever his mistake, (and he must be judged by his times, not our own) has left us enough, that is worthy of the confidence of the medical profession, that proves his labor to have been a blessing to humanity.

There is enough that we have proved to be such, and there has been, and are reasons for our adoption of a distinctive title as a school.

The ridicule and contempt shown towards Hahnemann, by his contemporaries led to our establishment as a separate school in medicine, and its continuance since his days has perpetuated it.

While believing, as all true lovers of the healing art, in a golden age for medicine, yet to come, there is much to do, there are many points yet awaiting solution, demanding investigation and settlement, ere the time for absorption and union arrives.

In this, we have no desire to play the bigot, or be an obstructionist, but a profound conviction that injury to medicine as a science, would result from undue haste.

Gratifying as these leavenings processes are, we are mindful of the fact, that only our treatment is received, and not ourselves as Homœopaths. Thanking them for the advances they have made, which we gracefully accept, we assure them we will redouble our diligence to earn a heartier acknowledgement.

Hence, the hope of a more complete acceptance of our position, which we believe to be essential to the greatest success in the alleviation and cure of the diseases that afflict mankind, do we find defensible grounds for retaining our distinctive title as physicians.

The difficulties in our own ranks are personal ones. This is a delicate and painful subject, but one, I think, that needs our serious consideration; for from it flow many of the ob-

structions to that solid and uninterrupted growth of Homœopathy that is so much to be desired.

As our old time opponents are becoming liberal, it behooves us that we should, towards one another, show that liberality that will keep us united in one common effort, when so much is to be attained.

Those questions of the single remedy and the minimum dose have excited too much acrimony in the past. Already we think there are signs of a better spirit. Let it grow. Let us have peace. And instead of offering our head for a football, be magnanimous and swing our hat to the truth.

Let every one remember that he is dignified with the privilege of representing a grand truth in medicine, in its battle for an acknowledgement. May a worthy and chivalrous strife be made, to see how we best can work, and best agree. Rather let us cheer the victor than be so much concerned that we shall be the conqueror, glad that the question has firm foundations. Many have deprecated these discussions, but they will not down, they demand investigation. The clouds already are lifting, and we can see eye to eye, that there are a great number who aim to prescribe that way, that there are cases which we can treat more satisfactorily by the single remedy and minimum dose, and others *vice versa*.

Who cannot see that these discussions have had an effect upon polypharmacy in the Old School, as witness the druggists' preparations, journal reports of cases treated, and professors' lectures. However we may believe, there is no question that accuracy and precision are certain to follow the effort to be definite in our prescribing, and hence greater freedom from error in our conclusions.

Many times the removal or death of a Homœopathic physician is the dispersion of his families, such physician having prejudiced his families against his brother practitioner. This difficulty takes an additional shape in our cities, in the formation of more than one Homœopathic Medical society, where we should have one, which would be a centre of attraction, and for putting forth those efforts for the advancement of

our cause as would carry weight in any measure securing their favor.

There is a need of more "*esprit de corps*" among the Homœopathic physicians of our state and their realization of the benefits to accrue to our cause, as well as the reflex influences that will come to themselves, in their several communities, from a membership in our state association.

It should be looked upon as a duty they owe to themselves, and attend its meetings as often as their convenience will permit. The transactions of such a body are always profitable, when the effort to make them so is felt by all its members. Besides it is convincing proof to the public that medical men are progressive and worthy of their patronage and support.

Physicians who have accumulated wealth would find a worthy object for remembrance in their bequests, in the founding of a post-graduate course of elective studies, in such college as they preferred, to be given to such students or practitioners as were found worthy, after competitive examination.

A body of scientific observers would be formed by such action, who would have the time and means for those investigations which cannot be made without them, and their labors would be not only a credit to themselves, but result in the diffusion of more definite knowledge of remedies that would benefit the whole profession.

Such students as secure the position of resident physician in our hospitals could be given the task of compiling comparative statistics of the treatment adopted in their respective hospitals, subject to the revision of the hospital staff, and published in the journals for the good of all, and would be, justly, evidences of the success of our therapeutics.

As a society we are glad to note the advent of Homœopathy into Cook County Hospital. Has not the time come to ask that one of the insane hospitals of our state be turned over to our control? New York has given two to the Homœopaths of that state, and should not our whole influence lead to such a result?

We cannot mention but to feel a pride in the advancing grade of instruction in our colleges in this city, and their increasing patronage, making Chicago the Homœopathic medical center of this country. It was thought best, for future emergencies, to incorporate our state association, and it has been done.

We wish to call attention to the fact, that to us, and not the Allopath, belongs the right to be called "regular." Certainly we most meet the definition. As a school, perhaps we have devoted too little attention to the general question of medicine, our excuse is, and we think it a good one, that owing to the opposition to the reception of our investigations in therapeutics, we have been compelled to such entire attention to this phase of medicine, to fortify our claims to their acceptance, that, heretofore, we have had little or no time for other questions. Judging from results, we do not believe our time has been wasted, and are not displeased to have our labors appropriated by others, when duly credited to us.

We accept the Allopath's investigations in those departments we have not, and listen to a refrain similar, though the reverse order to ours. That they have made the mistake of devoting too much time to the causes and phenomena of disease, and not enough to the cure of the same—the desire of the patient. However we may have been in the past, it is not so now, we have men in all the specialties, of whom we are proud. We are coming to the front in public health associations and preventive medicine. This last year our Board of Health have not had more steadfast friends, in all that was worthy of encouragement, than the Homœopathic physicians of the land.

We trust some data in regard to vaccination may be produced that will be more convincing to the public, the irregularity of the phenomena of bovine virus vaccination, and the doubt of real protection, from such irregularities, inclines us to believe that if equal care was taken in arm to arm vaccination, the phenomena would be more regular and the protection more certain.

Medical News.

Dr. M. S. Carr from Galesburg to Chicago, Ill.

Dr. C. N. Thayer wrote the article on Tart. em. in sciatica in our last instead of Dr. Taylor.

"*Dr. J. W. Dowling* in his reply has taken the sand all out of Dr. Palmer."—*Dr. Williams*.

Diseases of the Heart.—This is a very practical book. Every physician should have one. Price, \$1.50.

Diseases of Children.—This book is now ready in one volume. It is a baby of good size, and every physician should not fail to get its help for the sickly season. Price in cloth, \$6.00.

C. W. Richardson, M. D., of St. Louis, is grand medical examiner of the Ancient Order of United Workmen of Missouri. Brother R. stands high in the esteem of this large benevolent body.

New York Ophthalmic Hospital report for the month ending May 3, 1882. Number of prescriptions, 4,203. Number of new patients, 778. Number of patients resident in the hospital, 16. Average daily attendance, 162. Largest daily attendance, 245. Chas. Deady, M. D., Resident Surgeon.

Dr. Carr, of Sedalia, Mo., was appointed on the board of health with one Dr. Trader, when lo, Dr. T., Allopath of the most antiquated order, lectures the city council and promptly resigns. The *Eagle Times* comments sensibly on this action as follows: "The people are getting sick of the eternal bickerings between these two schools of medicine, and neither one enhances its reputation for wisdom, by reflections upon the other."

Placental Peculiarities.—M. Tarnier reports a case of obstetrics which is of interest from the curious placental developments, a placenta with separate lobes. The woman was delivered of a healthy child, the placenta came away, but the membranes were still adherent, and there occurred a hæmorrhage, followed by the expulsion of a second placenta weighing 110 grammes. The membranes were then tied, and after a little while came away with still an accessory placenta, and no further trouble.

Arsenicum in Treatment of Melancholia.—Dr. W. M. Butler in the April number of the *American Homœopath*, calls attention to the value of Arsenicum in mental depression, hallucination of sight and hearing, delusions of ghosts and thieves, bugs and vermin, dread of impending death, despair and frantic attempts at self-destruction. No remedy, in his hands, has given such satisfactory results as Arsenicum; chiefly in cases where insanity has supervened upon an already weakened physical state, and that offers little hopes of improvement; where emaciation and prostration are extreme, together with anæmia;

pale face, shriveled skin, the tokens of mental agony; restlessness, sleeplessness, frightful phantoms and attempts at suicide. He cites several pointed cases of such melancholic insanity, in which, when other remedies had been tried in vain, Ars. 12x effected a speedy cure.

The Latest Allopathic Treatment of Diphtheria.—Morell Mackenzie (London) advises the following local treatment of diphtheria: Ice at first both internally and externally. It is contra-indicated when its application is painful, with young children, in advanced periods of the disease, and above all in the case of gangrene. Second, inhalation when false membranes show the least tendency to detach themselves, and when they occupy the larynx or trachea. Third, solvents applied with a brush or in powder. Lime water and Lactic acid are the best agents of this sort. Fourth, antiseptics very important; Phenic acid, Permanganate of Potash, or better still, Chloral hydrate. Fifth, preservatives from the air as Balsam of Tolu dissolved in ether, which do not exclude other local medication, however (ice, vapor). Sixth, caustics are always harmful, and astringents useless.—*Le Progres Medical.*

Nerve Stretching in Locomotor Ataxia.—*Le Progres Medical* of April 15th, 1882, gives several interesting cases of the treatment of locomotor ataxia by nerve stretching. One, a man forty years old, had been affected for several months, the prominent symptoms being lightning-like pains in all the limbs, with cutaneous hyperæsthetic and reflex exaggerations. The left thigh being the worst, the sciatic nerve of that side was first stretched, when the pain disappeared at once, only a paralysis remaining, which ceased in a short time. Twelve days after the right sciatic and crural nerves were elongated with as favorable results, the patient being able to walk and leave the hospital. Some time later he returned for an operation on the arms which were paining him severely, and the nerves of the brachial plexus were stretched, but the man died under Chloroform. As there had been no return of the trouble in the lower extremities it is fair to suppose a complete recovery would have been established.

Loss of Nails in Locomotor Ataxia.—In *Le Progres Medical* two cases are reported of the spontaneous shedding of the nails of the great toes in patients afflicted with locomotor ataxia. Their fall was preceded by a heavy pain and a sensation of crispation. There was neither ulceration nor suppuration apparent in the matrix. They were quickly replaced by new nails of normal shape, which remained however but a short time, coming off with the same symptoms, to be again followed by a new growth. It is not likely that there could have been any traumatic cause without the knowledge of the patients, and from their recurrence, it is very reasonable to suppose that it depended upon disturbances of nutrition from lesions of the medulla and analogous in their nature to the various trophic troubles (such as spontaneous fractures) which are so frequent in the course of progressive locomotor ataxia.

Forced Alimentation.—M. Debove recommends in cases of phthisical patient whose complete loss of appetite renders the least attempt at eating intolerable, forced alimentation. He says after several days the appetite returns. M. Desnos thinks it may be of great service, if the œsophagus sound does not cause spasms of the stomach. He says the liquid should be introduced slowly, and at intervals. Certain subjects who can not tolerate this mode during fever, will do so in the periods of remission. Milk, beef-tea or eggs may be given in this way. Pomenade of naphthæ in the treatment of scabies. Pulverized naphthæ is dissolved in half its weight of ether. The solution mixed with a little vaseline is put in a basin and heated at 30° or 40° C. until the complete evaporation of the ether. The half fluid mass is incorporated with Merc. vaseline and the whole triturated until a homogeneous paste is obtained. It is to be rubbed on the affected parts every day for a fortnight. It is also excellent for phthisiasis.—*Le Progres Medical.*

Boston University School of Medicine.—At the annual commencement held on Wednesday, June 7, 1882, the degree of doctor of medicine was conferred upon the following: Emmer Frances Angell, Robinson, Mich., The remedy; Clara Celestia Austin, Belmont, N. Y., The sources of health; Benjamin Parker Barstow, West Duxbury, Typhoid fever; Mary Elizabeth Emery, Montpelier, Vt., Physiology and pathology of the spinal cord; Jennie Fuller, Hartland, Me., Hysteria; Howard Augustine Gibbs, Boston, Cerebral hæmorrhage; Clara Priscilla Grove, M. B., Peoria, Ill., Locomotor ataxia; Joseph Franklin Hadley, Gloucester, Pneumonia; Walter Augustus Hall, Chicago, Ill., Headaches: variety and significance; Florence Nightingale Hamisfar, S. B., Oswego, Kansas, Placenta prævia; Sayer Hasbrouck, Middletown, N. Y., Tracheotomy; Charles Cahoon Howland, Jamestown, R. I., Protective effects of vaccination; Frances Maria White, Jackson, M. B., Emporia, Kan., Hysteria; Lois Ophelia Jackson, Danbury, Conn., Coffea; Amanda Harriet Kempton, Newport, N. H. Pneumonia; August Andreas Klein, Boston, Bright's disease of kidneys; Mary Francella McGrill is, No. Sandwich, N. H., Menstruation; Amos Hagor Pierce, Lincoln, Cancer; Henrietta Newell Porter, Boston, Stomach digestion; William Robert Bay, Melbourne, Australia, Phthisis; Annie Maria Selee, Melrose, Gestation; James Parker, Stedman, Boston, Clinical jurisprudence; Waldo Hodges Stone, Hamburg, Calhoun Co., Ill., Dysmenorrhœa; Alvin Francis Story, Essex, Coxalgia; George Henry Talbot, Norwood, A proving of Urea; Granville Joseph Walker, Taunton, Surgical shock; Walter Henry White, Boston, Locomotor ataxia; Rebecca Weeks Wiley, Laconia, N. H., Human hair; Annette Thomas Winship, Gorham, Me., Rheumatism. The degree of bachelor of surgery, was conferred upon Henry Flinders Batchelders, Salem; George Washington Butterfield, Jr., Wakefield; Frank Augustine Gardner, Salem; George Augustus Lord, Ellsworth, Me.; Winfield Scott Smith, Boston.

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