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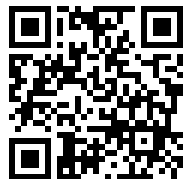
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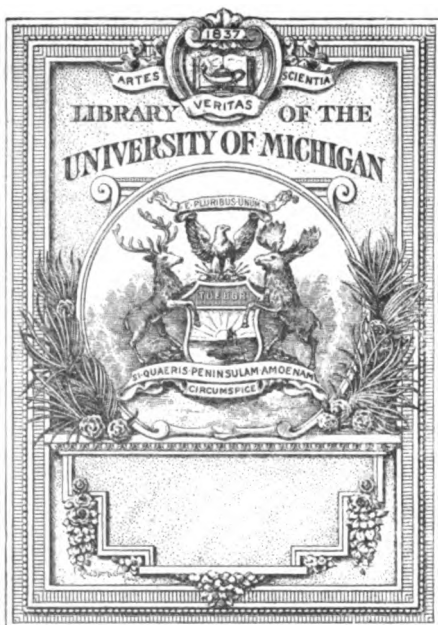
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WHOLE No. 325.

Neurological Department.

NERVOUS PULMONARY DISEASES TREATED WITH THE SPINAL ICE BAG.

BY N. A. PENNOYER, M. D., RESIDENT PHYSICIAN OF THE KENOSHA
SANITARIUM.

Read before the Homœopathic Medical Society of the State of Wisconsin.

I have had a few cases of lung trouble, characterized by general debility, wasting of flesh, cough, with sensitiveness of chest to pressure and percussion—mucous rales, with mucous or muco-serous discharges, and with many evident symptoms of rapid decline. To all appearances these patients were suffering with serious lung disease, but the pulse and temperature did not correspond to the rest of the difficulty.

CASE I. Mrs. W., aged forty, nervous temperament, and of slight build, lost an only child, after a long and tedious illness. She was very despondent, lost in flesh and strength, slept poorly, many times finding herself at night in the middle of the room, just waking from a bad dream in which she was looking for her child. A troublesome, dry, hacking cough ensued, which caused the alarm of her family. The chest was sensitive to pressure, particularly the left side, under the clavicle, and percussion would excite the cough. The pulse, however, was weak, and not over 85; temperature 98. The spine, on examination, was sensitive to pressure in the lower cervical and upper dorsal regions. The case was diagnosed as spinal irritation, the cough resulting therefrom. Chapman's Spinal Ice-bag was applied once daily—at first for three-fourths of an hour, afterward for an hour and a half each time. In three or four days the patient said she could wear the ice no longer, it made her feet burn so badly. She continued its use, however, when this symptom was relieved. In three weeks the chest symptoms had entirely subsided; her general health improved, and a perfect recovery obtained.

CASE II. Mrs. —, aged thirty-seven, had also suffered the loss of an only child. There had been a number of deaths in the family, which had greatly depressed her. Her appetite had failed, flesh

wasted rapidly, and she coughed almost incessantly, keeping her awake much at night. A grave prognosis had been given by her former physician. In this case the pulse ranged from 75 to 80; temperature 97.3-5 to 98. The spine was sensitive, as in case 1. At first cold water applications were used, bathing the spine with cold water, with gradually lowered temperature. Afterwards the ice-bag was substituted, with the result of relieving the cough entirely in a few weeks, and her general health as well.

CASE III. Mrs. S. aged thirty-six, has had a complication of troubles for years. Menorrhagia from sub-involution, cough, hæmorrhages at times, profuse expectoration, difficult and oppressed breathing. She has been several times south, and to Colorado, for the lung difficulty. Is worse in damp, cold weather, better in warm weather. Even with profuse expectoration and soreness of chest, the pulse would range between 70 and 85, and temperature from 97° to 98°. There was sensitiveness of upper dorsal vertebræ. The trouble was diagnosed as bronchorrhœa of nervous origin, depending on spinal irritation. The ice-bag was applied for an hour and a half daily. The cough rapidly subsided, and she gained in flesh and general appearance. The expectoration, which was very profuse and of variable character, from thick white and yellow to thin and watery, diminished and disappeared, and the winter was passed with no recurrence of the difficulty until spring, when, from overdoing and exposure, an attack, lasting for a few days, recurred. The chest trouble is now better than for years.

Case 1 and 2 are often met with in practice, and are generally relieved by remedies prescribed for nervous cough. Case 1 received no medicine whatever; No 2 had Lach. c. c. (which in our state counts *for nil*). Case 3 had Trillium, principally, for menorrhagia, only occasional remedies being given for chest symptoms.

I am usually deterred from reporting cases of house patients, for the reason that so many factors are brought to bear towards their recovery. Whether it is the change, rest, diet, hygienic measures or medicines, it is impossible always to define, but the therapeutic effect of the ice-bag has been unmistakably noticed so many times, that I may not be accused with carelessness or uncertainty in attributing marked effects to its use. The treatment I always find remarkably soothing and comfortable, with

relief plainly discernible during and after each application. There is usually a sensation of heat or a glow attending; the feet become warm, and the patient often goes to sleep during its application.

The physiological effect of cold to the spine is attributed to the inhibitory influence on the vaso-motor nerves, causing a relaxation of blood-vessels under their control, thus improving the blood supply to affected parts. Many lung troubles originate in defective circulation, the diminished calibre of the blood-vessels causing loss of nutrition and lowered tone, from which a slow form of inflammation obtains. If the tubercular diathesis exists, the disease may degenerate into confirmed tuberculosis; in other cases bronchitis or asthmatic affections accrue. The pulse and temperature, together with the history of the case, whether of nervous origin or not, will decide our treatment. If of the class named in this paper, fine and speedy results will follow the application of ice to the spine.

Materia Medica Department.

PRACTICAL OBSERVATIONS ON THE REMEDIES.

[We propose to set apart this department for a collection of practical materia medica notes or hints, studies of characteristics, etc. Practical experience with any of the remedies is wanted. Clinical verifications of the symptoms of the remedies will be especially welcome. We shall endeavor to call out the observations of our readers on the rare as well as on the common remedies until we go through the whole list. One or more new remedies will be selected each week. Contributions from any one will be received. Some of the best materia medica men promise to contribute to this department.

Give us your experience with *Abies*, *Absinthium* or *Acetic acid*, to appear in the next issues; in what diseases and for what characteristic symptoms. Practically have you noted any difference between *Abies canadensis* and *Nigra*.]

WONDERFUL EFFECTS OF OVA TESTA.

LEUCORRHŒA AND CANCER CURED.

"Yes," said Dr. Edson "it is a truly wonderful remedy. The particular symptom that always makes me think of it is a feeling as if the back was broke in two and tied with a string. The accompanying leucorrhœa is profuse and usually offensive. Will it cure leucorrhœa? Well I do not know that it will cure every case, but Dr. Leonard told me before he died that he

had cured seventy consecutive cases of leucorrhœa and that it had not failed in a single one.

There is something more about this remedy that is wonderful. My sister came to me expecting to die of cancer of the os. She had profuse leucorrhœa and menorrhagia—flowed until she was bloodless almost. She had the weak feeling in the back. Gave her a dose once a day and in two months you would not have known her. She had rosy cheeks. One of the first good effects was in the control of pain. I have given it in cancer and it has had a wonderful effect in controlling the suffering.

I learned one thing about the remedy that made me cautious in its use. In my sister's case when every thing was going well, she noticed that taking the remedy too often, it would produce a tired feeling and chills, and she would have to go to bed, complaining of the weakness and the disjointed feeling in the back.

The Ova testa is prepared by being browned in vacuo and triturated to the third. Dose, a small powder once in twenty-four hours. Perhaps it would do better in a higher potency, but I have always used the third and when given cautiously, the effect has been most satisfactorily. ~~RECEIVED~~

I have cured dyspepsia with it, but I guess I have said enough. You try it where you meet that broken-back symptom."

A STUDY OF THE CONVALLARIA MAJALIS.

ITS SPHERE OF ACTION AND ALLIED REMEDIES.

The August number of *L'Art Medical* contains a suggestive paper by Dr. Piedvache, of which the following is a translation :

The lily of the valley (*Convallaria majalis*), used, tradition says, from time immemorial by Russian peasants for the cure of dropsy, has received some study of late from various Russian physicians, and among others from Prof. Botkins, of St. Petersburg. The study of this plant has also been taken up by M. Germaine See, and in a paper now before us he offers to our consideration the *Convallaria majalis* as a cardiac remedy, analogous, and in some respects superior, to Digitalis. Hitherto in France we have found this plant referred to by Merat and Lens as having only a purgative and sternutatory action.

M. See, in his somewhat lengthy paper, has treated his subject entirely from an empirical point of view. He gives us the results of experiments on animals, observation at the bedside of patients, and an analysis of physiological effects which he has deduced from the above. This is perhaps but another way of saying that, ignorant of the true law of therapeutics, he has approached his problem from the wrong side, and as a natural consequence has drawn false and inefficient conclusions; for we know that the therapeutic effects of a drug can be certainly determined only from its physiological effects on the healthy organism,—effects which can neither be foreseen nor learned through any other form of experiment. Our author falls into the old illogical error of his school in identifying the pathogenetic and curative effects of a drug, as it is rarely if ever safe to do. Thus in their blind prejudice they refuse to give the great benefit to be derived from studying the effects of drugs when administered to the healthy organism. An instance in point may be found in Digitalis, from the wisely directed physiological

study of which, Homœopathy has gained many therapeutic benefits wholly unknown to our opponents. Such, without doubt, will be the case with *Convallaria*, when the masters of our school shall have given time to its thoughtful and scientific study.

To return to M. See. He opens his paper with an account of the experiments on animals, which, in the eyes of a Homœopath, can at best serve only as confirmation of the far more important experiments to be made with *Convallaria* in ascertaining its pathogenetic effects on the human system. The most active affects are found to be produced by an extract made from the entire plant. It will be remembered that Hahnemann mentions this as a law applicable to the preparation of most plants for medical use.

A small drop of this extract, we are told, brought into contact with the heart of a frog stops the beating in two minutes at longest; the animal however, retaining all the reflex and spontaneous movements. The result is the same, though somewhat slower in manifesting itself, when the extract is injected subcutaneously. The toad and tortoise respond less readily to the action of the drug.

With dogs of ordinary size, the injection into the veins of four drops of the extract will cause death in ten minutes, by arresting the heart's action. Close observation discovers three distinct periods in the action of the lethal dose, which we may divide as follows:

First Period.—Slackening of the movements of the heart; increase of pressure six centimeters by the mercury; the respiratory movements fuller and somewhat less frequent.

Second Period.—Extreme irregularity of rhythm; the pulsations become unequal in force; there are intermissions, followed by rapid systoles; the respiration is still fuller and slower, at times arrested entirely by spasms of the inspiratory muscles; there is vomiting.

Third Period.—Blood pressure increased; it becomes impossible to count the pulse, which is very feeble; the fulness of the respiratory movements continues to increase; then the pressure falls to zero, and the cessation of respiration follows that of the heart's action.

During these three periods the excito-motor power of the nerves and the reflex power of the nerve centres remain unaffected. The excitability of the pneumo-gastric is only weakened and faradization of its thoracic ends does not arrest the heart's action more completely than when in its normal state.

With the dog absolutely no diuretic effects were observed.

Like *Digitalis*, *Upas antiar*, and *Erythrophlœum*, the lily of the valley arrests the heart's action in its ventricular systole, contrary to *Muscaria*, which arrests it in its diastole. The action of the drug is apparently the same on warm and cold-blooded animals.

The observations of M. See, made at the bedside of patients, include four cases of chronic nephritis treated unsuccessfully, and twenty cases of heart disease, three of which the remedy failed to affect; but the other seventeen improved rapidly under its administration, the improvement being more, or less permanent. The case whose improvement was noticeable within a few days presented the following symptoms: asystolia, small and weak, irregular and unequal pulse; infrequent urination; anasarca with or without ascites; symptoms of angina pectoris would offer a yet further indication. Mitral stenosis is the lesion which receives most benefit from the remedy, whose success is sometimes complete in from two to four days.

Aortic insufficiency, over which Digitalis seems ordinarily to exert but little power, would also be doubtless greatly helped by Convallaria. Its superiority over Digitalis is chiefly shown by its causing no digestive disturbances, vomiting, nor dilation of the pupils. It is well known to Homœopaths that Digitalis often produces an effect of aggravation diametrically opposed to the result sought in its administration; according to M. See, one need fear no trouble of this sort for lily of the valley. But we can hardly be too conservative in receiving these statements; it remains for the future to give authoritative teaching.

The results of the remedy would be less satisfactory in cases where there is marked dyspnoea; almost nothing could be hoped for it when there is chronic nephritis, with albuminuria. It has however some action on the kidneys, since in these cases it produces hæmaturia; but giving it as has hitherto been done, in heroic doses, doubtless brought about aggravations. The dose employed has usually been one gramme.

M. See offers us a careful analysis of what he calls the physiological effects of Convallaria majalis; but we find these so-called physiological effects to be in reality its curative effects only. In the absence of careful experiments upon the healthy organism, it is impossible to decide with accuracy which effects are physiological and which therapeutic. . . . But a study of the observations quoted above will show us that the administration of the drug causes disturbances of the normal functions; to set them right is no part of its "physiological" action, properly so called. The truth of this will be evident from a careful reading of the *resume* of M. See's analysis, which we here append.

Digestive Organs.—Stimulation of the appetite and regulation of digestion, easier and more numerous evacuations without diarrhoea.

Circulatory and Respiratory Apparatus.—Immediate disappearance of pulse irregularities and intermissions, except in very serious and advanced illnesses; sensation of palpitation attributed to the drug excitation of the vagus; slackening of the pulse more constant and more marked in nervous accelerations than in those from lesions of the orifices. M. See further tells us that the action on the normal pulse is less marked, but still there may be obtained almost always a lowering of the pulse by ten beats or so. There is here great disproportion to the therapeutic effects; disappearance of the arterial throbbings in the head, neck, and ears, and of the painful sensations which they produce; augmentation of the intra-vascular pressure, as shown by the sphygmograph; and, contrary to the observations made during the use of Digitalis, it is never seen to be lessened by prolonged use of the drug; deeper and easier inspiration, feeling of ease and well-being.

Urinary Apparatus.—The diuretic effect upon the patient under the dose employed is the more reliable that M. See did not make use of the milk diet during the administration of the drug. One patient who habitually passed five hundred grammes, passed on the second day three thousand grammes of urine. The diuresis persisted without once lessening during the entire treatment; even continuing from three to six days after the medicine was stopped. This effect was observed in cases where Digitalis failed to increase the quantity of urine.

To accurately fix the doses with which the diuresis of Convallaria may be produced, not only on the patient but in the healthy man,—to ascertain if it be the first effect produced, if it be preceded or followed by a diminution of

the function,—such is the work which remains to be done, and which the future will doubtless see well done. We pause only to note that M. See himself failed to obtain any diuretic effects in his experiments upon dogs.

Such as it is, M. See's paper is a most important one, and good results can hardly fail to follow it.—*N. E. Med. Gazette.*

Clinical Medicine.

ACUTE TONSILITIS.—HEPAR.

The following case illustrates, not only the prompt action of the *Homœopathic* remedy, but also the absolute inaction of the grandest remedies for the disease, though given in the lowest attenuations, when not Homœopathic to the case: A man aged thirty-two, red hair, sandy and freckled complexion, had been subject to severe attacks of tonsillitis every winter for several years, and now after the first twelve hours of fresh attack I found him chilly, thirsty, restless. Temperature 103, both sides of throat sore, left markedly worse. Prescribed Aconite 3x every half hour until chills stopped, then every two hours. This was 6 P. M.

Saw him again at 9 A. M. Chills passed off in two hours; slept some. Temperature 100; left side of throat very sore and dark red, studded with ulcers sensitive to external touch, worse after sleeping; prescribed Lachesis 200, every two hours. Improved slowly for two days, when the right side became infinitely worse than the left side had been, but temperature normal. The patient could hardly swallow; prescribed Mercurius bij. 3x trituration, every two hours, (this with perfect confidence). Not the slightest improvement followed. Learned that he had been taking Mercury in large doses for chancroid (?) as there was pricking pain when swallowing; prescribed Nitric acid 6x, every two hours. No change in the next two days.

Taking new observations now, the following characteristics were obtained: The uvula and right tonsil formed one dark red, tumefied mass, a little space being left between the uvula and left tonsil, which was dark red and somewhat swollen. Temperature still normal; patient seems chilly; must sit close to a good fire; throat gets markedly worse about 3 P. M., and continues worse until 4 A. M. He can scarcely speak intelligibly throat was so full. Swallowing, which was almost impossible, produced a fearful cutting pain as if an instrument were thrust into the parts; tendency for fluids to return through the nose; constant aching in the throat. Accumulation of quantities of stringy mucus which had to be hawked out, and in the morning a large cheesy mass would be brought out; prescribed Hepar sulph. 200, every two hours. Shortly after the first dose, the pain was relieved and speech was quite plain (this was 7 P. M.); slept all night, and at noon when I called, the parts had already assumed a natural color. There was no pain, and the swelling had all subsided, yet there *had been no discharge.*

CHICAGO.

J. P. MILLS.

OBSERVATIONS FROM THE FIELD OF PRACTICE.

THE EPIDEMIC REMEDY—EXPERIENCE WITH CROUP.

JEFFERSONVILLE, Ind., Dec. 21.—*Bryonia* and *Rhus tox.* still continue to be the epidemic remedies. All acute diseases have aching, generally all over, the effects of course decides. With *Rhus tox.* there is on many cases hydroæ-labialis, which are as characteristic of *Rhus tox.* as of *Natrum mur.*, although overlooked by nearly all of our authors. For a long time, almost all cases of intermittents which indicate *Rhus tox.* have had fever blisters, unless in the first or second paroxysm, in some stage of the case.

There is now a great tendency to sore throat, and a great deal of croup. This may indicate that diphtheria of the croupous form will prevail. Speaking of croup reminds me of my experience in this disease. The first five years of my professional life, croup was my terror. I would have dodged a case if I had an opportunity. I sent off for all new remedies that were recommended, Bromine, Kaolin, etc., in addition to the traditional *Aconite*, *Spongia*, *Hepar*, etc., but, notwithstanding, my croupy babies died. I think half of them. But for nine winters I have not had a case die, and I like nothing better to treat than croup. Some one will say, nothing but spasmodic cases; well all the spasmodic ones come now, and the inflammatory before. One of Sam Weller's remarkable coincidences. How is it done?

I don't pay any attention to the croup, but to the patient. I have cured with *Mercurius*, *Lachesis*, *Tartar emet.*, *Bryonia* and *Rhus tox.*, the two latter having cured six cases this winter. Croup nearly always indicates the epidemic remedy. This winter, I ask "does the baby make a face or cry when he coughs? does he require to be handled carefully?" If answered in the affirmative, *Bryonia* will cure every time. If in the negative, *Rhus tox.* will cure. Of course I have other points if I can, but I am willing to trust my case on these.

A. McNEIL.

THE EPIDEMIC UNDERCURRENT.

To the student of epidemiology there is no part of your journal of more interest than "Observations from the field of Practice." I learn there not only the phase of diseases and their peculiarities by the remedies prescribed, but I also get a glimpse now and then of the epidemic undercurrent. Of course, as guides to practice they are often of little practical use except as suggestions merely. I hope in the new weekly that we shall have many reports from close observers from many points. We know that all of the diseases of the seasons—if I may so term them—are largely influenced by the epidemic undercurrent. This was recognized by Hahlemann, Radamacher, Hering, and all close observers. I often wonder if what we call chronic diseases is not a tangled mass of symptoms produced by the many epidemic influences upon the system. I should particularly like to learn the drift of the epidemics. This we may learn from where the epidemics of measles, whooping-cough, scarlet fever and mumps prevail, as well as the remedies for the diseases of the season.

Homœopaths should take note in the facts all around them. THE UNITED STATES MEDICAL INVESTIGATOR deserves no small honor for this work. Success to the new venture.

H. E. C.

VACCINATION AND NO SMALL-POX.

EXPERIENCE OF G. T. GREENLEAF, M. D., CHICAGO.

Have you space in your journal for a few *facts* regarding vaccination that occur to me, as a result of my last winter's work in the Health Department of Chicago. I vaccinated myself and 3210 cases. Of course, saw or heard of a great many more. I did not see or hear of a single case of small-pox where the patient had been successfully vaccinated. By that I mean, where the operation had been done in time, and run its regular course, leaving the characteristic pitting. I saw a number of cases where every one in the family, generally a large one, had been vaccinated except the unfortunate patient, who bitterly bewailed his folly in not taking advantage of the many opportunities given him, to place himself in safety. I found in many instances as a result of the vaccination, the "strawberry excrescence," did not accept it as good, but vaccinated again, and oftentimes obtained the typical mark as a result of the second vaccination. I thought Homœopathy could have come in to advantage in a number of cases, but as the treatment did not fall to me, I could not judge. In closing I should like to say that I consider successful vaccination an absolute prophylactic in small-pox.

PRACTICAL NOTES FROM SOUTH AMERICA.

BOGOTA, S. A., Oct. 31, 1882.

DEAR INVESTIGATOR: In these few last months I have had many cases of diphtheria. The best remedy has been *Mercurius corros.* 3x, which is not mentioned in my North American books. I have employed it alone from the beginning with admirable success. The *Mercurius dulc.* 3x has cured the varicella in two or three days without exception. The Psoric 6x has been the best remedy in intractable cases of lichen simplex. Although four years ago, I was an Allopath, I began to study the works of Jahr and soon afterwards I became an enthusiastic Homœopath. There was but fifty Homœopaths in this country, and only five knew how to translate the English; the others knew the Spanish and the French. Excuse me because I am not acquainted with your language.

JULIO GEO. CONVERS.

Obstetrical Department.**DISEASES OF PREGNANCY AND THEIR TREATMENT.**

BY R. N. FOSTER, M. D., CHICAGO, PROFESSOR OF OBSTETRICS, CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

Read before the Chicago Academy of Homœopathic Physicians and Surgeons.

You will not suspect me of attempting to offer an exhaustive paper on this topic to-night. I merely wish to suggest a *classification* of the diseases of pregnancy, as a substantial aid to the treatment of them. My subject ought to be entitled "A Classification of the Diseases of Pregnancy." The study of this very important class of ailments without order or connection is much more difficult than when their natural groupings are observed. Thus

if we pass from a cephalalgia to a cardiac hypertrophy, and from this to a gastritis; or from syncope to œdema of the extremities; or from toothache to hæmorrhoids, we fail to discern a direct pathological relation of one form of disease to another, and equally do we miss the important hints that we so much need in the therapeutic or other management of our patients. I offer for your consideration the following brief schedule of these ailments. They may all be grouped, or rather they *are* grouped, under three very distinct, and yet very intimately blended heads:

1. *Trophoses*. 2. *Phlogoses*. 3. *Neuroses*. Or with less professional slang and Latin jingling, but in plainer English:

1. Diseases of Nutrition. 2. Diseases of Circulation. 3. Diseases of Innervation.

I arrange them in the order mentioned, not without reason, but because there is a natural relation of high and low, first, and second and third, among the three great systems of animal life,—the nutritive system (which includes the whole assimilative process from mastication to molecular selection and absorption), the vascular system, and the nervous system.

These three systems are physiologically and pathologically related as first, second and third. This order is seen in the development of the individual organism from its earliest to its last stage. Thus in the ovum, the embryo is formed first of a mucous layer only, which is the type of a nutritive organ; next appears a vascular layer which is intended to circulate what the former elaborates; finally is formed the nervous (or serous) layer, which is the essential structure of animal life, for the nutrition of which the previous two layers are designed. Or if you object to the term "designed" as smacking off an impossible teleology, then let us say, the above is what these several structures *do*, whether they were designed to do it or not. Note further, if you please, the arrangement of these three layers even in the embryo.—the nutritive or mucous layer is at the bottom of the series; the serous or nervous layer is on top; the vascular is between the two, as becomes its function, which is to mediate between the other two. This hierarchy of structures and functions is not lost in subsequent development, but is strictly maintained under all conditions. Thus the adult individual is lined throughout with the same mucous layer that lined him in embryo; and he is covered with the serous and nervous organs which sprung from the serous or nervous layer, and ramifying between them are the myriad streams and branches of the vascular layer. This is true of the individual when viewed horizontally, as it were. But if we up-end him (which is his physiological destiny) the same order re-appears more plainly than ever. For again, on top of all is the great over arching mass of nervous structure called the brain, occupying the highest cavity of the body—the cranial. While at the base of the structure is found the humble abdominal cavity—the nutritive cavity—and between the two is the thoracic cavity, the home of the central circulatory organ, the heart, and its co-laborers the lungs.

It is true that each one of these systems invades the province of the other, and that in the ultimate distribution of their structures and forces, they are intimately associated, and yet they never actually blend. As the cavities are shut off from each other, and yet communicate, so do the functions which they represent remain distinct, and yet co-operate. This does not, however, conceal the broad fact that each cavity is *predominately* always *itself* and not either of the others. You do not find bowels in the cranium,

or brains in the abdomen, and yet each has its representatives in the cavity of the other. This fact leads to a difficulty in diagnosis, rendering it sometimes well nigh impossible to say whether it is a nutritive or a nervous disease with which we have to deal. And yet upon a correct diagnosis depends our success in prescribing. For the chief value to us of a knowledge of these distinct bodily structures and functions, lies in the fact that some remedies act primarily upon one structure and some upon another. Let us try to apply our theory. If this be correct the diseases of pregnancy (or of any other condition for that matter), may be readily classified under the three heads above given. Now what are those diseases ?

1. *Mucous or Nutritive.*

Anorexia.
Nausea.
Diagust for food.
Vomiting.
Pyrosis.
Biliousness.
Constipation.
Diarrhoea.
Dysentery.
General mal-nutrition.

2. *Circulatory.*

Inflammations of all kinds and places—
Of the stomach.
Of the cervix.
Of the neck of the bladder.
Of the skin.
Of the veins.
Congestions—or imperfect inflammation—
Of the stomach, liver, kidneys, ovaries.
Congestion of kidneys leads us up to albuminuria and dropsies—and œdema of face, hands, feet—or ascites ; hæmorrhoids.

3. *Nervous.*

All neuralgiæ of head, face, teeth, intercostal nerves, cardialgia, gastralgia, enteralgia, ovarian, and sciatic, neuralgia.
Sensory disturbances—such as blindness, illusory smells, tastes and sounds.
Longings for disgusting articles, as food.
Motor disturbances, as paraplegia, hemiplegia, chorea, sleeplessness, mania.
Convulsions.

This is by no means a complete list of the disorders of pregnancy, but anyone can fill it out readily enough at his leisure. A glance at it will show that the disorders of the nutritive sphere are less in number than those of the circulatory, and generally less formidable, and still less a gain than those of the nervous sphere.

The extreme result of disorder in either sphere is, of course, death, and here again the characteristic distinction I have been urging crops out in full force. Death from nutritive disorder, is death from inanition. Death from circulatory disorder is usually from hæmorrhage, as in placenta previa ; while from nervous derangement it is the inmost terrible of all forms. *Convulsions.*

But from convulsions down to the slightest nervousness merely, the characteristic neurotic character is always visible. And so of the other spheres. This comparative view of the frequency, variety and character of the disease prevailing in each sphere, shows also another fact of great importance, and one which abstract phisiology would lead us to affirm *a priori*; that is, that reproduction itself is a function belonging to the mucous or nutritive realm. The genitalia are lined with a mucous membrane. The first embryonic leaflet is a mucous membrane. The genital cavity is a lower room partly shut off from the abdominal cavity, having its own outlet—though no where completely separated from the abdominal organs. The kidneys and the uterus both have the vaginal outlet.

All of which means that the woman in whom the nutritive element is strongest, is the best fitted to bear children. The bearing of children belongs to that division of the system, while on the contrary those in whom the nerv-

ous element preponderates are the least fitted for that function, and suffer most in carrying it out. Hence the animal surpasses the human being in the ease of reproduction. This accounts for the ease with which very young women undergo maternity, if their lives and characters are simplex, and not complex. To nurse well, a woman must be, whatever else she may be, a good cow. And to bear well, she must be a strong healthy animal. It is *not* necessary that she should be a saint or a philosopher. Nature is wise, and therefore limits the child-bearing period to that portion of life preceeding the highest intellectual and nervous development. The two processes, like the two systems to which they belong, are somewhat inimical. At least, one of them must be subordinate, while the other is active.

Hence the myriad neurosis of pregnancy, and the difficulty of treating them successfully.

Treatment.—In the treatment of the disorders of pregnancy we may classify the remedies as we did the diseases.

1. <i>Nutritive.</i>	2. <i>Circulatory.</i>	3. <i>Nervous.</i>
Calc. phos.	Aconite.	Pulsatilla.
Ipecac.	Bell. Apla.	Cannabis.
Pula. Iodine.	Gels. Verat. vir.	Hyos. Bell.
Sulphur.	Arsenicum.	Stram. Nux.
Pod.	Turpentive.	Cann. sat.
Kall. etc.	Merc. oor. etc.	Opium. etc.

I have placed at the head of each column the typical drug of the division. Thus Calc. phos. is the most thorough type of a nutrition remedy that we possess, and no drug will accomplish more than this in the nutritive disorders of pregnancy. The same is true of Aconite as a type of remedies affecting the circulatory sphere. And so on. I can do no more in the few minutes allowed me than suggest a principle and its application. Experience justifies me in claiming for the principle a positive therapeutic value. Of course in extra-therapeutic conditions it is of little importance.

Society Department.

CHICAGO ACADEMY OF MEDICINE.

Meeting called to order by president Foster.

Dr. Hale was called to the chair while president R. N. Foster read his paper on Diseases of Pregnancy and their treatment. Remarks on Dr. Foster's paper :

Dr. Hale thought there were cases where none of the remedies mentioned would be of any avail, as for instance; where the gastric disturbance was due to a bent cervix; in these cases mechanical means only would correct the trouble. He related a case of intractable vomiting due to a retroflexion, where remedies were used in vain, trouble being at once relieved by replacing the uterus.

He thought it would not do to adhere too closely to Dr. Foster's classification. Dr. Foster agreed that mechanical causes required mechanical treatment.

Dr. Grosvenor had used Svapnia with excellent results.

Dr. Hale said some of the most terrible cases of vomiting he had ever seen were promptly relieved by rectal injections of Bromide of Potassium, twenty to thirty grains injected with a small quantity of milk.

Dr. Foster said this treatment was first suggested about ten years ago by a doctor in the West Indies.

Dr. Williams (T. D.) suggested the use of flax seed tea, to prevent rectal irritation, as either Opium or Morphia given with any greasy substance was to a certain extent caustic and liable to cause irritation.

Dr. Williams moved that Dr. Foster's paper be published. The motion was seconded and carried unanimously.

Dr. Spork not being present to read her paper on Caulophyllum, Dr. Hale made some remarks upon the use of this drug in pregnancy. The doctor thought our pathogenesis was very meagre, much as it was used and as much confidence as we had in it, thought we ought to have careful proving on women.

He thought the remedy differed greatly from Ergot, Pulsatilla and other similar remedies.

The doctor usually used the 1x. The pains of Ergot were continued. Those of Cimicifuga, spasmodic, painful and intermitting.

Caulophyllum causes regular intermittent contractions, at times straining pain, seems to exert effort without causing real pain.

Dr. Grosvenor related a case of a woman who had twelve children, all of whom were delivered with forceps. During her thirteenth pregnancy she was under the care of a Homœopathic physician who gave Caulophyllum. Her labor was remarkably easy and terminated in a short time.

Dr. Hale spoke of the fact of Caulophyllum prolonging labor.

Dr. Foster mentioned another remedy which aided to facilitate labor, namely: Pilocarpine. When injected subcutaneously it would bring on labor, and terminate it in a few hours.

Dr. Hale had used the 2d cent. of Pilocarpine when great dryness of mouth, vagina, or os uteri, existed. He doubted the parturient powers of Pilocarp.

On motion the society adjourned.

The programme for the Academy meeting (Jan. 4th.) will be a paper by Dr. J. A. Churchill, on "A case of Ossification of the Mitral Valve with specimen." "Anatomical Peculiarities of Same case." by Dr. R. H. Curtis. "A case of Extra Uterine Pregnancy, with Specimen," by Dr. W. F. Knoll. "Gynæcological, Notes and Observations," by Dr. S. P. Hedges.

A rich sumptuous feast, as you will see.

C. E. EHINGER, Secy.

MARYLAND INSTITUTE OF HOMŒOPATHY.

A meeting of Homœopathic physicians of Maryland was held in Baltimore, November 15th, last, for the purpose of organizing a new state society.

A constitution and by-laws were adopted, and the following officers elected:

PRESIDENT, Dr. Elias C. Price.

VICE PRESIDENT, Dr. Geo. T. Shower.

SECRETARY and TREASURER, Dr. O. Edward Janney.

HISTORIAN, Dr. Eldridge C. Price.

CURATORS, Drs. Flora A. Brewster, A. B. Barrett and Wm. B. Turner
The association will be known under the title of The Maryland Institute of Homeopathy.

It is proposed to hold two regular meetings each year, at which matters of interest to the profession will be discussed. The first regular meeting will be held on the second Wednesday in May, 1883, at Baltimore.

O. EDWARD JANNEY, Sec.

THE ALLEGHANY COUNTY (PA.) HOMOEOPATHIC MEDICAL SOCIETY.

At the annual meeting in December, the following officers for 1883 were elected: President, R. E. Caruthers; Vice President, W. J. Martin; Treasurer, J. B. McClelland; Secretary, T. M. Strong; Censors, Drs. Burgher, Miller and Willard.

T. M. STRONG, Sec.

Consultation Department.

COMPARATIVE LONGEVITY.

Please tell us in your next issue where the most reliable statistical table of the comparative longevity of married and unmarried persons can be obtained.

Y. Z.

IS IT GOOD FOR NURSING WOMEN TO DRINK BEER?

This question is often asked and was never more forcibly answered than at a temperance meeting, Yankee fashion, by asking, "What is the condition of the milk of cows fed upon the refuse of breweries?"

THE PRIZE ESSAY ON DIPHTHERIA.

What is the prize essay on diphtheria? In what form does it come? Please state the price.

L. R. S.

[The Prize Essay on Diphtheria is McNeil on Diphtheria, issued by Duncan Bros. They offered a prize of \$100.00 for the best, most practical essay on that severe disease, and the MSS that received the prize is the work referred to. Price, \$1:00.]

WANTED IN IOWA.

A strong robust man of medium age and good mental and bodily health to undertake the task of submitting to all the medication, as near as possible, in the same manner and for the same length of time as administered to President Garfield, excepting such as applied to local treatment of the wound. This trial is proposed for the benefit of the medical science, and will be conducted in all fairness. The man who will undertake it and can survive the test can receive a very liberal reward. Applications should be made at the office of THE MEDICAL INVESTIGATOR.

W.

CASE FOR COUNSEL.

Will some of the readers of THE INVESTIGATOR suggest remedies for this case: A large strong man, an army officer, fifty-seven years old, soon after his return from army, sick with typhus fever which left him with chronic

diarrhoea and dyspepsia. About one year since, began to vomit up water after drinking, with very warm taste. Can only lie on left side. Fluids of stomach are at once rejected. Spits up quantities of very tenacious mucus during his meals; also the food is obstructed by what seems a spasmodic action of the throat, producing a gurgling sound and at times entire inability for a time to swallow, waits, leaves the table, spits up his food, returns, at some meals three or four times, and so gets through. This is particularly the case if he has had mental excitement or trouble previous to sitting at the table. Has the feeling to him that the trouble is more on the right side of the œsophagus and cardiac orifice of stomach. By grasping the throat with thumb and finger and making a great effort he finally swallows and so gets through. It is very annoying, at almost every meal, swallowing attended with eructations, gas seeming to rise from the stomach, and bringing with it the fluids, which if not allowed to escape the mouth, does so through the nose. Spits up sweets more than anything, except honey, which is always retained. Food that is spit up is not changed, and may be hours after eating. Bowels constipated; liver torpid. From boyhood tendency to quinsy and sore throat until this trouble developed. Entirely free from these symptoms now. Can eat fat meat, but beef and lean meats cannot swallow. Lost fifty pounds in three months. Is surgeon dentist; works in his office every day. Any assistance in this case will be gratefully received and appreciated.

U. V. R. CATLIN.

Correspondence.

READ THE ORGANON.

EDITOR INVESTIGATOR: Allow me to gently refer Dr. J. W. Clemmer (who is one of my class-mates) to Hahnemann's Organon for correction. Let him read Sec. 20, Sec. 160, Sec. 269, Sec. 270, Sec. 271 and Sec. 138 paragraphs, and remember that *division of matter is indefinite*. If it were not so we never would have had a Dr. Clemmer, and his argument will be indefinite, for what is true of the parts must be true of the whole. Let him read the Organon, and qualify from Hamilton on Metaphysics.

O. J. LYON.

THE ALLOPATHIC INTERNECINE WAR.

ED. U. S. MEDICAL INVESTIGATOR: I would call the attention of the readers of your valuable journal to the gross misconduct of the New York State Medical Society, as viewed from the standpoint taken by *The Medical News*, and other journals of that stripe issued under the auspices of the high and mighty so-called regular or Old School potentates. All of you who have read the medical journals are aware of the great offence committed by the aforesaid medical society, and some may possibly be ignorant of it; to those I will make the following brief statement: They adopted a new code of ethics, whereby they could call in consultation or could be consulted by any member of the medical profession in good standing; that is, a graduate of any

medical school of good standing, regardless of the "pathy"; in fact they were willing to do anything to advance the interests of their patients. Ye gods! what a howl has gone forth from the big and little dogs of the self-styled "Regulars." I quote the following from *The Medical News*, a journal published in the interests of the Old School, by Henry C. Lea's Son & Co., of Philadelphia. "*The Medical Record* and the New York *Medical Journal* alone have championed the new code and sought to lead the profession to giving its countenance to charlatanry, but their teachings appear to have in no wise swerved professional morals or influenced professional opinion, not even in their own state." But notwithstanding this howl the handwriting is already visible on the wall and will soon blaze forth in letters of fire that either the days of the old code is numbered or the Old School with its empiricism, heroic doses, and draw yourself within your own shell snail style, is numbered gradually. They are being driven to the wall, and once in awhile, one of them flaunts the white flag to the breeze, and gradually and gently sinks into the embraces of the inevitable. "So mote it be."

LUTONIA, Ohio.

R. T. M.

Progress of the Medical Sciences.

Pruritus ani often proves a most annoying and obstinate symptom, persistently refusing to yield to our therapeutic endeavors. It is therefore quite comforting to be assured that we have in two well-known drugs, two equally efficient specifics. Thus Dr. Steele, of Denver (*Lancet and Clinics*), has found Quinia sulphate rubbed up with only sufficient lard to hold it together, a never-failing specific in this affection. He uses it in both *pruritus ani* and *vulvæ*. The nearer you get to the full strength of the Quinine the more efficacious it will prove. And some other physician is similarly confident about the local application of Peru balsam. Hence there can now be no more troublesome itching about the anal aperture, and medicine has achieved a new triumph.—*Med. Record*. [Reports of failures are in order.]

A Convenient and Delicate Test for Albumen.—Dr. A. W. Abbott, of Minneapolis, Minn, sends us the following description of an easy and delicate method of testing albumen: "Pour a few drops of urine gently down the inside of a glass vessel containing acidulated water at the boiling point. If albumen be present a more or less dense cloud will form just at the dividing line between the fluid tested and the clear water above. As the contrast in opacity is between the clear water and the milky albuminous cloud, the test is very delicate, one-twentieth of one per cent. of albumen making a very perceptible clouding. It has all the advantages of the ordinary heat and acid test, and Heller's Nitric acid test. It is even better than the latter in a cloudy fluid as in urine, with urates in excess, because the clear water above makes a perfect medium in which to detect the faintest cloud, while the layer of coagulated albumen in Heller's test may be entirely obscured by the opacities in the fluid itself. If no test-tube or Nitric acid is at hand, pour boiling water into a common tumbler, let it stand a moment to ensure the heating of the bottom of the tumbler, empty, refill, acidulate with vinegar, and proceed as before. While this is a modification of the heat and acid test it has the advantage of being applicable under all possible circumstances, whether special apparatus is at hand or not. It is as convenient and accurate in the farm house as in the laboratory."—*Med. Record*.

THE UNITED STATES MEDICAL INVESTIGATOR

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and close thought (the great sources of medical knowledge), on any subject pertaining to medicine.

A SAMPLE COPY means one of a kind. One number of a journal cannot be a sample, except in size, for each number is filled with entirely different and equally valuable matter. A whole year or fifty-two issues would hardly be a sample. While we send out this number with considerable pride and satisfaction for the first issue of a weekly, still we expect to have it improved from year to year. We adhere to the octavo form at the urgent solicitation of those who preserve and bind their journals.

THE PROGRESS OF HOMŒOPATHY. It is pleasant to look back on the rapid spread of the most benign system of medical treatment the world has ever welcomed. When we entered the journalistic arena sixteen years ago, our cause was struggling for an existence. The profession was sparsely scattered over a few states, but now there is no enterprising town of any size where there is not a Homœopathic physician. Then there was only a few state societies; now there is scarcely a state without its Homœopathic Medical Society. Colorado, the Centennial state, has already a flourishing organization. Then there was no hospital under Homœopathic control; now there are many large general hospitals, and some special ones. Of colleges, the number has doubled; while the number of students has increased fourfold. There is an increase to the Homœopathic ranks of not far from 500 physicians annually. The number of regular and eclectics who are inquiring into Homœopathy was never so large as now. As near as we can estimate, there are now not far from 10,000 Homœopathic physicians and students in the United States, while the mass of those employing Homœopathic physicians for the first time, is steadily on the increase.

All of this is matter for congratulation, but great as has been this progress, we are of the opinion that it may be greatly increased. In future issues we shall have something to say about the farther spread of Homœopathy.

THE NEW VENTURE. The publishers of THE UNITED STATES MEDICAL INVESTIGATOR take pleasure in issuing this journal weekly. Every Homœopathic physician throughout this whole country will be interested in this enterprise. It will prove a good investment for every one to send in his name (and \$3.00) and get the new weekly from the start, and regularly during the whole year. Fifty-two numbers filled with practical, available medical articles will add greatly to a physician's resources, success and income. To preserve these many numbers for binding, a special binder will be furnished at a small cost. Two volumes a year of over 1,000 pages for \$3.00

is cheap literature, and the best of all is they form, from year to year, a reference library of great value.

Those who have taken **THE MEDICAL INVESTIGATOR** for years know its worth. Its readers receive practical hints that net them many dollars annually. With a weekly they expect more ready help and prompt returns. Some even urge that it be made a daily. During the session of the American Institute of Homœopathy in Chicago in 1870 it was issued daily, but a weekly must suffice for the present.

In making this change the size will remain the same relatively. With fewer pages each week, the matter will be more compact, consequently it will be filled with short articles, if possible, and as practical as the contributors can and will make them. Brief reports of cases, practical facts, therapeutic hints, clinical verifications—any thing of a practical nature will be welcomed. The Consultation Department will be especially interesting and helpful. Cases for counsel and questions about every thing medical will find a ready answer here. Anybody can ask questions. With all of this and selected extracts, news, reviews, editorials. etc., each number will be not only interesting but very profitable reading.

While the editor extends a cordial invitation to the reader to contribute to its pages, the publishers hope that this enterprise will commend itself to each reader to the extent of \$3.00, the subscription price for 1883. If an increase in size and price is demanded, the publishers will gladly make the change. Let us try it for a year and then we shall see.

FEEDING PER RECTUM. We are highly flattered by receiving a pamphlet* by the historic Surgeon Bliss. We expected something startling would emanate from the said Bliss. This seems a breech presentation delivered by an advertising firm. The burden of this effusion is the claim that there is "reversed peristaltic action" in cases of rectal nutrition. No credit is given to capillary absorption. But the thing that interests us is the exact (?) and powerful (?) extract of beef given the late president. Here is the formula: "Infuse a *third* of a pound of fresh beef finely minced, in fourteen ounces of cold soft water, to which a *few* drops (4 or 5) of Muriatic acid and a *little* salt (from 10 to 18 grains) have been added. After digesting for an hour to an hour and a quarter, strain it through a sieve and wash the residue with five ounces of cold water, pressing it to remove all soluble matter. The mixed liquid will contain the whole of the soluble constituents of meat (albumen creatine, etc.) and it may be drank cold or slightly warmed." This is a poor manufacture of Leibig's beef extract, and equals one-third of a pound of beef in nineteen ounces of water!

*Feeding per rectum as illustrated in the case of the late President Garfield and others, by D. W. Bliss, M. D., Washington, D. C.

This tea seems very weak, and differs from that so successfully used by Surgeon Beebe, whose formula was: "Take lean beef, *one-half* pound, and chop fine; add water, twelve ounces; salt, one teaspoonful; and Muriatic acid, three drops. Let it stand two hours, strain, and it is ready for use." This is an improvement on Leibig's beef tea.*

Bliss tells us that of his beef extract "Two ounces (with two drachms of beef peptonoids and five drachms of whiskey), were given with scrupulous regularity *every four hours*," or, in other words, that two thirds of one third of a pound of beef was the daily allowance, on which "the late President Garfield was some of the time entirely, and all of the time very largely, sustained by rectal feeding." Is it any wonder that progressive emaciation or inanition was so remarkable. That was not enough to feed an infant let alone a strong man. As the facts come out little by little we do not wonder that the president died, but that he lived so long.

*See Pavy on Food and Dietetics, p. 529.

New Books.

QUIZ COMPEND, NO I., QUESTIONS ON HUMAN ANATOMY. By S. O. L. Potter, M. D. Philadelphia: P. Blakiston, Son & Co.; Chicago: Duncan Bros. \$1.00.

This work is made up of concise answers to the leading questions of descriptive anatomy. Whether these answers will prove full enough for the skilled anatomist remains to be seen. Taken in connection with Gray, the student can receive much benefit from its use.

FAMILY PRACTICE OR SIMPLE DIRECTIONS IN HOMŒOPATHIC DOMESTIC MEDICINE. London: E. Gould & Son.; Chicago: Duncan Bros. \$1.00.

This is the fifteenth thousand revised and enlarged edition of this valuable little work. It is a compilation from larger works, the chief objection to it is the frequent reference to "tinctures." For that reason it would be dangerous in the hands of Americans. Why cannot our English friends use the term dilution instead of tincture. With us, the term tincture is the Mother-tincture always.

THE TRANSACTIONS OF THE WISCONSIN HOMŒOPATHIC MEDICAL SOCIETY for the year 1882.

This is Volume VII of this society's doings, and makes a good showing. But these paper-pamphlets soon get lost. It seems a pity to confine such good papers to the small audience of a single state. Our readers in all of the states enjoyed reading many of the papers in this volume, and they may some of the best of the rest. The annual address of President Danforth on "Civilization: its Triumphs and Penalties," is worthy of careful reading. Many of the articles are especially strong and practical.

PLAIN TALKS ON AVOIDED SUBJECTS. By Henry N. Guernsey, M. D. Philadelphia: T. A. Davis; Chicago: Duncan Bros. 50 cts.

This little work treats of the sexual functions during all ages. The advice given is fatherly, kind and chaste. In some of his statements the facts seem to us overdrawn, e. g., "*Millions of human beings die annually from the effects of poison contracted in this way.*" (illicit intercourse). On the whole, however, the work can do only good, and will serve as a valuable companion to the Decline of Manhood. We have often thought that there should be a work on private physical living, not touched upon by any book extant. Guernsey's little book will serve a useful purpose.

THE PHARMACOPŒIA OF THE UNITED STATES. Sixth decimal revision. New York: Wm. Wood & Co; Chicago: W. T. Keener; Duncan Bros. \$4.00.

What is this work, and how is it prepared? A convention of regular physicians appointed by the various state societies and incorporate institutions in the country is held every decade to decide on what changes shall the druggists make in the preparation of medicines for the next ten years. It would seem that this philanthropic work should be conducted by the wisest and best men, but certainly, at the last one the sages were conspicuous by their absence. The manufacturing druggists and chemists were sparsely represented. There is a long strife among the publishers who shall get the work to print, so it may be concluded that the committee is made up if possible with a strong bias, and the work therefore is not exactly representative. An old druggist said to the writer "very few manufacturers follow the Pharmacopœia. You see Squibbs withdrew from the committee. It is not a representative work, but usually behind the times. Piffard was a leading member, and consequently you will find something to please you Homœopaths." The potent influence of Homœopathy is very apparent, for almost the first thing is tincture triturations, under the head of "abstracts," as they are called here. They are twice the strength of fluid extracts. "Triturations" are now an officinal preparation.

Where did this committee get their knowledge of triturations as here given? Not from the 60 000 Allopathic physicians and 6 000 druggists. It is almost an exact copy of Hahnemann's instructions followed by all our pharmacies and physicians. This was copied from Homœopathic sources. It is said here "General directions for preparing triturations and tinctures from the fresh plants have been introduced (why not add from the Homœopathic pharmacopœia?) to insure uniformity in their preparation, if prescribed by physicians." That is a significant clause. Why did they not add to meet an increasing demand, and to save our physicians sending to Homœopathic pharmacies for a more reliable article than our tinctures. The first triturations are the only ones recognized; neither do we find anywhere, directions for making dilutions. This will be added on the next decade, perhaps. While we are pleased to see this direct acknowledgement of the superiority of Homœopathic pharmacy on the very first page, our readers must be cautioned about putting implicit confidence in Allopathic pharmacy. Everywhere we find our favorite Aconite mixed with Tartaric acid. Possibly these men do not know that acids antidote Aconite. Perhaps they do, but add the acid to control the Aconite. Not out of the woods yet you see. *Dilution they have not yet discovered.* Again it will be noted that their

abstracts are but fluid extracts to which sugar of milk is added. This evaporating process is decidedly objectionable to a Homœopath, for who knows how much of the essential properties of the remedy has been spirited away.

Among the articles dismissed from this edition we notice Aconite nap. folia (they use only the root), Helleborus, Veratrum alb., etc., everyday remedies with us. On every page is noted the spirit of change or restlessness that indicates all too plainly that there is no therapeutic law that anchors their remedies either in their materia medica, dispensatory or pharmacopœia. The drift as here indicated is *towards* Homœopathic methods and law.

There are many good things in this book, and it is neatly published.

THE SAN FRANCISCO HOMŒOPATHIC HOSPITAL report for the first year is before us. This hospital is the outgrowth of the successful dispensary instituted some years ago. It is conducted by ladies entirely and is a good model for a similar institution in many of our cities. There should be Homœopathic hospitals in Detroit, Milwaukee, St. Paul, Minneapolis, Omaha, Denver, Kansas City, St. Louis, Indianapolis, Nashville, New Orleans, Cincinnati, Columbus and many other points where there are half a dozen Homœopathic physicians with 500 or more families interested in the cause.

THE NEW YORK MEDICAL JOURNAL. Published by D. Appleton & Co., is to be issued weekly.

It was valuable as a monthly, and will be still more valuable as a weekly.

THE WEEKLY MAGAZINE. One of our enterprising publications is giving its readers free hand portraits of some of our leading Chicago propositional men. We notice interesting sketches of the lives and labors of Drs. Mitchell, Hale, Cooke, Small and Duncan, besides several Allopathic physicians.

BOOKS RECEIVED.

• Otis Clapp & Son's Visiting List and Prescription Record is excellent.

The Medical Record Visiting List or Physician's Diary for 1883. Published by Wm. Wood & Co., New York. Good.

Transactions of the Wisconsin Academy of Science, Arts and Letters.

Circulars of Information of the Bureau of Education.

The Vaso-Motor Nerves, their Origin, Functions and Relations to Morbid Processes. By Prof. Wm. Owens, M. D.

Medical News.

The students in our various colleges this year number about 1000.

A Homœopathic Convalescent Home for Children is to be established at Slough, England.

A Homœopathic Nurse's Institute is about to be established in connection with the London Homœopathic Hospital.

Partnerships.—Our friend, Dr. F. H. Orme, of Atlanta, Georgia, informs us that he has associated with him, Dr. M. W. Manahan.

The chemical lung or punkah is an apparatus to suspend from the ceiling of a room, and which will wave to and fro. It may be filled with ice and thus keep the hottest room cool and the foulest air pure.

Phil. Porter, M. D., of Detroit has returned from Europe, full of good things gleaned from surgeons in Vienna and London, and will tell our readers something of interest.

S. Swan, M. D., of New York, has been experimenting with Syphilinum (cultivated syphilis), and gets a host of symptoms. A neuralgic cephalalgia worse from 4 P. M. to 11 P. M., always ceased with the coming light of morning, is one of its characteristics.

The Hand-Book of Homœopathic Practice.—Practitioners in this school of practice will find the book a great help to them, and regular physicians who would learn something of Homœopathy, as all should do, can refer to no better source of information.—*Pacific Medical and Surgical Journal.*

The London School of Homœopathy is to be incorporated. The discussion of this momentous problem occupies twenty-four mortal pages in the December *Monthly Homœopathic Review*. They seem as afraid of being incorporated as did the Illinois Homœopathic Medical Association.

Married.—Dr. L. E. Whitney, of Carthage, and Miss. Jennie Kendal, of Windsor.

Dr. B. W. Baker, class of '82, Cleveland Homœopathic College, was married to Miss Jessie L. Dye, Dec. 13. This new firm is located at West View Ohio.

Chicago Homœopathic Medical College.—The spring term which will begin March 2, 1883, will be very attractive both to students and practitioners. An excellent course of didactic lectures is arranged, and the clinics, both on Cook County Hospital. The college will be equal to those of a regular session. *

The New York Homœopathic Insane Asylum makes a good showing for 1882. The total cases number 291. New admissions, 175; discharged recovered, 79; improved, 13; unimproved, 48; died, 20; not insane, 1. Percentage of recoveries, 45.69. Superintendent Talcott's report is interesting. He thinks suits to get patients released from asylums bad in the extreme, doing no one any good.

G. W. Williams, M. D., of Marshalltown, Ia., writes: "I hand you enclosed a "want" (found on another page), which if you think best please publish. I don't imagine that any one would be big fool enough to risk his life in such a manner, so that probably you would not be bothered much."

[Should there be an applicant, Dr. Williams, who is the State Medical Examiner of the Royal Arcanum, will be the man to superintend the job.—EDITOR.]

The increase of Homœopathy is steady in all parts of the country. This is well shown by the increase in San Francisco that has now fifty Homœopathic physicians against ten of a decade ago. We have gathered a list of nearly 8000 Homœopathic physicians, and quite 100 students. These, we believe, do not include all avowed Homœopaths—to say nothing of the many who practice it "on the sly." We believe that our numbers have doubled in the last ten years, and still they come. Every mail brings new names for our literature.

The Denver Dispensary is doing good work, we learn by the Denver papers. The attending physicians are Drs. Burnham, Brett, Ingersoll, Huffaker, Button, Spencer, Wilson, Morris and Everett. Dr. Brett writes that "The management of the hospital so far has been anything but successful or satisfactory. A series of disturbances have followed one after another ever since the change. I think I will be able to send you some interesting statistics at the close of the year."

The spread of knowledge of Homœopathy among all people depends upon the zeal of its friends. In former years the anxious earnest inquiry was "What is it?" Now curiosity is allayed by the explanation "Oh, little pills!" The regular tries to hush honest inquiry by sneering, "humbbug, quackery." Every Homœopathic physician owes it to himself, and the honor of the cause, to spread a correct knowledge of Homœopathy among the people. A few tracts loaned in every neighborhood would bring forth much fruit. Scatter tracts.

Cook County Hospital.—Homœopathy has now completed its first year in this magnificent hospital. We are pleased to note that it has made a most excellent record. The clinics of Prof. Mitchell, of the Chicago Homœopathic College, embracing cases of typhoid of all varieties, hemiplegia, paraplegia, locomotor ataxia, cardiac valvular lesions, cardiac dropsy, phthisis, pneumonia, pleurites, etc., have been attended both by Homœopathic and Allopathic students. The surgical clinics of Prof. Adams likewise numerously attended, and varied as to subjects, have added to the already well earned reputation of this surgeon. *

Alcohol in Diphtheria.—The use of Alcohol in diphtheria was advocated by Von Grauvogl, chiefly with an idea of dissolving the membrane. The value of this was confirmed again and again. The necessity of supporting the patient led Dr. Storke, of Milwaukee, to give this stimulant freely. In the *Medical Counselor* (Dec. 15.) he advocates the excessive use of this agent. He gives Alcohol and water equal parts, and says, "Give all your conscience will permit, then shut your eyes and give as much more." He gives about a pint daily. In malignant cases such alcoholic intoxication may be helpful, but in the majority of cases it is certainly unnecessary.

Homœopathy in Politics.—The Allopathic physicians of Chicago attempted at the last election to crowd Homœopaths out of the Chicago (Cook County) Hospital by getting one of their number elected upon the board of commissioners. He was quietly nominated by one party. Before the election, his position towards Homœopathy was sought by repeated interviews and correspondence. But he was silent except to our editor, to whom he penned a non-committal reply. The whole Homœopathic influence was thrown for the opposing candidates who were elected by handsome majorities, securing Homœopathy a position in the hospital for years to come.

C. W. Clark, M. D., has removed to Winnipeg, Manitoba. He writes: "I am the first Homœopathist to register in this Province, and expect to have some missionary work to do, for which there is plenty of room here, but, in the interests of humanity, somebody must do it, and why not I? There is a large field here well filled with regulars, who should not have everything their own way. I shall do my best to defend and maintain our principles against all comers, and, to assist me, I must have your journal."

[We predict for our old friend, a lively time—plenty to do and good remuneration. We shall be pleased to have reports from “the field of battle.” Homeopathy excelsior!—EDITOR.]

Dr. David Haggart has been appointed supreme medical director of the United Order of Honor.

Dr. J. K. Huffaker, of Brookfield, Kan., has been Health Officer of his city since 1880.

Removals.—*Dr. E. K. Shirley*, from White Hall, Ill., to St. Louis, Mo., 1016 Glasgow Ave. A good move.

Dr. Ed. W. Dewees, from 2229 Chouteau Ave., to cor. Clark and Jefferson Aves., St. Louis.

Dr. J. Martine Kershaw's address is 2200 Olive St., St. Louis.

Dr. Lee H. Dowling, to 2817 Cass Ave., St. Louis. *Dr. D.* has recently taken a partner—for life.

Dr. A. L. Monroe, from Danville, Ky., to Birmingham, Ala.

Dr. O. B. Moss, from Cleveland, O., to Topeka, Kan.

Dr. E. P. Bean, from Marionville, Mo., to Purdy, Mo.

A. M. Cushing, M. D., has removed from 116 W. Newton St., to 401 Columbus Ave., Boston.

Dr. Geo. W. Stearns, has removed from Groton, Mass., to Holliston, Mass., having taken the practice of *Drs. C. F. Baker* and wife, who have removed to the west.

S. G. Coffin, M. D., has removed from Rochester, N. H., to Great Falls, N. H., to take the practice of the late *Dr. Norcross*.

Dr. Mary A. Payne has located at 319 Columbus Ave., Boston.

Dr. Clara O. Austin has located at 34 Brooklyn St., Boston.

Dr. C. P. Holden has removed from Woodstock, Vt., to Windsor, Vt.

Dr. S. J. Donaldson has removed his office to No. 36 West 42nd St., New York City.

Dr. Howard A. Gibbs, B. U. S. of M., class of '82, has located at No. 23 Kendall St., Boston.

Dr. E. A. Carpenter has removed from Plattsburgh, N. Y., to Cambridge, Mass.

Dr. Chas. R. Rogers has removed from West Born, Mass., to No. 734 Dudley St., Dorchester District, Boston.

Dr. Susan P. Hammond has removed to No. 70 W. Springfield St., in Boston.

Dr. Kate C. Fiske has removed from Medina, N. Y., to Jamestown, Chautauqua County, N. Y.

Dr. S. A. Hageman has removed from Augusta, Ky., to 425 McMillan St., Walnut Hills, Cincinnati, O.

Dr. W. A. Ely has left San Francisco, Cal., and has located at St. Helena, Napa Co., Cal.

Dr. W. G. Clark has removed from Windsor, Vt., to 124 West 126th St., New York City.

Dr. Alfred C. Pope, editor of the *Homœopathic Review*, has changed his old address to 13 Church W., Tunbridge Wells, England.

J. W. Primm, M. D., has removed to Huron, D. T.—a prime physician for a prime location.

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Sanitary Department.

BACTERIA A FRIEND NOT A FOE.

BY O. P. BAER, M. D., RICHMOND, IND.

FELLOWS OF THE WAYNE CO. HOMŒOPATHIC SOCIETY: I have chosen for my theme on this occasion, one among the least, though not the most insignificant, of the invisible department of animated nature—the *Bacteria*. It plays a most important part in the whole physical world. It is a most restless, resistless, and obtrusive little creature. Going where he is not wanted; meddling maliciously, and feloniously in other men's matters. He has many accomplices, and but few friends. When we contemplate the entire field of biology, there is no department of it, which commands our admiration and astonishment more than this tinny little animalcula; millions of whom can conveniently float, and do business in one single drop of water. Think of it, how infinitesimal in size, yet, how active, how destructive, and above all, what great changes are laid at its door, many of them decidedly unwarrantable, and false.

It is a great factor in the economy of all nature. Exceedingly numerous every where; both in the atmosphere, and all decaying substances, whether vegetable or animal. In structure, it is a triple coccus, or three celled animal, arranged in a direct line; about from 1-15000, to 1-30000 part of an inch in length. Its cells are composed of sarcode, which is the receptacle of the food; and in this substance are located all the internal organs of the animalcule. There is an infusoria, less in size than the one we are now considering; which is the *vibrio*; who, though a companion in one sense, of the bacteria, works out of sight in the structure assailed; not upon its surface. It cannot live in oxygen but upon the contrary, lives and propogates without one particle of free oxygen. On the other hand, bacteria must make very frequent visits to the surface, for free oxygen—cannot live without it. Thus, while the vibrio inaugurates the ferment, in the inner substance, the bacteria develops it upon the surface. Thus they act in unison with each other. It is not the worm which destroys our dead bodies, but the active, meddling infusoria, the least of living creatures. These infusoria are perfectly inoffensive as long as life is an obstacle to their development; but after the death of the affected part, their activity begins. Vibrios working from the centre to the surface, destroys cell life and structure; while the bacteria developed upon the folds and wrinkles of the skin, works from the surface towards the centre, meeting the vibrio, devours it, and after having satiated itself, in its turn, is devoured by that loathsome little worm the maggot. Bacteria increases in warm, dry weather, decreases in wet, chilly and cold weather, diminishes on mountains, increases on valleys and plains. It is non-obtrusive to healthy tissue, but is always ready for its work, whenever circumstances favor it. It has no affinity whatever for healthy structure; but dearly loves to mingle, wherever fermentation has set in. Fermentation is its field of activity, aiding the previous occupant, the vibrios

in its destructive work, of tearing down tissue, and newly formed cells. Professor Tyndall says, truly that bacteria is not the *producer of disease*, but the *result of fermentation*. It is virtually a creature of circumstances, arising as a scavenger, to clear away dead, offensive matter. It is highly useful in its legitimate office.

Like every created being, it has its uses to perform, and unlike sinful man, it never forgets to perform them, in the divine order of its being. It has no power to originate *disease*, but develops upon and gloriously revels in structure already diseased.

Fermentation is its desired pabulum. In it, the bacteria moves, feeds and develops, lives. But has not the least possible capacity, to produce pathological condition in any form whatever; notwithstanding the apparent evidence to the contrary. Much has been written pro and con, but the great weight of the testimony is decidedly in favor of the innocence of our little, much abused, infusoria.

In cancrum oris, in diphtheria, in stomacea, and indeed in any cancrroid disease of the mouth, they develop rapidly, entering from the teeth, which, not having been kept perfectly clean, furnish them all the necessaries of life. They are often found in great abundance between the teeth, and frequently under the finger and toe nails, and occasionally in the nostrils, ears, and inner canthus of the eye, and indeed upon any part of the body, where filth may naturally invite them.

Bacteria terma are by many considered to be the primal and leading factors in all zymotic diseases, as well as in tuberculosis of lungs, kidneys and liver. But when this matter is truly scientifically investigated, it falls to the ground as dead. It is known to physiologists, that the corpuscles of the blood are composed of all the elements of the whole mass. The white and red globules contain fibrin in fluid form; as it is one of the absolutely necessary elements of the healthy blood. Now whenever an exudation of lymph or serum occurs fibrin is largely present, and as soon as it reaches the surface coagulation results. And now, if examined, this same fibrin resembles, in every respect the micro-coccus, and as coagulation progresses, we have the bacteria prima, or duo-coccus, and when the inflammation runs highest, and the fibrin becomes really cooked, we have the proper bacteria terma, bacillus as Professor Koch, of France has been pleased to style them, a squirming, spiral, fibrillæ, about the size in length, width and character of a regularly developed bacteria, or bacillus. This altered condition of fibrin, is simply the result of death, to the natural constituents of physical life.

This altered fibrin as it solidifies, fastens itself to the epithelium, closes the follicles and forms a false membrane, of a very tough character. This is all done by fibrin, in its change from its physiological fluid state, to that of its pathological or solid state. From invisible to visible condition. All this occurs before the ingress of our little animalculæ, the bacteria.

Professor Koch maintains that bacteria, or bacilla, is the great cause of pulmonary consumption, or what is the same thing, that it generates *tubercles*. Professor Gregg, of Buffalo, after twenty years of careful experience with the microscope disproves this in-toto.

Having myself been a subject of tubercles for more than forty years, I have frequently examined them critically, with very powerful glasses, both when whole and solid, and when broken down and offensive and can say

candidly, never saw any semblance to infusoria. Therefore with all due difference to Professor Koch, I feel sure he has been misled by mistaken fibrillæ for bacilla. Great men often ride hobbies and deceive the masses. Bacteria is not a parasitical animalculæ, but in every sense, a primal animal; hence not a creature of disease, but as the buzzard, feeds wherever his food is prepared, and thus really stands in the same relation to diphtheria, or other diseased substance, as the buzzard does to the dead ox or horse. None of the innumerable host of the tiny infusoria are the results of disease, their mission is that of purifiers—a scavenger.

When the glandular secretions become heated, curdled, and take form; resembling treo-coccus (bacteria, bacillus) floating in the serum, then it is that the scientist finds it hard to designate with certainty, fibril from bacteria. Look upon the bacteria as a friend, not a foe; he comes to feed not to destroy. He comes to clean, not to toul; to carry away diseased matter not to impart it. He has no love whatever, for healthy tissue, it is not his field for work; he would starve to death upon it. His work is purely legitimate, honest and upright, then praise the little worker for his orderly life.

Clinical Medicine.

CLINICAL NOTES.

COLD SPOTS OR COLD SENSATIONS in different parts of the body is sometimes caused by Rhus, in other cases by Ammon. carb. or Arsenicum.

M. A.

AN AMMONIUM CARB. BACK.—Pain in back coming on at night, better on motion out of bed, I have cured by Ammonium carb. Hering gives this symptom, but he adds "and day." I have met it only at night.

M. AYRES.

AN UNUSUAL CASE OF CORYZA.—First, as usual, after taking cold, dry nose, then watery discharge, then sllivated during the day, at night vomiting without nausea with a large amount of flatus. The force of the disease then seems broken for the nasal discharge will become thick, and gradually disappear. No remedy used has arrested it. What will cure? M. A.

PLATINA 200 IN HEADACHE.

¶ Mrs. M. V., aged twenty-eight, a widow, and fat; a brunette, and a milliner. June 9, 1882, came to Dr. Burchfield (*Med. Advance*) complaining of a severe headache. For many months had been troubled with periodical sick-headaches, coming as often as every two weeks. They are always characterized by pain, *beginning light and increasing gradually until very severe, then as gradually decreasing as it began.* They often lasted two or three days. Platina 200 completely and permanently cured, although various prescribers had failed to give her any relief.

PILOCARPINUM CURED A CASE OF SALIVATION.

The *Courier Medicale* relates the case of a woman three month pregnant who suffered severely with salivation. Thrice before she had also suffered severely. A subcutaneous dose of 0.02 of Pilocarpinum cured the salivation after first aggravating the case.

PICRIC ACID FOR MOTH PATCHES.

Dr. Macnutt mentioned to me (Dr. Coopers) a case of a lady in whom Picric acid had removed a zone of yellowish discoloration that surrounded her mouth causing great disfigurement. Possibly this may be amongst its indications.—*London Hom. Review.*

RHUS TOX. IN "WINTER TETTER."

Miss D., aged twenty-one. For seven years has been troubled with a dry eruption on the back of her hands, appearing with the advent of winter and disappearing in the spring. In the summer her hands are perfectly smooth. She has persistently tried all sorts of applications without relief. The *winter aggravation* reminded him of Rhus tox. Accordingly, as an experiment, Dr. Burchfield (Latrobe, Pa.) took a half-ounce of Cosmoline and medicated it with three drops of Rhus tox. ϕ , telling her to apply the preparation twice a day. Only a few applications were made before she found effectual and permanent relief. [Petroleum: all skin symptoms are aggravated in cold weather.—*Med. Advance.*]

[The query will arise, did not the ointment cure by supplying protection to the young epithelial scales.—ED. MED. INVESTIGATOR?]

VALCAREOUS DEGENERATION OF THE MITRAL VALVE.

BY F. A. CHURCHILL, M. D., CHICAGO.

Read before the Chicago Academy of Homoeopathic Physicians and Surgeons.

CASE. The president of this Academy has asked me to present to its members, together with the pathological specimen, some account of a case of endocarditis, which occurred in the practice of Dr. Woodbury, and in which the president was called as counsel. Mr. P., the patient, was a man of fifty-three years, and of rheumatic diathesis, having had at different periods attacks of rheumatism. Many years ago, he had an attack of inflammatory rheumatism lasting several weeks, but experienced at that time no definite symptoms referable to the heart; he recovered from this, and for a number of years enjoyed very good health, but for the last ten years has experienced a good deal of trouble about the heart at times. Palpitation of the heart, pain in the præcordia and in the stomach, shortness of breath. He has however been able to work at his business most of the time. About three years ago he consulted Dr. Woodbury for some incidental illness, and was

told that he had serious valvular trouble which would some day carry him off, and he was cautioned to guard against over excitement or violent exercise. The action of the heart was somewhat irregular, and a rough regurgitant murmur could be easily distinguished. The patient had much trouble about his breath; often having suffocating spells and being obliged to spring up from sleep into a sitting position to get air. Of late the trouble had been increasing, the sense of suffocation and the pain about the heart and stomach growing greater. The patient had little or no fever. Toward the last the action of the heart had been exceedingly irregular, at times beating very slowly then fluttering so that it was impossible to get the pulse; the temperature, too, at times ran below the range of the clinical thermometer; at last, about the middle of December, he passed away quietly, his friends about not knowing just the time of his death. The diagnosis was endocarditis with mitral insufficiency and heart failure.

There was an officious brother-in-law in the case, who knew of course, much more about the patient's trouble than the physicians in charge. He believed the trouble to be in the liver and stomach, and intimated that if the patient had wiser doctors he might get well. Accordingly upon the death of Mr. D., Drs. Foster and Woodbury rather insisted upon a post-mortem examination, which was allowed. The examination was skilfully performed by Dr. E. H. Curtis, the writer being present as interested spectator, and sponger extraordinary. Pericarditis with effusion had been suspected by the counsel, but unfortunately for the results of the examination, the embalming fluid with his injecting fluids had been ahead of us, and when the thorax was opened, the trail of the serpent was over all. There was hardly an organ in the body which he had not pierced with his syringes, and the mediastine and pericardial sac were so full of Condy's disinfecting fluid that it was impossible to tell whether there had been an effusion or not, but from the non-congested appearance of the membrane, it was concluded that there had been little or no inflammation of the pericardium.

There was considerable fatty degeneration of the muscle of the right side of the heart, but the interior of the right heart presented scarcely any morbid appearance. The chordæ tendinæ of the tricuspid valve were somewhat atrophied, but the valve seemed to be in good working order. The muscle of the left side of the heart was much hypertrophy and thickened; the endocardium upon this side was thickened and congested. The auricle, ventricle and aorta contrary to the normal condition were filled with clots and the mitral valve was simply a calcareous ring. The only wonder was that it had been able to do duty so long, and that heart failure had not resulted much sooner. The orifice of the pulmonary veins were also thickened and congested from the backing up into them of the blood regurgitating through the mitral valve at every contraction of the ventricle, and the pulmonary veins were filled with a firm clot.

Rheumatism and Endocarditis.—It is interesting to trace the connection between rheumatism and endocarditis, the latter following the former in a great number of cases. Of 474 cases collected from various sources, and analysed by Fuller, endocarditis existed in 214, the ratio being 1 to every 2½ cases. Of 204 cases of rheumatism with cardiac complication of some kind, endocarditis existed in 138, pericarditis in 19, and endo-ericarditis in 38. Statistics by other authors give the percentage of endocarditis occurring in cases of rheumatism as about 20.

The cause of rheumatism is not clearly understood but it is generally believed to be dependent upon the presence in the blood of some poisonous material which probably accumulates there in consequence of mal-assimilation. This poison is believed to be lactic acid, for the injection of lactic acid into the blood of animals produces the phenomena of rheumatism and endocarditis.

The rheumatic poison has a singular predilection for the serous, fibrous and muscular structures, and we have the affection of the serous lining of the heart cavities in connection with the rheumatic inflammation of the serous membranes of the joints.

Endocarditis is generally limited to the portion of the membrane covering the valves and orifices as it is here most exposed to the action of the blood currents, and is moved and stretched with every systole of the ventricle. How shall we account for the fact that endocarditis is in the vast majority of cases limited to the left side of the heart. To be sure the action of the left side is more violent and the blood currents are stronger than upon the right, but this seems to me hardly sufficient to account for it. The experiments of Richardson as bearing upon this point are interesting. He injected into the peritoneal cavity of a dog, a ten per cent. solution of lactic acid. This was soon absorbed, and in the course of twelve hours the various symptoms of endocardial inflammation made their appearance; these were mostly seated in the right side of the heart. Richardson attributes these effects to the local action of the acid. The acid is taken up by the veins and is transmitted first to the right auricle and ventricle, by the time the blood has travelled through the pulmonic system and reached the left heart, much of the poison has been eliminated, and hence the left endocardium is but little affected. But in rheumatism the endocarditis is situated in the left, not in the right cavities of the heart. To account for this, Richardson supposes that the poison in rheumatic endocarditis is a product of respiration and is contained in the arterial blood. Hence it comes in contact first with the left cavities of the heart, while in the systemic circulation it undergoes, loss or combination so that the blood returned by the veins is not poisoned and the right side of the heart escapes.

The history of calcareous degeneration of the valves is somewhat as follows:

As a product of the inflammation, exudations of lymph beneath the mucous membrane and granular vegetations are found along the edges of the valve and at its base. This roughening of the valve attracts fibrin from the blood currents, and is increased in size. This atheromatous product gradually becomes solidified by the deposition of the phosphate and carbonate of lime. It undergoes calcification. This degenerative process according to Flint commences beneath the free surface of the lining membrane, but after a time, the lining membrane is destroyed, and the calcareous matter in the form of plates or scales projects, and comes in contact with the current of blood.

Calcareous degeneration of the valves of the heart is generally confined to those somewhat advanced in years, and is a slow product, and generally associated with it, is an atheromatous condition of the arteries.

THE TREATMENT OF EXOPHTHALMIC GOITRE.

This singular disease is not always readily cured. Dr. Ginas of Miamburg, Ohio, reports a case (*Med. Advance*.) that was not effected by Iodine or Spongia, so often prescribed for goitre alone. The remedies that benefited were China, Arsenicum and Digitalis. There are cases on record cured by Arsenicum, and others by Spongia.

*OBSERVATIONS FROM THE FIELD OF PRACTICE.**SCARLET FEVER IN CHICAGO—THE EPIDEMIC REMEDY.*

CHICAGO Jan. 6.—We have been having quite an epidemic of scarlet fever of a mild type. The usual vomiting is not always present. The sore throat and scarlet flush, sometimes only in spots, are the chief symptoms. Many cases are hardly sick enough to keep in bed. Bell. does not seem indicated but Rhus is often needed. The sequelæ noticed in large boned children has been rheumatism of the joints, while in pale waxy children it has been dropsy. Bryonia has promptly controlled the post scarlatinal rheumatism. One case of suppressed urine with dropsy of the face and extremities, stupor, constant retching and vomiting, and that was rapidly falling, was relieved by Kali bich. taking the cue from the fact that the diseased condition is looked upon as a croupous nephritis. If croupous, why not Kali, and again the puffiness of the face suggested Kali. It was given with Lachesis, after Lachesis alone, Apis, Arsenicum, Helleborus, Hyoscyamus, Tereb., etc., had failed. The article of diet that agreed best for a time was Koumiss.

The often alternate action of Bryonia, and again Rhus, has been noticed (and to which Dr. McNeil calls our attention again in his practical remarks in our last number,) leads to the practical inquiry, is there not another remedy between Bryonia, and Rhus, that will meet the genius epidemicus? Kali does not seem exactly it. Is it Sulphur?

The comparatively mild winter is giving us many cases of violent bronchitis with much wheezing, severe asthmatic symptoms. The action of Verat. vir., here is most charming. Verat vir. seems closely related to Kali bich. at this point. Dr. Mills thinks that Kali bich., is the epidemic remedy as nearly as any remedy can be.

T. C. D.

*Eye and Ear Department.**EAR NOTES.**A PICRIC ACID EAR.*

The indications for Picric acid that Dr. Cooper has found reliable, have been noises in the head and a tired feeling in the chest.

A HYDRASTIS EAR.

The right (tympanic) membrane is not perforated, but it is bulged outwards to a slight degree, is purplish looking and the malleus handle is of a pinkish suffusion, the left membrane partakes of the same characters, though not bulged. I lay stress upon this appearance of the membrane as being a marked indication for Hydrastis.—*Dr. Cooper in Hom. Review.*

POSSIBLE CAUSES OF DEAFNESS.

Dr. Cooper in the *Homœopathic World*, notes among the "possible causes of deafness," four cases where they were in the habit of taking large quantities—"heaps" of salt. Three other cases where deafness followed the taking of chloroform or chloral.

The antidotes to Natrum mur. (salt) are Apis, Arsenicum, Camphor, Phosphorus and Nitre.

A HANDY POWDER BLOWER.

Dr. Wanstall calls attention (*Med. Times*) to the insect powder gun, so commonly met with in almost every household, as a valuable powder blower especially for using powdered Boracic acid in the ear. For the application of powders to the cervix uteri it is unparalleled.

The use of powdered Boracic acid in controlling the profuse otorrhœa, so often difficult of management, is highly recommended. The directions are to keep the ear filled with the powder until the discharge ceases. It is often necessary to fill the ear several times a day. This is palliative treatment merely. The indicated remedy should be carefully selected and continued until the cure is radical.

Gynecological Department.

URETHRITIS.

BY JULIA FORD, M. D., MILWAUKEE, WIS.

From my experience in the treatment of the diseases of women, I have been led to believe there is no disease so frequently overlooked or misapprehended as urethritis. Very frequently patients have come into my hands for treatment, suffering the most poignant pain from an inflamed or irritable urethra, whose suffering for years, perhaps, had been referred to the bladder or kidneys, and sometimes to some displacement of the uterus, most frequently anteversion, and the pain and difficult micturition from the supposed pressure of the body of the organ on the bladder.

In some cases the suffering is most terrible. There is the never-ceasing desire to urinate every few minutes with tenesmus, and only a few drops will be evacuated, with the most intense bearing down pain. In some cases I have found little or no indication of inflammatory action; in others an intense inflammation and the sensitive urethral carunculæ which grow about the meatus in some cases of true urethritis, as hæmorrhoidal tumors about the anus. When the pain seems to be paroxysmal or neuralgic in character,

the dysuria is often accompanied by distressing pulsating pain and tormenting pruritus, and yet, upon ocular examination, no change in tissue can be found, either in color or substance. In this class of cases denominated irritable urethra, there will be found expressed the most profound constitutional disturbance, and less easily cured than the cases that are truly inflammatory, or have even developed carunculæ or polypi.

The former I can usually cure by local application, and the latter by torsion. The inflammation of the canal of the urethra, I hold, can be easily and permanently cured without medicine, by the persistent and faithful use of the hot hip bath given night and morning, and keeping the patient from getting her feet cold or wet. And here I wish to emphasize this hygienic measure. You can never cure a case of inflammation of the urethra for a woman who will wear thin kid or cloth slippers, or otherwise subject the feet to damp or cold. But to order hot hip baths and protection for the feet will, in ninety-nine cases in one hundred, be scouted at. And so I usually fold a few powders of Sac. lac., or something equally harmless, and order a powder night and morning, to be taken after the bath. For years I have given some remedy in connection with this treatment, but some time since discovered where the hip bath was neglected my patient made a slow recovery.

In the spasmodic cases, occurring mostly in hysterical patients, and associated with vaginismus and general hyperæsthesia, I have found the bath of little or no use. The spasm of the constrictor muscle may, however, be temporarily overcome. Nor in electricity have I found gratifying results, although I have used both the Faradic and Galvanic currents to the best of my knowledge, and I have learned to rely upon and to employ the dietetic and medicinal agents, known as tonic and force generating, always taking into consideration the condition of the stomach, and try by every means to help the recovery by strengthening the system and improving the quantity and quality of the blood. The blood is the life, and to this end the diet must be carefully regulated, so the patient may get good blood and plenty of it.

The suggestions of our president are timely and judicious, and let us make them practical. If we could but combine the refinement and cleanliness of civilized with the simplicity of *almost* savage life, we should soon have nobler men and stronger women. If we would love and honor Mother Nature's royal law, our daughters would be more beautiful, because more helpful, and in the language of one whose words I always feel honored by quoting, Margaret Fuller, whose ideal man was no thin idealist, no coarse realist, but a man whose eye reads the heavens, while his feet step firmly on the ground, and his hands are strong and dexterous for the use of human implements. And women, as mother, nurse and physician, would be more lovely, faithful and skillful.—*Trans. Wis. Hom. Med. Society.*

SABINA 2x. IN HÆMORRHAGE.

Mrs. A., aged twenty-three. I was called to this case as one of flooding, but found that an abortion had occurred *at the third month. Severe pains running from back to pubes.* Profuse hæmorrhage, dark and fluid. Under Sabina 2x the pains and hæmorrhage soon ceased.—Dr. BURCHFIELD in *Med. Advance.*

Neurological Department.

THE DIFFERENTIAL DIAGNOSIS BETWEEN "HYPOCHONDRIASIS, SOFTENING OF THE BRAIN, AND EMOTIONAL INSANITY."

BY N. B. DELAMATER, M. D., CHICAGO, ILL.

MR. PRESIDENT, AND MEMBERS OF THE WISCONSIN STATE HOMOEOPATHIC MEDICAL SOCIETY: By the request of the excellent chairman of this bureau, I have the pleasure of presenting to you a few remarks relative to the differentiation between the diseases known as "Hypochondriasis," "Softening of the Brain," and "Emotional Insanity."

It does not seem necessary to consider points of similarity, and as the general symptomatology of each is to be considered by others, I will not trespass on your time by going into that branch of the diseases named.

The points which especially point to hypochondriasis are tolerably well marked, and except in complicated cases the diagnosis is easily made.

The hypochondriac patient comes to you with a long list of pains and aches, and queer feelings generally. They have usually been to see many physicians, and have, ready to tell you or show to you, a large number of prescriptions. They are certain you have never had a case just like theirs, and quite certain none as stubborn. They more frequently complain of trouble in the stomach and bowels than in any other part of the body. And not at all infrequently you will find that there is some indigestion and formation of gas, that there is an acquired constipation, more frequently being in the form of infrequency of the movements of the bowels than of a constipated movement. Not at all uncommonly do we find this condition apparently produced, or at least very much aggravated, because the patient is afraid to make any effort, for fear the straining will produce some injury. The liver quite frequently becomes sluggish, the complexion assumes a dirty, rotten, dark greyish hue. There is improper action of the skin generally. The symptoms change from those indicating one disease, or pathological condition, to another, without apparent cause. If the patient has not read carefully a good description of some special disease, and thus become well versed in it, you will find the ensemble of symptoms very confusing, and often entirely incompatible.

If you allow them to read a medical book, which they usually want to do, or if you describe to them any particular disease, they are quite certain that that is just what is the matter with them. Their entire attention is directed to their own condition. They are constantly looking for some signs of disease in themselves.

They constantly wonder what this sensation, or that, indicates. They will insist on occupying your time, no matter how valuable it may be, with the minutest details regarding themselves. The condition and color of the passages from the bowels, of the urine, the mucous discharges, their sexual condition, and so on. You never look for symptoms in these cases.

They are quite certain you do not understand them nor their case, and desire that you study it up carefully.

This general outline will give you a very fair picture of the hypochondriac. Now, in a case of this character, if you make a careful physical examination and find no organic disease—find that the larger proportion of their ailments are without pathological or physical foundation—your diagnosis is easy. If, however, you find a physical disease, or pathological condition present, you can only make your diagnosis by exclusion, referring those symptoms which can be produced directly or indirectly by the conditions found, to it, and then if you still have a large number of symptoms which cannot be accounted for, you will make a diagnosis according to your physical examination and of hypochondriasis combined.

There may be in any of these cases a so-called softening of the brain, which presents no distinctive characteristic, and consequently cannot be diagnosed.

In emotional insanity the one point which stands out most prominent is, of course, that certain actions are, without judgment, controlled purely by some sudden emotion. The first element to be considered, is heredity. It is not at all common to find cases of this kind where there is not a strong hereditary influence, either in the form of insanity, of some other form of nervous disease, or of intemperance in some shape; or in which the early training of the patient has not been almost entirely that of unrestrained selfishness, or a control entirely of emotional, sudden passion and anger.

We have not time or space at this time to discuss this subject at it should be. I cannot, however, refrain from cautioning you all to examine very carefully in all cases, especially when it becomes an important one in a legal way.

The emotional insane will, without any possible motive, do an act from some sudden impulse or emotion, may almost immediately go on in the ordinary daily routine, or in ordinary conversation, and show no signs of mental derangement. Now, when I say without possible motive, I mean that no surrounding circumstance, present or past, can have furnished a motive for the act. If there has been anything transpired to cause anger, or if the person firmly believes from information that anything has been said or done which would lead to anger, or to any emotion causing the act, there is a possible motive, and the act is not one of an insane person.

In relation to softening of the brain, the later authorities none of them recognize it as a distinct disease. It is a result, not a disease.

There is always a precedent inflammation or mal-nutrition, with this condition following as a result.

It is liable to attack any part of the brain tissue, or to be diffused in distinct centres throughout the entire brain.

Its special symptoms depend almost wholly on the location of the lesion in the brain. Many cases have been found where during life no signs of cerebral disease were manifest, and the post-mortem revealed large areas of softening, encysted or non-encysted.

The term is and has been used to describe a condition in which there was evident disintegration of the brain substance, or some character, or failure of the functions of the brain, either motor or sensory, or both.

There is usually, in the cases as described by the older writers, an irregular course, there being marked amelioration of nearly all the symptoms at times, varying in duration, followed by a recurrence of the old, with usually some new symptoms; in other words, a marked tendency to distinct cycles.

There is usually a gradual failure of the mental facilities, not an insanity, not usually delusions or hallucinations, but simply a weakening of the power to concentrate the intellect, or to reason consecutively, a loss of memory, often a tendency to stubbornness, or tenacity of opinion. And if the motor zone is affected, a gradual weakening of the motor powers, more frequently occurring in the legs first, and going to the arms later.

There is likely to be a slowness and circumspection of manner in speech, later on, the articulation becoming thick and sluggish, with more or less of tendency to drop off the last syllables of words in pronouncing them.

But these, and all other symptoms which have heretofore been referred to the diseases of softening of the brain, are as often produced by other conditions as by this.

It is impossible to make out clearly a case in which softening exists, unless we have a previous history of some condition that has this degeneration of brain tissue as a natural sequence. Thus, a previous history of traumatism, of embolism or hæmorrhage, either in the capillaries or larger vessels, of inflammation, that is a circumscribed or general, encephalitis, or of a condition that produces mal-nutrition of the brain would, if followed by the symptoms mentioned, lead to a diagnosis, in which the present pathological condition would be that of circumscribed or general softening of the brain.

Allow me to say in conclusion that it is impossible to be more definite, without occupying your valuable time to an unwarranted extent, or manufacturing a clear cut case, which would mislead rather than throw light on the subject.

I would be very happy to discuss all these conditions of disease fully with you, but should be compelled to take them up one at a time, as either one would make a large paper in itself, even when confined to diagnosis.

Correspondence.

THE REMEDY—HIGH OR LOW.

TIOGA, PA., JAN. 3, 1883.

I hope your weekly venture will prove a success. If our school would only cease the senseless quarrel about high and low potencies, and remember that the principle (*similia*) is the one important point to be considered, and every one should be free to use high or low according to his judgment or experience, it would strengthen our forces, and we would hear less from our opponents about the Homœopaths deserting their colors.

Respectfully, O. P. BARDEN.

HOMŒOPATHY IN WASHINGTON.

In this political centre, Homœopathy has and is making a record that will receive more and more attention as the years go on. The power of Homœopathy is gradually making inroads on the powers that be.

In a recent number of THE UNITED STATES MEDICAL INVESTIGATOR was an article on "Homœopathy in Congress."* Yes, Homœopathy is in Congress, and will be in all the departments by and by. The effort to get Homœopathic physicians in the army and navy may fail, but it looks now as if the pressure would be very great—possibly successful. There is no use disguising the fact that the record of the surgical exploits in the case of President Garfield is having a depressing effect on the regular school. The strong grip it has always had upon the government is loosening. Allopathy is under a cloud, and now is the time to push our cause at all points. It is to be hoped that every one who reads this will see the advantage to be gained not only in Congress but also in every community, by widely circulated petitions. Those who have not received blank copies of the petition should write Dr. J. C. Morgan, 1706 Green Street, Philadelphia, and get one, and start it among their patients and candid people. It will give the cause a "boom" all round. The American love of fair play and equal rights will aid this cause wonderfully. The desire of this Congress to do something noble and noteworthy will doubtless aid this effort. Just the present status of the bill, your correspondent is not able to ascertain, but Dr. Morgan can doubtless tell us. In fact, he is our leader, and we all look to him to tell us what to do.

We all remember the Van Arnim affair where he attempted to ostracise Homœopaths from the position of examining surgeons for the pension department. In his case petitions and pressure were most effectual in having him removed. Persistent united efforts will remove political mountains. Congress can be moved.

The fair for the Garfield monumental hospital was not such a grand success as it was hoped it would be. The fact that Homœopathy is to be given no fair showing in it, and the other fact of the movement to establish a Homœopathic hospital in this central city, has had its influence. I call this a central city. It might be called, with great propriety, "the hub of the nation." Such a hospital is needed. It is in the hands of good men, and should have a help from Congress.

Homœopathy is well represented here. Most of the physicians are persons of strong individuality, able representative men. For that reason, united activity among them is not and cannot be expected to any great extent. The atmosphere of Washington fosters individuality. All the men here are representative with strong home political backing, so it is with each physician here. Most of them have either sectional or wide spread circles of admirers. As a sort of "looker on in Venice," it is here suggested that each of these should at this time marshal all the influence he or she can. (By the way, the lady members of our ranks here, are both able and influential.)

The Homœopathic pharmacy here is managed by J. E. McPherson & Co., who do what they can to advance the cause. It is undergoing changes that will make it still more attractive and representative.

Perhaps I have said enough without introducing names. I am strongly inclined to introduce the Washington profession to all your readers, but now desist.

D. D.

*Vide, p. 464. Vol. XVI.

THE UNITED STATES MEDICAL INVESTIGATOR

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and close thought (the great sources of medical knowledge), on any subject pertaining to medicine.

PROFESSIONAL HONOR AMONG STUDENTS.—It should be deeply impressed upon the mind of all who enter upon the study of medicine that they are supposed *at once* to take upon themselves the mantle of professional honor.

The honor and dignity of the profession should be early understood. It is supposed that every student possesses a good character, but beyond that there is a discretion, a dignity and a quiet honorable reserve that should be early manifest in the student's conduct. There is an *esprit du corps* that should pervade the halls of medical learning and supplant the barbarian atmosphere common there. "Homœopathic students are so much superior to ordinary medical students" is a common observation. But when male students combine to squeeze out the lady members from one of our colleges, and when from another a student is arrested and taken into court to defend the charge of abduction or seduction of a girl, when such things occur and are published broad cast in the daily press we feel that general professional honor is to a certain extent disgraced.

To be entrapped into wrong is one thing, but deliberate plotting should not be expected among honorable medical men.

HOW TO SPREAD HOMŒOPATHY.—II. To answer this question best let us each recall our first knowledge of this strangely simple yet effective system of treatment.

The writer remembers away back, many many years ago, that a schoolmate told him that Mr. (our town superintendent of schools,) had just got "a book and case of Homœopathic medicines. The case was full of little vials, filled with little white pills and he was going to treat his own family."

Because he had taken this step our youthful mind was favorably impressed towards this strange plan of treatment. It seemed to our young mind an improvement over the many patent medicines that were lauded to the skies in the half dozen almanacs that we carefully preserved and perused every year. Soon we heard that a "little pill doctor" had come to the village. We gave him a cordial welcome in our heart, for if there was a better way of treating sick people than by "nasty tasting" drugs why not have it. About this time an eclectic of the botanic order came into our midst. We learned from him of many medicinal plants and that nature was bountiful in furnishing many remedies for many diseases which we were assured were much better than so much calomel as was then given by the "regular physicians."

Yes "regular calomel doctors." Our good mother was taken dangerously sick, our botanic friend having moved away, we were posted off for the "little pill" doctor. How seriously did we ponder the momentous question: "should we trust this life to such a man or should we get one of the regular old saddle bags?" She cannot take their nasty medicine, decided the question. We found the old man kind, sympathetic and very intelligent. He carefully gleaned from us all of the symptoms. Over and over he questioned as to the history of the case, which we knew only too well for we had been her little nurse. Our mental approval was: "He is determined to understand the case." We can now understand that the object of all this cross examining the chief witness was to get, not only a knowledge of the disease, but as far as he could determine, the remedies that might be needed. Little did he tell us then about the new system, but during the rapid convalescence he explained it so that our youthful mind grasped the salient features. It was not many weeks until the whole neighborhood understood that Homœopathy meant more than "little pills," that the similar remedy for the sick need only be given in a small dose, and that the science was in selecting the proper remedies.

This in brief is doubtless the history of the introduction of Homœopathy into every neighborhood where it has won its benign sway. The little case and book is the herald that goes before, proclaiming liberty to the drug sick world. "What is Homœopathy and what can it do?" is the great question, the correct answer to which anchors the system forever among the people. If we can learn anything from the past, it is to scatter the facts all over this broad land. But more of this anon.

Progress of the Medical Sciences.

The Lycoperdon Gigantium—A New Hæmostatic Dressing.—Mr. Edward Thompson, surgeon to the Tyrone County Infirmary, recommends the puff-ball as a hæmostatic and surgical dressing in open cancers for the relief of suffering, and the constant hæmorrhages, which are so exhausting. Mr. Thompson says, from the day the patient commenced the use of the *Lycoperdon g.* "her sufferings were greatly mitigated, and she improved in health and strength. The frequent bleeding ceased, the foul odor was greatly diminished, and the poor woman lived in comparative comfort for seventeen years after the first appearance of the cancerous ulcerations." It is applied in the following manner: remove the thin capsule and tear into shreds the internal texture and apply to the ulcerated surface. From its well-known properties in checking hæmorrhage and quieting pain this remedy should be more frequently employed in irritable, phagedenic and cancerous ulcers. Let me hear of the experiences of my brethern who have employed this remedy.—*Med. Advance.*

Medical News.

Another Victim of Pus Pockets.—M. Gambetta, the prominent French statesman seems to be another victim of indiscreet or careless surgery. The medical details have not yet reached us.

The College of Physicians and Surgeons, Buffalo, opens its session February 6th, and continues twenty weeks. It is now a legal organization. Both Allopathic and Homœopathic materia medica will be taught.

Illinois Society Announcement.—The next annual meeting of the Illinois Homœopathic Medical Association will be held at Rock Island, May 15, 1883, and continue three days. Now is the time to be collecting valuable facts for this meeting. For full programme or other information, address the secretary, H. M. Hobart, 402 Centre St., Chicago.

Spot Him.—There is a fellow possessing the diploma of the late Henry A. Luders, M. D., of the University of Guttengen, and who was granted a certificate by the Illinois State Board of Health. This fellow is a fraud it seems, and has left this state. He may settle down beside some of our readers; spot him. His real name seems to be Lambrecht.

The New York Medical Times has dropped its Homœopathic cognomen, and is become "too too" scientific. It devotes (Vide, Jan. 1st) a three column review to the anatomical technology as applied to the cat! An important work by a Homœopathic author, however, is dismissed with a few caustic words, chiefly about the dress of the book. Cats are of more consequence to its readers, perhaps.

The Chicago Homœopathic Medical College has attracted a large and intelligent class this year, and those competent to judge say that an unusually fine course of medical instruction has been given them, while the clinical facilities are unsurpassed. Its graduates the profession may well be proud of. A spring course will follow the winter session, which will be of great value to beginners, while the hospital facilities and clinics will make it of special interest to practitioners.

New York Society announcement.—The thirty-second annual meeting of the Homœopathic Medical Society of the state of New York, will be held in the city of Albany on Tuesday and Wednesday February 13th and 14th, 1883. The session will open at 10 A. M., on the first day and there will be two sessions each day forenoon and afternoon. The annual address will be delivered by the president of the society. Dr. Jno. J. Mitchell, of Newburgh, N. Y., in the assembly chamber, New Capital, on Tuesday evening. Already quite a number of very interesting papers have been contributed for the meeting, and the prospects are that we will have a very interesting time with a large attendance. We would be glad to meet you there and have a paper from you. I will send the programme in two or three weeks.

A. P. HOLLETT.

Removals.—B. S. Snyder, M. D., has removed to Bangor, Mich.

Dr. E. A. Carpenter from Plattsburgh, New York, to Cambridge, Mass.

R. G. De Paw, M. D., of Jamestown, Dak., has an Allopathic friend up there he calls a regular "Capsularian."

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Materia Medica Department.

COMPARISON OF ABIES WITH BISMUTH.

BY E. M. HALE, M. D., CHICAGO.

In the January 6th number of THE INVESTIGATOR, I find a call for clinical experience with Abies. In responding to that call I propose to make some observations relative to the interesting similarity of Abies and Bismuth. This illustration is one of several curious relation of remedies of vegetable origin, with remedies from the mineral kingdom. I have placed the symptoms in opposite columns in order that the physician can see the similarity at a glance.

ABIES CAN. AND NIGRA.

(*A. Canadensis.*)

A tipsy feeling in the head.
Light headedness.
Hungry gnawing at stomach.
Hungry, gnawing, faint feeling, at epigastrium.
Distension and burning in stomach.

(*A. Nigra.*)

Low spirited, melancholy.
Dizziness.
Hungry and wakeful at night.
Pain after hearty meal.
Severe pain in stomach, extending to left side.
Sensation of a hard boiled egg in stomach.
Eruptions after eating.
Pain in stomach and vomiting of food.

BISMUTH, OX AND SUB. NIT.

(*B. Oxidum*)

more all day.
Morose and discontented.
Confusion of the head.
Vertigo, as if anterior half of brain was turning in a circle.
Violent pressure and heaviness in the forehead.
Violent nausea after eating
Pressure in stomach after eating.

(*B. Sub. nit.*)

Vertigo and confusion in the head with vertigo.
Pressure in the frontal region.
Frequent empty eructations and feeling of discomfort in the stomach.
Nausea with pressure in stomach.
Uncomfortable feeling in the stomach.
Pressure in stomach which changes to burning.
Pressure and burning in region of stomach after eating.
Vomiting of food.

All the above symptoms are *characteristic*, and marked in *italics* in the pathogenesis. Both remedies are not sufficiently used in our school especially Bismuth. For the above symptoms, Nux vom. is too frequently given in a routine way, and many cases of dyspepsia can be promptly cured by Abies and Bismuth, when Nux has been given unavailingly.

Before the provings of Abies were published, it was a fact well known to New England physicians that chewing the *red spruce gum* after meals, and *swallowing the saliva*, would cure obstinate cases of pain in the stomach, with eructations and even vomiting of food. Dr. D. H. Beckwith, of Cleveland, has been very successful in curing similar symptoms, by means of a tincture of the resinous buds of the black spruce.

I do not think there is much difference in action, between the *A. Canadensis*, and *A. Nigra*. I usually use the 1x or 2x dilutions. During the first years of my practice I rarely used Bismuth. Like all new and young practitioners of Homœopathy I was very pharasaical, and had a holy horror of all the drugs found in the Allopathic pharmacopœia. A larger experience and observation led me to discard such illiberal and unscientific notions. Teste, in his *Materia Medica*, called especial attention to the value of Bismuth in gastric affections. I commenced using the 3x trituration, selecting the remedy according to his indications, but I did not get the beneficial results which I expected. Instead of going higher, I went down until I used the 1x trit., and here I got such good results that it became a matter of astonishment to me how I ever got along without it, for in its sphere there is no drug that can take its place unless it be *Abies*, or in rare cases *Physo stigma*.

This last drug is indicated when the *painful* pressure in the stomach comes on *immediately* after or during eating. (It is indicated in nursing children when they cry with pain as soon as they begin to nurse or take the bottle.)

Abies and Bismuth are indicated when the *pressure* and pain in stomach comes on within an hour after eating.

Nux and *Arsenicum* are indicated when the *pressure*, pain and burning comes on two or three hours after meals.

In a majority of the cases when *Abies* and Bismuth are indicated, there exists with the hyperæsthesia of the mucous and muscular tissues of the stomach, a *deficiency of gastric juice*. This has led me to use extensively a mixture of pepsin with the above named drugs.

A favorite formula, which I prescribe with the happiest results, is as follows :

R. Tinct. <i>Abies nigra</i> .	ʒi.
Pepsin <i>pure</i> *	ʒss.
Glycerine	ʒss.
Aqua	ʒiiij.

A teaspoonful immediately before meals. This dose can be repeated in bad cases, fifteen or twenty minutes after meals. (Glycerine increases the action of pepsin.)

I prescribe Bismuth sub. nit., in the same manner,—grs. xx or xxx instead of the *Abies*, for a long experience has convinced me that the proper manner to use Bismuth is in material doses, and in suspension in glycerine and water. To those who would object to the size of the dose, I will say that I *never* saw any but the happiest affects (never any aggravation) from doses of Bismuth of any size, and I have often given five or ten grains at a single dose before and after meals.

*I no longer use saccharated Pepsin, which contains only *one* grain to ten of sugar, not enough to digest a Robin's egg.

CHARACTERISTICS OF *ABIES NIGRA*.

BY H. N. GUERNSEY, M. D., PHILADELPHIA.

A few symptoms or groups of symptoms are very characteristic of this remedy, and equally reliable when they stand out distinctly as such—viz : total loss of appetite in the morning, but great craving for food at noon and

night; sensation of an undigested, hard-boiled egg in the stomach; continual distressing constriction just above the pit of the stomach, as if everything were knotted up, or as if a hard lump of undigested food remained there; a painful sensation, as if something were lodged in the chest, and had to be coughed up. No amount of coughing is able to dislodge the painful object; the cough rather increases the suffering; waterbrash often succeeds the cough, and often quantities of mucus are expectorated, but the offending object remains, causing much distress and profuse lachrymation. The trouble is really in the stomach, and after a while subsides, to reappear the next day or night, and so it continues for years, until *Abies nig.*, comes to the rescue.

Either of the above groups of symptoms, when well marked, may become suggestive of a remedy that will work a wonderful cure that nothing else can. When these stomach symptoms are the most characteristic in a given case, two or three doses of *Abies*, not lower than 30th potency, given twelve hours apart, will be sufficient to remove not only these symptoms, but a host of others, if they exist, such as dysuria, constipation, old chronic coughs, headaches, etc., by waiting patiently on these three doses from five to eight weeks. Let the doubtful members of our profession try this method faithfully if they wish to know for themselves. *Abies* should not be repeated oftener than once per week or two, and not then if improvement still continues, for it is a very powerful and long acting remedy. The idea to be distinctly perceived in this matter is *not* a sensation of *weight*, but a *lump*, as of a hard-boiled egg, or a three-cornered substance—something that hurts.
—*Cal. Hom.*

Obstetrical Department.

EXTRA UTERINE PREGNANCY.

BY W. F. KNOLL, M. D., CHICAGO.

Read before the Chicago Academy of Homœopathic Physicians and Surgeons,

CASE I. Mrs. F. aged thirty-eight, married, mother of three children, the youngest of which is thirteen years. Her former home was at Elroy, Wis. On the 25th of October, she and her husband moved to Chicago, for the purpose of procuring the service of Dr. Eldridge. The doctor at this time was on a trip to the east and his practice being in my care I obtained the history and made an examination. The history was substantially as follows: Had always enjoyed fair health until July 4th. That day while hoeing in the garden a sudden sharp pain appeared in right inguinal region, and a feeling as if "something had given away." She repaired to the house, but with each step, grew weaker and fainter. For the next ten days there was nothing peculiar except weakness and faintness which necessitated her keeping the bed most of the time. At the end of this time feverish symptoms manifested themselves, great pain, redness and tenderness in pelvis, and especially in right inguinal region.

A physician was called who began active treatment and mitigated all the symptoms except pain and tenderness on right side. After this the only comfortable position she could take was either on left side or back. She

enjoyed comparative comfort for a week or more when the same train of symptoms were developed. The physician was called again when he was only partially successful as upon the previous occasion.

A third attack came and Dr. C. E. Booth, of Elroy, Wis., was called, from whom I obtained the following history since her death.

Saw patient first, August 19th. Had considerable fever, great tenderness of whole pelvic region, uterus anti-flexed, congested and very tender to touch. By treatment the greater part of tenderness and congestion of uterus subsided. No sound was used hence could not give depth of organ. Later in treatment uterus was pushed forward and to the left against os pubis where it was firmly fixed.

The remainder of the history was: Menses regular up to first of August, since which time they appeared imperfectly but once. Most obstinate constipation, frequent urination with tenesmus, a troublesome phthisical cough.

On making an examination the following conditions were discovered:

The uterus soft and patulous pushed upwards, forward and to the left. It was impossible to get sight of os, except by using tenaculum and drawing cervix down between blades of speculum. The sound gave a normal depth and no tenderness. The space behind and to the right of uterus was occupied by a large unyielding structure except a small space the size of a half dollar next to the rectum.

By bimanual manipulation its size and position could be distinctly outlined. The vertical diameter was about six inches, antero-posterior about four inches. On introducing finger into rectum it at once impinged upon a solid and fixed mass which was the most tender point in the pelvis.

The catheter revealed a bladder small and almost empty. From the history and the conditions revealed by single examination I gave a reserved diagnosis in favor of hæmatocele.

I arranged, however, to have her return upon the second day to review the case. The same day they moved into a damp basement in this city.

I did not hear from her for five days when her husband came to the office with a message to have me visit her at the house, as she apparently was having another inflammatory attack. Her first day's work since her illness was to travel from Elroy to Chicago, undergo an examination and move into a house. These together had excited new pelvic inflammation which was very active and foreshadowed an early and fatal termination.

There was great tenderness in whole pelvic region, especially low in Douglass' cul-de-sac, next to rectum. Besides this, there was a very troublesome cough, sweetish breath, a parched tongue indicative of sepsis. Despite the tenderness, I was urged to explore the contents of tumor through the soft point, hoping to find pus which could be removed by aspiration and relieve her of many of the alarming symptoms. Accordingly the needle of a hypodermic syringe was introduced, and the piston withdrawn, when to my surprise about ten drops of straw colored fluid passed into the cylinder. Again I was at a loss; as the great tenderness would not admit of active explorative effects. My friend Dr. R. F. Hayes, of Freeport, Ill., saw her in company with me for two consecutive days, but no diagnosis was arrived at.

At the end of the ninth day her pulse and temperature were better, and her general appearance indicated marked improvement.

On entering the room the eleventh day, the nurse informed me that the woman had passed a five months foetus the previous evening. Another doctor had been called in and had remained for the night, and in the morning had taken the foetus with him. Only a physician who has suffered such an experience can imagine the chagrin. I inquired if the placenta had been removed and the nurse and husband said it had, while the patient disclaimed all knowledge of the latter part of labor, as the loss of blood was so great as to produce syncope. The family and nurse were French, and hence did not comprehend the import of my question.

I returned upon the following day to find the patient much reduced by hæmorrhage and with symptoms of collapse. I again made inquiry in regard to placenta and received the same answer. The parts were carefully examined, as the tenderness in Douglass' cul-de-sac, was now greater than ever, when it was discovered that only a partial reduction of the tumor had taken place. The doctor, also a Frenchman, had been there, again the previous night. I now desired to meet him and learn the facts in the case.

Late in the afternoon we met at the house, when he gave his diagnosis as adherent placenta. We desired to remove it at the earliest moment and prevent further loss of blood. The vagina was large and flabby, external os dilated, cervical canal open to internal os. Here there was an obstinate constriction which prevented the finger from passing beyond.

I repaired to the office for instruments with which to institute gradual, yet forcible dilatation. I was absent one and one-half hours, on my return the patient was dead. There was something mysterious about the case, and I could not satisfy myself short of a post mortem. I made the request of the husband to which he consented.

At 9 P. M., in company with the French doctor, with the use of a scalpel and an old lamp, we began the work by laying open the abdomen. The first abnormal structures we encountered were a number of blood clots, some old and organized others recent. The organized clots were four in number, about the size of a hen's egg. Removing these we came upon a large fixed mass filling the whole pelvic cavity. In front it was firmly adhered to bladder. In passing my hand behind and to the left it passed easily through a friable membrane which on being turned up and exposed to the light was lined by a placenta. I carefully dissected out the mass and began removing placenta, when I encountered the uterus to the left and outside of sac, its external wall forming part of sac wall. There was no communication between cavity of uterus and sac. The diagnosis was settled. On turning to the French doctor inquiring how the foetus had been discharged, a neighbor informed me that it passed out of rectum. This was the first knowledge I had of the strange phenomenon, and it is but just to state that the husband, French doctor, and nurse, had been on a glorious drunk for several days previously. On making inquiry, I learned that the foetus was about five and one-half months old, partially decomposed, and the patient tore the extremities from the body in extracting it from the rectum.

The signs of pregnancy were very few and imperfect. There never was quickening, change in areola of breast, or disturbance in digestion. In fact her health was excellent previous to July 4th. The case at first undoubtedly was one of tubal pregnancy. The foetus had distended the tube to its maximum capacity when the exertion while hoeing in the garden ruptured the

tube, and the contents passed into abdominal cavity, converting it into hæmatocele and abdominal pregnancy. The blood formed into organized clots and the placenta attached itself to rectum and surrounding tissue. the fœtus continued to develop until it had occupied all available space, and finally perishing from compression.

The varied and abnormal exercise of the 25th day of October excited inflammation. The hard mass discovered through rectum was the head of fœtus. The patient taking the dorsalis decubitis, the greatest pressure was on rectum. Sloughing took place at this point and the fœtus was discharged through the opening. The sepsis was due to absorbed material from decomposing fœtus. The woman finally dying from loss of blood, November 11th.

The diagnostic points of extra-uterine pregnancies: 1. Soft and papulous cervix. 2. Age of woman and date of last pregnancy. This form of pregnancy generally occurs in women who have always been sterile, or who have not been pregnant for many years. 3. The irregular contour of tumor. 4. Irregular, scant or profuse menstruation of pure blood. 5. Disturbance of digestion. 6. Change in areola of breast. 7. Quickening. 8. Fœtal heart.

The first four were present in this case and would have received more attention had it not been for the many other symptoms and the short period in which an examination was possible. The last four are positive and when found together, or the last two only, the diagnosis is easy and conclusive.

TREATMENT.

I shall not refer to the many forms of treatment discussed so freely in works on obstetrics. A few will suffice. In the first stage before rupture of tube, simple puncture of sac with a needle will often do the work. Better perhaps because more certain is to introduce two galvano-caustic needles and produce electrolysis. This is safe and certain, and has been tried in a few cases recently with good results.

After tube has ruptured, and there are signs of sloughing through abdomen, open abdomen, at this point remove fœtus. Establish perfect drainage and observe the strictest anti-septic rules. If the case goes to full term, laparotomy is the only resort which is likely to save life of mother and child.

If the fœtus dies and becomes encysted and shows no tendency to sloughing, let the case alone. Operative interference is justified only when nature gives us the hint by her own effort to remove the fœtus.

Surgical Department.

SPONGE GRAFTING IN WOUNDS.

This seems to bid fair to be a valuable acquisition to surgery. The process consists in introducing into an ulcer, for example, a piece of sponge, which acts as a stimulus to the reparative process, and is then absorbed and eliminated. Dr. D. J. Hamilton, of Edinburgh Royal Infirmary, introduced the method, and, in the November number of the *Edinburgh Medical Journal*, reports his experiments with the practical conclusions to which they lead him.

In a paper prepared several years ago, Dr. Hamilton stated that the

vessel of a granulating surface are not newly formed, but are merely the superficial capillaries which have become displaced, being thrown up into loops by the action of the heart, the restraining influence of the skin having been removed. While making these observations, he was impressed with the similarity of the vascularization, as seen on the granulating surface, and that which occurs when a clot or fibrinous exudation is replaced by a vascular cicatricial tissue. He came to regard the clot or lymph as merely playing a mechanical part, in any situation where it became replaced by a cicatrix, and that vascularization was not due to a new formation of vessels, but rather to a pushing-inwards of those already existing in the surrounding tissues.

This being the case, it seemed to him as if some dead porous animal substance could be substituted, it would, after a time, become vascularized and replaced by cicatricial tissue. An accident suggested to him that sponge was the material sought, it being porous, like the fibrinous network in a clot, and thus capable of absorption, while it was so pliable as to permit the adaption to surface and cavities.

Dr. Hamilton reports five experiments in which these conclusions are fully sustained. One of these will suffice: A woman had several ulcers on different parts of her body. One of these, five inches in diameter, and from half to three-quarters of an inch deep, was on her leg. The edges were indurated, raised, and in places, undermined, while a slough at the deepest part of the wound gave the whole a putrefactive odor. Aug. 3, 1880, he filled this ulcer, which was granulating at the bottom, with pieces of very fine sponge, prepared by dissolving out the salts by means of dilute nitro-muriatic acid, and subsequently washing in liquor potassæ, and then steeping in a 1 to 20 solution of Carbolic acid. The sponge in the central part rose a little higher than the edges. It was fitted to the wound very accurately and was inserted beneath the undermined edges. A piece of protective was placed on the surface, covered with a pad of Boracic lint, and an ordinary bandage applied; the patient being kept in bed with the limb at rest.

The wound was dressed daily, but the sponge was not disturbed. On January 5, 1881, the patient was exhibited to the Medico-Chirurgical Society, when it was found that not a vestige of the sponge remained, but that the wound had changed to a superficial, typical, granulating surface, measuring about one and one-half inches across.

Dr. Hamilton's idea is that if sponge be placed over a granulating surface, its interstices will become filled with blood vessels and cicatricial tissue, just as in the case of a blood-clot, and that ultimately the blood will disappear in the wound, leaving an organized mass of new tissue in its stead. The porous spaces in the sponge appear to be admirably adapted for this, and afford support to the young vessels. Even if the wound continues in a putrescent condition, organization will still go on, while in the case of a blood-clot, putrefaction tends to prevent it.

We shall await with interest further developments of this line of treatment at the hands of our surgeons.—*Ohio Medical Journal*.

[This is a new expedient worthy of trial. Calendula would, to our mind, be an improvement on Carbolic acid.—ED.]

Translations.

GLEANINGS FROM THE FRENCH MEDICAL PRESS.

BY ELIZABETH L. CHAPIN, M. D., CHICAGO.

I. TYPHOID FEVER IN PARIS.

In *L'Art Medical*, for November, is a paper by Dr. Jousset, upon the recent epidemic of typhoid fever in Paris. He thinks the etiology of the disease not to be found in the condition of the streets, or sewers, or refuse that they have been as well or better cared for than some months ago, and that during this scourge the garbage men have been more often exempt than others. That the reason of what is usually endemic becoming sometimes epidemic, is to be found in the predisposing condition of men, the susceptibility to the disease. That after an epidemic, all those who were predisposed having been attacked, it resumes its endemic character, not prevailing again to any extent until the population has been renewed by birth or immigration sufficiently to invite a fresh outbreak. Immigrants, he says, contract the fever during the first two years of their sojourn, after that losing their aptitude, not because they are habituated to the microcosms, but because subjected for so long to contagion and other external *unknown* circumstances which favor the development of the fever, they have resisted these influences, and no longer have the predisposition which favors the fever itself.

Why it should be endemic in certain localities and of the rarest occurrence in others, still remain a mystery. But the present fashion of treatment by parasiticides, Dr. Jousset thinks pernicious in the extreme for patients, though easy for the physician who no longer needs to make careful search for the choice of remedies indicated by the varying symptoms at different periods of the disease. He smiles at the many who use little doses of Phenic acid insufficient to kill the tiniest organism, but sufficient to infect every one.

II. ON THE TREATMENT OF TINEA.

Dr. Cranioisy gives the following treatment for tinea trichophyton, which he finds a great improvement upon the old method of depilation. After applying linseed poultices to soften the crusts, and cut with scissors the hair or beard close to the skin, he rubs in a lotion of Pyroligenous and Salicylic acid.

This is the exact formula.

B. Acidi Pyrolignei 1000.
Acidi Salicylici 2.
Hydrargyri Ox. Rubrum 1.

The latter ingredient forms with the acid the acetate of Mercury, one of the most energetic parasiticides known. These applications with a brush of wild boar's bristles, on three successive days are generally sufficient. A slight hyperæmia results. The crusts dry, disintegrate and fall as dust without leaving a scar. If the patient be very young, or have a very irritable skin the solution may be slightly weakened with water.

This is curative as well of a non-parasitic tinea, and is instantaneously efficacious in cases of animal parasites, pediculi, ascari, etc.—*L'Art Medical*.

III. NEW ALLOPATHIC TREATMENT OF PERTUSSIS.

M. Arshambault of the Hospital des Enfants wrote in the *Progres Medical* of the treatment of pertussis. He thinks that during the catarrhal stage, a child should be kept in a room of even temperature (65 F.) or in bed if there is a slight fever. Should this not be necessary, and the bed-room be separate from the place where the day has been spent, it should be heated, and the bed thoroughly warmed, even slight differences of temperature exciting the paroxysm of coughing. If in winter going out-of-doors must be absolutely forbidden. As a remedy he extols Belladonna, or its active principle Sulph. of Atropine. This he uses in sufficiently attenuated doses to suit a most refined Homœopathist, (i. e.,) one part to a million. For a child under a year, he gives half a drop three times a day in a teaspoonful of water, at one year, one drop; at two years two drops. For a child over five, fifteen or twenty drops may be given, but cautiously he says.

IV. CONTUSED WOUNDS OF THE MESENTARY AND INTESTINE WITHOUT LESION OF THE ABDOMINAL WALLS.

A case is reported of a hostler, a young vigorous man who was kicked twice by a horse in the abdomen. This happened at 6 o'clock in the evening. He fell from the force of the blow and hurt his shoulder, to which he attributed the stomach disturbances which followed in about half an hour. Vomiting first of food, then of bile, continuing all through the night. By morning his whole appearance was greatly changed. Respirations were 52 per minute, axillary temperature 98.4. His eyes were sunken, his skin cold. The abdomen was distended and there were paroxysms of severe pain, but the skin showed neither abrasion nor ecchymoses. He died twenty-nine hours after the accident, being conscious to the last. The autopsy revealed no lesion of sub-cutaneous tissues or the abdominal muscle. But as soon as the knife entered the peritoneal cavity there were visible all the characteristic products of general peritonitis at its commencement, and an enormous hæmorrhage effusion. The small intestine was found perforated near the centre of the ileum, and there was three large rents in the mesentery. The case was reported not to call attention to the facts that such lesions were possible, and that the profuse hæmorrhage came from rupture of a branch of the mesenteric artery, but to confirm the conclusions of Longuet (presented to the Anatomical Society in 1875,) in regard to the mechanism of the injury. These are, that when the intestine is empty or contains solid matter, (when distended with gas its resistance to injury is much greater,) if subjected to pressure between two resisting forces it may be ruptured. These forces are of course the contending agents without, and the spinal column within. When the mesentery is also divided the hæmorrhage that results is the principal element of the immediate gravity of the wound.

¶TREATMENT OF YELLOW FEVER BY CARBOLIC ACID.

Dr. Lecaille has recently called attention to the favorable results which he has obtained in twelve cases of yellow fever from the use of Carbolic acid administered internally and hypodermically. He was led to try this remedy inductively, believing that yellow fever is essentially a zymotic disease. In one case which he records, the dreaded and generally fatal symptom of black vomit had already appeared. He injected subcutaneously 100 minims of a five per cent. solution, and administered a julup composed of Carbolic acid and Carbonate of Ammonia, supplemented by enemata of Sulpho-carbonate, at intervals of two hours. This treatment is generally successful within three days, but may be continued to the seventh.—*La Independencia Med.*

Correspondence.

PREFERS HOMŒOPATHY HIMSELF.

The celebrated doctor of Indianapolis, Indiana. (He is known all over the north west as a celebrated Allopath, one of the three big guns.) called on me last evening to perscribe for him. Severe headache commencing on the right side extending to the top down the neck, to back part and sometimes darting pains all over him causing sometimes sickness at the stomach, and at times numbing of the fingers. Said that he once tried Homœopathy, called to have a tooth extracted, the dentist examined the tooth gave him some little pills which he took as directed and cured him. Now he wanted that I should give him something to cure this case. "He knew what would cure it but did not like to go through a *thrashing machine*."

This shows that they, the Allopaths, had rather put their patients into a "*thrashing machine*" than go through themselves. H. M. B.

THE FIGHT IN NEBRASKA.

A CHALLENGE AND A BACK DOWN—THE EPIDEMIC REMEDY.

The Allopathic doctor won't debate—has flunked. Has reconsidered his action and will not stoop to hold any intercourse with a quack. How is that for a back down?

The Allopaths in the east, and the same here, are two different "critters." There they have some sense, here all nonsense.

I came here four years ago. No doctor in the county. Had been here only seven months when two regulars with lots of style came here from Indiana and proceeded to run me out, as they said, in three weeks.

They tried a great many things, as going to my patient's houses and giving them taffy, but it didn't work. About a year after, they brought a charge of malpractice and another criminal charge. I was bound over to district court. Had my trial, and in both cases the jury were not out five minutes, and returned with a verdict in my favor. But it cost me my practice for a year, a house and lot, horse, buggy and harness, and a cow, for a lawyer and to live on until my practice came back. In fact I was poor as "Job's turkey." Last summer they appealed my salary as county physician on the ground that I was not a physician according to state law. The judge of the district dismissed the case. Now I am county physician for 1883.

You have been very kind in sending THE INVESTIGATOR for the last two years, and why I have not sent you any money is because every time I would get up they would pull me down and strip me clean. Just now I am very slowly recovering from this last attack, and hope to go ahead all right, because they have tried everything and failed. Yes, and have failed themselves, as one has left the county and the other is trying to sell out and leave also, but as there are three new ones, I have just as much competition as ever. One of them, "Prof." Walker, was the one with which I was to debate.

I am bound to stick here as it is a good place, and I am slowly but surely getting a practice. Weather clear and cold; not much sickness: Tonsillitis, Kali bich. 3x is the remedy. Measles, Kali bich. 3x, and occasionally Apis mel. 6x or Rhus 3x are the best.

JOHN A. VANDEN BERG.

THE UNITED STATES MEDICAL INVESTIGATOR

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and close thought (the great sources of medical knowledge), on any subject pertaining to medicine.

STAND BY YOUR COLORS.—A loyal, courteous and true man in any cause wins respect. That similia, the law for therapeutic selection, is true, or it would not have lived, grown and covered the earth in less than a century, is self-evident.

Thorough in the belief of the truth of Homœopathy, its practitioners have been bold and outspoken. At the same time many regret that they have been driven out of general professional fellowship, and a union has been hoped for. But where this desire has resulted in an attempt to force a union by toadying to Allopaths or Eclectics, only contempt has been the reward.

The great apostle of the Eclectics, Dr. J. M. Scudder, in reviewing an editorial history of twenty-two years, asks (*Ec. Med. Journal*): "Will the regular wolf ever lie down with Eclectic and Homœopathic lambs? It has hoped to with the lambs inside its belly. But it may be that now with a more liberal spirit, it may be looking for the millenium of peace. A good sturdy front and the ability to fight is the first preparation for this millenium." If that is good counsel for the Eclectics, it is doubly valuable to Homœopaths, who have "a law" all their own. Stand by your guns boys.

MEDICAL LEGISLATION BENEFICIAL.—Years ago when medical legislation was first advocated it was supposed to be aimed at the extinguishment of Homœopathy, or at least to hamper its practitioners. So it has proved where the regulation of medical affairs has been placed in the hands of the incorporated medical societies, as in Alabama and other states. But where our profession have united with the better men in other schools, and insisted on a broader medical law with equal representation, as in Illinois, medical legislation has worked great good, not only to the country, but also to the profession.

The Illinois State Board of Health virtually stands as a censor over all the medical colleges. A diploma that they will not accept, means a reform in the college, or else its advertisement as a "diploma mill," that soon closes it. Such a bill manned by broad-gauge men, as its leading spirit Dr. Rauch evidently is, can do only good.

The National Board of Health is another illustration of broad-gauge legislation that has been evident in the advancement of sanitary reform, which is preventive medicine on a broad plan. Small minds will find fault with it, and captious congressmen will listen to them, but a reaction will come, and with a wise man as its executive officer we shall expect to see it come

out from under the cloud and meet applause where it now meets censure.

Medical legislation that means fair play and the protection of both people and profession should have our encouragement. The Illinois law is a good one for all of the states. It is broad and yet simple, and if well executed can only be beneficial to all. We should favor proper medical legislation, for a law is a terror to evil doers only. It is to control quacks and not regularly educated honorable members of a noble profession. It is true that the idea of being regulated by law is to many repugnant, but we believe in law to guide us in therapeutics, and in professional conduct should be above all law, a law unto ourselves. Really it is only another method of preventing our noble profession from being disgraced by incompetent pretenders and quacks. In fine it is only another means of self-protection.

Whenever medical legislation is pending, we advise our readers, especially at our capital cities, to exert their influence in favor of fair play and equal rights.

Progress of the Medical Sciences.

Franklinisation.—Dr. V. J. Drosdoff of St. Petersburg (*Varatch*, 1882, No. 8.) has tried the effects of static electricity on twenty patients, suffering from various reflex and rheumatic neuralgia or muscular rheumatism. The 'franklinic currents' of all degrees were supplied by a Goltz's friction-machine; all the patients were left uninsulated and franklinised during from five to fifteen minutes at a sitting, by the positive pole alone. The conclusions the author arrived at are as follows: 1. The sensation of the franklinic current is different from that of the Faradic and Galvanic. The weak currents cause a burning sensation, the strong ones a sensation of concussion or stroke, at the point where a spark is produced. 2. The electricity distributes itself all over the body, and, during a sitting, sparks may be produced by contact at any desired point of the surface. The strength of a spark lessens with the increase of distance from the franklinised point. 3. The skin, at the point of franklinisation, at first becomes red and anserine, then pale and nearly white; an artificially produced erythema disappears. 4. The general functions undergo some considerable changes; the heart's action shows retardation (four to twelve beats less in a minute); the pulse becomes fuller; the respiration deeper and slower; the quantity of urine voided after sitting is often considerably increased. 5. The most striking changes, however, are observed in parts affected with neuralgia or rheumatism. Immediately after a sitting, pain and tenderness disappears, and, during the remaining part of the day, the patients feel much better than before a sitting. Each successive franklinisation brings a further decrease of intensity of neuralgia. In cases of short standing, three or four sittings suffice to completely remove the agonizing pains. Ten to fifteen sittings cured even cases of neuralgia of twelve year's standing, which had obstinately resisted galvanisation, faradisation, and all possible therapeutic means. In

each of the author's cases, either complete cure or very considerable improvement followed. 6. There is no necessity to undress a franklinised patient, as the therapeutic effects of this gallant agent remain unchanged—a circumstance of practical importance in female cases. The author enthusiastically joins Professor Charcot (see *London Medical Record*, May, 1881, p. 185), and Dr. Morton (*ibid.*, May, 1882, p. 186), in their expectations of a good therapeutic future for static electricity.

A Case of Congenital Complete Hepatic Hernia.—Dr. Wm. J. McMahon sends us an account of the following interesting case: From the rarity of hepatic hernia it seems desirous to mention the following case, occurring in his service at the St. Vincent de Paul Colored Asylum. The child, at birth, presented a tumor at the umbilicus measuring two and a half inches in diameter, and with an elevation of one and a half inches. On examination, conducted by himself and Dr. H. E. Turner, the hernia apparently protruded through a separation of the abdominal muscles at the umbilicus, covered only by the peritoneum. Although no satisfactory conclusion was arrived at as to the contents of the sac, still nothing giving evidence of the presence of intestine or mesentery could be discovered. Subsequent examinations also failed to throw any light upon the subject. The tumor gave dulness on percussion over its entire surface, the bowels were regular in their action, and the stools perfectly natural. The child was nursed from the bottle, took food well, and although there was a slight malformation of the genital organs, yet the kidneys acted well and freely. An attempt at reduction was at once made, but without success. Constant pressure by means of a compress saturated with carbolized olive oil was then applied, but with no effect on the hernia beyond a thickening of its covering. The child emaciated rapidly, developed a condition of general jaundice, and finally died on the ninth day, the appearance of the hernia assuming a dark green hue, but otherwise remaining unchanged. At the post-mortem the umbilical cord was found attached to the centre of the hernia, with a deviation towards its lower border, where some indications of sloughing were present. The abdomen was opened on the right of the tumor, and the contents examined from within outward. The hernial sac was found completely occupied by the liver, displaced, and so firmly attached that its separation caused rupture of the peritoneal covering, which, in this situation, though more or less degenerated, measured one-tenth of an inch in thickness. The heart, lungs, kidneys and spleen showed an advanced degree of development, sufficiently for a child of one year.—*Med. Record*.

Lycoperdon as a Hæmostatic.—Dr. E. Thompson, of the Tyrone Infirmary, writes to the following effect: Some months since, I directed attention to the use of the puffball as a hæmostatic and surgical dressing. My attention was first directed to this substance in the case of a poor woman who had suffered for a long period from an open cancer of the right breast. I visited this patient, and ascertained that she had tried almost every form of surgical dressing without being in the least relieved either of her sufferings or the constant hæmorrhages which weakened her. In despair she sought the aid of a country quack, who suggested the use of the puffball, or *Lycoperdon giganteum*, which grows close to the roots of trees in some of our woods. From the day the patient commenced to use this substance her sufferings were greatly mitigated, and she improved in health and strength. The fre-

quent bleeding ceased, and the foul odor from the sore was greatly diminished; and the poor woman lived in comparative comfort for seventeen years after the first appearance of the cancerous ulceration. The puffball is a most soft and comfortable surgical dressing, and the powder it contains seems to possess antiseptic and anodyne properties. When mature and fit for use it is almost as large as a man's head; it is enclosed in a thin capsule which must be removed; it can then be torn in pieces and used either as a styptic or for applying any required surgical dressing. It is, however, its hæmostatic properties that seem to me to be so especially valuable; it has the power of stopping instantly even the most violent external hæmorrhages upon which Iron, Matico, Turpentine, etc., have been tried in vain. A leading surgeon in Belfast told me that when removing a large tumor from the neighborhood of the orbit, he encountered a violent hæmorrhage from large arteries in the bone, which even plugging with pieces of wood failed to control, yet a small piece of puffball at once restrained all bleeding. I have directed attention to this useful substance, whose value my own experience has assured me of, in the hope that some of our leading surgeons will try it, and ascertain for themselves its utility.—*London Practitioner*, October, 1882.

A New Method of Amputation of the Upper Extremity.—M. Despres has devised (*British Medical Journal*) a new method of amputating the upper extremity. It is practicable in patients under twenty-eight years of age, is indicated in cancer of the scapular, and is less formidable than removal of the scapula. It may also be applied in white swelling of the shoulder involving the scapula. The method of operating was as follows: 1. He tied the subclavian artery, external to the scalenus muscle, by a double ligature, to avoid secondary hæmorrhage. 2. He made an incision *en raquette*, commencing at the centre of a space separating the eminence of the spine of the vertebræ, at the internal border of the scapula, and at a level with its spine, and following its dorsum, turning round the salient portion of the shoulder and passing under the axilla as far as its centre, and afterward rejoining the original incision at its starting-point. 3. He dissected a superior flap without interfering with the incision for the ligature of the vessel. 4. He divided the clavicle as near as possible to its middle. 5. He tied the axillary vein. 6. The scapula was detached after the division of the pectoralis minor and lastissimus dorsi, and then dividing the muscles inserted into the scapula. The suprascapular artery should be tied, if necessary, and the wound brought together by sutures. The dangers of this operation consist in 1, the loss of venous blood; 2, the possibility of the entrance of air into the axillary vein; but they are not necessarily mortal. One complication occurred: the extremity of the clavicle perforated the skin; but M. Despres thinks that it is better to have such a condition than to remove the entire collar-bone, and that this portion of the clavicle preserved covers in the superior aspect of the thorax.—*Med. Record*.

The Cure of Diabetes Mellitus by Bromide of Potassium.—M. Felizet has sent the following communication to the French Academy of Science (*Bulletin de Therap.*, 15th Sept.) My first researches on this subject were made in 1877. I have now fifteen cases of diabetes treated successfully by Bromide of Potassium. The memorable experiment in which Claude Bernard succeeded, in 1849, in producing diabetes, or rather glycosuria, in animals, led me to endeavour to obtain the complete cure of the disease. As a matter

of fact, my work is but the counterpart of the fundamental experiments of Claude Bernard. He has shown how the irritation of a determinate zone of the medulla oblongata stimulates the glycogenic function of the liver, and produces glycosuria. My experiments have induced me to arrest this glycosuria artificially produced in animals. The experiments of which the results are summarised in this note, by showing that the drug which stops glycosuria a few hours, likewise cures diabetes in some weeks or months, permit me to affirm that there exists a connection between artificial glycosuria, intermittent diabetes, and confirmed diabetes; and that the connecting links is irritation of the medulla oblongata. It is not, then, by mastering the disease, by submitting it to a rigorous regimen, deprived of bread of starch, of sugar, etc., that it can be cured, but by suppressing the irritation of the medulla oblongata. Bromide of Potassium, in consequence of the special sedative action which it exercises over the function of the medulla oblongata, suppresses the effects of this irritation with a sometimes surprising rapidity; in large and continual doses, it cures diabetes. [If this is a curative agent then, a smaller dose should suffice.—Ed.]

Helenin in Tuberculosis.—In a recent communication to the Societe de Biologie, M. de Korab described some results following the use of Helenin in pulmonary diseases. The same observer reports (*Comptes rend.*, tome xcv.) some experiments made as to the action of that substance upon the bacilli of tuberculosis. He states that, when the organism was suspended in sterilised serum and placed in tubes, into some of which Helenin was also introduced, the bacilli multiplied in the liquor containing no Helenin, but that in which it was present showed no signs of their development. Further, whilst the former liquid, when injected into animals, produced the tuberculous condition, the latter appeared to be inert in this respect. Some other experiments appeared to show that Helenin, administered in the food or injected subcutaneously, acted as a preventive to tuberculous infection by inoculation, or in cases where the disease already existed, modified it favorably. Helenin is a crystalline substance occurring in small quantity in elecampane root (*Inula Helenium*), and is represented by the formula C_8H_8O

Koumiss made from Cow's Milk.—Dr. Sakovich, in the *Veratch*, 1882, No. 12, highly recommends a method of preparing koumiss from cow's milk, as it was originally given by Dr. Toropoff. He takes half a champagne-bottle of morning unskimmed milk, and fills up the bottle with pure fountain water. This mixture is triturated in a mortar with one gramme of best yeast, and again returned into the bottle, with the addition of two tablespoonfuls of powdered sugar. During the first twenty-four hours the bottle is kept uncovered at the temperature of fourteen degrees. Rham. (63.5 Fahr.), then it is hermetically corked and kept in a cold cellar for five days. On the sixth day the koumiss is ready for use, and presents then a white, creamy slightly gaseous fluid of pleasant taste. This preparation is well borne by patients, and the author obtained excellent results from it in many cases of phthisis and pleuritis.

How an Allopath Follows up a Winter Cold.—At the very inception try to abort it with hot drinks, Quinine, and a sweat. In the early dry and congestive stage give Cubebs or Ammonia muriat. After the dry stage, when the cough is loosened, give an anodyne (e. g., Chlorodyne) with mildly stimulant vapor inhalations (Oleum pici, tr. Benzoin co., etc.) When the secre-

tions become freer, use the steam atomizer night and morning with mild slightly astringent alkalies (Benzoate of Soda dissolved in Bicarbonate of Soda, etc.) If the stage of the profuse muco-purulent discharge sets in, the strength of the astringents should be increased. Finally, the air-tube atomizer should be used with solutions of Argenti nitrat., gr. ij. to $\frac{3}{4}$ vj., or Vinci chlorid., gr. ij. to $\frac{3}{4}$ vj.—F. H. BOSWORTH, in the *Independent Practitioner*.

Stretching the Median Nerve.—In hunting, a man was shot in the left arm. Paralysis of the forearm set in, with excessive pains. The piece of lead could not be found. The median nerve was paralyzed, and the muscles of the forearm and hand atrophied, the pains being intolerable. An incision three ctm. long was made, the enlarged and indurated nerve laid bare and stretched. The wound healed, *prima intentione*. The pains were then moderated and more of a neuralgic character, and after a while they disappeared entirely. The paresis of the muscles diminished, and by galvanic treatment the patient was cured.—*Le Praticien*.

The Proportion of Persons who can be Hypnotized.—Dr. Liebault (*Revue Medicale de l'Est*) found that among 1,014 persons whom he attempted to hypnotize, twenty-seven were entirely unaffected, thirty-three were only made tired and sleepy, while the remainder could be put into conditions varying from light sleep (100) to the profoundest somnolence.

News of the Week.

G. M. Pease, M. D., of San Francisco, proposes to visit the east this month. Better wait till it gets warmer doctor.

J. Albert Vandenberg, M. D., of Minden, Neb., is challenged to a public debate with a regular. It will prove a regular *fasco* we opine.

Removals.—Drs. G. P. and A. S. Bennett, has removed from La Mars, Iowa, to Sioux Falls, Dakota, where they are permanently located.

Dr. J. W. Anderson, of the class of 1881 of the *Hahnemann Medical College of Philadelphia*, has located in Denver, Colorado.

The Medical Record has been enlarged until it looks like a young newspaper. The rival journals will need to issue blanket sheets. It is not quantity but quality that benefits the medical reader.

Cook County Hospital is being enlarged by three new buildings. When these are completed it is expected that our Homœopathic staff will be given an entire building to themselves. Students will not only get that benefit, but also share in all of the clinical facilities of all the various departments of this great central hospital.

Died.—*W. Bayes, M. D.*, London. Just as we go to press we are pained to learn of the death of that Veteran Champion of our cause in London, *W. Bayes, M. D.* Dr. B. was the founder of the London School of Homœopathy. He needs no other monument. His work "Applied Homœopathy," will hand his name down to posterity. He had nearly completed a new edition for us to publish.

The United States Medical Investigator

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WHOLE No. 323.

Obstetrical Department.

ERGOT IN LABOR—THEORY VERSUS FACT.

BY EUGENE F. STORKE, M. D., MILWAUKEE, WIS.

The invention of a theory is an easy task. This is especially true when it is constructed without any particular reference to facts. A great difficulty is experienced in searching for, and trimming down facts, in order that they may fit our theory; they are stubborn things and do not bear pruning well. We may, from a number of given facts, deduce a very satisfactory theory. Woe be to him who endeavors to reverse this process; failure hovers around him, regret, will be his portion.

A recent writer in the *American Homœopath*, is a notable instance of the truth of this statement. He makes the demonstration in the January number, by means of an article entitled "*Placenta Prævia*." The avowed object was, "to reiterate, and confirm ideas that have already been expressed." All of which is most eminently proper. He wishes to impress upon the mind of the physician, the importance of being on the alert and the necessity for frequent thought upon this dread subject, lest at a time unforeseen, he is caught unprepared for such emergencies as may arise in this somewhat rare catastrophe. He then briefly rehearses the proceedings that are well established in practice, and given at length in all well regulated text-books. This is the back ground that he has prepared in his picture of this important subject.

As a reiteration, his paper is to some extent valuable; as far as his theoretical conclusions are concerned, to a great extent valueless. He brings out prominently, in the foreground of his picture, a sweeping assertion as to the use of Ergot in midwifery, mentioning it in the most condemnatory terms. To make his meaning clear he relates a case as a "warning to others not to do likewise."

His case was as follows: Diagnosis, lateral placenta prævia. Patient nearly exsanguine from active hæmorrhage. The os uteri dilatable. He then says, "rapid dilatation was commenced, the waters let off, the placenta detached from the uterus, and held back with the fingers as the head advanced and acted as a tampon, thereby arresting all flow. On withdrawing the hand, the uterus seemed to miss the stimulus the hand imparted, and all contractions ceased. After waiting two or three hours for nature to recuperate, the patient became very impatient to have the case terminated, and I sympathizing with her, was led to do that which I sincerely regret, * * * decided to give Ergot fluid extract in twenty drop doses every half hour, until the pains came on. About two drachms were thus taken when violent uterine contractions occurred, at shorter and shorter intervals, until they were almost continuous. The child was soon ushered into the world, *but without life*."

At this point he proceeds to elaborate his theory, with the expectation of having the facts corroborate it. "The death was the result of long con-

tinued and severe uterine contractions" induced by the Ergot, "which had the effect of arresting fetal circulation through the umbilical cord causing asphyxia.

The writer—a Boston physician—puts such a construction on this case. The moral which he points, to adorn the tale, is "dispense with Ergot in midwifery, or at least until after the child is born." The conclusion may be good, but method of reasoning is faulty. In the less cultured west, we would form these opinions from the statements made :

1. A child in utero cannot live two or three hours after the placenta has been detached.

2. Compression of the umbilical cord, after the placenta has been detached from the uterus, cannot cause asphyxia in the child.

3. Ergot, in this case, is to be held guiltless of the fatal result.

If we are wrong in this last opinion, the facts must compel us to hold, that the Ergot produced a *second death*, which theologians tell us, is infinitely worse than the first. This matter will then assume a seriously religious aspect, and must be relegated to the clergy.

Clinical Medicine.

OBSERVATIONS FROM THE FIELD OF PRACTICE.

OTTAWA, Ohio, Jan. 16, 1882.—The prevailing diseases here are tonsillitis, for which I use Bell. 2x and Merc. biniod. 4x. Pneumonia which responds to Bell. 2x and Phos. 2x. I have received the appointment of physician to the Putnam County Infirmary.

C. F. CLARK.

THE EPIDEMIC REMEDY—DROSERA.

UNION CITY, Ind., Jan. 15.—In No. 1, Vol. 17, A. McNeal states that Bryonia and Rhus, are the epidemic remedies of the day. In No. 2 you seem to think that Kali bich., and perhaps Sulph. are the remedies, but if you will start out with Drosera rot., you will not be in doubt very long regarding coughs, bronchial and lung troubles. Merc. cor., for diphtheria and Kali bich., for group, both spasmodic or membranous.

J. D. GRABILL.

CHANGING EPIDEMICS.

AS ILLUSTRATED BY PNEUMONIA DURING DIFFERENT YEARS.

"Yes," said Dr. E. S. Daily, "I have noticed that there is something that seems to change the phase of diseases from year to year. I remember in 1858 or 1859 that I treated ninety-six cases of pneumonia from the 20th day of January to the 20th day of April. I only lost one case. The chief remedies indicated were Phos., and Tart. em. I used also hot compresses to the chest. The left lung was the one affected in all the cases. (By the way during all that time I only got about three hours sleep out of the twenty-four, and only about one meal a day.) In other epidemics characterized by great pain, Bryonia has been the chief remedy.

I remember one epidemic, (about four years ago) that was characterized

by great restlessness, delirium and rapid sinking of the vital forces. I was puzzled for neither Aconite, Phos., Bry., Tart. em. nor Rhus had any good effect. The Allopaths lost many cases. One day I accidentally discovered that there was great sensitiveness of the spine. That suggested Belladonna and I soon found that Bell. was the chief remedy for the cases of that epidemic. This year the attacks of pneumonia are complicated with abdominal troubles often peritonitis.

There is evidently a great under-current, affecting disease from year to year, that as yet we know very little about."

THE SICK HEADACHE OF ANTIMONIUM CRUDUM.

The pain is limited to a small spot above the eyebrow. The attack begins in the morning. When awakening, the patient feels a general dullness of the head, especially of the forehead which reaches its acme of pain about noon, when, sometimes vomiting sets in, which does not relieve, and passes entirely off towards evening. The remedy must be taken on an empty stomach.—*Cal. Hom.* N. A. J.

ELECTRICITY IN PARALYSIS, SCIATICA, INTERCOSTAL NEURALGIA, CHRONIC RHEUMATISM.

ED. UNITED STATES MEDICAL INVESTIGATOR: I presume there are very few physicians at this day and age who question the utility of electricity as a remedial agent when directed by a skillful physician. But the high price of electric batteries, and their liability to get out of order have caused many physicians to dispense with their use altogether. During the thirty-three years I have practiced medicine in Hamilton, I have bought half-a-dozen batteries and have been not a little vexed when I had occasion to use my battery to find it would not work. It is to suggest an instrument that is free from these objections, as well as to comply with personal and written requests of a large number of the medical profession that I write this article and give to the profession my experience with the Electric Brush Battery. This is a regular faradic battery, mounted on a metallic hair-brush, and gives a current powerful enough for ordinary purposes, while at the same time it can be regulated to suit the most sensitive or delicate child. I have now been using the Electric Brush Battery for ten months, and have obtained such good results from its use that I have not found it necessary to use any other, and for the benefit of the medical profession I will give a few of the many cases I have treated with this battery.

CASE I. The first case was that of myself, and its history is full of interest. During the month of February, 1881, I accidentally fell from a step-ladder, causing a severe concussion of the brain, followed almost immediately by paralysis of my right arm and leg, which kept me in bed for three months, during which time I was under the treatment of Dr. Daniel Millikin, of this place. At the end of this time I was advised by him to consult Dr. William Carson, of Cincinnati, who diagnosed my case and discovered a lesion of irritation of the right corpus striatum.

I remained under Dr. Carson's treatment until the first of July, and then, at his suggestion, went to the sea-shore where I took daily ocean baths until the second week in September. I returned home greatly improved in health but not cured. I now resumed the use of electricitv, having by the directions of Drs. Millikin and Carson—from both of whom I derived much benefit—used it before going to the sea-shore.

I now determined to give the Electric Brush Battery a trial and commenced using it by applying it to the spinal column, and head, arm and leg, moistening the skin over the parts with water before each application. The effect was most gratifying, and I improved rapidly, and in less than two weeks I was free from the muscular twitchings in my legs and my feet, which had existed since the date of my injury. I also recovered the use of my right hand, and was able to hold my pen and write—a thing I had not done for eight months. I soon regained strength to walk and attend to my practice, and while I have not entirely dispensed with the use of the battery (still using it two or three times a week,) I am certainly as well as I ever was.

CASE II. Miss —, aged seventeen years, had not walked for five months, the result of a dislocated ankle. She had been treated with plaster cast, starch bandage, and lastly with a rubber bandage, which was still on when I called to see her. On removing this bandage the foot was smaller than the other and she was unable to bear any weight upon it. I directed her to immerse the foot in warm water for fifteen minutes three times a day, and apply the Electric Brush Battery for the same length of time. For three days she was unable to feel the current of the battery, but after this sensibility returned, and ten days later she was able to bear the weight of her body on the lame foot. In six weeks she was able to walk without crutches and is now well.

CASE III. W. B. —, a grocer, aged fifty-five years, had for five months previous been suffering from pain, beginning in his right hip, and extending down to the back of the limb along the course of the sciatic nerve to the outside of the leg. He had been obliged to remain in the house, and said he had been under almost constant treatment. I recommended the use of the Electric Brush three times a day, keeping up the brisk friction with the brush over the sciatic nerve, and using the full strength of the battery. He said he obtained immediate relief from the first application. He continued the use of the brush daily and in four weeks after the first application was able to walk a mile. In two months he was well and able to take charge of his business.

CASE IV. V. B. —, a carpenter, aged fifty years, came to my office with what he believed to be heart disease, and said he had suffered four weeks with a severe pain over the region of the heart. On examination and removing his clothing I applied the Electric Brush for fifteen minutes, when the pain disappeared and did not return.

CASE V. Miss L. —, aged twenty-two years, had suffered two months with facial neuralgia, the paroxysms coming on daily at 9 A. M. She had taken Quinine, Strychnia and Iron without apparent benefit. I used the Brush Battery for three successive mornings, breaking the force of the paroxysms and lessening the duration of the attack, and on the sixth day she was entirely free from pain, and has had no return of the disease.

CASE VI. Mrs. B. M.—, had for five years suffered from chronic rheumatism, and had been unable to tie her shoes owing to a stiffness of her hands and fingers, which were wasted and almost bloodless. This was a most discouraging case, and I hesitated in advising the use of the brush, but she insisted on my doing something for her. She used the brush most assiduously for three months and was so much improved that she could put on and lace her shoes, and do many other things she had not done for years. She then returned to her home in Indiana, and took the brush with her, and reports a gradual improvement in her condition.

I have been careful and at length in reporting the above cases in the hope that other members of the profession may be induced to test the merits of the Electric Brush Battery and report results.

H. MALLORY.

HAMILTON, O.

NOTES FROM PRACTICE.

CROCUS IN SUBINVOLUTION—EXPERIENCE WITH REMEDIES.

I am satisfied that the 200th of Crocus sat., obviated the use of the curette in a case of subinvolution of the womb, with a sign of hyperplastic endometritis, after the use of several other remedies; in every one of which the patient had as much *faith* as in the Crocus, or more; and after the Crocus 200th had brought menstruation to about the normal standard, Helonias 3, brought the ligaments and muscles to their normal strength and function, and again it is somewhat of a pleasure for the lady to live.

Let us study our instruments well, and *materia medica more*. I never use Hepar sulph., lower than the 200th, and it has never failed me in case of laryngitis or croup when indicated according to Lippe, (or Cowperthwaite.) I never use Merc. viv., lower than the 200th, and I use it a great deal, and with no cause of complaint. So with Nitric acid, Natrum mur., Lach. 1m. and many others. I seldom use Sulphur below the thousandth, but I have good success with Sulph. I can't cure all my cases of acute brain or spinal disease, or chronic either, but I am willing to compare death rates with any low potency physician who is incredulous with regard to high potencies.

But, let me say one thing, it makes a great deal of difference whose *materia medica* you study, if you propose to be successful with high potencies. Get one written by some man who *uses* high potencies, and then master it. And you may remember also that when you wish what the primitive school calls the tonic effect of a remedy, as of China in loss of animal fluids, or what they call a nerve food, as in case of the hypophosphites, or in short the physiological action of a remedy, it is imperative that sensible doses, or at least a low potency be given. But in dynamic medication according to the law of similars, strictly adapted high potencies will succeed.

WINSTED, Ct.

A. F. MOORE.

On the External Application of Chrysophanic Acid.—An improvement in the external application of Chrysophanic acid has been suggested by Dr. Geo. Fox of New York (*Med. Times and Gaz.*, p. 828). A soft paste made by rubbing the acid with water is smeared on the skin, and as soon as this dries a layer of Colledion is allowed to flow over the spot, or gutta-percha tissue is applied over the patches where the ointment of Chrysophanic acid has been applied.

Surgical Department.

A CASE OF WOUND OF THE ABDOMEN AND RECOVERY.

BY D. HAGGART, M. D., INDIANAPOLIS, IND.

While there is nothing surprisingly strange about the case I am about to report, further than that it is additional evidence of the fact that the famous trio, Bliss, Agnew and Hamilton, and their medical affinities, are not the sole proprietors of all knowledge of surgical medication, as the fraternity of "regulars" so frequently endeavor to show to the public.

On October 7th, 3 P. M., Mr. James Chambers received a pistol shot at a range of about two feet, the bullet entering six and one-half inches below the right nipple, three inches from the median line, and four inches from the umbilicus, passing through the body and escaping two inches to the right of the spine, opposite the eleventh dorsal vertebra. I was at his side a few minutes after the shot was fired. There was slight hæmorrhage from both orifices, no special pain except when talking and taking a full inspiration, a burning sensation in the throat and a feeling of faintness.

I at once ordered brandy in teaspoonful doses till the patient would rally from the shock, and a cold compress over the abdomen to be changed hourly, placing the patient on his back. In three hours I called again, found the burning in the throat more aggravating and pain, when breathing, more intense; pulse 90. Discontinued brandy and gave Aconite and Arnica hourly in alternation. At 9 P. M., was called in haste, found my patient vomiting, with pain in stomach and lower part of chest and intense pain under the right shoulder blade; burning in the throat more severe; pulse 55, and altogether symptoms indicated a critical condition. Stopped all medication and gave ice to eat in large quantities. This arrested the vomiting in the course of a few hours and abated the pain in the stomach and chest considerably, but the pain in the shoulder became almost unendurable. A stimulating liniment and various changes of the patient's position were resorted to, but without any amelioration of the suffering in the shoulder. The universal panacea was the next resort. A dose of Morphine soon brought relief, and I left. At 5 A. M., returned again; patient had rested rather quietly during my absence. Pulse, now, 106; temperature, 102; pain in the right lung and burning in the throat; Aconite and Arnica, and a wet compress as before, and ice to eat at pleasure. Next visit at 3 P. M. found no perceptible change. Continued same treatment which was persisted in without any marked change of the temperature and pulse, or modification of other symptoms until the fifth day, when the pulse fell to 90 and temperature to normal. During the sixth and seventh days this condition existed. The bowels were now moved by artificial means and small quantities of nourishment were allowed for the first time. The same treatment was continued till the twelfth day, when there was nothing abnormal in the case, except, coughing and sneezing would produce pain in the lung and the powder burn, where the ball had entered, was still very sore, with slight discharge from the orifice; the place of exit was now nicely healed. The Aconite and cold compress discontinued and the wound was being dressed with carbolated cosmoline. On the twentieth day some symptoms of blood poisoning

became manifest; an eruption appeared, circumscribed, however, within a radius of five or six inches about the wound; the tongue became coated, appetite failed, and pulse rose to 95; temperature fell to 96; Ars. 2x, and Rhus. tox. 2x, and a cream poultice over the wound. Within forty-eight hours this treatment produced quite a favorable change. Healthy granulation soon set in and my patient was once more in a promising condition. About the thirtieth day all medication was discontinued, and a full ration of light diet allowed and the patient permitted to move around the room; ten days later he was at his business, that of a news dealer.

Mr. Chambers is thirty-seven years of age, short, fleshy and very compact, healthy and of extra good habits. And if the ball did not penetrate his lung, I am very much mistaken; and if it did, then his speedy recovery is another stray evidence of the fact that stimulants and narcotics are not required to treat wounds and injuries successfully, as is the usual custom of our Old School brethren.

Society Department.

HOMŒOPATHIC MEDICAL SOCIETY OF CINCINNATI, OHIO.

REPORTED BY BENJ. F. FRENCH, M. D., SECRETARY.

The stated meeting of the society was held Monday evening, Jan. 8, 1883, at 118 W. 7th st., Dr. G. C. McDermott in the chair.

The minutes of the past meeting were read and adopted. Dr. McDermott read the following inaugural address which was referred to the committee on publication:

PRESIDENT MCDERMOTT'S INAUGURAL ADDRESS.

This 8th day of January three years ago I decided to become a resident of this city. To me it is an anniversary. So far I have not regretted my coming. The past three years, have been as pleasant as any in my whole life. By your action at the last meeting of this society you have greatly honored me. Allow me, to thank you for the honor conferred in electing me as your presiding officer for the coming year. It shall be my greatest pleasure in discharging my duties properly, and in their performance I shall beg the indulgence which your great partiality authorizes me to expect from you. My associations with each and every one of you have been to me the most agreeable and profitable.

In offering suggestions in relation to our mutual improvement, I would recommend a more thorough interest in our society work. The meetings can, and should be more largely attended, each individual member contributing his share to the medical knowledge gained by practice and observation, whereby not only the individual but the profession at large is benefited. These meetings bring the members together, make them feel their responsibility and mutual interest, and give them a power which cannot be obtained when separated, isolated and divided. Let the members of our profession be more united, their associations fewer and thus strengthened. I would recommend that post-mortem examinations be made more fre-

quently than in the past. Let pathological studies be entered upon by our members, and linked to this, the study of drugs in their relation to pathogenesis and clinical effects.

Every verification of a drug should be recorded. I would earnestly suggest that a committee be appointed who would plan a schedule of work for the coming year, and report at the next meeting. There has been a thorough investigation in relation to drug triturations, and potencies during the past year. I will call the attention of the members to it as found in the Transactions of the American Institute of Homœopathy. In Homœopathic literature we have had issued some good works, and it is with no small pleasure I receive the intelligence that we are to have a weekly medical journal. Duncan Bros. of Chicago, proposes issuing **THE UNITED STATES MEDICAL INVESTIGATOR** every week during 1883. We have semi-monthly journals, and many most excellent monthlies.

It may not be amiss to mention some Homœopathic statistics, as gleaned from the report of the Chairman of the Bureau of Organization, Registration and Statistics of the American Institute of Homœopathy. He says: "This report embraces 284 Homœopathic institutions, viz.: 1 national, 3 special, 26 state, and 103 local, societies; 13 clubs, 5 miscellannous associations, 23 general hospitals, 31 special hospitals, 40 dispensaries, 12 colleges, 4 special schools, 15 journals, and 8 directories.

The aggregate membership of state societies is 2,002, a gain of 150 over last year. Of the 103 local societies, 77 have reported a membership of 2513. The 15 medical journals published by our school in the United States have aggregated 8,848 pages, in the past year. They show a mental activity in our ranks and an earnestness and energy on the part of the editors and publishers which are more than creditable."

Therefore, let no personal likes, nor dislikes be allowed to disturb professional organization, nor prevent concert of action for the mutual benefit of our cause. At the present time the committee on legislation of the American Institute of Homœopathy is petitioning the Senate and House of Representatives of the United States, by a "Joint Resolution," bearing upon the subject of the Surgeon-General's refusal to admit Homœopathic physicians and the graduates of colleges in which Homœopathy is taught, to examination for, or appointment to positions in the medical corps of the army. To this we should lend our aid. Should the resolution be not approved, renewed energy is needed and as suggested by the chairman, "to secure the influence of each and every member of Congress, and our societies every where should pass and forward resolutions sustaining members who favor our cause."

Is it not time that the Homœopathic physicians of Cincinnati were demanding their rights in some of her public institutions. New York City and state, Cleveland, Chicago, Milwaukee and others have gained their rights in this subject of representation. I suggest that this matter be brought to the attention of the patrons of Homœopathy invested with power in such appointments, and, in conclusion, I beg leave to recommend that a committee on publication be appointed *with power* to dispose of the papers represented at these meetings as will best promote the interest of the society, and the profession at large.

By motion the secretary was ordered to cast the vote of the Society for the following named persons for membership: E. E. Loy, M. D.; Stella

Hunt, M. D.; Wm. A. Geohegan, M. D.; Sarah J. Bebout, M. D.; S. A. Hageman, M. D.; P. B. Morgan, M. D.; Chas. B. Morell, M. D.; M. E. Hincks, M. D., and John M. Gunkel, M. D. Also for Wm. Owens, M. D., who had been proposed for membership formerly.

By motion of Dr. Geiser a committee was appointed, consisting of Drs. M. M. Eaton, S. B. Geiser and H. M. Kirk, to arrange a schedule for the future work of the society and to serve as a committee on publication.

By motion of Dr. M. M. Eaton the secretary was ordered to have postal cards printed in blank form for announcements, etc.

CLINICAL CASES.—RESULTS OF TRAUMATISM.

Clinical cases were then called for:

Dr. M. M. Howels, case 1: A girl, aged nine years, received a slight injury from a shoe thrown by her little brother a year before. Pain is felt at origin and insertion of adductor longus on flexion of leg; none on rotation or manipulation, some wasting midway of the muscle, length same as that of other limb. Had been treated for hip-joint-disease. The doctor had given the patient Am. carb. and had applied electricity, with improvement.

Would like a diagnosis.

Drs. E. M. Kirk and C. M. Lukens agreed in deciding that it was not a case of hip-joint-disease.

Dr. Eaton considered it neuralgia from traumatism, and supposed the atrophy was the result of inaction.

Dr. French related a similar case resulting from injury to the ulnar nerve, loss of motion and atrophy resulted; the arm and hand became cold easily, with numbness and formication. Rhus tox. was given chiefly. Recovery resulted.

CASE OF POLYPUS.

Dr. M. M. Eaton, case 2: Mother of three children, aged thirty-five years; feeble the last four years; menses last twelve to fourteen days. Dr. Beamy of the city treated the case, using the curette. Examination disclosed enlargement of the cervix and retroversion. Supposed it a case of intra-mural fibroid. He corrected the displacement, applied a Hodge pessary, and awaited developments. The patient was seized with labor pains, the os dilated, and a polypus is now presenting. The progress of the case will hereafter be reported.

HYDATIDS OF THE RECTUM.

Dr. Eaton, case 3: Female, aged fifty years. Three years ago he removed a hydatid from the posterior wall of the rectum. A few days ago patient returned for further treatment. Portions of the mass are passed with the stool, which is always more or less bloody. On examination every thing was natural externally, but on straining, as in defecation, the hydatid mass protruded in part from the anus. The doctor finds nothing in any work on surgery, on hydatids of the rectum, and desires to place this one on record.

TYPHOID FEVER AND MILK DIET.

Dr. Owens, case 4. Typhoid, lady aged thirty-five years. Abdomen tympanitic, tender, no gurgling, coma and delirium subsiding, but fatal

issue probable: has been under Old School treatment till to-day. The doctor finds a hard, elevated mass extending from the pelvis to the umbilicus, stools like curdled milk, thinks an autopsy would find the condition due to curdled milk, the cœcal valve being obstructed. The doctor here stated that this is one of a great many cases he had collected to prove that milk diet for typhoid patients is absolutely wrong, and that he proposes soon to give the profession the benefit of his researches in a paper on that subject.

The doctor's report and conclusions deduced from it caused a lively discussion by Drs. Kirk, Geiser, Eaton and French, all taking views opposed to Dr. Owen.

Owing to the extremely interesting cases and discussion the essay of the evening by Dr. Geiser was postponed till the next meeting. The meeting adjourned.

Hospital Department.

COOK COUNTY HOSPITAL—MEDICAL CLINIC.

SERVICE OF PROF. CH. GATCHELL, M. D., THURSDAY, JANUARY 4, 1883.

Reported by F. R. Day, M. D., Resident Physician.

PSORIASIS.

LADIES AND GENTLEMEN: The surface of the human body has an infinite number of delicate nerves distributed over it. So closely are they placed that a mosquito cannot insert his bill without striking one, as we are all painfully aware. These delicate structures are valuable aids to the physician in his examination of patients. They enable him, by the sense of touch, to recognize many abnormal conditions, such as accumulation of fluids in various parts of the body. He uses this sense daily to learn the frequency and character of the pulse. *Sight* enables him to see deformities and morbid appearances. *Hearing* is constantly brought into use in diagnosing various lesions of the heart and lungs. Even *smell* has its place, for some diseases have a characteristic odor which enable physicians to diagnose them by the smell alone; for example, small-pox. *Taste* is the only sense which cannot be brought into service, though this was once employed by a Parisian physician, who used the sense of taste to diagnose the saccharine qualities of diabetic urine.

You have heard the saying: "Seeing is believing." I say it is more than that, seeing is *knowing*, and to indicate that I am right, I present to you these two cases of psoriasis, that by *seeing* them you may *know* the disease when you meet it again in your practice.

You will have no difficulty in recognizing it after having examined two such typical cases.

Psoriasis is the only disease, to which it is said, the robust are specially liable. You seldom see it in sickly persons. These men are both strong, and say they have been healthy all their lives. Even the skin disease, which is essentially chronic in its nature, causes them no trouble. There is scarcely any itching, that distressing symptom so often present in cutaneous a fec-

tions, and this one fact will aid you in remembering the pathology of the disease. Itching is caused by irritation of the nerve filaments in the deeper layers of the skin, and in disease, is due to inflammation of the structures surrounding them. Hence, skin diseases characterized by itching are deep-seated, while those not having that symptom are more superficial.

Let us recall hastily the normal structure of the skin. The epidermis, composed of several layers of epithelial cells, overlies the papillary layer; which is made up chiefly of loops of capillary blood-vessels coming from the deeper layers of the stratum sub-papillare. In psoriasis, the papillæ enlarge somewhat and there is an excessive growth of epithelial cells covering them, which accumulate and form the dry scales so characteristic of the disease. Here is a good example. If I remove it, you observe little points of blood underneath, not larger than the point of a pin. Each one is the apex of an hypertrophied papilla. These scales are being constantly shed and in the diffuse variety, may amount to a teacupful a day.

There are seven varieties of psoriasis. It usually starts as a small red point, about the size of a little pimple. This is *psoriasis punctata*. As it spreads peripherally and reaches the size of a lead pencil end, or of a drop, it is called *psoriasis guttata*. Continuing to increase, it is seen to have a dull reddened base about the size of a silver quarter and somewhat larger than the dry crust which is upon it. It is then called *psoriasis nummularis*, from its fancied resemblance to a coin. Soon the centre begins to clear, leaving normal skin, surrounded by a ring of that which is diseased. This variety is known as *psoriasis circinata* or *orbicularis*. Several of these rings may lose parts of their circumferences and the ends coalesce so as to make a serpentine form. It is then styled *psoriasis gyrata*. You find all five of the foregoing varieties in this case.

The two remaining varieties are used to designate the distribution of the disease. This case has psoriasis in all parts of his body, but still it would not be classed in the diffuse variety, for the tendency is to cluster in rosettes about two or three inches in diameter, leaving large spaces of healthy skin between them. In the other case, on the contrary, you see the psoriasis is scattered promiscuously all over the body, and is an excellent example of *psoriasis diffusa*.

There is still another variety which I will merely mention in this connection. If a patient comes to you with psoriasis on the palms of the hands, or on the soles of the feet, *palmar* or *plantar psoriasis*, you may be sure that he had syphilis at some period of his life. The appearance is different from non-specific psoriasis. The crusts are thicker and *fissured*. These fissures are quite deep and bleed easily, and a characteristic livid areola surrounds the crusts. Remember the one point that palmar and plantar psoriasis is *always* specific.

Etiologically, but little is known about the disease. We know that it is often hereditary. A clinical fact worth noting, in connection with these patients is that the urine is very acid. Specimens of urine from both of them have been tested and they turned the blue litmus paper much more promptly and decidedly than ordinary urine will do. I give you this fact for what it is worth. Psoriasis is non-contagious and non-inflammatory. As I said at the beginning of the clinic, you will have no difficulty in diagnosing the disease when again you see it.

Eczema is an inflammatory disease characterized by a moist eruption, while psoriasis is non-inflammatory and the scales are never preceded by vesication or pustulation. The scales of pityriasis are more branny in character than those of the disease we are discussing.

These men have been taking Arsenicum iodatus 2x internally since they entered the hospital, and locally have been using castile soap and water freely. Alkaline baths are also recommended. The disease is hard to control by remedies, being chronic and perhaps constitutional, but Arsenicum and allied remedies will sometimes do much for it.

The next case to which I call your attention is one you have seen before. He is suffering with ascites, secondary to heart disease, and comes before you to have performed the operation of

PARACENTESIS ABDOMINIS, OR TAPPING.

I bring him before you, that you may witness this operation, which is as much in the province of the physician as in that of the surgeon. Scarcely a year will pass in which you will not be called upon to perform it at least once.

This man has been in the hospital the greater part of a year, and during the last four months it has been necessary to draw off the accumulation of serum four times. It was done last on January 1, four days ago, but such a small quantity was withdrawn and he suffers so much from the presence of such a large amount of fluid in the peritoneal cavity, that I have determined to repeat the operation to-day. First let us find the cause of this dropsical condition.

In mitral insufficiency, which is the condition here present, part of the blood which enters the left ventricle with the cardiac diastole, immediately regurgitates into the auricle whence it came. As a result, the ventricle is incompletely filled, and it is thus unable to propel into the *arterial* system a due amount of blood.

As a consequence, the blood accumulates in the *venous* system. All the veins are over-filled with blood. We have a venous congestion. What would be the most natural thing to happen in such a condition? Why, the watery part of the blood would ooze through the thin walled capillaries, causing oedema. That is exactly what takes place in the peritoneal cavity. Think of the extent of surface there in the peritoneum, that delicate membrane which covers about twenty-five feet of intestines and is reflected over the surface of all the organs and walls of the abdomen! Think of each capillary in this membrane furnishing its drop of serum, and you will see that it need not take long for gallons of fluid to accumulate in this cavity. It is purely mechanical and treated with a mechanical measure.

An interesting feature in this case is the scanty secretion of urine. It is readily accounted for when we understand the renal circulation.

The urine is eliminated from the blood at the glomeruli, or malpighian tufts. The blood is brought to the malpighian body by a little arteriole which divides at this point into a number of capillary loops. These are inclosed by the dilated end of a uriniferous tubule. Here the urine is secreted from the capillary loop and trickles down the tubule to the pelvis of the kidney. The remaining part of the blood is taken on by the efferent vein. A good illustration of this circulation is furnished by the two hands and

arms. Let the right arm represent the afferent arteriole. As it comes to a malpighian tuft, it divides into a number of capillaries, which are represented by the fingers of the right hand. The capillary loops are completed by placing the finger ends of the left hand in apposition to those of the right, and the left arm represents the efferent vein.

We have seen that the arterial system is poorly supplied with blood, therefore the little artery running to the malpighian tuft cannot carry so much blood as it should, and there would be a scanty secretion of urine. Furthermore we have seen that the blood has already been deprived of a large quantity of its serum by the effusion in the peritoneum and this also would cause less urine to be secreted.

In performing this operation, I use the trocar and canula in preference to the aspirator, which might be used. This little instrument is much more expeditious. Care should be taken to insert it in the median line midway between the symphysis pubis and the umbilicus to avoid wounding any blood vessels; and see that the bladder is empty, so as not to be in danger of injuring that viscus. It is well to have a broad band of cloth around the abdomen, which can be drawn tight by an assistant, to replace the pressure of the fluid. Otherwise, withdrawing a large quantity of fluid and removing the pressure caused by its presence might induce fatal syncope.

If a large trocar is used, it is well to make an incision through the integument, before attempting to insert it.

Be sure you have a case of ascites before tapping your patient. Do not mistake fat abdominal walls for dropsy. Dry tapping is not fashionable.

When you have withdrawn sufficient fluid, remove the canula, seal the wound with adhesive plaster, and pin the band tightly around the abdomen.

We have, as you see, considerably reduced this man's corpulence, and the contents of this wooden bucket show that we have drawn from his peritoneal cavity fully twelve quarts of dropsical fluid.

On the Electro-therapy of the Brain.—The author (*Centralbl. fur die Med. Wissensch.*, 1881, No. viii) has made many experiments on animals, and arrived at the following conclusions: 1. The ascending current (positive pole to the neck, negative pole to the forehead) causes dilatation of the arteries of the pia mater; the descending current a constriction of the same. 2. Transverse currents (from temporal to temporal) produce dilatation on the side of the anode, and constriction on the side of the cathode. This pamphlet contains an elaborate study of all what has been written on the subject of galvanisation of the brain from a clinical point of view. His own conclusions occupy little space, and may be summed up that the positive pole is to be applied to the skull to increase, the negative to diminish, the circulation in the brain. [Admitting the reality of the author's results, it would still be more than doubtful that they could be obtained on the human subject. In order to have currents of equal density in the cases of a rabbit's and a man's brain respectively, their strength ought to be proportional to the diameter of their brains. Now the author used currents of such strength in his experiments, as to make corresponding applications to a human brain a very questionable proceeding. His current-measurements, however, were very superficially made, and he had to employ a magnifying glass to discover the vaso-motor changes.—*Rep.*]

THE UNITED STATES MEDICAL INVESTIGATOR

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and close thought (the great sources of medical knowledge), on any subject pertaining to medicine.

A STRANGE ALLIANCE.—The effort of the Eclectics to espouse our cause against the regulars is not strange, when we remember that the only chance for existence of the Eclectics, is through what they have gleaned from both schools. Aside from calling attention to a few new remedies, the Eclectics have been parasites on the body medical. The vaunted improvements, in the way of "specific medication", have been stolen, bodily, from Homœopathy. Allopathy cannot furnish so rich extracts, consequently it is derided. They have squeezed that orange. Eclectics have no prejudices nor scruples, and absorb like an oyster. They are liberal, and have always been ready to champion the side of Homœopathy, and it is this strange alliance that has given them much of the vigor of to-day. Had it not been for this, they would not now have the legislative recognition they enjoy, in this and other states. In practice, they are a sort of half and half, more or less, (according to the calibre of the men), and in communities where they flourish, Homœopathy has found it hard to maintain a footing. In therapeutics, they are adrift without chart or compass, but here, as in the Regular School, the drift is towards Homœopathy, only more so. Logical, clear-headed Eclectics, make good Homœopaths, but the oysters,—are oysters still.

LADY PHYSICIANS.—It was urged against the admission of women to membership of the American Institute of Homœopathy, that they took little part in professional work. On the other hand, it was contended that they should be encouraged, especially to complete the pathogeneses of our remedies, by enlarging and emphasizing their effects upon women. Strange as it may seem that, although they now enjoy full fellowship in all of our medical societies, their contributions to the *materia medica* and therapeutics, have been meagre in the extreme. Possibly they have collected many facts, but are too modest to present them. To encourage each other, the lady physicians of Chicago, who number a score or more, of able practitioners, have a flourishing society of their own.

A woman's national Homœopathic society was, we believe, initiated at the Milwaukee meeting of the American Institute. Such a separate organization could be a most efficient auxiliary to the national body, in many ways. They could take supervision of the educational advancement of women, for there is a strong undercurrent of opposition, or hesitancy, to co-education, especially in medicine. The separate medical education of medical men and medical women, does not seem to us a necessity, but it is a fact that the opposition is over-powerful in Allopathic schools, and also in many Homœopathic ones. New York, Philadelphia, and Chicago have flourishing woman (Allopathic) medical colleges. New York has a flourishing Homœopathic medical college for women, and the proposition has been on foot for ten years, among members of both college faculties, to establish a woman's Homœopathic medical college in Chicago. The large number of separate associations throughout this country, conducted by women, for women, is noteworthy and significant. Women are organizing for themselves, to advance their own interests.

In medicine, there is a wide field for women to work, where their special observations will greatly enhance the general stock of medical knowledge, especially in materia medica and therapeutics. Our columns are open to them, and if the articles are as valuable as the one on Urethritis (see January 13, number, p. 48), the general profession may be congratulated.

ASSISTANTSHIPS FOR YOUNG PHYSICIANS.—It will only be a few weeks until about 1000 students must be seeking places. Some will graduate and find awaiting them, good openings; others are first course students, and will need some place to stay until lectures begin again. The numbers of each of these classes are nearly equal, and we propose to offer a few suggestions to each, that may or may not, be helpful.

To the young graduates who have good openings awaiting them, no suggestion need now be given. To others, who look anxiously ahead for some opening, we have a few words to offer.

Many know the value of a year in hospital or dispensary work, and are planning for such a golden opportunity for practical, medical life; but the number to whom such places are open, will not exceed a score. Others are trying to get in with an old physician,

and rarely succeed. Here, of all places, they could get much practical experience. A few preceptors will, of course, do the best they can for their own students, but even here, the result has not always been satisfactory. Why? Just because the student or young M. D. sets too high a value on his worth, and second, the old physician finds that his patients consider the visits of "the young fellow" an imposition upon them. *They* want "the old doctor." Many an old physician would be glad to take a young M. D. under his special charge for a year, and give him chances for practical knowledge of medical life, equal to a year in a hospital or dispensary. Most young M. D's. think that they should have from \$500 to \$1000, the first year; or what would suit them better, an interest in the business, *i. e.*, from a quarter to a half interest. Those same young men would jump at the chance of a year in a hospital, for their board. There may be, it is true, an occasional young physician, who would be worth to an old physician, \$500, but they are few. We believe that a thousand of our readers would take a young graduate each at, say, about \$300 for the first year. This would be clear gain to the young man, so that at the end of the year, he would have experience and means to start for himself in some other place. The understanding should be definite and well understood, that the young man is the assistant and not a substitute, only in emergencies. The contract should end with the year, and under no condition, should the assistant settle in the same town. The old physician is to give him all the instruction and opportunities for clinical observations that he is able. While this might be more limited than in a hospital, still it would not be so artificial. No old physician should take a young man (or any other for that matter) into partnership, until there had been a mutual acquaintance and friendship. Where there are few who want partners, many would be glad of an assistant, fresh from college. Where there are many openings throughout the country, they all want "an experienced physician," and a young man often makes a mistake in rushing into practice in a good place, prematurely. Our readers who know of young men who expect to graduate in a few weeks, and who would like such assistantship, should canvass the students now. Students who know of old physicians who need assistants, may find a good chance to get a taste of practical medical life that would help them to be vastly more successful physi-

cians, when they set up for themselves. Many a busy practitioner, especially in the country, finds an assistant indispensable and invaluable.

WHAT DO WE NEED TO FIND IN OUR MEDICAL JOURNALS.—Among other things, we certainly want records of clinical experience. Those should be reliable observations, carefully and properly made and recorded, including all the particulars which are necessary to make them of real value. Yet, they should not be too prolix. They should be written with all the terseness that is consistent with perspicuity. The busy practitioner has no time to waste over more words than should have been written. If a man has marked success, let him tell us about it. If he has had a marked failure, in the employment of some recommended treatment, fairly tried, let him tell of that, and it may lead others to wisely reject something which has been too much relied upon, and to substitute something far superior. The wisest men are not ashamed to own their mistakes and failures. Improvement, growth, advancement in every direction, are what we all ought to aspire after. Wherein can I treat a given case better than I could last year, or several years ago? is a question which one ought to often ask himself. No physician can afford to keep running altogether in the same ruts. Routine treatment will not do. Each case must be studied for itself. We should not lightly lay aside an old remedy, and yet, we are occasionally coming upon a new one that reveals wonderful capacities—that has remarkable therapeutical powers.

Therefore, we say that we want, among other things, good, reliable provings. Provings are the foundation of our *materia medica*, and we want it to grow more and more solid and perfect and extensive, so that the whole structure of Homœopathy may continually become grander and more symmetrical, and more imposing and attractive throughout the world.

Again, we want statistical articles in our journals. We want thoroughly reliable comparisons of the results of our treatment and of the Old School treatment. We want to be familiar with some of the most convincing of these comparisons, for we can sometimes use them in a most effective way, to convince the unconvinced, with regard to the merits of our system. A very few right words spoken, or a few pertinent facts stated, just at

the right time, are often worth much more than would be a long conversation, or the giving of a tract, which might never be read. Time is valuable to all men.

Again, we want historical articles. These will often be very interesting to us, and very useful in many ways.

We want, also, reviews and criticisms. We cannot always spend time enough to study even a good book thoroughly. Therefore, we all like to see just criticisms of books, or portions of books, which most demand criticism. We like any real help towards enabling us to reject the bad and accept only the good. Criticisms are a benefit to our authors, also, serving to stimulate them to greater thoroughness in their work.

We want, also, philosophical articles. Truly philosophical articles are always valuable. They reveal to us the deeper workings of other minds, and they stimulate us to profounder mental activities, if they do not always add to our stock of information; and they do sometimes put us into the possession of rich treasures, real gems of thought. Rational inquiries concerning the causes and the nature of things are always interesting. But the true philosopher always recognizes the fact, that there are things which belong not only to the unknown, but to the unknowable also. There are some questions upon which he will neither waste any of his own time, nor tempt others to a waste of their time. But we must have a care not to be guilty of repressing genuine thought, or of rejecting the truth. That is just what our Old School competitors are doing, and have been doing, in all their bitter opposition to the grand and beneficent system of Homœopathy. Suggestive articles, that are richly provocative of valuable trains of thought, sometimes afford us better mental pabulum than more elaborated articles would. They feed us when we are riding, and cannot read. They, perchance, make us oblivious of the storm which may be raging around us, and help to make a long road seem to be a short one. They help to make us sturdier and profounder thinkers, and keener observers.

H. E. BOARDMAN.

Materia Medica Department.

A PICTURE OF ACONITE.

BY J. P. RAND, CLASS OF 1883.

Read before the Hahnemannian Society of the New York Homœopathic Medical College, Dec. 7, 1881.

<p>Let me paint to you a picture, Just to fix upon your mind, The condition of a patient Unto <i>Aconite</i> inclined.</p> <p>I will chant no indications Of the "Allopathic School;" But will show some applications Of "Similia's magic rule."</p> <p>First the <i>Mind</i> is weak and anxious, Sad, despondent every way, "Apprehensive of the future;" Fears death nigh; "predicts the day."</p> <p>There is vertigo on rising, Face is pale or very red; There is nausea at the <i>stomach</i>, And congestion of the <i>head</i>.</p> <p>Darting pains along the nerve trunks, To no local lesion bound; Trifacial neuralgia, Which is so often found.</p> <p>Full and hot beneath the <i>forehead</i>. Does the "vital current" flow; And distracting pains are present, Shooting through the <i>eyes</i> below.</p> <p>But the <i>pupils</i> are contracted, And the balls feel large and dry; Sensitive to air and sunlight, Have an inflammation high.</p> <p><i>Lips</i> are often numb and tingling, Hot and dry are mouth and <i>throat</i>, <i>Tongue</i> is moist and sometimes covered With a white or yellow coat.</p> <p><i>Ears</i> are "sensitive to noises", Roaring sounds within are heard. Patient smells with much acuteness, Epistaxis has occurred.</p> <p><i>Throat</i> is very "dry and burning," Subject to sharp, stinging pains,</p>	<p>Inflammation of the <i>larynx</i>, From which hoarseness oft obtains.</p> <p>Vomiting is not infrequent, And the <i>bowel</i> pains are such As are not relieved by pressure, But are sensitive to touch.</p> <p><i>Respiration</i>, quick and painful, With a "dry and barking cough," "Stitches in the chest", and burning; Light red blood the lungs throw off.</p> <p>At the <i>heart</i> is great oppression, But the <i>pulse</i> is full and strong, Numbness, tingling, formication, To the extremities belong.</p> <p>Patient has a burning <i>fever</i>, Always very thirsty seems, Tosses wildly in his slumbers, Wakes, affrighted by his dreams.</p> <p><i>Skin</i> is hot, and dry, and shining, May be pale or red to view, But should icterus be present, It is of a yellow hue.</p> <p><i>Urine</i> scanty, red and scalding, Micturition, frequent quite, <i>Stools</i> profuse and watery with a color "clayey white."</p> <p><i>Testicles</i> have a sensation Like the pain caused by a bruise; <i>Menses</i> stopped by fright, vexation Or exposure, it renews.</p> <p><i>Aconite</i> is best adapted To those temperaments defined As plethoric, or the sanguine, With great restlessness combined.</p> <p>All its pains are sharp and shooting, And by practice you will find Its all-important symptom— "Great anxiety of mind".</p>
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White Ash Bark.—A paper on this subject, by Dr. T. S. Wiegand, is published in the *Amer. Jour. of Pharm.* This preparation has been prescribed with great success by Dr. Chas. P. Turner of Philadelphia, in the treatment of dysmenorrhœa and the troubles that frequently complicate it. The botanical name of the tree is *Fraxinus Americana*, Lin., white ash, sometimes improperly written *Fraxinus alba*.

Correspondence.

GIVE US THE HOMŒOPATHIC NEWS.

PHILADELPHIA, Dec. 30, 1882.

DEAR DOCTOR :—In view of the weekly publication of *THE INVESTIGATOR*, I suggest that you give one department of it to "Homœopathic News." Extracts from newspapers, etc., such as you published from the *Philadelphia Press* about Van Valsah would be interesting. Invite every subscriber to send you local papers, containing matters of medical interest; in this way you can get a valuable and interesting interchange of news from all parts of the country.

I hope you will succeed in your new venture, but I fear the result.

I sent my copy to a Allopathic Doctor, who has a desire to subscribe for a Journal (Homœopathic). You may get a subscriber in him. He is intelligent and sincere. Diphtheria, scarlet fever and typhoid fever, are most prevalent here now. Truly yours,

H. NOAH MARTIN.

Progress of the Medical Sciences.

Medicinal Uses of Peroxide of Hydrogen.—In the *Pharm. Jour. and Trans.*, of March 2, it is remarked that Peroxide of Hydrogen has not hitherto played a conspicuous part in therapeutics. The reason may be, that formerly pure and durable solutions were not to be had at a reasonable price. This, however, is no longer an impediment, and the tendency of the Peroxide of Hydrogen, as at present obtainable, to decompose can be considerably restricted; possibly Peroxide of Hydrogen turned into simple water, may formerly have led to wrong conclusions. Peroxide of Hydrogen, if preserved in the dark, and in a temperature not exceeding twenty-five degrees Cent. (seventy-seven deg. Fahr.), keeps unaltered for months. Peroxide of Hydrogen, like chloride, bromide, and permanganate of Potassium, is probably a poison to the smallest organisms (bacteria); exact comparative experiments, with a view to ascertain this, are much to be desired. The germs of yeast are entirely killed by Peroxide of Hydrogen, even when greatly diluted. As regards the fitness of Peroxide of Hydrogen for treating wounds caused by syphilitic, scrofulous, and tuberculous ulcers, favorable experience has been gleaned by a physician at Hanover. It is probable that Peroxide of Hydrogen will do good service in the shape of spray in operating and applying ligatures. The great advantages possessed by Peroxide of Hydrogen, as compared with other media of disinfection, are: 1. Complete, absence of smell; 2. Yielding oxygen without leaving any other residuum but pure water; 3. Absence of injurious influence on the organism. The workmen occupied in making Peroxide of Hydrogen get exceedingly delicate hands, and wounds heal visibly under its influence. There seems room for employing the Peroxide of Hydrogen as a means of disinfecting sick chambers, and generally for purifying the air. Peroxide of Hydrogen has

been used in dentistry by C. Sauer (*Quarterly Review of Dentistry*, No. 4, 1879) who used it with success in bleaching discolored and carious teeth. In cases where the teeth are covered with colored matter (*Lichen dentalis*, etc.) he employs Peroxide of Hydrogen in conjunction with finely levigated pumice-stone as a means of cleaning, in place of water. Teeth, the native channels of which were filled with colored matter, became somewhat paler after several applications. A suitable liquid for cleaning teeth and mouth is prepared by mixing one part of three per cent. Peroxide of Hydrogen with ten parts of water. In case of carious teeth, the Peroxide of Hydrogen on wadding was locally used with advantage.

On the Treatment of Locomotor Ataxy with the Electric Brush.—The author (*Neurol. Centralb.*, No. 1, 1882) describes a case of ataxy of eleven years duration, in which counter-irritation along the spinal column by means of the faradic brush relieved the symptoms in a remarkable manner. The patient, who was shown to the Dusseldorf Medical Society, had been subject, during the whole period, to severe lancinating pains, to which 'crises gastriques' had been superadded in the course of the disease. Sensation was impaired and altered in hands and feet. The gait was typically ataxic, as well as the finer movements in both upper and lower extremities. There was also bladder disturbance, absence of knee-jerk and plantar reflex, feeling of extreme fatigue, etc. Dr. Rumpf determined to test the effects of cutaneous excitation in this case, and accordingly submitted the patient to the effects of the faradic brush, applied every other day for ten minutes along the spine. A diminution of the symptoms was forthwith observed. After five applications the pains had disappeared. The serious disturbances in the legs also showed signs of improvement. After a month's treatment, the ataxy was distinctly less. Galvanisation of the spine was then resorted to on the off days, with the result that, in another month's time, the patient resumed his occupation. The improvement had persisted up to the day on which he was exhibited by Dr. Rumpf (*i. e.*, thirteen months). The knee-jerk was, however, still absent. In another case, the patient, who had syphilis twenty years previously, gradually developed symptoms of lancinating pains, anæsthesia, and paræsthesia in the legs. Motor disturbances supervened; ataxy, titillation (especially in the dark), irregular micturition. On examination, there was no absence of tendon and skin reflexes, but the muscular sense was deficient, and the sense of pain delayed in transmission. The galvanic current and anti-syphilitic treatment had no effect. The faradic brush, used as in the preceding case, rapidly brought about a considerable improvement in most of the symptoms, so that, up to date (two years), patient has been able to resume his ordinary occupations with comfort. The author has tried the brush in a series of cases, which will be published after sufficient time has elapsed to allow the judging of the results. The treatment is of no value in some cases, and positively contra-indicated in others. Perhaps anæsthesia and pain in disease of not too long standing are the symptoms which yield the chief indication for its use.

Adonidin.—In a communication to the *Archiv für Experimentelle Pathol. und Pharm.*, vol. xv., p. 235; and *Pharm. Jour.*, April 29, 1882, Dr. Cervello describes some results obtained with a substance that he considers to be the active principle of the *Adonis vernalis*, and which he has named 'Adon-

idin'. It is a glucoside, and is amorphous, colorless, odorless, and extremely bitter. In Alcohol it is freely soluble, but only slightly so in Ether and in water. In dilute Hydrochloric acid it is insoluble in the cold, but when heated it splits up into sugar and a substance soluble in Ether. In its physiological action, Dr. Cervello found Adonin to resemble Digitalin in every respect, with the exception that it is far more energetic.

On the Transfusion of Alkaline Solution of Common Salt in Acute Anæmia.—This author, considering that the cause of death from hæmorrhage, and in general the cause of acute anæmia, is the deficient filling of the vascular system and consequent diminution of blood pressure, has performed a number of experiments on rabbits and dogs to show the use of the transfusion of an alkaline 0.6 per cent. solution of common salt. He finds that the transfusion of a large quantity of this solution, even without previous hæmorrhage, produces no bad effect, and that, after sudden and severe hæmorrhage, it prevents death, and even brings round animals at the point of death.

On the Faradic Bath.—The author (*Prog. Med.*, 1880, p. 34) has made experiments on the value of the faradic bath in the treatment of various tremors chiefly. He uses the primary current (extra current), which is conducted to two plates immersed in the water, one (positive pole) at the head, the other at the feet. The cases in which the treatment was found beneficial were mercurial and alcoholic tremors, and the tremors of spinal irritation and disseminated sclerosis. Paralysis agitans was relieved. In chorea the results were not uniform. Locomotor ataxy was not improved; on the other hand, a case of partial paraplegia recovered.

Pathological Anatomy of General Paralysis.—Dr. Rey has found (*Ann. Med. Psychol.*, July 1882), in fifteen brains of general paralytics, separation of the cortex from the underlying white matter. Dr. Rey relates six of his observations in detail. It is remarkable that he should have found this lesion existing only in the frontal lobes, whereas the former writer described it as most common on the posterior lobes of the cerebrum.

News of the Week.

P Howe, M. D., has settled at Pomona, California.

Locations.—Longmont Col. wants a good man. Address L. H. Smith.,

Hanford, Tulare Co., Iowa, wants a Homœopathic physician. Address Rev. J. B. Callaway.

Small Pox is reported as raging in Rat Portage, Manitoba, and in several places in North Carolina.

The Chicago Homœopathic Medical College has decided not to admit women students after this session.

Hahnemann Medical College, Chicago.—The twenty-third annual commencement exercises of this college will occur on February 20, 1883.

T. E. Rains M. D. of Concordia Kan. is doing surgery and maintaining the reputation of Homœopathic practitioners.

Dr. Liliencrants of Oakland, California, has "gone back" on Homœopathy. His defense of his course raised a lively discussion on the question of Homœopathy, in Oakland.

Note to Secretaries.—If you will send us the programmes of the coming sessions of your societies, we will publish them so that the members may take due notice and govern themselves accordingly.

Prof. R. Ludlam, we learn, has given an unusually fine course of lectures on diseases of women, this winter. His various visits to European hospitals and large experience, enable him to do so. Those who have his work on Diseases of Women, are highly pleased with it.

The New Pittsburg Hospital to take the place of the old one is to be completed next fall. This will be a \$100,000 structure, and will be a monument to the industry, harmony and zeal of the able corps of Homœopathic physicians in Alleghaney County and their friends. If Carbo. veg. is a peace-maker, pity some other cities were not "smoky".

Dr. J. H. Carmichael, formerly of Worcester, Mass., has removed to 165 Boylston Street, Boston, where he has become associated with Dr. L. A. Phillips. They have accommodations for the treatment of all surgical and gynæcological cases from abroad, of which departments of practice, they make a speciality.

Prof. Sheldon Leavitt, of Chicago, is prepared to find homes for women during pregnancy and confinement in quiet families, with the best of care. A limited number of charitable cases can be provided for. Obstetrical consultations in City or Country will receive prompt attention. Telephone number 9847. Residence, 3659 Vincennes Ave.

Z. B. Nichols, M. D., of Portland, Oregon, is in the city, visiting the Chicago college and hospital. Dr. N. is one of our pioneers, being the second physician in Minnesota. He was for seventeen years, physician to the State Deaf, Dumb and Blind Asylum at Faribault, Minnesota, and during all that time, did not lose a patient. He removed to Oregon for his health. The climate of the coast he likes very much.

The Pacific Medical and Surgical Journal for November having been held back in consequence of the sickness of the senior editor, the numbers for November and December are issued in a double number, which contain the exercises at the opening of the Cooper Medical College, with other interesting matter. This college is fortunate in having a large, well-appointed building, put up expressly for it, and donated by wealthy Dr. Cooper.

The Thirty-second Annual Meeting of the Homœopathic Medical Society of the State of New York, will be held in the Court of Appeals room, New Capital (north entrance.) Albany, on Tuesday and Wednesday, February 13th and 14th, 1883. The session will open at 10 A. M., of the first day and the annual address will be delivered by the President, Dr. Jno. J. Mitchell, of Newburgh, in the Assembly Chamber, New Capital on Tuesday evening.

A. P. HOLLETT, Secretary.

G. M. Pease, M. D., of San Francisco, Cal., passed through this city last week on his way east, for rest and study. Dr. P. is especially interested in gynæcology, and expects to visit Boston, New York, Philadelphia, and Chicago to get special advantages on this branch. He has some original

ideas of his own, and has had considerable experience in gynæcological surgery. He promises our readers some of the results of his experience and observation. He reports Homœopathy flourishing on the coast. They have over 100 Homœopathic physicians, and all doing well. The state society is flourishing, and the interest in Homœopathy is on the increase. There are several good locations, but these are being taken by invalids from the states.

J. G. Gilchrist, M. D., of Detroit, passed through this city, Sunday, on his way to Iowa city, where he delivers a course of lectures on surgery. Dr. G. is one of our quiet yet efficient surgeons. It seems that last year he performed one hundred and eighteen capital operations, besides many minor ones. Of these, thirty-two were herniotomies for strangulation. For radical cure, he cuts down and closes the ring with cat-gut ligatures. He had only one death, and that was from pneumonia setting in on a case of scirrhus of the breast, two weeks after operation. He does not believe it necessary for a death under Homœopathic surgery, except from secondary conditions. He reports a good class at Ann Arbor, and peace and harmony prevailing. He says that the faculty is doing excellent work, especially Professor Allen. Professor Franklin will likely retire at the close of this term. Who will be Franklin's successor, he does not know. Some of his friends urge his (Gilchrist's) return, but he is making no effort in that direction. His spare time is being put in on the proof-sheets of his new work, "Surgical Emergencies, Accidents and Operations," an unique work in many ways, dealing as it does with all the emergencies and accidents to which the surgeon or physician may be called, and treating exhaustively, not only the operation; and after treatment, but also all questions that may arise.

Died.—Alfred James Kippax, Jan. 17, a member of the junior class of the last session of the Chicago Homœopathic Medical College. He was a matriculant of the College of Physicians and Surgeons, Ontario, 1881. He was twenty-five years of age, and died of valvular disease of the heart, from which he had been suffering for over two years. He was a promising student, a Christian gentleman, and highly esteemed by all who knew him. His early death is a great loss to the profession. His remains will be taken to Brantford, Canada, his former home, for interment.

At a meeting of the class the following resolutions were adopted :

WHEREAS, An allwise God has seen fit to remove from among us, our beloved classmate and fellow-student, A. J. Kippax, and to call him to Himself, while yet in early manhood, thus cutting short what had given promise of a long life of usefulness to suffering man, therefore be it

Resolved, That we, hereby, express to his relatives and friends, and especially to his brother, our respected Professor, J. R. Kippax, our most sincere and heartfelt sympathy in their bereavement.

Resolved, That we, as students of the Chicago Homœopathic Medical College, and as his friends, do truly mourn his death, counting it a personal loss and a loss to the institution of which he was a student.

Resolved, That a copy of these resolutions be given to the bereaved friends, a second copy be handed to the faculty to be placed among the archives of this college, a third copy be sent for publication to the local papers of his former home.

Signed on behalf of the college,

W. C. HOOVER,
M. J. WHITFORD,
C. M. Beebe,
Committee.

Chicago Homœopathic Medical College, Chicago, Illinois, January 18, 1883

The United States Medical Investigator

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Obstetrical Department.

A CASE OF INVERSION OF THE UTERUS FROM ABORTION.

BY D. M. NOTTINGHAM, M. D., BRONSON, MICHIGAN.

Mrs. M., aged thirty-eight, bilious temperament, is the mother of four children. Seven years ago had an abortion at the fourteenth week. Two weeks after the expulsion of the fœtus, detachments of the placenta came away, and severe hæmorrhage began with slight labor pains. The pains grew in severity and continued for twelve hours, when it was ascertained by her attendant that the placenta was adhered to the womb, and the contractions had caused complete inversion.

The placenta was torn away and an unsuccessful attempt, lasting two hours, was made by her physician to replace the uterus. Metritis followed the operation which lasted several days.

After her recovery, the menses came at their regular period, and she has continued to menstruate, the flow being profuse and long-continued. Had a continuous heavy weight about pelvis, palpitation of heart and hysterical symptoms.

Upon making a local examination in June, 1881, found fundus of uterus lying in cavity of vagina, within one and one-half inches of outlet. It was movable, and by pressure could push it about an inch higher into vagina. Could sweep finger around the body, but could not pass it high enough above the fundus to reach the neck. Could pass uterine sound around and above fundus two inches. The surface presenting was corrugated but not tender to touch. Patient weak and anæmic.

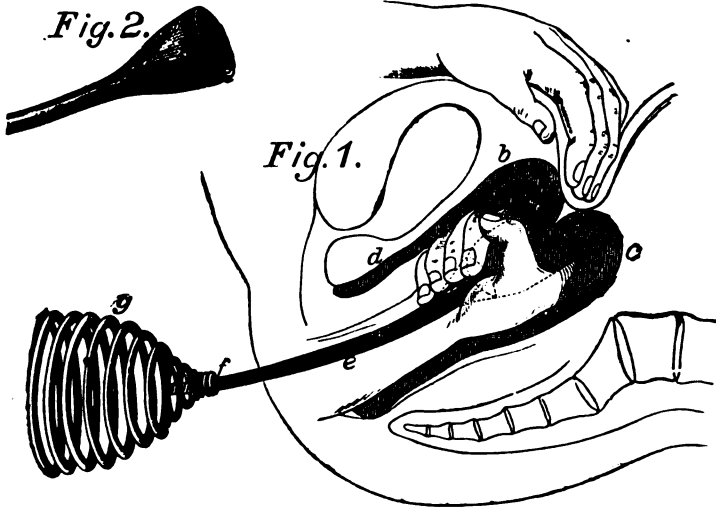
At her menstrual period in February, 1882, the flow was quite profuse and long-continued; had tearing, colicky pains, with cold extremities. For these latter symptoms I gave her *Secale cor.* 3x, which seemed to give almost immediate relief. Her flow having been too profuse, I prepared her the same remedy, with directions to take it three times daily, until her next regular period.

Just previous to the following period, she was taken with severe vomiting, which continued until after the flow had almost ceased, which was about five days. After this she would feel nauseous, and, to use her own expression, "just like morning sickness in pregnancy." This nausea and vomiting did not yield to any remedies given, although many were thoroughly tested. It continued worse each term, until in July, when I made a local examination, and found a change had taken place. The fundus was two and one-half inches within the vaginal cavity. By passing the finger around and above the tumor, I could recognize the neck encircling the body. The neck was lower and dilatable, and the fundus was higher.

My opinion was, that the vomiting was the result of this change that was going on, and that it would cease when completed, and not before.

A White's repositor, as described by Ludlam in his *Diseases of Women*, page 647, 5th Edition, was procured and placed in position, with spring resting on a T bandage.

On the eighth day after its introduction, I found the cup of the instrument had ascended within the cavity of the uterus, and the neck could be felt contracting, down around the stem of repositor. The nausea ceased on the fifth day, and on the fifteenth day the instrument was removed. The os had contracted so firmly upon the stem, that when the cup was taken away,



White's Repositor.

the dilatation of the neck was as painful and severe as first stage of labor. After its removal, a Guernsey's uterine elevator was introduced, and passed two and one-half inches above the external os. The patient was kept quiet for two weeks, at which time the os had contracted firmly and normally, and the depth of the uterus was two and one-half inches.

Menstruation came on in due time, and has continued regular, and normal in every way, and the patient is enjoying the best health she has, for the past seven years.

We can see in this case, a change brought about by the constant use of *Secale cor.*, causing slight contraction of the uterine fibres, the consequent ascension of the fundus and the dilatation of the os uteri, the vomiting as the result of uterine changes, and its cessation as soon as the replacement was completed, and a chronic inverted uterus, replaced and permanently cured.

Phosphorus.—Dan illo asserts that toxic doses of Phosphorus produce either central or diffused myelitis (*Jour. de Med. de Paris*, Sept. 9, 1882), and that, in acute phosphorus poisoning, hæmorrhages are formed in the central nervous system. Large doses of Phosphorus produce central myelitis and extravasations along the whole length of the spinal cord; whilst smaller doses produce diffused myelitis, involving both the white and grey matter. The morbid nervous phenomena observed in Phosphorus poisoning may be referred to one or other of these forms of myelitis.

Hospital Department.

COOK COUNTY HOSPITAL—MEDICAL CLINIC.

SERVICE OF PROF. CH. GATCHELL, M. D., THURSDAY JANUARY 11, 1888.

Reported by F. R. Day, M. D., Resident Physician.

I promised at the last clinic to lecture on Bright's disease to-day, but have concluded to precede that subject by one which comes very naturally in this place, namely,

DROPSY,

which is a contraction of the word *hydrops*, and by it is meant an accumulation of serous fluid in the cellular tissue or in a serous cavity of the body. It may be local or general. Infiltration of the cellular tissue in any part of the body is called *œdema*, and when it involves all the cellular structures, or becomes general, it goes by the name of *anasarca*. Dropsy of a serous cavity sometimes has the name of the cavity appended to the word *hydro*. Thus hydro-thorax means dropsy of the thoracic cavity, hydro-pericardium means dropsy of pericardial sac, hydro-peritoneum, more commonly called *ascites*, means dropsy of the peritoneum. Other examples of dropsy are found in hydrocephalus, spina bifida, and hydrocele.

The dropsical fluid is derived from the blood. It is straw-colored, clear, and composed of water holding in solution albumen and many of the salts of the blood, principally those of soda and lime. The specific gravity varies in different situations, being lower in hydrocephalus and spina bifida than in other conditions.

The causes of dropsy may be reduced to two. First, obstruction to the venous circulation. Second, an excess of water in the blood, or *hydræmia*. Any obstruction in the line of a vein causes the blood to accumulate behind it and this excess of fluid, in turn dilates the vein and its capillaries so as to allow the fluid portion of the blood to transude into the adjacent cellular tissue. Examples of dropsy produced in this way are found in cardiac and hepatic dropsy. In *hydræmia* the same effect is caused in another way. There is an excess of water in the blood and a diminished amount of nutritive material. General impaired nutrition attends it. The vessels themselves suffer and lose their integrity. They become so weak in time as to allow the thinned blood to readily pass through the cellular interspaces. As examples of this form of dropsy, I cite post-scarlatinal dropsy and that due to Bright's disease.

The organs mainly responsible for dropsy are the heart, the kidneys and the liver. It will be well for you to remember that cardiac dropsy usually begins as *œdema* of the extremities, and is followed by *ascites*; renal dropsy first infiltrates the loose areolar tissue of the orbit, and is inclined to develop into *anasarca*; hepatic dropsy first appears in the abdomen as *ascites* and is usually limited to this situation.

The first case to which I call your attention to-day is one of cardiac dropsy. The *œdema* is limited to the lower extremities. They "pit on pressure." That is, if I press my thumb forcibly against the limb, it feels doughy and when the thumb is removed a depression remains for some time. The reason is obvious. The pressure exerted forces the fluid immediately beneath the

point of contact, into the surrounding areolar tissue and it takes some time to get back again to its former position when the pressure is removed.

This man came to the hospital a few days ago, and for some time the diagnosis was obscure. There was marked hypertrophy of the liver and no physical sign of cardiac lesion. The liver enlargement is appreciable on inspection. You see the bulging in the right hypochondriac region very distinctly. It can be felt, and when we use percussion, the area of hepatic dulness is found much larger than it should be. The question arises. Is this œdema due to hepatic trouble? There is no ascites, and it is almost an invariable rule that disease of the liver causes ascites rather than any other form of dropsy. We must look further than the liver for the solution of the problem. On examining the heart, no murmur can be detected, and the area of cardiac dulness is diminished rather than increased. This is the misleading point. How can there be cardiac dropsy without enlargement of the heart or valvular lesions? Examination of the urine shows no evidence of renal disease.

On auscultating the lungs an exaggerated respiratory murmur is heard over the left lung. There is a loud, roaring sound very different from the soft, breezy murmur of normal respiration. The lung is emphysematous. This discovery throws a flood of light on the whole train of symptoms, the œdema, the enlarged liver and the diminished area of cardiac dulness.

The pathological condition in emphysema is an expansion of the infundibula of the lung and a breaking down of the walls between the aveoli. This diminishes the area of respiratory surface in the affected lung and diminishes the space in which the blood circulates. It acts as a pulmonary obstruction to the blood coming from the right side of the heart. The right ventricle has extra work to do to force the blood past the obstruction and it gives way under the strain. It dilates and perhaps it undergoes fatty degeneration. The effect of this pulmonary blockade and cardiac dilatation is seen at remote points. Let us trace out the effect it has on the two venæ cavæ, taking the inferior one first.

The blood which it brings to the right heart finds its cavities already distended with blood waiting to pass the lung. It, in time, has to wait before it can get into the heart, and thus prevents the blood behind it from coming up. There is a venous congestion, and as the capillaries in the lower extremities feel the obstruction and become distended, a transudation of serum takes place, as we see.

What would be the effect on the liver? The hepatic vein flows into the vena cava inferior not far from the right auricle. We have just seen that the vena cava is distended and full of blood, so that the hepatic vein cannot discharge its contents. The blood from the liver is therefore retained. There is a passive congestion of that organ, and a transudation of serum into the interstitial connective tissue, an œdema of the liver analogous to the œdema in the extremities. This accounts for the hepatic enlargement in the case.

The effect upon the superior vena cava is just as apparent. It too, finds the right auricle filled to overflowing and must wait some time before it can be relieved of the blood coming from the head and the upper extremities. There is a venous congestion in this situation which shows itself in the

cyanotic condition of the face and in the varicose condition of the jugular veins.

The pulse is irregular in time and intensity. It is weak and rapid. A few beats which are quite full will be followed by some that are very faint, then they grow stronger again. If the arm is elevated and the pulse taken in this position it will be found to be decidedly weaker. This is a sign of cardiac dilatation. In hypertrophy there will be no appreciable difference.

Why is the area of cardiac dulness not increased if there is dilatation? Because the emphysematous lung crowds over the heart, and masks the real condition by giving a resonance to the area where the heart dulness would naturally be.

So you see we have the whole train of symptoms dependent upon the condition of the lungs. If we can improve that, they will subside. We cannot expect to accomplish much, however, for the emphysema has lasted many years and there has been an actual destruction of the alveolar walls which cannot be rebuilt.

It is interesting to compare this case with the one you saw last week. Both are cases of cardiac dropsy. In this one there is a diseased condition of the right side of the heart, in that the left side was affected. The venous congestion in this case, is due to an excessive amount of blood in the right heart, which it cannot force through the lungs. In the other case it was due to an inability of the left ventricle to force the normal amount of blood into the aorta. So the same affect was produced in two different ways, and these two cases will illustrate the vast majority of cases of cardiac dropsy.

The second case I present to you is one of dropsy dependent upon disease of the kidneys. His limbs and face are œdematous. Contrary to the rule I gave you, he noticed the swelling first in the limbs, but on the second day the eyelids began to be puffy. The reason why œdema is likely to show itself upon the face early is because the areolar tissue of the orbit is one of the frailest textures in the body, and offers less resistance to the transudation of serum than that in any other situation. It almost invites the watery portion of the blood to fill its alveoli.

Why does hepatic dropsy take the form of ascites? I must answer this question in an indirect way. The liver is a very vascular gland. The portal vein supplies it with blood from the splenic, the epigastric and the two mesenteric veins. The hepatic artery supplies arterial blood to nourish the cellular elements of the gland. The hepatic vein collects the blood from the other two systems and carries it to the inferior vena cava. Besides there are the lymphatic system and the bile ducts.

Any obstruction to the portal vein will cause venous hyperæmia of the four vessels which unite to form it. This passive congestion goes through the same process already described. It expands the capillaries and transudation takes place into the peritoneal cavity. The nature of the obstruction to the portal vein is usually interstitial inflammation of the liver or some tumor pressing upon it.

It is sometimes difficult to differentiate between cardiac dropsy and dropsy due to hydræmia. This arises from the fact that sometimes a murmur is heard in hydræmia, an anæmic murmur which may be mistaken for a cardiac murmur. The differentiation can be made by placing the stetho-

scope over the carotids. If the murmur is anæmic, it will be heard much intensified in this situation. It is so loud that the French call it *le bruit du diable*, which may be freely translated, a devil of a noise.

The remedies which will be most useful to you in dropsy are: *Apis*, *Arsenicum*, *Apocynum*, *China*, *Digitalis*, *Bryonia*, and *Helleborus*.

Apis mellifica, is indicated in acute œdema which comes on suddenly; from suppression of urine; in post-scarlatinal dropsy and in dropsy of acute Bright's disease; in local œdema coming on rapidly. I once had a patient come to me with œdema of the tongue. It came on suddenly, and was not due to a bee-sting. I gave him *Apis* and readily reduced the swelling. This is more serious than would appear at first blush, for if the œdema should spread to the base of the tongue, and involve the epiglottis, we have an imminently dangerous condition.

Arsenicum album is of use in cardiac dropsy, in anasarca and in dropsy due to malaria.

China will help you in anæmic dropsy following malarial poisoning, or hæmorrhages.

Apocynum can.—This remedy has been called by Prof. Hale, the *vegetable trocar*. It is an excellent remedy in general dropsy and will sometimes reduce the swelling as if by magic. It is a diuretic.

Digitalis will strengthen the heart's action when the pulse is weak and irregular, and will promote the absorption of dropsical fluid accompanied with a weak heart.

Bryonia you will find useful in acute dropsy and in œdema of the joints. It is recommended in pleuritic effusions with dyspnœa and stitching pains.

Hellebore is used in hydrocephalus and in œdema of the sub-arachnoid.

Correspondence.

ANOTHER ALLOPATHIC BLUNDER.

FRAIRIE ITCH VS. SMALL-POX.

ED. INVESTIGATOR: Our citizens have just recovered from an awful small-pox scare, well in fact the timid have not fully regained their usual equilibrium yet. Some days ago two tramps were sent to jail for some petty offence. Next morning the county physician declared that the tramps had small-pox and ordered them to be sent to the pest house. They were taken in a wagon but on the way they bid the driver adieu and took the fields. In the meantime the red flag was displayed at the jail and strict quarantine regulations instituted and an intense excitement soon existed throughout the city. Next day it was noised around that the tramps did not have small-pox but had simply smeared Croton oil over their persons. At this juncture the aforesaid physician rose and explained by saying that he did not examine the cases very closely. In a few days the self same tramps turned up in a neighboring town where they boasted that the instituted medical authorities of Indianapolis did not know the difference between Illinois itch and small-pox. It is scarcely necessary to add that the danger signal at the jail has disappeared and all quarantine restrictions removed. It is reported that the Board of Health was just about to issue an order to have our people revac-

minated, and just here is where bad luck strikes again. The weather is extremely cold, coal is going up, the streets are one solid sheet of ice, horses have to be re-shod every few days and no special sickness at present. So a vaccination craze at this time would have been just the thing to relieve some of 'em and would have brought in the almighty dollar opportunely during this lull in business and expensive season. If a Homœopath had made such a diagnostic blunder we would have heard all along the Allopathic line their favorite epithet "tooted" quack! quack! And the special adherents of Hammond would perhaps have diagnosed such a blunderer as affected with "Allochirie" or some other fearful malady yet unnamed. D. H.

NOTES FROM PRACTICE.

A REGULAR FAILURE—A HOMŒOPATHIC SUCCESS.

ED. INVESTIGATOR: How vivid the lines of the poet when he says, "Leaf by leaf the roses fall," but I beg many apologies for comparing such a flower, to "a thing that would be a lady if he could but since he can't, does all he can to—show the world he is not a man," as the *regulars* seem now to be doing. So-called scientific (God save the work) medicine fails, though masked with the sugar coating or bunglingly made up dilution. But last Sunday I was called some miles away to see a man aged forty odd, sick three weeks, attended by two (!) *regulars*, *no improvement*. I never intrude upon other parties' privileges, so the *regulars* were discharged. I never meet the so-called *regular* representative, or his half-breed brother (?) in consultation. The case presents the following symptoms, bowels *very* costive, water scant high colored, frequent urging, small amount, *great sense of prostration*, as if he had weight laid on him, soreness in limbs, pulse rapid corded, does not sleep good, cannot raise up for the reeling vertigo, faint on rising, room whirls around if he rises head very little. Well now Gels., Bry. and Phos. are indicated. But let us see, his *appetite seems good*, wants to eat, but can eat *but little*, he is of a sandy complexion, and as he is a Baptist minister I give him Nux vom. 30x *in water*, two doses two hours apart. And then what? Phosphorus cc in water, teaspoonful four hours apart, with placebos to keep him busy. Monday fifteenth, visit, he is better can rise up aided in bed, no more vertigo. ʒ placebos alone. Tuesday sixteenth, visit, better every way, can eat now *with some reason*, feels different, *but the chest feels a little close and tight*, and *back of neck* feels stiff, his *throat feels raw and sore*, much better every other way—well what now. Too much Phosphorus. Give one dose Causticum cc, blank pills in water, and placebos. Wednesday seventeenth, visit. Find him now able to be let alone. ʒ placebos continued. Cash account increased by receipt of an X.

Now the gentleman never had Homœopathy before, and his *regulars* had failed to restore him. That they did fail is evident from the *science* of their method, and madness of their treatment. But recently I see they are remodelling their Pharmacopœia by *stealing* some cardinal points from a logical guide. It would be better for them that they resign, haul down the colors, *disinfect* themselves physically and morally; become regenerated, born again, and practice with reason, judicious precept, and Homœopathic remedies, which would result to them more friendship, money, and professional honor. More anon.

O. J. LYON.

Climatology.

LETTER ON OREGON.

CLIMATE OF OREGON—ENDEMIC DISEASES AND REMEDIES.

EDITOR INVESTIGATOR: In response to your invitation, I send you a few ideas, with Oregon for a text.

In the first place, residents do not pronounce it *Avreeghan*, as new comers do, but shorter, *Orign*.

The state *ought* to be bounded by British America, Cascade Mountains, California and Pacific Ocean—that region comprising the western halves of Oregon and Washington Territory. Then Washington Territory could take in the eastern halves, and we should have our state near the coast, with long, wet, warmish but awful chilly and dismal, winters; with delightful summers; and another, east of the mountains, with colder winters, often snow, less rain, and warmer summer weather. Then, too, legislators and others could follow the national lines of travel, and get somewhere in one or two days. But, as now divided, it is a serious undertaking to get from, say, Seattle to Walla Walla. Leave Seattle afternoon, stay first night at Tacoma, Portland next night, and—before the recent completion of the railroad, which reaches Walla Walla from Portland in twenty-four hours—the third night at The Dalles, in the gateway through the mountains, ploughed by the incomparable Columbia. Fourth night at Celilo, and reach Walla Walla before noon.

Dropping to Oregon, we have Western and Eastern Oregon; the Cascade Range, with Hood, Jefferson, and other snow-capped peaks, forming the division. The Columbia, draining an area of astonishing extent, figures inaccessible at this writing, forms the northern boundary, while the Willamette—pronounced *Willamette*—running north, bisects Western Oregon, or that portion of it between the Cascades and Coast Range—a lesser range, near the ocean. This Willamette Valley is, practically, Oregon. There are two or three others farther south, opening west or south, but for all ordinary purposes, this is Oregon. Portland is the metropolis, not only of this valley, but of the whole region north of San Francisco. I have heard that it is the wealthiest city of its size in the whole world, with but one exception. There are many three and four story blocks, 100 and 200 feet square, and costing \$50,000 to \$150,000. Numbers of its citizens are worth two to three millions. *Bona fide* improvements, exclusive of railroads, foot up a million or more a year. The business done here is of stupendous proportions. Two or three trifling items occur to me. A hardware firm handles, as one item, 10,000 kegs nails per annum; a wholesale grocer, far from the largest, handles \$600,000 worth of goods. Papers and circulars, full of astonishing figures, can be had for the asking,—but it would be more graceful to enclose twenty-five or fifty cents. Order, say, *The Annual Oregonian*, January 1, probably twenty-five cents, issued since I started, giving figures for the year. For exhaustive figures of exports, area, commerce, etc., address Hon. M. C. George, House of Representatives, Washington, D. C., for his speech. Mention my name and he will know which one is wanted. Costs nothing.

A word more of this kind, and I will put on my medical spectacles. The

Northern Pacific Road will reach Portland in nine or ten months. Other roads are building. Consequently, real estate is sailing among the clouds. Tracts on every side are laid out and sold in city lots, and many a poor man gets rich. The railroad works alone, will, before many months, employ 3000 men. The business boom, during two or three years, has been almost unprecedented, and is still increasing.

Now, to look through doctors' eyes: Up to 1878—ahem!—Homœopathy was somewhat unfortunately represented. Dr. McKinnell, thirty years resident, was all he claimed to be, and deserves great credit for upholding our flag amid great difficulties. But he did not practice surgery nor obstetrics. The same was true of Dr. Pohl. Both fine men, with many friends, yet, through the above facts, the frequently met impression was strengthened namely: that Homœopaths were not surgeons and accoucheurs. Sloan was good, only far too enthusiastic for the good of the cause; but he died 1877, I think. The other representatives, at that time, are best not mentioned. Since 1879, the stock has improved, and now our faith is well represented. The field is well filled, and offers no special inducements beyond those of any prosperous city.

Clouds from the ocean, brought by south and southwest winds, enough for Eastern Oregon, and doubtless, originally intended for that region, are precipitated by the Cascades; and so the Willamette Valley gets too much. For about half the year, between October and May, it can rain at a moment's notice. Any thing to order, from a two-minute dash to a three-day's soak. Rains awful easy, just pours down as if it belonged there; generally without wind. I think more than half the rain falls during the nights. There are occasional pleasant days. In December, 1878, there were twenty days, clear and beautiful, without a drop of rain, ground barely frozen; roads smooth as sidewalks. But we need not be surprised if the sun be covered for a week or two, with chilly, drizzling weather. I estimate from memory, that two-thirds of the rainy season is cloudy and dismal. This cannot be otherwise than depressing to the spirits, and taken in connection with the warm season, favorable to malaria and typhoid fever.

The temperature is not low, forty to fifty degrees, I think; but owing to the dampness, we feel the cold unexpectedly. I remember feeling almost angry at the pain, which a hand's breadth exposure at night in a cold room, occasioned. Takes no learned medical man to see that this is favorable to rheumatism, but bad for the victims of it. So we warn off hypochondriacs and rheumatics, recommending a brighter climate. Asthmatics cannot live here, though I have known some that could live in other parts of the same valley. And here's another important point: Nights are always cool, even in summer, and people accustomed to hot, eastern weather, and after-sunset strolls, try the same plan here, and take cold. The nights grow colder toward morning, and people do not all have my automatic device for lowering an extra blanket, gradually, during the hours of sleep.

What happiness? Cold skin, congested mucous membrane. Hence, catarrh, with alarming uniformity,—nasal, bronchial, pulmonary, vaginal, uterine.

Next, and greatest of all, malaria and typhoid fever. By malaria, I mean every grade and shade of intermittent, from a periodical sleepiness to an old fashioned Indiana chill and fever.

The river front, and much of the lower or northern part of the city, are

overflowed, when the June sun melts the snow on the distant mountains (The rains do not raise the streams very greatly.)

Then comes the drying up, and by August or September, it is fashionable to have fever of some sort, generally, some phase of intermittent, with bilious symptoms, but sometimes typhoid. Two groups of typhoid, I traced directly to fecal pollution of water. Drainage is inadequate, though being improved all the time.

The natives just eat Quinine. They are still in the gall of bitterness and bond of iniquity, and think there is no other way. I have had the pleasure of teaching a number of them.

Of all remedies, I believe Lachesis comes first. I have used the 200th, nearly exclusively, refilling the same bottle, perhaps a dozen times, when about two-thirds empty. Have seen perfect miracles. Lady about forty, intermittent fever every summer; must leave town, and take quantities of Quinine, returning in depressed condition. This time, (1878 or 1879), ailing for two weeks, cold for twenty-four hours, and all symptoms indefinite, apyrexia imperfect, stages mixed or indistinct. Lach. 200th; well in three days; slight return in two weeks, cured as before; no return, now three or four years. Man, dull, heavy "ague feeling," making labor a burden; for one week; perfectly well in *one hour*. A year afterwards, during a cold, same feeling; Lach. in evening; well next morning; no return. Lady irresistibly sleepy; hour forgotten; long time; sent word that she was cured at once, to her great surprise. A common expression is, "dull, heavy, good for nothing," and Lach. wipes it out. I often give it without clear indications, and I also, often find the 3 P. M. aggravation, and tired after-sleep,—and *then* it is dead sure.

Arsenicum comes next, as would be inferred by the undefined and rambling symptoms. Have used mostly 3, don't know why. One desperate case yielded finally to Lach. 3x and Ars. 2x, in frequent alternation. Ars. and Nux were mentioned to me, when I first came as the twin giants. Nux is often called for in various cases, but for the prevailing fevers as given above, I would not give a drop of Lach for a gallon of it.

Iris works wonders for bilious vomiting. Baptisia, different potencies seems to be perhaps the best for the beginning of typhoid. Gelsemium might be called an Oregon remedy. I have never managed typhoids with Bry. nor Rhus, and have tried them a number of times, here and in Michigan. As to curing ozæna, which is apt to grow from catarrh, I stand with the pay-in-advance men. Yes, cure you if you'll only take my medicine long enough. Cannot now recall a case that ever took it long enough.

There is a predominance of periodicity in almost all diseases, and Lach, has helped me out in diseases whose name would never suggest it. Diphtheria comes occasionally, and I think generally in severe forms, I have had scarcely half a dozen cases in four years, of the genuine article. One died. Have seen hundreds of cankered fauces. Epidemics have visited different parts of the state, Portland not escaping, nor suffering as severely as other places.

To sum up, the following should not look to western Oregon for health; sad people, rheumatism, asthma, catarrh, including consumption, bilious people. Who then *may* come? None but healthy people, impervious to climate. When summer is once fairly established, the weather is perfect. Days not often uncomfortably warm, evenings delightful, nights cool. If

it only lasted the year round, *any* body might come. Many people take a trip to the sea or mountains, just when their own homes are most beautiful. South or southwest winds bring clouds and rain, and moderate weather. North, or northeast winds come over the mountains, driving away the clouds, and bringing colder air. People rejoice in the sunshine, and forget to protect themselves against the cold. I am persuaded that this is the explanation of the prevailing opinion that Oregonians are healthiest in rainy weather—when the webs on the feet are well grown.

Much of eastern Oregon is rolling prairie, covered with bunch, sage brush, and squirrels—young cousins of the prairie dog, I think. Meadow larks abound. Their song repeated every minute or less, occupies about three-seconds of time, and consists of thirty to fifty articulations, covering one octave. A few I succeeded in expressing quite accurately in musical notes.

Walla Walla is eastern Wyoming Territory, I know but little more of it than already intimated. Resident physician must give special indications. This region east of the Cascade range, is a vast wheat field. Land once thought to be worth but little is found to produce good wheat, unlimited miles await the plow, pioneers are rapidly securing the choice (watered) places.

A word of explanation, for I consider it almost a crime for a physician to have people who have trusted him for years deceived. I have left Oregon on account of my wife's health, unnecessary to explain. Left a good field—well filled, however—and many kind friends. Must have more sunshine and out door life. Shall take a vacation and examine central and southern California.

With thanks for your patient attention—if you have given it—I am yours fraternally,

O. B. BIRD.

Progress of the Medical Sciences.

Tests for Alkaloids.—Dragendorff recommended the employment of Potassium-bismuthous iodide as one of the most delicate general reagents for the detection of the alkaloids, as it gives orange-colored precipitates with most of them. Mangini (*Analyst*, 1882, p. 180) prepares the reagent in a slightly different manner, by mixing three parts of Potassium iodide with sixteen parts of liquid Bismuth iodide, and three parts of Hydrochloric acid. This reagent acts as follows, with the chief vegetable alkaloids. Strychnia: a light-yellow precipitate becoming dark-yellow after some time; the supernatant liquid remains clear. Brucia: Precipitated at first in filaments which ultimately settle down, of a golden-yellow color, becoming paler when left at rest for some time. Morphia: a reddish-yellow precipitate, which agglomerates at the bottom; the liquid remains clear, and the precipitate disappears after a few days if the whole is left at rest, the liquid becoming canary-yellow. Atropin: Precipitated at first in filaments but gradually settling down in the form of a reddish-yellow powder, which, if left at rest, becomes canary-yellow, and dissolves after some time, coloring the liquid golden-yellow. Aconitin: Precipitated at first in flocks, but suddenly forms at the bottom a chrome-yellow pulverulent precipitate, which does not change color when left at rest, whereas the liquid becomes yellow.—*Med. Rec.*

THE UNITED STATES MEDICAL INVESTIGATOR

"HOMOEOPATHY, SCIENTIFIC MEDICINE, EXCLUSION."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and close thought (the great sources of medical knowledge), on any subject pertaining to medicine.

FIRE ESCAPES.—The sad catastrophe in Milwaukee should lead to the provision of more effective means of escape from tall buildings, especially hotels. Many of the buildings of Chicago have ladders beside the windows, outside the building; but for hotels, there should be iron balconies or verandas all around them, for each story, with wide stairways on two sides, as provided for summer hotels. As now arranged in all the hotels, the stairways are near the elevator. These, as in the hotels of Chicago, and most large cities, are not the most accessible, and in case of fire at night, when the hall-ways are crowded with smoke, few people could find their way out of these great caravansaries, and the out-come would be a fearful loss of life, as at Milwaukee. Watchmen and hose pipes on each floor, may save a repetition of such a holocaust, but as a fire escape, such means as we have suggested should be provided on the outside of tall buildings occupied by sleeping, helpless humanity, to whom smoke and super-heated air are almost sure to prove fatal.

A MEDICAL STUDY OF COLD WEATHER.—Why we have had such severe cold weather is a problem that we may never be able to solve, but the effects upon the people and upon the prevailing diseases will be worthy of study.

It is supposed that a heavy fall of cosmic dust takes place with these descents of cold upper air, and, if so, we may either expect a change in the epidemic undercurrent, or else a more decided establishment of the present one, and we advise those interested in this subject to carefully study the prevailing diseases.

The descent of a cold wave, no doubt also increases the amount of ozone so we may expect an epidemic of influenza, and as this is the mild epidemic that usually precedes the greater, its peculiar phase should be carefully studied. When it can be, a case should be treated with placebos, so as to get its special features. At least the case should be allowed to be established that the type of the disease and succession of symptoms may be obtained.

The heavy fall of snow and extreme cold together have a medical history of interest for closely related to them is the disappearance of cholera. In 1853 we had cholera, and in 1856 the cold was extreme. Snow fell in Cuba, Dec. 24, 1856. Dec. 25, 1860, was the coldest ever experienced in Great Britain, and that year diphtheria appeared in this country. The snow fall and cold of that winter were remarkable.



The type of sore throat so far met this year differs from the diphtheritic type, in that there seems to be more ulceration, affecting the left tonsil principally, and the ulceration is disposed to pass down one side of the throat rather than cross to the opposite side. Like ulcerous stomatitis (sore mouth) it is slow in its course. Kali is the remedy that makes the most impression on it. If this is the type then we may expect a crop of follicular ulceration on all of the surfaces, giving a multiplicity of complications to disease. It will be a most interesting study to watch the changes that arise—

As to the etiology, we are disposed to look up instead of down. It may be planetary. But we must not overlook the fact that our solar system is swinging around some distant central sun, and that the atmosphere will vary as we pass through, now nebulous masses, and again out into comparative clear sky. There are doubtless many factors to be ascertained before we can determine the cause of epidemic changes, but we need not remain inactive when we can match the symptoms, developed by the changing epidemic undercurrent, with a similar remedy. A sudden burst of cold weather, like a sudden burst of hot weather emphasizes the prevailing diseases and the remedy or remedies therefor.

Consultation Department.

HÆMORRHAGE BEFORE LABOR.

On Saturday, Jan. 18th, about 11 o'clock in morning, I was called to see a Mrs. F.—, a woman forty-four years old, and pregnant.

She was apparently gone to full term, and was under the charge of an old midwife.

I found her flooding badly, and she had been doing so for over three weeks. She had been told by the midwife that the flooding was caused by the "change of life."

She was suffering much pain, but gave no evidence of well defined labor pains.

Upon examination I found the os uteri dilated to about the size of a silver dollar, soft and very high up.

The vagina was full of clotted blood, and the position of the child could not be determined.

I tamponed the vagina and administered *Secale cor.* Called again about 8 o'clock in the evening and found the patient in about the same condition as she was in the morning. Continued the *Secale*, and left supposing that I would have to resort to operative proceedings the following morning. But at 11 o'clock that night was called in haste; labor had come on and forced away the tampon. The vertex coming down she was delivered of a dead child. The child had evidently been dead for some time.

The most singular part of the case was that the umbilical cord had been completely severed before the child was born. There was no strain upon the cord, and it was extraordinary long.

The placenta was delivered with some difficulty, but with very little hæmorrhage. The loss of so much blood left the woman very weak and anæmic; but at this writing she is doing well.

What was the cause of the flooding preceding delivery?

WILMINGTON, Del.

J. PAUL LUKENS.

ANSWER TO CASE FOR COUNSEL—SYMPATHETIC VOMITING.

In No. 1, current year, Dr. Catlin asks for counsel in a peculiar case. I suppose he has tried the usual remedies as indicated by the symptom, and as they have failed to respond, he wants assistance. I refrain therefore to suggest any of these remedies, but will relate something which might be of benefit to him. About thirty-five years ago a gentleman (in Europe) was afflicted in nearly the same way. He was of a sanguine-nervous temperament, temperate in habits, of a healthy constitution, but very sensitive. He lost a dearly beloved son, and his grief was so intense that he became indifferent to everything; did not care for food, only drank coffee more than usual. After a few weeks he could not retain anything on his stomach, especially liquids. His taste was natural; he could eat and drink, but about five minutes afterwards it was rejected unaltered. He had no retching, no uneasiness. It came up in his mouth, and he had plenty time to go into another room and take a vessel, into which the contents of his stomach was thrown. He returned to the table; finished his meal, to be rejected in the same manner. The usual concomitants of vomiting, as a pale face, anxiety, nervousness, etc., were entirely absent. It had more the form of *pyrosis*, only it was the food taken in the stomach and not water. He could attend to his business (clerical duties), and had no other complaint. For *three months* this trouble baffled the skill of several eminent physicians, and all treatment (Allopathic) was of no avail. At last one physician suggested that he should take just *before each meal, one single drop of Oleum macis* on a lump of sugar (viz. thrice daily). This soon did the work, and in one or two weeks he was cured. The patient referred to is still living, and there was no return of the complaint up to this time. Hence I dare say it was a *curative agent*. As far as I know, we have no proving of *Oleum macis*, but we do have a proving of *Nux moschata*, of which the *Mace* is the nearest covering. Hering in his *Condensed Materia Medica*, gives under the symptoms of *Nux moschata*, "*throat: difficult swallowing, paralysis of muscles of deglutition, sore throat, etc. Nausea and water-brash vomiting; spasmodic; weak degestion. Irritation of the stomach from overtaxed mental powers,*" (perhaps also from *grief or great excitement*, as was the case with the gentleman from Europe, and in Dr. Catlin's patient excitement aggravated the complaint). In view of these facts it is not improbable that the *Mace* might have kindred symptoms with *Nux moschata*, even more developed; a vomiting quite different of that produced (and cured) by *Ipec.*, *Tart. emet.*, etc., and this may account for the radical and speedy cure, after three months standing, of the complaint above related, and so similar in many points to the case for which counsel is asked. I would suggest, if no other remedy is clearly indicated, or if so, was tried and failed, that the doctor prepare a tincture of *Mace* or oil of *Mace* (in the usual Homœopathic way), and make the 30 dilutions, giving them to his patient in the ordinary way, giving even the 2d, or five drops before each meal of the first dilution, if the other potencies after a fair trial should not respond.

I know it is not *true Homœopathy* to prescribe a medicine which has not been proved on the *healthy* subject, but many a valuable new remedy was introduced in the same way, not even having such a near relationship, *close connection* I may say, to a *proved* remedy, as *Mace* bears to *Nux mosch.* Per haps a competent doctor or association could be induced by my suggestion to make a *proving* of it and add in this way to our knowledge and success. Would be glad to hear of the case, and if successfully cured, to learn the remedy used.

I am very much pleased with the new issue of *THE INVESTIGATOR.* It affords greater facilities to ask for and render counsel in a shorter period of time, and thus be of greater benefit. If it only keeps on, which I hope it will.

WASHINGTON, D. C.

J. L. CARDOZO.

News of the Week.

Our Readers seem to enjoy their weekly medical feast. We hope that each number is being well digested.

Chicago Academy of Medicine meets next Thursday night, at the Grand Pacific Hotel.

The Massachusetts Homœopathic Medical Society meets in Boston, April 11. A. M. Cushing, M. D., is president, and a lively, profitable meeting is expected.

O. H. Wagner, M. D., of Spring Valley, Minnesota, is president of the Board of Health, and tells the public in the *Vidette* by special invitation of the editor, how to avoid trichiniasis.

Trade Mark Decision.—The Humphreys' Homœopathic Specific Medicine Co. have a decision that they are entitled the exclusive use of "Homœopathic specifics," or any numbers, letters or figures in connection therewith.

The Pacific Homœopathic Pharmacy has moved into new and elegant quarters, corner Geary and Dupont sts., San Francisco. They call it "the most reliable and elegant, west of the Mississippi." Homœopathy must be flourishing in the far west.

Henry Noah Martin, M. D., of Philadelphia, resides at the Hotel La Fayette, and has "a select and profitable practice." He promises to write for us. Dr. Martin knows how to wield a ready pen, and as an ex-editor, understands professional needs.

J. W. Clemmer, M. D., writes a strong plea in the *Ohio State Journal* for a State Board of Health. He argues wisely, that it would be a great saving to the state, and that no one should be appointed who has not "a thorough knowledge of sanitary science." A bill is before the Ohio legislature, similar to the Illinois bill, and should pass.

To Medical Societies in Illinois.—Secretaries of medical societies in the state of Illinois are requested to send lists of the officers and members of such societies, with post-office address, to the secretary of the State Board of Health at Springfield. These lists are needed to facilitate the distribution of the publications of the Board and for other purposes.

Another Victim of Pneumonia.—The death of G. M. Beard, M. D., of New

York, by pneumonia is a sad commentary on the regular treatment of this disease. Dr. Beard will be missed for he was a most active brilliant semi-scientific writer and was constantly before the public with some new idea or monograph. Some of these were valuable especially in an etiological way, but as contributors to therapeutics they were the most helpless. Rest and sedatives were his standard prescriptions, but these could not cure pneumonia. We regret that he was a stranger to Homœopathic therapeutics.

The Missouri Institute of Homœopathy, will meet on the 1st and 2nd of March, 1888, in club room of Lindell Hotel, St. Louis. We shall be glad to see physicians from any and all states who may find it convenient to attend. Those who cannot come should send their papers at once to the undersigned.

Yours truly W. JOHN HARRIS, St. Louis.

General secretary, Missouri Institute of Homœopathy.

A Veteran Pædologist Dead.—In the death of John Forsythe Meigs, M. D., of Philadelphia, pædology loses one of its oldest and brightest champions. The work of which W. Pepper is joint author passed through many editions. Its foundation was the classical work "Traite Clinique et Pratique des Maladies des Enfants par MM. Bartz et Rilliet," published in 1843, which he condensed and Americanized making out of it an excellent treatise on children's diseases. Dr. Meig's was an ornament to the profession and we regret that in his attack of pneumonia he did not have Homœopathic treatment, for in that case his life of usefulness might have been prolonged.

Good Locations.—There are hundreds of new physicians looking for good locations, and our readers will aid the cause by sending a list of good locations, with as much description as possible.

Plainfield, Will county, Ill. is a good place for a good man. Must be straight and the older the better. Can get requisite information by applying to M. B. Campbell, M.D., Joliet, Ill.

There is a chance for a good Homœopathic physician at Hopewell Junction, Dutchess county, New York. It is a small place but rapidly growing, and a rail road center.

Died.—Prof. R. J. McClatchey, M. D. From Dr. Barnes, recently from Philadelphia we regret to learn of the sudden demise of our old editorial friend, R. J. McClatchey. For years Dr. M. was editor of the *Hahnemannian Monthly*, and secretary of the American Institute of Homœopathy. The continual arduous work of the international session almost overcame him. He had a slight apoplectic attack and was never the same after. January 15th another attack carried him off. Dr. M. was a genial gentleman, and left a large circle of friends. He was very popular with the students of Hahnemann Medical College and a successful teacher. In his death Homœopathy is a great loser.

The Homœopathic Pharmacopœia, recently published by Messrs Boericke & Tafel, has been suppressed by the courts, after a short suit, in which it was proved that it had in a great part been stolen from the United States and National Dispensatories.—*The Med. Register*.

[This is a straw that shows which way the wind blows. The United States Dispensatory is published by J. B. Lippincott & Co. The National by Henry C. Lea's Son & Co. Duncan Bros. might as well suppress the sale of the new Allopathic Pharmacopœia, published by Wood & Co., for an infringement of the United States Homœopathic Pharmacopœia on the grounds noticed in our review, vide Jan. 6, number.]

The United States Medical Investigator

VOL. XVII. No. 6. FEBRUARY 10, 1883. WHOLE No. 330.

Clinical Medicine.

IS BAPTISIA THE EPIDEMIC REMEDY?

Is Baptisia "the epidemic remedy," and if so does it hint at typhoid or enteric fever? During the past few weeks we have been having a run of cases, (malarial very likely, at least brethren of the Old School so call them) which, though differing in many respects are all alike in *one*; I mean the tongue. This is furred, (thinly at first) with bright red papilla showing through the white covering. In some cases this dotting is so marked as to suggest the color of a bit of chintz with dirty white ground, and oval pink dots in pattern. I don't think it at all like the strawberry tongue of scarlet fever. In children and young persons this speckled tongue has been universal; patients of middle and later life have not shown it so markedly, all these patients have had headache, occasional chills, with only a little fever, constipation, much pain in the abdomen, not limited to any locality, but more above than below the umbilicus; some cough generally present, and always great debility and slowness of recovery, as the case progresses the furring of the tongue grows heavy, yellow and finally brown in the centre the red dots, being obscured.

This spotted tongue haunted us day and night; it must be a "key note," we found it presently, under Baptisia, of course we resorted to that remedy and with good success, yet were obliged to reinforce with Merc. sometimes.

Query. Have other folks observed this speckled tongue?

Is it peculiar to Baptisia?

Does it point to bona fide enteric fever? Please somebody who knows speak out.

S. I. HAINS.

OBSERVATIONS FROM THE FIELD OF PRACTICE.

PLYMOUTH, O., Jan. 31, 1883.—The prevailing epidemic is influenza, epidemic remedy is Bryonia. I am glad you have decided to make THE INVESTIGATOR a weekly. I hope you can keep it up to its present standard. You can put me down as a constant subscriber as long as I continue in practice.

J. M. FACKLER.

BALLSTON SPA, N. Y., February 2, 1883.—I find Phytolacca the epidemic remedy for sore throats this year, and in alternation with Bell. works like a charm in scarlatina. The winter has been steady since December, but not excessively cold. A great many catarrhal colds, some pleurisy and pneumonia.

W. W. FRENCH.

MONROE CITY MO. Jan. 25.—MR. EDITOR: The weekly INVESTIGATOR is a welcome visitor now, with clinical reports from the field of practice we will have a model journal. Has been quite healthy here thus far this winter, no sickness except some colds, which did not seem to yield to the common expectorants. Bry., Bell. and Phos. were the common remedies. Had two or three cases among children with vomiting of food or water as soon as it

reached the stomach, in one case they said that water could not get warm, and in one case a diarrhoea, urine scanty and with a sediment. Later in the treatment. Arsen. alb. 6x dil., proved efficacious and cured in two cases, in one where there were symptoms of worms, Cina 3x was given.

C. C. WAKEFIELD.

WATERBOROUGH, ME., Jan. 28.—We are having here just now plenty of tonsillitis. The remedies that work best are Baryta carb. 12x, it works splendid in every case so far; 3x or 6x don't work well at all. Have a great many cases of angina throats to deal with; remedies that give best results are Bell. 1x and Mercurius prot. 3x and Kali bin. 2x and 3x, work splendid this season. Old School physicians have no luck at all with their treatment with blisters and Nitrate of silver—that is all they use this way.

J. T. G. EMERY.

EFFINGHAM, Ill., Jan. 23.—Since the first of this year we are having epidemic catarrh and lung troubles. The remedies are Aconite, Verat. vir. Bryonia, Rhus., Tartar em., Merc. and Sang. The latter helped in a case that proved very obstinate and did not want to improve. I am always waiting anxiously for THE INVESTIGATOR, for it always contains something that I am just in need of, especially do I value the reports from the field, as they contain valuable information for one that reads them carefully.

G. S. SCHURICHT.

A CASE FROM PRACTICE.

The following case has some points which I think will prove of interest: P. W. aged fifty-five years was ill with pneumonia of right lung, accompanying which was considerable neuralgia of liver and affected side. The patient improved rapidly from beginning of attack. On the fifth or sixth day he indiscreetly exposed himself by sitting for some hours in a draft of cold air. Result, a severe relapse. Fever became high, pulse arose to 140, respiration forty and above to the minute. The middle and lower lobes of right lung became hepatized. The liver became hyperæmic and was enormously enlarged, extending two and one-half inches below the ribs, cough was not at any time troublesome and expectoration almost nil. In spite of treatment hepatization advanced until the entire lung was involved from apex to base. Percussion revealed every portion of the lung to be as solid as the liver. The patient became very weak and profuse night sweats set in which drenched him most completely, however, without diminishing the fever. The tongue was dry, deep red at tip and sides with some white coat on dorsum and middle. The only symptoms patient complained of was a distressed heavy feeling in stomach. Sourness of the stomach accompanied with much gas with partial relief on belching. All stomach symptoms were aggravated by eating. The peculiarity of the case was the extensive hepatization of the lung, unaccompanied by pain and cough. Neither motion nor pressure elicited pain or increased the respiration to any extent. Nothing but the rapid breathing and dulness of the right chest would lead us to suppose the respiratory organs were involved. The patient's sleep was dull and heavy, at times approaching a stupor, from which he would arouse exhausted, appetite was fair but he desisted eating on account of aggravation of stomach symptoms

The remedies which mostly affected the case and brought it under control were first Merc. dulc. in one-fourth to one-half grains of the crude, four doses each day for four days. This relieved the liver and stopped the night sweats, also improved the sleep; following Mercurius, Rhus, and Arsenicum in alternation brought the patient slowly to convalescence. The hepatization was gradually absorbed from the apex downward and no expectoration followed. Other remedies were used but it is only to the aboved named that I could give any credit. The patient is not yet fully recovered, but has so far improved that his complete recovery is only a question of a few days.

A. A. LOVETT.

THE HOMŒOPATHIC TREATMENT OF CHRONIC CATARRH.

BY MAX. WERDER, M. D., SAN FRANCISCO, CAL.

In treating of this affection it is not my purpose to speak at length of its acute form, but rather more specially call attention to the chronic form of this disease.

In the acute form—common cold—or where accompanied with fever—catarrhal fever—we have an affection which consists in a mild degree of inflammation of the lining membranes of the nostrils, larynx, or bronchi, or all, and occasionally of the ramifications of the latter. According to location of the irritation and inflammation, it may be called, then, nasal, laryngeal, or bronchial catarrh. As *per causa*, it may be induced by sudden changes of temperature, or by damp, chilly atmosphere, low, damp dwellings, frequent thorough wetting, or insufficient clothing, as is often the case in children

This complaint is generally characterized by slight fever, impaired appetite, *unusual* languor, obstruction of the nose, sneezing, pain in the head, back and extremities, soreness of the whole body, "sore all over," as the patient will express it; subsequently, hoarseness and cough, generally preceded by transitory chills and shiverings, followed by fever, more or less. Should the larynx and bronchi be mostly involved, there may be wheezing and difficulty of breathing, etc.

In the above outlined picture we have the acute form of *catarrh*, and have yet easy access to its speedy removal by the following Homœopathic remedies, when timely and judiciously given according to their respective indications as the symptoms present: Aconite, Quillaya, Ammon. carb., Arsenic, Bryonia, Kal. bich., Sticta, Caustic. We will not only relieve the patient, but will prevent the disease from running into the various chronic forms of *catarrh*, which so often baffle the physician's skill, and annoy the patient for years. When we consider that catarrh has been, and is now, a very general complaint in California, or on this coast, it seems to us all the more needful to consider the various chronic forms of catarrh in the light of Homœopathic therapeutics. Physicians often will meet cases that have been neglected for years; or not only so, but cases that have been treated by all possible external applications, as washes, douches, sprays, and inhalations. Medicated inhalation by spray has been one of the most popular modes of late.

Yet, in spite of all the various apparatus invented and issued for the local application of remedies by inhalation, they have failed, in *most chronic cases*, to give more than temporary relief. Still, temporary relief is better than

none; yet it is left for *Homœopathy* to do more—to effect, even in the most chronic cases, a permanent cure, when all else has failed!

There are certainly some useful agents that may be employed as local applications, like *Eucalyptus*, *Sanguinaria*, *Sticta*, *Jodi tinct.* etc., but not without the internal similitum of the indicated Homœopathic remedy. The latter is the most important, and the most needed to effect a cure. The inhaling of the *Eucalyptus* fumes, and of the *Sanguin.* have materially modified some cases of catarrh in children, and also in adults, especially such that follow malaria or intermittent fevers; yet the most skillful application in a wash or inhalation, is not, and never will be equal to the proper internal treatment according to the law of *similia*. Again, catarrh, in itself, is not a dangerous or fatal disease, yet the continued chronic form in scrofulous or consumptive families, especially in children, may lay the seed to consumption, as it were; it may run into ozaena, laryngitis, bronchitis, and laryngo-bronchial consumption. It is, therefore, highly important that a catarrh in children should not be neglected, in whatever form it may appear. When local treatment does no good, as it usually fails, give the proper internal treatment until a happy result follows. It will take time in a chronic case, yet it will hardly take as long a time as is generally wasted in experimenting in the old *modus operandi*, where, in spite of what they do, the discharges go on, and the disease continues. In many cases I have met, years were fooled away, and no cure was effected.

Treatment.—*General Catarrh*, when chronic, must be treated constitutionally, and, as we have often verified this truth in *Homœopathic* treatment. Here as well as in other diseases the law of *similia similibus* stands true! In connection herewith let me relate one case which was considered almost a hopeless one. A young lady, aged twenty-two, a professional singer, contracted catarrh; had it four years when she consulted me. The whole mucous passages of the head were involved. The nose, the nasal sinuses, the eustachian tubes, the mouth and larynx. She was treated for several years, off and on, with all the different inhaling paraphernalias known to the Old School, without any beneficial result. All these years the patient could not use her voice, as the vocal organs were seriously implicated with the rest. She has since been cured in *one year and a half* by Homœopathic treatment with internal remedies only. She has recovered her voice and is able to sing again. Many other cases could be cited of a similar nature, if space would permit. We, however, shall be short in remarks by only giving an additional list of remedies *we use* in chronic catarrh, and their indications as to symptoms and characteristics.

Acute form "common cold."

Aconite.—Chilliness, fever, inflammatory synochial fevers, anxiety, pains all over, very restless and thinks he must die.

Ammon. c.—Cold commences in the head, nose runs water, is apt to go down in the throat, sneezes a great deal, headache, and burning in the nose.

Arsenic.—*Watery* discharge from the nose, sudden cold, feels chilly from the least exposure, *pulse feels weak* especially in the extremities; no appetite, *worse in evening*.

Bryonia.—May follow *Aconite* or be given in preference at the commencement of the cold, when there is an excessively dry, hollow cough accompanied with tenderness of the larynx on pressure, inclination to vomit, **must**

keep quiet; *worse from any motion*. is sore all over, violent coryza, thirst, etc.

Dulcamara.—Dull, passive pain in the head, humming in the ears, got cold from *damp, chilly atmosphere, damp church, room or dwelling*; catarrhal fever. with hoarseness; dry, *rough cough*; burning of the skin; may have a fine rash, etc.

Kali bichr.—This is one of our most important remedies in acute as well as in the chronic form of catarrh. Discharges of a great deal of mucus from the nose; like hay fever, yellow, bad smelling coryza; in the chronic form, accumulation of secretion in the inferior nares, especially at night, when it drops down the throat, waking the patient up coughing and choking. This remedy must be used for weeks, and even months, at intervals, in the chronic form. The 3rd, 4th or 6th trit. (1x10) is the best; three to four times a day—

Eucalyptus glob.—This is one of the foremost and most useful agents in chronic catarrh. It has been, and I think, still is, rather neglected as such by many physicians. Since there is no proving of it, its indications are clinical only. Still, the manifest favorable clinical results we repeatedly had with it give it a good name and a prominent place in this particular disease. It has to be used persistently for months—and repeated between intervals—if there should be another remedy indicated for the time being. We must never lose sight of it in a chronic case. We use mostly the 2nd and 3rd dilution internally, and in some cases the tincture locally at the same time. Dose, from three to four or five times a day, ten drops in half a glass of water, of which solution a tablespoonful is to be taken.

Symptoms.—Profuse discharge from the nose, mostly watery or milky discharges, soreness of the nose, irritative heat through the nasal passages and throat; takes cold very easily (like Sulph.); great languor and weakness in the morning, heat and restlessness at night; *talks through the nose*. These symptoms have been verified in clinical cases. It seems to be more adapted for chronic and nasal catarrh than any other form.

Causticum.—Coryza with hoarseness; the catarrh is more generally in the throat and larynx, accompanied with difficulty in speaking (*catarrhal aphonia*), especially in singers, and pale yellow-faced clerks. Hoarseness is always present when Causticum is indicated. The patient has a yellow complexion, is melancholy, and looks at the dark side of everything.

Carbo Veg.—This is another very important remedy in catarrhal aphonia—great hoarseness and changeable voice. We cured with it a lady, middle-aged, that could not talk over a whisper for two years. Given at intervals for two months; used first the 3rd trit; subsequently, the 2nd.

Other characteristic symptoms are general debility, swelling and weakness of glands, profuse foul salivary discharges; food of most any kind disagrees; catarrhal dyspepsia, with great aversion to food and weakness of stomach; gastric region feels caved in.

Aurum met.—Aurum is especially the remedy when the nasal bone is affected; deep-seated ulceration in the nasal bone and the frontal sinuses. When the seat of disease is in these parts, and the discharge has a bad odor. In *chronic ozaena* Aurum takes the lead. There is, also, present great melancholy; the patient is apt to think of self-destruction; great loathing of life; *otorrhœa*, and even caries of the nasal and palatine bones, or of the mastoid or the ossicular bones. This is the most important remedy where

Calc. has exhausted its use; in children, where the ears suppurate, and the sequelæ of *scarlatina* have wrought such destructive havoc; where the bones are affected with a badly smelling discharge. In all such cases, as well as in syphilitic ulceration of the same nature, Aurum is a *god-send*.

Merc. sol.—This remedy is most important in similar cases to Aurum, but more particularly in syphilitic catarrhal affections; when the bones, especially the long bones, and the skin are affected, ulcers on the surface of the bones; chronic sore throat, with ulcers; *nasal catarrh, with ulcers*; bad effects from *malaria and glandular swellings*.

Silicea.—Is very often useful in chronic as well as in acute cases of catarrh or catarrhal fever. There may be a painful dryness of the nose, with pimples; acrid discharge; the right side being more affected. The discharge is corrosive, and forms large crusts in the nose, which may cause the nose to bleed when they come away. There is a tendency to lymphatic swellings, with suppuration, and adapted mostly to chronic, scrofulous, suppurative diseases, especially to *rachitic children, with poor nutrition*.

Sulphur.—The patient takes cold from the least exposure, and cannot bear the least draught of air; very often repeated colds. Has very sensitive mucous membranes of the nose, bronchi, and larynx; bloody discharges; coryza, with stopped-up nose; nose inflamed at the tip; stoppage *worse on the left side*.

Herpetic eruption on the external nose, at the tip and in the *alæ nasi*; hot feeling on top of the head, with great thirst, and hungry only at about 11 A. M.; feels very weak and faint.

Sulphur may be a good remedy to commence the treatment of a chronic case—in particular, such cases that have been going through all kinds of experimental treatment—having used a lot of useless drugs. There are many other agents under the law of *similia* that may be used advantageously in catarrh, of which we will speak at some future time.—*Cal. Hom.*

Climatology.

THE CLIMATE OF FLORIDA.

DISEASES THAT ARE MITIGATED AND CURED BY IT.

JACKSONVILLE, Fla., Jan. 15, 1888.

EDITOR INVESTIGATOR: Regarding Florida, I will endeavor to give in a few words, some "points" that may be of value to your readers.

I have been a resident of this city and state, seven years, both summer and winter, and have faithfully endeavored to acquaint myself with its climatology, and its adaptability to the relief and cure of disease. Having been myself cured of a severe bronchitis with an asthma accompaniment. I have to some extent had a personal experience.

According to my observations almost all diseases are benefitted to a greater or less extent, by residence in the state, and especially diseases of the respiratory organs. I could point to almost numberless cases of phthisis, bronchitis, laryngitis, etc., which have been practically cured by a residence here. You will find such cases in all parts of the state, not only along the St. John's river, and on the Alabama coast, but in the interior. There is

no one locality that is pre-eminent over another for beneficial influence. I have known cases of undoubted phthisis that recovered robust health by a residence on the sea coast, although such atmosphere is generally considered injurious. I think, however, that persons whose residence in the north is on or near the coast, would receive more benefit away from the coast here. I have observed also that in many cases those who have received permanent benefit, are those who reside here both summer and winter. As a rule however, if a person does not improve during the winter, they will not improve during the summer, but if they do gain health and strength, they should at least remain through the summer and the following winter. Our summer weather is generally delightful. The heat is not excessive, and the mercury will rarely go above 95°, and the nights are cool. Places of resort on the sea coast are easy of access, where fishing and surf bathing are to be had in perfection. Not only is the climate beneficial in respiratory diseases, but also in rheumatism, neuralgia, nervous debility, and for convalescence from almost any disease. Chronic malarial troubles are also benefited, although in making this statement I expect to see an incredulous look appear on the countenance of most of my readers, for Florida is generally considered to be a perfect hot bed of malaria. We do not however, have malarial diseases during the winter, and those diseases are undoubtedly benefited by a change of climate. I sometimes have to treat cases of remittent or gastric fever among visitors, but the cause can generally be traced to overeating and a sedentary life. As to the best routes from the east and west, there is perhaps little choice, the railroads give good accommodation running both sleeping and dining cars through to Jacksonville. Excursion tickets can be bought from all the principle cities at the north at low rates, good until June 1st, or later. As for the expense of living, that depends entirely upon what accommodations are required. Board can be had for almost any price from \$8.00 per week to \$3.00 per day, and the table will average as well as in any part of the country. Many invalids return north too soon. After spring fairly opens here, and the weather becomes warm, they seem to forget that thirty-six or forty-eight hours ride will bring them to snow and ice, and they hurry off to lose all the benefit they received during their sojourn here, and in many cases that I have known, have sacrificed life. It is perfectly safe to remain in Florida until June 1st, at least. Many prefer to leave earlier, and loiter through Georgia, the Carolinas, and Tennessee, reaching their northern homes sometime in June. There are many points of interest in these states that can be visited with pleasure.

Fraternally yours,

H. B. STOUT.

FACTS ABOUT TEXAS.

A lady writing says: "I could not consistently, and with a conscience void of offense recommend Texas as a resort for health seekers, the climate is too variable, and malarious. I have known the thermometer to change 55 degrees in a very few hours, on last Friday orange trees were planted on the grounds and in twenty-four hours after everything was frozen solid. Those Texas northers are dreadful, man and beast alike perish many times when exposed to them, and the long warm summers are very debilitating. Southern California is splendid for invalids."

Jan. 28, 1883.

Materia Medica Department.

BELLADONNA.

BY J. P. RAND, CLASS OF 1883.

Read before the Hahnemannian Society of the New York Homœopathic Medical College, Jan. 11, 1883.

By your request, a second time,
I will to-night describe in rhyme,
The drug you did to me assign,
Called Belladonna.

A plant there is—"Deadly Nightshade"—
Indigenous to foreign glade,
And from it is our tincture made,
Of Belladonna.

And now let me present to you,
In this brief, cursory, review,
An outline of the action true,
Of Belladonna.

The *mental symptoms* are quite plain,
Intense congestion of the brain
To wild delirium gives rein.
With Belladonna.

And if one tries to interpose,
More furious the patient grows,
He bites, and strikes, and tares his clothes,
In Belladonna.

Together with this state of mind,
A throbbing, aching head, we find
The pains extending from behind,
With Belladonna.

The character of which is such,
That warmth, light, motion, noise or touch,
Is sure to aggravate it much.
In Belladonna.

The *eyes* are wild, inflamed and dry,
Large pupils, blind to objects nigh,
While spots and sparks before them fly,
With Belladonna.

Pains within the *ears* are rending,
Downward to the throat extending,
With great sensitiveness blending,
In Belladonna,

Dry is the membrane of the *nose*,
Blood from the nostrils sometimes flows,
And too acute olfaction grows,
With Belladonna;

The *FACE* is "glowing red," and hot,
The cheeks are swollen we are taught t ;
And sometimes with convulsions wrought,
By Belladonna.

The *mouth* and *tongue* are dry, and share
With mucous membranes ev'rywhere
The hyperæmia they bear,
In Belladonna.

In the *throat* is inflammation ;
But there is no ulceration,
Nor is there an infiltration,
With Belladonna.

But is swollen, sore constricted,
And with spasms much afflicted,
Swallowing is interdicted.
By Belladonna.

The *larynx* sore and painful quite,
With bronchioles oppressed and tight,
Cause hoarseness and dry cough at night ;
Like Belladonna.

The back is painful, stiff, and lame ;
Extremities are much the same.
Pain in the *coccyx* too, they claim,
For Belladonna.

The *abdomen* in volume gains,
Is tender, cramped with colic pains,
The colon prominence obtains,
In Belladonna.

There is frequent urination,
With a small evacuation,
And a cystic irritation,
With Belladonna.

Menses appear too soon to sight,
The flow profuse and foetid quite,
Ovarian pain upon the right,
Is Belladonna.

For the bane of youth terrific,
Scarlet fever so prolific,
Prophylactic and specific,
Is Belladonna.

The *skin* is smooth, a "shining red,"
Eruption uniformly spread.
For crops of boils before they head,
Give Belladonna.

The pulse is slow and hard at first,
Then vessels throb as if to burst,
With no experience of thirst.
In Belladonna.

The pains are of convulsive type ;
They are acute, attack the right,
Increased by pressure, worse at night,
In Belladonna.

And lastly, to this all agree,
That whatsoever the case may be,
"Hyperaesthesia is the key"
For Belladonna.

CHARACTERISTICS OF ACETIC ACID.

BY H. N. GUERNSEY, M. D., PHILADELPHIA, PA.

When the three symptoms, viz., (1) intense and constant thirst, (2) passing large quantities of pale urine day and night, (3) marked debility, all stand in a group in a given case, we may be very sure this remedy will be of priceless value in restoring such a case to health.

In diabetes, no remedy equals this when presenting the above as most characteristic symptoms. In a few days the diminution of thirst shows a marked improvement. The urine decreases in quantity; chemical analysis shows a decrease of sugar; the strength and weight of the patient increase, and finally perfect health is restored.

Also, in dropsy, where the abdomen and legs are badly swollen, and the above three symptoms are the most characteristic.

In diarrhoea of children, old chronic cases with bloated abdomen, oedema of lower extremities, undigested stools, with the above characteristics.

In myelitis, characterized as above, particularly if the patient must lie on abdomen to find relief of pain in back.

In constipation with the above characteristics.

In cancer of stomach with much distress, burning, nausea, vomiting, etc., and these characteristics.

In all my experience with this remedy, which has been large, I have never used it below the thirtieth potency, and have not given more than three doses, twelve hours apart before waiting a few days to see the effect, and have often waited two and three weeks without repeating it, so satisfactory has been its action. I make it an invariable rule *never* to repeat the dose so long as I can perceive the least improvement. In this way I make many cures with this invaluable remedy that could not be made in any other way. What I have written above in regard to the uses of this remedy I am responsible for only when used in accordance with our law of cure. For the fullest symptomatology extant of this remedy, see "Hering's Guiding Symptoms."—*N. E. Med. Gaz.*

SOME THERAPEUTIC HINTS.

A EUGENIA FACE.

Pimples in face which are painful: worse during the menstrual period.

ASTERIAS IN ACNE.

Numerous small puncta with black points and small red basis. (*Kal. bich.*, more extensive inflammation, and more like little boils.)

AMMON. CAUST. JOINTS.

Joints stiff and enlarged by calcareous matter. (Also *Guaicum*, *Causticum*, *Graphit.*, *Thuja* and *Sepia* (smaller joints).)

A THERIDION HEADACHE.

Headache of worst kind, with nausea and vomiting, shaking chills. Symp-

toms all worse from noise and motion. Feeling as if vertex did not belong to her; felt separated, as if it could be lifted off.

TREATMENT OF CARBUNCLES.

Dr. Stropp, of Berlin, claims brilliant results for his treatment of carbuncles, which consists in applying a compress with a three per cent. solution of Carbolic acid, and over this a bandage—rubber or ordinary. According to the degree of painfulness, the wet compress is renewed every one to three hours. Applied early, the doctor has prevented suppuration, and pain soon ceases. With the use of this method, Dr. S. has discarded the use of the knife.

Dr. Lyons, of Oakland, informed us that he had favorable results with injecting a solution of Carbolic acid, similar to the treatment for piles. We recently obtained a very satisfactory and speedy cure with the internal use of Anthracin 200 (see Raue, Pathology), followed by Hepar 3x. No knife.

Dr. Sulzer, of Berlin, uses *Apis* 3, with *Silicea* to aid the healing process.—*Cal. Hom.*

Correspondence.

GIVE US PRACTICAL, HELPFUL ARTICLES.

DEAR SIR: I graduated in the Allopathic School in 1850; practiced in that line four years, groping (like all such) in the dark; then I studied our beautiful, reasonable system, and to the best of my ability, have been studying and practicing Homœopathy ever since. I still want more light, and now, if you will publish a *strictly* Homœopathic journal, please send it to me; but, if you are going (as in the past) to allow cases to be reported in treatment and *in toto*, that have no more connection with our avowed principles than they have to a cyclone, I do not want it. You may say that your columns are open to the profession; very true, but *you* are the judge of what is to build up and strengthen Homœopathy, and what not. Let us have mental alimint that will illustrate *strictly* our principles, and no more mongrelism.

M. J. CHASE.

BACILLI BACKING OUT.

Dr. H. D. Schmidt, president of the pathological society of New Orleans, has dealt another blow at the tubercle bacilli. He declares that they are only fat crystals and not parasites, as Koch has lead the world to believe. *The Medical Age* (Detroit,) Jan. 10.

Yours for truth,

A. F. RANDALL.

WHAT BOOKS TO BUY.

I read some time ago in the *North American Journal of Homœopathy*, November 1882, page 192, headed Allopathic Progress in Pædology, by W. E. Lenard, M. D., Minneapolis, Minnesota. I was much struck with the value of Edmond Ellis' work on diseases of children from reading this well written article XII, I at once concluded I would get the book. I did from Boericke & Tafel, but the more I read it the less I was pleased with it and

failed to find any thing half as good as was to be found in Duncan's on Diseases of Children. I can unhesitatingly recommend this work above all others.

Dr. R. Ludlam's Medical and Surgical Diseases of Women and their Homœopathic Treatment, is a great grand practical work. It should be in the hands of all Homœopathic physicians and students. Let us one and all stand by Ludlam on Diseases of Women, and Duncan on Diseases of Children as the best practical works in their specialty of diseases in any and all schools of medicine.

In a practice of now near thirty years (30) I have found no works to equal them. Then Homœopathic brothers don't throw away your money by buying worthless Allopathic literature on account of high sounding names when you have so much that is good in our Homœopathic brotherhood.

Respectfully,

JOHN H. HENRY.

Progress of the Medical Sciences.

On Antimony.—MM. Caillol de Poncy and Livon (*La France Médicale*, 1832, p. 569), in investigating the effects of the continued ingestion of Antimony, administered to a cat ten grains of white oxide of Antimony in divided doses. It succumbed to a cachexia, commencing with diarrhœa, and terminating in marasmus. The lungs, liver, and mesenteric glands showed similar changes to those produced by Arsenic.

On the Formation of Adipocere.—Erman has investigated the production of adipocere (*Viertelj. fur Gerichtl. Med.*, Band xxxvii, p. 51), and arrives at the following singular conclusions. 1. Contrary to the received opinion, the change of albuminous matters, and specially of the muscular tissues, into fat, does not take place during putrefaction in water. 2. The fatty masses which are met with in the so-called adipoceros bodies, are the residues of the fat present in the body during life, altered by imbibition.

Megalomania.—In this paper (*Ann. Med. Psychol.*, Jan. 1882) Dr. Foville enunciates and illustrates the view, first published by him twelve years ago that megalomania, once known as monomania of pride, is in truth the latest stage of development of partial lypomania with predominance of delusions of persecution. It is found, upon talking with most chronic lunatics with fixed grandiose delusions as to their wealth, rank, and power, that they are not happy in their imaginary greatness, but believe themselves to be persecuted on account of it. Further inquiry shows that the large delusions are a secondary development and have come about in the following manner: A patient is primarily affected by hallucinations of hearing and false perceptions of a painful nature; he believes himself to be the object of an organized persecution; in searching about for a reason for this, he eventually hits upon the idea that he is really some great personage, who has been surreptitiously changed at birth, and that others have an object in persecuting him and keeping him shut up lest his just claims should be recognized. The frequency of this sequence of symptoms was brought by Dr. Foville before the International Medical Congress in 1851, and is now generally admitted by alienists. It is an interesting fact, that a large proportion of patients affected by this form of insanity are illegitimate children.

THE UNITED STATES MEDICAL INVESTIGATOR

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and close thought (the great sources of medical knowledge), on any subject pertaining to medicine.

CHANCES FOR MEDICAL STUDENTS.—The large number of students who have no medical god-father (or mother) is remarkable. The colleges are becoming not only alma maters, but preceptors also. Unless there is some check, the student often gets into the whirlpool of "getting a location," and is off half-fledged. A solid, substantial preceptor is one of the bulwarks of the profession, and is a mighty lever in elevating medical education. Consequently, there is a quiet, yet effective, antagonism between the good preceptor and the rushing college. The colleges that favor rapid, superficial education, seem to encourage students to come direct to them. Therefore, the number of students who have no medical homes between sessions, is rapidly on the increase. At the close of each session, students drift about, hither and thither, usually to raise the wind, so as to "squeeze through next term." Like hungry, half-fed chickens, such students are not usually, half raised. There are many more in this situation than need be.

The query often arises, where do all the students come from, when there are so few to be found in physicians' offices. They drift into medicine, and many drift out in a few years, or else turn out the variest quacks or pretenders.

To the student, who wishes to fill in the vacation in the best manner possible, a few words are here offered.

First, we say, get a preceptor. If you have money to see you through, all the better. Study all you can; see all you can; and ask all the questions you can. If your preceptor cannot answer you readily enough, he will widen your scope, and give you some of the practical points that cluster about every medical problem. From an analytical study, you will get familiar with the professional, synthetical method of dealing with cases. You will pick up, if at all observing, many of the details of medical practice, that will be of great value to you in after life. Possibly, some who read this, say: "I would like that very much, but I must earn money during the vacation." A student is not worth much to a physician, usually, except to keep the office open, answer calls, do errands, collect bills, etc.—all of which is more than repaid by the office privileges, use of books and private instruction. But, a good, solid, faithful student will command a price, and can be of some service to the preceptor after graduation. Many a preceptor would advance, say, \$300, (in installments), to see a good student through his last college year, if the student would agree to spend his first year as the physician's assistant. This would be a good plan for both. If our best men in

the profession would select, each year, a good student, and direct his first studies, and have a fresh young graduate for an assistant each year, a revolution would soon occur in medical education. The students would be stimulated, the preceptors would keep abreast of the times, and the colleges could also do more effective work.

SOME OF THE CHANGES IN MEDICAL LIFE.—I. The young physician enters the practice of medicine with mind alert, ready to detect disease in every one. He questions and cross-questions every one who will give him attention. He is obtrusive and often intruding, but cordially welcomed by those who "enjoy poor health," and hail with delight, the discovery of a new disease, that they have acquired or fallen heir to. When they get such a case, they are "so attentive" as to attract attention. This "extra attention" is relished by frightened mothers and fussy women, but when the bill is at all in proportion to the deep interest, there is an emphatic demurrer in "old money bags." A few unpaid bills, and the cold shoulder of the family treasurer, tends to work a revolution in the young M. D. His general ardor and deep interest abate. He finds game plenty, but much not worth the chase. From an ardent inquirer after patients, he becomes less enthusiastic, except when "he is sent for;" then he finds it necessary to consider the means as well as the demands of the case.

II. He enters, now, the conservative era. He is extra cautious about "running a big bill," as well as trying to remodel the whole body. He is content to get "a fair condition of health," and a moderate fee. To his former zealous history, to find and name disease, his extra watchfulness is now added his good success in emergency cases. The general verdict now is, that he is growing more "reliable." Thus, he becomes enstalled as the family physician, and is soon driven with business. He has now no time to inventory every woman's stock of ailments.

III. Thus he enters another era. The effect upon the mind, of "being drove," is to narrow it to the cases in hand. He comes to be absorbed, only as he is compelled. He is not as alert as he was. He has grown so accustomed to allay fears, that he seems to have become near-sighted. He wakes up with a start occasionally, to find a case he hardly deemed worthy of medical thought, had gone to young Dr. Panic, and the community is agog. He finds himself quieting fears, when the patient is sinking rapidly. "If you can only arouse him, get his mind on to the case, he can do excellently well," is the under-current feeling. Those who are judicious and watchful, and need only a physician when seriously ill, still employ him. They know just how to manage him, but for the great mass of little ailments and emergencies, he is not called to treat. He drops into the consulting ranks only, and finally drops out as "too old."

These three eras vary in length. They may be ten years each. The successful physician should spend years in the second era. Some never get out of the first, and some rapidly reach the last era. It is evident to any one, that the mistake made by the young man, in arousing alarm, beyond his ability to quiet it. The old doctor is often called in, because "the case is so serious," either as counsel, or as successor. The mistake is often made by the old man in going to the other extreme of telling the family "there is no danger; I will bring the case through all right." There is danger, but his experience leads him to judge that the case will recover. Here is where old and young physicians often find trouble arising, when in practice together. They often destroy confidence in medical wisdom, and the case goes into the hands of a middle man, who knows just how to arouse concern, and skillfully manage the case at the same time. The former implies foresight, while the latter is proof of medical skill. It is said that people like to be humbugged. It is also true that they also like to be "startled." Sickness is itself, usually occasion for alarm, but often, the mother, friends, or attendants need to be frightened, shocked, so that the necessary attention can be secured. The physician who seems to know all the emergencies that may arise, and prepares for them, has an extensive practice.

The key to success, is to keep the mind well in hand, and not allow cases to alarm, nor business to drive him, beyond what good judgement approves.

New Books.

SPEECH AND ITS DEFECTS considered physiologically, pathologically, historically and remedially. By Samuel O. L. Potter, M. A., M. D., Philadelphia: P. Blakiston, Son & Co.; Chicago: Duncan Bros. \$1.00

This is the Lea prize thesis of Jefferson Medical College and published by permission of the faculty. Those who know the ability of the author as a compiler (and whose forced comparison of Homœopathic and Allopathic therapeutics has been no credit to our cause) will be curious to know what kind of work this can be that would pass muster before a faculty whose position towards Homœopathy is well known. The work is a fair analysis of speech and its various defects termed alalia, paralalia and dyslalia, or in other words hesitancy, stammering and stuttering. The first is cerebral, and is often met in children and in the paralysed. The other two are spasmodic actions of the muscles used in voice due chiefly to lack of control either acquired, or hereditary. Proper vocal training is the chief remedy recommended. It is interesting to note the gingerly reference to such efficient Homœopathic remedies as Stramonium. The author here betrays more knowledge than he cares (or dares) to express. We would here say that in the hesitancy and stammering of children Stramonium has promptly and effectually controlled the cases that have come to our notice.

The various views of the cause of defective speech with the many expedients recommended for its cure with the literature on the subject from Hippocrates down make a most interesting chapter. The work closes with a copious bibliography of the subject. The publishers part is well done.

Society Department.

HOMOEOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK. ANNOUNCEMENT.

The Thirty-Second Annual Meeting will be held in the Court of Appeals Room (north entrance on Washington Avenue) New Capitol, Albany, N. Y. Tuesday and Wednesday, February 13th and 14th, commencing at 10:30 o'clock, A. M.

By order of the president, endorsed by the Executive Board, the following will be adopted, and strictly adhered to, unless otherwise ordered by the society, as the order of business.

FIRST DAY—MORNING SESSION—10:30 A. M.

1. Prayer. 2. Communication from the president. 3. Appointment of committee as follows : Auditing, credentials, invitations, president's address. 4. Presentation of the minutes of the annual and semi-annual meetings. 5. Reading communications. 6. Report of the treasurer. 7. Report of the committee on credentials. 8. Nomination of officers, chairmen of bureaux at the close of each bureau report, delegates to other societies, honorary and permanent members. The following-named physicians have made application for permanent membership, through the recommendation of three permanent members, in accordance with the new law passed last winter, and will be placed in nomination and referred to the censors: Geo. E. Gorham, M. D.; Alex. M. Curtiss, M. D.; Clarence M. Conant, M. D.; A. Wilson Dods, M. D.; F. W. Adriaunce, M. D.; Sayer Hasbrouck, M. D.; William More Decker, M. D.; John L. Moffat, M. D.; W. T. Laird, M. D.; F. F. Laird, M. D.; Walter Y. Cowl, M. D.; Susan S. McKinney, M. D.; Jas. F. Doolittle, M. D.; Ermina C. Eddy, M. D.; John N. Tilden, A. M.; M. D.; Geo. W. Seymour, M. D.; Clark Otis, M. D.; Geo. C. King, M. D. 9. Report of the censors and election to permanent membership. The following physicians, having been placed in nomination at previous annual meetings, are eligible for election if favorably reported by the censors: A. M. Woodruff, M. D.; C. Spencer Kinney, M. D.; S. T. Birdsall, M. D.; J. F. Atwood, M. D.; A. C. F. Von der Liihe, M. D.; Robert Bobcock, M. D.; W. W. French, M. D.; Wm. Zoller, M. D.; L. L. Brainard M. D.; H. D. Hale, M. D.; G. A. Tracy, M. D.; G. C. Mulford, M. D.; E. E. Snyder, M. D.; C. F. Millspaugh, M. D.; A. J. Clark, M. D.; Alex. V. Stobbs, M. D.; J. E. Slaughter, M. D.; J. C. McPherson, M. D.; A. Carr, M. D.; W. L. Miller, M. D.; James A. West, M. D.; W. B. Kenyon, M. D. 10. Election to honorary membership. Nominees: Dr. J. L. Corbin, Athens, Pa.; Dr. D. B. Whittier, Fitchburg, Mass.; Dr. W. B. Chamberlain, Worcester, Mass.; 11. Nominations for the regent's degree. 12. Report of the committee on legislation. 13. Selection of place for holding the next semi-annual meeting. 14. Report of the auditing committee. 15. Report of the committee on medical societies and institutions. 16. Report of the committee on medical ethics. 17. Report of the necrologist, A. W. Holden, M. D. Miscellaneous business. Adjournment.

AFTERNOON SESSION—3 P. M.

Report of the bureau of materia medica, T. L. Brown, M. D., chairman

Report of the special committee on physical diagnosis. "A Clinical Case Valvular Disease of the Heart with Aneurism of the Arch of the Aorta." J. W. Dowling, M. D. Report of the bureau of clinical medicine, H. L. Waldo, M. D., chairman. Report of the bureau of ophthalmology, George S. Norton, M. D., chairman. Report of the bureau of mental and nervous diseases, A. P. Williamson, M. D., chairman. Miscellaneous business. Adjournment.

EVENING SESSION—8 P. M.

The annual address will be delivered in the assembly chamber of the new capitol, at 8 o'clock P.M., by the president of the society, Jno. H. Mitchell, M. D., of Newburgh. Subject "The Future of Homœopathy."

SECOND DAY—MORNING SESSION—9.30 A. M.

Report of the bureau of surgery, M. O. Terry, M. D., chairman. Report of the bureau of vital statistics, Walter Y. Cowl, M. D., chairman. Report of the bureau of pædology, Anna C. Howland, M. D., chairman. Election of officers—11 A. M. Miscellaneous business. Report of the bureau of histology, Charles A. Bacon, M. D., chairman. Report of the bureau of obstetrics, A. B. Rice, M. D., chairman. Report of the bureau of gynæcology, Alice B. Campbell, M. D., chairman. Report of the bureau of climatology, B. L. B. Baylies, M. D., chairman. Adjournment.

AFTERNOON SESSION—3 P. M.

Report of the department of otology, F. Park Lewis, M. D., chairman. Report of the department of laryngology, J. W. Dowling, M. D., chairman. Report of the committee on medical education, H. S. Talcott, A. M., M. D., acting chairman. Adjournment.

The titles of papers thus far received, are "Prophylactic Value of Belladonna in Scarlatina," by Asa S. Couch, M. D. "Clinical Notes," by C. Th. Liebold, M. D. "The Value of Warm Baths in the Treatment of Scarlet Fever," by H. L. Waldo, M. D. "The Definition of a Homœopathist," by Walter Y. Cowl, M. D. "Dry Antiseptics in Caries on Necrosis," by H. I. Ostrom, M. D. "Clinical Reports on the Value of Chloride of Ammonia in Prostatic Disease," by Drs. C. Judson Hill, F. F. Laird and M. O. Terry. "Biinical Report on the Value of Bromine in Phlegmonous Erysipelas; Pus Inoculation and Rhus Tox. Poisoning," by M. O. Terry, M. D. "Spasmodic Stricture of the Œsopagus," by W. T. Laird, M. D. "Granular Endometritis a frequent Disease," by J. H. Carmichael, M. D. "All Classes of Organized Tissue but One Nourished in Excess in Tuberculosis," by R. R. Gregg, M. D. "School Hygiene," by F. Park Lewis, M. D. "Arsenicum in Typho-Malarial Fever," by O. Groom, M. D. "The Nerve Supply of the Kidney," by Storm White, M. D. "Bromine in Surgical Practice," by George Allen, M. D. "The Symptom which Indicates the Right Remedy," by T. L. Brown, M. D. "Embolism of the Popliteal Artery with Gangrene," by W. M. L. Fiske, M. D. "Cancer of the Colon with Stricture and Without Pain," by W. M. L. Fiske, M. D.

We take the liberty to say to the profession that we feel greatly encouraged over the prospect of our State Society. The society will at this meeting elect a larger number of permanent members than ever before and a much larger number will be placed in nomination. A few of their names we give in the program, but we know of others that will not be able to make their applications before the meeting. Blanks will be furnished by the

Secretary on application. It is expected that the meeting will be replete with valuable information for the profession. We give a list of a few of the papers, many others are expected. Concise papers are desired from all members of the profession. We were unable to secure reduced rates of the railroads because of the combination under the "Trunk Line (ommission.)"

The Censors will carefully consider the eligibility of the physicians named for membership and communicate with Dr. A. W. Holden, of Glen's Falls, N. Y.

It is earnestly desired that the secretaries of the several local societies and officers of public institutions under Homœopathic control or treatment, report *immediately* to the undersigned secretary who is chairman of the committee on medical societies and institutions of the state society.

A. F. HOLLETT, Secretary.

HAVANA, N. Y., January 20th, 1883.

Consultation Department.

WINE OR POCK MARKS.

In your valuable journal THE INVESTIGATOR of Jan. 1, 1881, page sixty, is a treatment for port wine marks, will you please give us the minutæ of the operation such as follows: How far should the cuts be from each other? how deep? also after treatment to prevent scarring? and do you think it would be good treatment for removal of small-pox pits. J. R. SIMSON.

HELP WANTED.

Mrs. A. D., aged between thirty-six and forty. Been married about eight years. Never been pregnant. Is a blonde and plump. Before marriage had painful menstruation, and at one time, had suppression for five years, from taking cold. Had no bad symptoms during that time. Menses always dark, stringy, scanty and delayed. At present they have been suppressed for three months. Always had what she supposed was sick-headache, attended by vomiting. For last year or so, the attacks have been more frequent and severe, and not always attended by headache. It comes on any time, and always suddenly when feeling well. Begins with dizziness; things appear to whirl around, and can't hold head up; can't move it, it seems so weak in back part of head and neck. There is intense sickness at stomach; vomits the last meal eaten, undigested, (even if several hours has elapsed since eating); then follows froth and mucus; then bile. The retching is terrible, causing cold sweat on head, and coldness of extremities. For several days following, is sore through abdomen. Bowels always constipated; stools dry, hard and black; continued soreness over pyloric region, and hard pressure there, causes vomiting. Throbbing in region of stomach and in left side; also under left shoulder; also soreness and aching. After sitting, severe pain in left side above hip; must walk around to relieve it; worse, bending forward. Region of spleen sometimes swollen and painful. At times, stomach feels full, when she has only eaten a little. No other dyspeptic symptoms. Is very careful of her diet, but it seems to make no difference. Back part of head feels cold; sleeps with her hand there to keep it warm; during the day, warm cloths relieve.

Please give me a diagnosis, prognosis, and treatment.

Have used electricity a little. It finds out the sensitive and sore spots very quickly; when going over the sore region in left side, makes her sick at stomach. Is more nervous after a treatment.

TO PREVENT ABORTIONS.

Will some one also, please tell me what will prevent abortions about the third month. Always had extremely painful menstruations before marriage, and until she became pregnant. Has aborted three times, about three months. The placenta has always been retained for some weeks afterward. Is anxious to have children.

B. C.

P. S.—In A. D's case, there is soreness of left external ear; partial deafness; ringing in ear; eustachian tube closed.

News of the Week.

Removals.—Dr. R. B. Sullivan is now located Baldwinsville, N. Y.

Ezekiel Morrill, M. D., of Concord, N. H. our tall representative of Homœopathy in New England, passed through this city on his way to Dakota on a visit.

The Illinois State Board of Health is engaged in revising the Official Register of Physicians and Midwives for publication. All changes of address and other corrections should be promptly sent to the secretary at Springfield.

Coffee Meetings.—The general meetings of the Boston Homœopathic Medical Society are preceded by "Coffee at 7 P. M." "coffee rouses to action" and "prevents tissue waste," so that a brilliant time is had without loss. We commend this dose to other medical bodies.

A Massachusetts Homœopathic Insane Asylum.—The recent effort of our school to get Homœopathic treatment for the insane has been endorsed by the governor and council of Massachusetts, who commend that when a new hospital is established it be put under the local direction of Homœopathic, officers and trustees. They recommend a hospital on the pavilion plan to accommodate about two hundred and fifty patients.

Cook County Hospital.—The medical staff issue the following official announcement: At 7.30 P. M., on Feb. 27th 1883, in the amphitheatre of Cook County Hospital, an opportunity will be given the senior students attending any reputable Homœopathic medical college to pass the annual examination of the medical board for position as internes in the aforesaid hospital and all letters of inquiry may be addressed to the secretary, Dr. T. D. Williams, No. 89 Aberdeen St. Chicago.

H. R. Stout M. D., of Jacksonville, Florida, gives us information that will be of value to many. Dr. S., we have known personally for many years. Formerly a resident in Chicago, and a rising physician he went south for his health. Being much like his father, Rev. C. B. Stout, (well known in Episcopal circles,) he inherited a sensitive organism and every winter and spring suffered sorely with bronchitis. His removal to the evergreen state was a happy one and we know that any one who may desire his opinion will get the plain unvarnished truth. We are glad that our school has such an able representative in Florida, particularly where so many people are sent to spend the winter. We often wonder why people of wealth, and particularly those of sensitive lungs should try to brave the cold winter winds of the north, when a few hours ride would land them sooner than a bird can fly, in the balmy atmosphere of perpetual summer.

The United States Medical Investigator

VOL. XVII. No. 7. FEBRUARY 17, 1883. WHOLE No. 381.

Clinical Medicine.

NITRATE OF URANIUM IN ALBUMINURIA.

Dr. J. S. Daily, of Columbus, says that Nitrate of Uranium for two years has been his chief remedy in albuminuria. He uses the first and second trituration. Dose from one to three grains dry on the tongue, once to three times a day.

OBSERVATIONS FROM THE FIELD OF PRACTICE.

PANA, Ill., Jan. 31, 1883.—During the fall and winter months, we had a run of whooping cough. Main remedy, *Æsculus hipp.*; cures from fourteen to thirty days. Throat and lung diseases prevailing at present. *Acon.*, *Bell.* and *Bry.* are the main remedies. J. K. EBERLE.

ALCOHOL IN DIPHTHERIA.

MILWAUKEE, Jan. 14, 1883.

MY DEAR DUNCAN: In your January 6th issue you rather mistake my meaning. I advocate the use of *alcohol* and water equal parts, for a *gargle* and *spray* only. The alcohol, as contained in brandy and whiskey, use internally, as freely as circumstances will permit.

I cannot see that the alcohol makes much progress in dissolving the membrane, but the general course of the disease is *modified* by these agents. I sent the paper to the press, not for its value as a new idea, nor as presenting a panacea for this scourge, but to excite thought and discussion.

Will you please place me rightly in your columns.

Fraternally,

EUGENE F. STORKE.

EXPERIENCE WITH DIPHTHERIA.

BAPTISIA IN THE FIRST STAGE—ALCOHOL IN THE LAST.

Dr. Z. B. Nichols, of Portland, Oregon, in some remarks to the class at the Chicago Homœopathic Medical College, said: always carry a cheerful face into the sick room, remarking; "I am glad to see you looking so well." My experience of thirty-five years has given me some practical points that may interest you. When called to a case of diphtheria I usually give *Baptisia* at once. It corresponds to the totality of the symptoms of true diphtheria. It has the peculiar fever, the sore throat and especially the aching all over. With this remedy I have cut short many and many a case. At least they would feel better next day and the second or third day be up and about their business. I do not know of any other remedy that will do that.

A practical expedient I have resorted to in cases almost past hope is this: I always carry with me an alcohol lamp. Take a pint cup fill it half full of water, and soon I have the almost asphyxiated patient breathing steam or warm moist air to his great relief and comfort. I have thus saved cases that seemed past all hope.

SENECIO IN ASCITES.

A young lady aged nineteen years who has had ascites for over two months was treated for three weeks by an Allopath, and four weeks by another without benefit. When I first saw her two weeks ago her abdomen measured forty-two inches in circumference. She also had a bad cough, expectoration streaked with blood, right lung hepatized and menses absent for three months. Have given her nothing but Senecio 1x, six drops every two hours. The abdomen now measures only twenty-six inches in circumference. The dropsical effusion is almost entirely gone, the cough has subsided and she seems in a fair way to recover. I judge that the ascites was due to the amenorrhœa and Senecio is my main reliance for suppressed menses.

C. A. DAILY.

*MASSAGE IN CATARRHAL LARYNGEAL CROUP AND DIPH-
THERITIC ANGINA.*

Bela Weiss' method has been found by the author to be recommended, and is as follows: The throat alone is to be manipulated by placing the three fingers on the larynx and moving gently at first, with greater force afterward, to the maxillary angle. The manipulation lasts from five to six minutes, and is repeated every two or three hours. The effect is noticed at once in the diminished pain on swallowing, and in cases in which the manipulations are instituted at the onset of the disease, violent diphtheritic symptoms rarely occur; if such symptoms are already present, they are at once alleviated. After each manipulation diphtheritic mucous masses are expectorated, the hoarseness gives way, and euphony generally begins.—E. EREUND, *Duet. Med. Wochenschr.*, No. 47. 1882.

PLANETARY INFLUENCE AND EPIDEMICS.

PREVAILING DISEASES AND THE EPIDEMIC REMEDY.

CEDAR RAPIDS, IOWA, Jan. 9.—As to my authorities for the articles on epidemics and planetary influence I would say: Mansill's works are all small pamphlets and for his theory in compact form, his almanac of meteorologies contains the most of his general principles. These commence with the year 1876, and continue up to the present. In addition I have his "Cohesion, attractions and formations of worlds." "Six titles in natural laws." "Universal chances in natural elements." "The new law of gravitation." "Cholera and planetary epidemics," and "Perihelion crisis."

In addition I have Dr. Knapp's "Jupiter's perihelion, and Star prophises" and almost any complete astronomy, besides our own writings in the medical annals, as well as some articles in the journals among which are (Dr. Duncan's) and also THE INVESTIGATOR articles. I have been studying and watching for several years, for some one who was much better qualified to give us some reliable rule governing this atmospheric influence, and so far none have fully satisfied me as well even as the one the outlines of which I have tried to give you. To me it is a very interesting study, and one full of instruction and I hope you will give us some more, for I surely think all ought to be interested in the subject, and shall hope to hear from some who have made a thorough investigation of the matter and will give us the benefit of it.

That it is a wide field and much treasure to be found there, I am convinced. I hope soon to give you some of my own experiments in a small way and observations and data coinciding with what I believe to be the law governing acute and epidemic diseases.

We are having a great deal of bronchial irritation resulting in a dry cough for which Hyoscyamus 3x and 200x is doing a good work, also quite a number of cases of tonsillitis and ulcerated sore throat for which Nitric acid 200 is almost a specific. Earlier in the fall and winter we had a typhoid condition and Rhus tox. seemed to be the epidemic remedy, even in some cases of intermittent the same unaccountable tired feeling which the same Rhus would not only relieve the prostration but cured the ague.

Wishing you much success, I am

G. E. COGSWELL.

BAPTISIA IN TYPHOID.

SOME FACTS ABOUT ITS EARLY MEDICAL HISTORY.

The reference to Baptisia being the epidemic remedy, recalls to me its early history. I remember, while attending lectures in Cleveland, in 1856, that Prof. S. R. Beckwith related to us the medical discovery of Baptisia.

There lived in the Ohio bottom, an old fellow without medical knowledge, who had a reputation for miles around of curing cases of typhoid fever, after the physician had given them up to die. Dr. Beckwith, hearing of the wonderful success of the old man, visited him to learn, if possible, what the old man's treatment was. After spending some time talking with him, Dr. B. offered to buy his secret. Flattered by the visit, the old man freely informed Dr. B. that the wonderful remedy was wild Indigo, which he used in decoction.

Dr. B. received a package of the root of the plant from the old man, and brought it to Cleveland, and Dr. Hall, Pharmacist, made a tincture of it. I bought the first tincture of Baptisia that passed through Chicago. Our directions for the use of the remedy, differs from the custom now a days.

We were instructed to hold this remedy in reserve, and when the patient began to sink, then give the Baptisia ϕ , or first, in drop doses every few minutes, until the patient began to rally.

Now I never think of giving Baptisia, unless the pulse is compressible. When full and wiry, I select some other remedy. Baptisia is a royal remedy, and has aborted many a case of typhoid fever for me. J. S. DAILY.

Materia Medica Department.

EXPERIENCE WITH APIS VIRUM.

Dr. Daily said, I have used Apis for years. Sometimes it worked nicely, again disappointed me. I tried the dilutions and triturations, with equal results. I made it fresh myself, but the effect was equally unreliable. Finally I threw it out of my case entirely. Recently I have been using it prepared in Glycerine, and it works admirably. I have found it equally reliable in the first, second and third dilution, when prepared with Glycerine.

A PICTURE OF PHOSPHORUS.

BY J. P. RAND, CLASS OF 1883.

Read before the Hahnemannian Society of the New York Homeopathic Medical College, Jan. 11, 1883.

For this occasion to rehearse
Symptom *F* of "Phosphorus" in verse,
I've lately striven.
A drug that kills each vital part,
Unless by Homeopathic Art
T'is wisely given.

But I'll not waste a fleeting breath
To tell how it produces death,
Nor try to show ;
The object of our boasted skill,
Is to restore, and not to kill,
As well you know.

Among the symptoms of the *mind*,
"Great apathy" we always find
Is dominant.
Patient is stupid, dull and cross,
Of mental force there is a loss,
Quite prominent.

He hates to talk, dislikes to work.
His tired mind inclines to shirk(?)
As it appears.

A like exhaustion of the brain
In public speakers may obtain,
Coming ideas.

Within the "tables of the skull,"
Is usually a headache dull,
Though no marked pain.
While from the surface all the hair,
"Falls out in spots" and leaves them bare,
To sight most plain.

In the *eye* is inflammation.
Tending to degeneration,
They sometimes bleed.
And though the blinding cataract.
By it may cease to grow and act ;
T'will not record.

Deafness of the *ears* I mention
And nought claims our attention,
Until we come.
To the *nose* with haste proceeding,
Which we frequently find bleeding,
And swollen some.

There is a pale cachectic *face*,
Where signs of jaundice he may trace,
Who truly seeks.
Edema too will often rise
In puffy folds beneath the eyes,
And swell the cheeks.

"Necrosis of the lower jaw,"

With *teeth* decayed, *gums* sore and raw,
To tell I haste.
Tongue dry and brown, the centre red,
Profuse saliva, it is said,
Of a foul taste.

There is *gastric* inflammation,
An offensive eructation,
Sometimes of blood ;
Though water will while cold remain,
It soon is thrown to mouth again,
A sick'ning flood.

The *liver* too is much inflamed,
And "yellow atrophy" is claimed,
Found there by some ;
While *kidneys* will betray with ease
The ravages of "Bright's Disease"
When death shall come.

The *abdomen* distended quite,
With flatulence of fisted type,
Has "cutting pains."
And all the bowels as a rule,
Feel "fully emptied" after stool :
Nothing remains.

A *diarrhœa* white or gray,
Profuse and painless, by the way,
Is what you see.
Chronic albuminuria,
And painful hæmaturia,
May also be.

"Increased desire" in the *male*,
And yet he finds his powers fail
Him in coition ;
Or at a point of bliss supreme(?)
He wakes to find—a *lass—a dream*,
With an emission.

Then wonder not he feels so bad,
Gloomy, low-spirited and sad
At his position !
His strength and manhood all are gone.
Repose but brings old troubles on,
O sad condition !

But I have wandered from my text,
I will describe the females next,
With your consent.
There is bleeding, irritation,
Which her parts of generation
Will represent.

Menses prolonged too late appear.
Nor is the acrid leucorrhœa
To be forgot ;

Or the flow may be quite slight,
And too early come to sight,
It matters not.

But the drug's great valuation,
(Is by common acception,
Of old and young;)

For each grade of inflammation,
Or complete hepatization
Of either lung.

The *larynx* feels as though it were
"Coated internally with fur."
Is painful sore.
And all this "tightness of the *chest*"
With *respiration* much oppressed,
You'll not ignore.

The *voice* is hoarse or wholly gone.
A "tickling cough" may too come on
With suffocation.
The voice will for a time seem clear
When coughing makes to disappear
Th' expectoration.

Cough is worse from any talking,
Eating, drinking, laughing, walking,
In open air.
And in pneumonia we view
A sputa of a rusty hue,
You are aware.

Engorgement of the *lungs* intense,

And on the thorax is a sense,
As of a weight.
Patient lies upon the right,
A "hectic fever" comes at night,
From weakness great.

Pneumonia, when unresolved,
And *lungs* with abscesses envolved,
You sometimes find.
Phthisis, with its exhaustive sweat,
Tuberculosis, don't forget
To bear in mind—

With its slow emaciation,
Caused by mal-assimilation
Of proper food.
In "chronic hæmorrhagic state,"
When "pimples bleed and ulcerate,"
This drug is good.

A "burning pain" is in the *back*,
Extremities their power lack,
Are prickly, numb.
Sensation too, I understand,
As though a "glove" were on the hand,
Is felt by some.

Now in recapitulation,
Note the great emaciation
That we find.
The "fatty degeneration,"
And the weakness and prostration
Of the mind.

Correspondence.

HOMŒOPATHY IN CONGRESS.

PHILADELPHIA, Feb. 1, 1883.

DEAR DOCTOR: Our joint resolution securing equal rights for all qualified physicians in the United States government service, has until now, been in custody of the (senate) committee on civil service and retrenchment. Senator J. R. Hawley, of Connecticut chairman. A majority of said committee were in our favor; and much popular influence was also brought to bear, with a good prospect of a favorable report. I wrote to Senator Hawley, as chairman, but received no reply. I now learn that at Senator Hawley's urgent request, our joint resolution has been taken from this committee, and sent to the military committee, viz: Senator Logan, of Illinois; Harrison, of Indiana; Hawley, of Connecticut; Maxey, of Tennessee; Cameron, of Philadelphia; Scurell, of New Jersey; Cockrell, of Missouri; Grover, of Oregon, and Hampton, of South Carolina.

Please ask your readers to urge these gentlemen to a favorable and speedy report. "Eternal vigilance," etc. Fraternaly yours,

JOHN C. MORGAN.

Chair. committee on legislation, American Institute of Homœopathy.

GOOD LOCATIONS IN THE SOUTH.

No doubt some of the many readers of THE UNITED STATES MEDICAL INVESTIGATOR, (especially the tender graduates) are making inquiries about locations. I have a few locations which you might add to the list.

Carters eivi, Barton county, population, 5,650; Athena, Clarke county, population, 7,463; Marietta, Cobb county population, 5,461; Albany, Dougherty county population, 6,356; Brunswick, Glynn county, population, 4,749; Brunswick is a seaport town. Fort Vaeley, Houston county, population, 4,031; Columbus, Muscogee county, population, 15,000; Thomasville, Thomas county, population, 2,500.

All of these locations are in the state of Georgia. Columbus, Georgia has only one Homœopathic physician, all the rest not any. Albany, Georgia has a large number of Homœopathic families, and a Homœopath could do well, any person wishing more information about these locations, it will afford me pleasure to enlighten them on the subject.

We are having very little sickness in Macon this winter. Some few cases of pleurisy and pneumonia. The principle remedies, Aconite, Bry., Phos. and Sulphur. We have not lost a case. The Allopaths have lost quite a number.

MACON, Ga.

Fraternally yours,

ROBERT F. STRAYER.

A SUMMONS.

The American Institute }
of Homœopathy. } ss.

To the members of the American Institute of Homœopathy, Greeting. You are hereby severally and collectively enjoined to set aside all professional engagements and every manner of business excuses and delays whatever, and to appear *in propria persona* at the annual assembling of the Institute at Niagara Falls, N. Y., June 19th, 1883, and take part in the transactions, discussions, and business mapped out for the rapidly approaching session, or show why you should not. Whereof fail not at the peril of missing a memorable social event and much valuable information which will make your future professional labors joyful and your patients ever grateful.

Given under the hand and seal of the general secretary, this fifteenth day of Jan. 1883.

PITTSBURG, Pa.

J. C. BURGER.

CAPITAL OPERATIONS.

MY DEAR INVESTIGATOR: In your last issue, you honor me with what I fear is a partly undeserving compliment, and I wish to thank you for the same, while suggesting a slight change in *words*. For instance a *capital* operation is one of severe character, either in extent, or exposure to life on the part of the patient, and may be either one of emergency or of expediency. A "formal operation, which is the word I would suggest, is one in which some preparation is made, and performed with some deliberation. To be sure they are oftener capital, but not necessarily so. Again my herniotomies were for both strangulation and for radical cure. But these are trivial points.

There seems to be some confusion in the minds of many, not only with reference to the foregoing terms, but especially as to the line of differentiation between major and minor surgery. This confusion is partly owing to the ambition of some writers, notably a recent wonderful effort in our own school, in which the attempt is made to bring in fractures, dislocations, gun-shot injuries, and venereal contagion, when any surgical student knows that such topics belong to the very highest department of the science or the art. Minor surgery includes the primer of the study, and such use of mechanical adjuvants as all medical men should be familiar with, and no more; it is not at all, or remotely related to the science.

Truly yours,
J. G. GILCHRIST.

SIMILIA VERIFIED.

BELLADONNA IN OPISTHOTONOS.

EDITOR OF INVESTIGATOR: The longer I practice, the more fully satisfied I become, that our law of similars is the only law upon which to base the practice of medicine. If any mistakes are made, (and of course we all make them), we should never attribute the result to that law which guides us in our researches after the appropriate remedy, but let us rather attribute it to our lack of knowledge of the *materia medica* as applied to the symptoms surrounding our patient. To illustrate how quickly the appropriate remedy will act, I will cite one case that came under my observation not very long ago. I was sent for in great haste to attend Mrs. B., who, the messenger informed me, was suffering great pain, and they thought she would die if she did not obtain relief at once. Upon entering the house, I found her lying upon the bed, and if it had not been for the opisthotonos position she had assumed, she would have been on her back; but as it was, she was on her head and heels; face red and turgid; eyeballs congested; could not bear the light; pain was in the head of a throbbing nature, and very severe. I thought from her appearance, that she had been poisoned with Belladonna, but she said she had taken nothing whatever. I prescribed Bell. 1x, eight drops in a glass half full of water; gave her a teaspoonful. Result: entire relief in fifteen minutes.

LEETONIA, OHIO.

R. T. MARKS.

HASTE, YE HOMCEPATHIC SURGEON.

I have too good a thing to keep and as your valuable journal is circulated to physicians in this county, I wish to expose the ignorance of so-called doctors! On the morning of Jan. 27, at about 2 A. M. I was called on by a Dr. L., of this place, an Allopath, who told me he had a case of obstetrics some six miles out, and the "child couldn't be borned," that I "must come and operate with my instruments." I went with him to the house of Mr. J. B., some seven miles, and encountered a Dr. B., of Bladensburg, who, virtually, was the doctor *first* called, and who allowed the woman to remain in the agonies of labor, from 10 A. M., Jan. 28, until I relieved her. B. said the presentation was all right at *first*, but he had allowed her to sit on chairs, or *assume any position, at any time* she wished. Well, I found the patient exhausted; pains quite weak and almost absent; position of head,

forehead caught above the brim, inclining toward the left acetabulum: part of right side of face could almost be seen by opening the vulva; no micturition for some fifteen hours; vulva much tumefied, discolored; an occasional hiccough? After making the proper arrangements, I had the hips raised, then pressed fœtus back some, and used the catheter; now had her placed in the position for forceps, warmed the instruments, corrected the position of fœtal head, introduced forceps, and delivered her at about 3.30 A. M.

Now, why did not they call on some of the "*regular scientific*" brethren to help them out; why allow the head, in descending, to become so unfortunately engaged. Simply because of gross, impalpable ignorance. And there, oh then haste ye, Homœopathic surgeon, and save her from the jaws of death. Yet Homœopaths are hooted at and traduced by these same scavengers on the public favor.

O. J. LYON.

Hospital Department.

COOK COUNTY HOSPITAL.—MEDICAL CLINIC.

SERVICE OF PROF. CH. GATCHELL, M. D., THURSDAY, JAN. 18, 1883.

Reported by F. R. D.

LADIES AND GENTLEMEN: It gives me pleasure to show you to-day, a typical case of a somewhat rare skin disease. It reminds us, in some of its features, of the disease I presented to you two weeks ago, though that was one of the squamæ, while this is classed with the bullæ, or the vesiclæ. Some authors class it with the neuroses.

What do you see on this man? Beginning at the spine, on a line with the fourth or fifth dorsal vertebra, and extending around the left side of the chest and down the extensor aspect of the arm, you see irregular groups of vesicles on inflamed bases. This is characteristic of herpes zoster, or zona, commonly called shingles.

Herpes zoster is an acute disease, having a clinical history somewhat as follows: the patient feels languid and out of sorts, a few days before the eruption shows itself. There is some fever, and he begins to experience irregular, darting, neuralgic pains in the affected part. In from twenty-four to seventy-two hours, itching, burning and tension is felt, and some vesicles about the size of a No. 30 pellet, appear. They are larger than the vesicles of eczema, and smaller than those of pemphigus.

The eruption always follows the course of some cutaneous nerve. In this case, it follows the fourth or fifth dorsal on the back, and the circumflex and musculo-spiral on the arm. It lies in the long axis of an extremity, never encircling it; but on the body it takes the form of a half-belt, or zone. One distinguishing feature is, that the disease is unilateral. It is extremely rare to see the eruption on both sides of the body, though it does sometimes occur in that form. It usually begins, however, in the the median line of the back, and goes to the median line in front. This man has a few scattered vesicles on the front of the chest, but the most characteristic markings, are those you see on his back and arm. When the disease is limited to the

chest, it is called *zoster pectoralis*. If it follows one of the lumbar nerves around the abdomen, it is called *zoster abdominalis*. Besides these, we have *zoster brachialis*, of which this case is an example; *zoster femoralis*, when it is on the leg; *zoster collaris*, when it encircles the neck; and *zoster ophthalmicus*, following the course of the supra-orbital nerve.

Another, and a more common form of herpes, with which you are familiar, is the *herpes febrilis*, the simple fever-sore, coming on the lips, and hence, sometimes called *herpes labialis*. It is frequently seen in the course of intermittent fever and pneumonia. This form of herpes looks like zoster, and is like it in being situated over, and controlled by a nerve.

Let us continue the clinical history and see what becomes of the vesicles. In a few days they change their character and become pustules. Under this man's arm you see some. These spots were pustules yesterday. Here are some vesicles which are gradually changing, and will be pustules to-morrow. So in this case, I find representatives of every stage. The pustules do not break, as is the case in small-pox, but the contents are absorbed, leaving the roof of the pustule to desiccate and be shed.

As the disease progresses, the other symptoms grow milder.

The base is inflamed very much, as in the exanthemata, and is extremely sensitive.

The disease begins in the papillary layer of the skin, beneath the rete mucosum. You remember how the rete mucosum dips down between the papillæ. It is composed of epithelial cells, which are united to one another by slender filaments at the edges. The jagged appearance they present under the microscope gives them the name of *prickle-cells*. The epidermis covers the rete. An exudation of serum takes place from the capillaries of the papillæ, into the interstices between the cells of the rete. As this effusion increases, it crowds the prickle-cells together, and pushes up the epidermis, while some of the cells of the rete cling to it. Thus the roof of the vesicle is formed of the epidermis and part of the rete. The interior of the vesicle is divided into chambers, the walls of which are formed of the rete cells crowded into bands. The vesicle becomes a pustule by the serum giving place to pus, or a collection of leucocytes. The white corpuscles of the blood are called leucocytes. Pus, young epithelial and young connective-tissue cells, have the same appearance. Perhaps, in this case, the white corpuscles exude with the intention of becoming new rete cells, but never reach a higher stage of development than the leucocyte. They soon undergo granulo-fatty degeneration, and are absorbed by the lymphatics of the skin. As the effusion is absorbed, the roof of the pustule desiccates, forming a scab which, in time, falls off.

Post-mortem examinations made in cases of zoster, reveal inflammation of the ganglia from which the affected nerves spring. If we could see into this man's spinal canal, we wouldn't find any morbid appearance of the cord or its membranes but should we look at the inter-vertebral foramina, through which the affected nerves pass, we would find the ganglia of the posterior roots inflamed and swollen, so that they would fit the bony canal very snugly, and the neurilemma would be found very vascular. The trophic nerves are the ones affected, for the nutrition of the parts is interfered with, and this is controlled by the trophic nerves.

So far as remedies are concerned, Phillips, Ringer, and all the authorities

will tell you that Arsenic produces zoster. That is, it will cause a condition very similar to it. We know its strong affinity for the nervous system. It is, therefore, Homœopathic to zoster, and is *the* remedy for the disease.

There is another disease which resembles herpes closely. It is *tinea circinata*, or ring-worm. It should not be classed with herpes, however, for it is a parasitic disease. In its treatment Sepia will do no good, as an active parasiticide is demanded. I will give you the formula for one, which I have found very servicable.

B. Sodæ hyposulph, ʒiv.
Aqua font. ʒiv.
M.

Sig:—Apply locally.

During the remainder of the hour, I will try to give you some idea of that form of

CHRONIC BRIGHT'S DISEASE,

which is called the red granular kidney, the cirrhotic kidney, the contracted kidney or the gouty kidney. These are all synonyms of the one form of chronic Bright's disease, which I prefer to call the red granular kidney.

What produces it ?

If a patient comes to you complaining that his food distresses him, that he has been suffering from dyspepsia for some time. If his tongue is coated ; if he is melancholy and despondent ; if he has vagrant pains here and there, in almost every part of the body, from the sole of his feet to the crown of his head ; pains which he calls rheumatic, but which are not rheumatic ; if he is half sick and half well, then question him about his urine. He will tell you that, morning after morning, for a long time, he had noticed a reddish sediment settle at the bottom of the *pot-de-chambre*. If you examine a specimen of his urine, you will find that it is very acid, and that the sediment is composed of urates.

Your patient has the American gout, or lithæmia.

The subject is, in the majority of cases, a male past the age of twenty. During the years from twenty to forty, the man is the most liable to the disease. He leads a sedentary life and likes good things to eat. He is a high liver, and lives upon the fat of the land. He eats too much albuminous food, and does not inhale enough pure air or take enough exercise.

The physiological process of assimilation and elimination, you know, is something like this : The albuminous food we eat is taken up by the blood, after having gone through the process of digestion, and is carried to the tissues to enter into their structure. The broken-down materials, the waste from the tissues, is also taken up by the blood, to be eliminated later at the lungs, the skin and the kidneys. This detritus is eliminated by the kidneys in the form of uric acid and its compounds, the urates, which are, therefore, broken-down nitrogenous products. If more albuminoid, or in other words, more nitrogenous food be taken into the system than is needed to supply the waste that is going on, it accumulates in the blood to such an extent, that the kidneys have a double duty to perform. First, they have to eliminate the nitrogenous detritus from the blood, and second, they have to remove from the blood, the excess of nitrogenous materials that is not used by the economy.

In our supposed case of lithæmia, therefore, much of the food does not become tissue, but passes off with the urine in the form of urates, without nourishing the body.

It is not the intemperance of the table alone that causes lithæmia, but the ingestion of undigestible food will do so as well, so that the rich and poor, alike, are liable to the disease.

What is the relation between this condition and Bright's disease?

The kidney is a gland, the essential element of which, is the glandular epithelial cells lining the tubules. Their function is to separate the solid constituents of the urine from the blood, and they accomplish this by their elective, their vital action, which is beyond physiology, and which will not be explained until the cause of life is known.

Now, in lithæmia, the over-worked glands give out in the course of time. Slowly, the cells fail to do their duty. They become swollen and cloudy, when normally they have a clear cell-body, with a distinct nucleus. Finally they break up, or down, just as you choose, and are cast off. The cells are reproduced for a time, but if the condition continues to exist, at last they are no longer reproduced, and the tubule is left denuded. It collapses, and shrinks to a mere thread. When a hundred, or a thousand, or more, tubules are thus affected, the kidney itself becomes appreciably contracted, hence the name, contracted or cirrhotic kidney.

Progress of the Medical Sciences.

On the Treatment of Sea-Sickness.—Dr. Milan Soule, surgeon on the steamship *City of Sydney*, has written (*New York Med. Record*) an account of his experience with the treatment of sea-sickness with bromides, as laid down by Dr. G. M. Beard. About three years ago, he began to use the bromides, following, as nearly as possible, the direction given by Dr. Beard. During nearly four years passed in the service of the Pacific Mail Steamship Company, he had tried nearly every drug or combination of drugs that had ever been proposed, but without success. He found that the bromides enabled him to entirely prevent or greatly to alleviate the disease, and he has not one failure to record. The following is the combination he most frequently employed, viz., R. Sodii bromidi, four drachms; Ammonii bromidi, two drachms; Aquæ menthæ piperitæ, three grains. M. S.—A teaspoonful before meals and at bed-time; begin treatment three days before going on board. When preparatory treatment has been neglected and the disease is fully established, he puts a teaspoonful of the above in a half-tumbler of water, adds a drop of fluid extract of Ipecacuanha, and gives a teaspoonful every five minutes. It generally relieves the patient in less than an hour. Next to the bromides, he has found Hyoscyamia the most successful remedy. Atropia frequently affords relief, but is not altogether safe, as retention of urine sometimes follows its use. Nitrite of Amyl has failed in Dr. Soule's hands. In several cases, the bromides entirely prevented sea-sickness during voyages of twenty to thirty days, although these patients were always sick on previous voyages.

[Dr. S. should try Nux and Cocculus.]

THE UNITED STATES MEDICAL INVESTIGATOR

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and close thought (the great sources of medical knowledge), on any subject pertaining to medicine.

IS DIPHTHERITIC POISON CUMULATIVE?—Prof. R. N. Tooker, of Chicago, is collecting facts that would seem to go to prove that the poison of diphtheria is cumulative in its effects. In twenty families, where several cases had the disease, he finds that the second case, or cases, have had the disease more severe, and that the fatal cases have been these subsequent ones. If this is a fact, it speaks volumes on the importance of early disinfection, and prompt and energetic treatment of the first cases.

This opinion of the cumulative action of diphtheritic poison, would seem to be contrary to the current belief, which is, that the first cases of any epidemic, as a rule, are the most severe. The experience of the profession can, however, readily settle this point. What is the observation of our readers?

HOW TO SPREAD HOMŒOPATHY. III.—It is said that "comparisons are odious." It is also true that "Homœopathy gains by comparison." How does it differ? is the practical problem. The answer of this to-day is not often so clearly and convincingly given as our forefather's could and did give it. Then they could say, we do not bleed the patient, we do not vomit nor physic him, we do not exhaust him in any way by low diet nor lack of drink, but quietly we reduce his fever by a fever remedy, we correct his digestion by proper diet, allow him water and give a remedy that quietly sets the machinery in proper motion, and in a few days the patient is well. The popular mind emphasized the contrast by saying: Homœopaths don't reduce the patient. The Allopathic plan of treatment then was to reduce the system and drive out the disease. This is changed. The great cause of disease as given by Allopaths is malarial poison and over work and the treatment is antidotal and stimulating, except where acute pain or nervousness is present then the overpowering sedative is called into action. Quinine, whiskey and Opium are the triple legs upon which the Allopathic medical stool stands. As Homœopaths we can and should deny that the most of the diseases are of malarial origin. Even ague is caused by exposure to damp chilly air, of morning and evening. It is to our mind caused by derangement of the spleen and portal circulation. Sometimes its remedy is China or Quinine, sometimes it is some other Homœopathic remedy. But the cause is malaria according to the regulars, and the people are drilled to believe it. If it is malarial poison of course it must have medicine to kill it, destroy it, so there is an excuse for big doses of bitter medicine. The people acquiesce because they get imbued with the idea that it takes strong medicine to antidote the poison.

If it is not malarial with them, it is over-work and "you need tonics," is the cry. If not feeling well "oh you need a tonic" is the stereotype prescription. "You are all run down and must have a stimulating tonic." So the dose is Quinine and whiskey. Those who suffer with neuralgia or pain are given sedatives. Neuralgia is a cry of the nerves for food and can be cured with our remedies.

Now it is evident to the thoughtful physician that the people need proper instruction as to the causes of disease. If we echo the stereotype phrases, "malaria," "debility," "over-work," etc., we not only crush out investigation and prevent thoughtful care, but we also directly play into the hands of the Allopaths. If we show the people that diseases arise from a variety of causes and that the Homœopathic remedy, aided by intelligent nursing, will cure its many phases, we will checkmate the Allopaths and capture the good sense and good will of the people. More we will make them extra watchful of their health, and that of their friends and we will be called the earlier to "nip the trouble in the bud," and be given time to do the work well. Now is a good time to begin to instruct the people and open their eyes to the fact that the causes of diseases are as much above and within us, as beneath us. Hahnemann struck out a new line or thought. He was no echo, neither should we be, nor allow our patients to follow the Allopathic leading.

Society Department.

THE MISSOURI INSTITUTE OF HOMŒOPATHY.

ST. LOUIS, Jan. 26th, 1883.

DEAR DOCTOR: The Executive Committee of the Missouri Institute have decided that the most pleasant time for holding the annual session this year will be the first and second of March.

The commencement exercises of the Homœopathic Medical College of Missouri will take place on the evening of March 1st, at Pickwick Theatre on Washington Avenue and the faculty of the college have tendered an earnest invitation to all members of the Missouri Institute, and their friends to be present.

There will be no evening session on either day; you are therefore urged to be in attendance at the opening session so that all business may be properly attended to, papers read and thoroughly discussed and the regular order of business gone through with by the close of the afternoon session of the second day.

Physicians residing outside of St. Louis and adjoining counties are particularly urged to be present as matters of importance will be presented at this meeting that greatly concern the "Country Practitioner."

W. JOHN HARRIS, General Secretary.

ORDER OF BUSINESS.

The institute will be called to order by the President, in the Club Room

of the Lindell Hotel, Thursday morning, March 1st, at 9 o'clock. Appointment by the President of the auditing and Credential Committee. Reading minutes of last meeting. Business meeting. Bureau reports will occur in the following order, unless otherwise ordered by the Institute :

FIRST DAY—MORNING SESSION.

Bureau of Climatology and Prevailing Diseases.—D. V. Van Sycle, M. D., Canton, Chairman ; W. G. Hall, M. D., St. Joseph ; W. L. Hedges, M. D., Warrensburg ; S. G. Merrill, M. D., Moberly ;

Bureau of Ophthalmology and Otology.—J. A. Campbell, M. D., St. Louis, chairman ; H. W. Westover, M. D. St. Joseph ; Edgar D. Miles, M. D. Boonville.

Bureau of Surgery.—S. B. Parsons, M. D., St. Louis, chairman ; J. T. Kent, M. D., St. Louis ; E. C. Franklin, M. D., Ann Arbor, Mich. ; Wm. D. Foster, M. D., Kansas City ; B. M. Carr, M. D., Sedalia ; H. W. Westover, M. D., St. Joseph.

AFTERNOON SESSION—2 O'CLOCK.

Bureau of Obstetrics.—W. G. Hall, M. D., St. Joseph, Chairman ; T. G. Comstock, M. D., St. Louis ; Wm. Collisor, M. D., St. Louis ; J. W. Primm, M. D., Galesburg, Ill. ;

Bureau of Gynecology.—W. D. Foster, M. D., Kansas City, Chairman ; Wm. Collison, M. D. St. Louis ; W. John Harris, M. D., St. Louis ; D. D. Miles, M. D., Boonville ; M. D. Pearman, M. D., St. Louis ; B. C. Runner, M. D., Mexico ; H. W. Westover, M. D., St. Joseph ; W. G. Hall, M. D., St. Joseph ; G. S. Walker, M. D., St. Louis ; W. H. Jenny, M. D., Norwalk, Ohio.

Bureau of Materia Medica.—W. B. Morgan, St. Louis, Chairman ; L. E. Whitney, M. D., Carthage ; W. L. Hedges, M. D., Warrensburg ; A. Uhlemeyer, M. D., St. Louis ; J. M. Stevens, M. D., St. Louis ; J. W. Primm, M. D., Galesburg, Ill. ; J. T. Kent, M. D., St. Louis.

SECOND DAY—MORNING SESSION.

The Institute will be called to order at 9 A. M., to hear the report of the Board of Censors, after which the following Bureaus will report :

Bureau of Education, Legislation, and Statistics.—D. T. Abell, M. D., Sedalia, Chairman ; W. John Harris, M. D., St. Louis ; L. E. Whitney, M. D., Carthage ; W. L. Hedges, M. D., Warrensburg ; J. A. Campbell, M. D., St. Louis.

Bureau of Psychological Medicine.—J. M. Kershaw, M. D., St. Louis, Chairman ; C. H. Goodman, M. D., St. Louis ; W. A. Edmonds, M. D., St. Louis ; Wm. Collison, M. D., St. Louis ; M. B. Pearman, M. D., St. Louis ; Julia M. Haywood, M. D., St. Joseph ; Wm. D. Foster, M. D., Kansas City.

Bureau of Clinical Medicine.—J. C. Cummings, M. D., St. Louis, Chairman ; D. T. Abell, M. D., Sedalia ; W. D. Foster, M. D., Kansas City ; J. W. Primm, M. D., Galesburg, Ill. ; W. E. Green, M. D., Little Rock, Ark. ; W. B. Morgan, M. D., St. Louis ; H. W. Westover, M. D., St. Joseph.

AFTERNOON SESSION—2 O'CLOCK.

Bureau of Proving.—L. E. Whitney, M. D., Carthage, Chairman ; D. T. Abell, M. D., Sedalia ; W. D. Foster, M. D., Kansas City ; W. B. Morgan, M. D., St. Louis.

Bureau of Pædology.—Josie Johnson, M. D., St. Louis, Chairman; W. John Harris, M. D., St. Louis; W. A. Edmonds, M. D., St. Louis; Philo G. Valentine, M. D., St. Louis.

Final report of Board of Censors. Unfinished business. New business. Fixing time and place of next meeting. Election of officers. Adjournment.

The officers are: President, H. W. Westover, M. D., St. Joseph; Vice-President, L. E. Whitney, M. D., Carthage; General Secretary, W. John Harris, M. D., St. Louis; Provisional Secretary, W. B. Morgan, M. D., St. Louis; Treasurer, P. G. Valentine, M. D., St. Louis.

Board of Censors. C. J. Burger, M. D., Boonville; W. D. Foster, M. D., Kansas City; Josie Johnson, M. D. St. Louis.

Consultation Department.

MEDICAL LAWS IN THE SOUTH.

I am troubled with catarrhal bronchitis every spring, in consequence of which, I think of going to Palatka, Florida, for three months. What are the laws regulating the practice of medicine in Florida? Being a graduate of Bowdoin Medical College (Allopathic), and Hahnemann Medical College, (Homœopathic), can I practice medicine in any southern state, without violating local statutes? W. H. SIBLEY.

[We think you can practice without trouble in Florida.]

STAFF OF COOK COUNTY HOSPITAL.

Who compose the staff of Cook County Hospital? J. J. R.

The Cook County Hospital or attending medical Board, are as follows:

Surgeons.—Charles Adams, M. D., Geo. F. Roberts, M. D.

Physicians.—J. S. Mitchell, M. D., Ch. Gatchell, M. D., A. W. Burnside, M. D.

Gynecologists.—W. H. Sanders, M. D., T. D. Williams, M. D.

House Staff.—C. E. Ehinger, M. D., house physician and surgeon; F. R. Day, M. D., senior interne, W. H. Banton, M. D., junior interne.

WHAT IS THE REMEDY.

Dr. Boutelle, of Hampton, Va. writes: "One day, not long ago, I was called here, at Hampton, Va., to see an old colored woman of the 'fo de-war' type, black as the ten of spades (which is ten times blacker than the ace), extremely voluble, and anxious to impress me with the importance of her 'simpsons,' of which she was determined I should have a full and clear understanding before I prescribed. I produced pencil and paper, and told her to begin again, which she did with great gusto."

"My mis'ry, doctor, wuks right up from bofe my legs, an' up through my stummick, an' den crost my bowels, all a shaky an' a wiggy-waggy! Den my right shoulder, doctor. Law sakes!!! Dat yer mis'ry in my right sholder pow'ful bad sometimes. Den I has shootin' pains all up an' down my spine' dreadful! an' lumps in my flanks, an, a burnin' all over my right side, an' a roarin'! yes, honey, an' awful roarin' in my head, an' de bones all loose in my head. Den I has pains in bofe shoulders! an I has a draggin'

in my stummick an' my sistum very bad. Ef you b'live me, doctor, dar's a patch of mis'ry in de small o' my back an' w'en I stan' up pears like my insides dey stickin' to my spine! an' a wallowin' in my head, an' I don't got no appetite. I can't drink no fresh water, drinks all my water biled! In de night you can hear my head a roarin' an' a buzzin.' Den I has a hotness in the bone o' my neck, yes, doctor, right in de bone o' my neck an' at fuss a pang riz up right acrost my neck, and riz an' bust! I knowed it wasn't a blood-vessel else I'd a died sure!"—*Ex.*

Seeing the case is a colored person, I would suggest Bryonia. But an Allopathic dose of Quinine might be needed to satisfy her, as she seems to "enjoy poor health."
T. C. D.

News of the Week.

Died.—Dr. E. W. Stone, of Fort Atkinson, Wis.

Removal.—G. T. Greenleaf, M. D., of Chicago. has removed to Kansas City, Mo.

Lobelia.—A fatal case is recorded (*Jour. de Med. de Paris*, Sept. 9, 1882) of poisoning by Lobelia, taken in the form of an emetic.

The First Work exclusively devoted to midwifery was published in 1613, in Latin, by Eucharius Rhodion.—*Medical and Surgical Reporter.*

Homœopathic Medical Society of Western Massachusetts.—Twenty-third quarterly meeting at Cooley's Hotel, Springfield, Mass., Wednesday, February 21st, 1883.

Toy Pistol Surgery Limited.—A law forbidding the sale or use of toy pistols has been passed by the Vermont Legislature. The number of amateur surgeons will now lessen.

New York News.—The faculty and senior class of the New York Homœopathic Medical College, propose to organize an alumni association at the coming commencement, March 15, 1883.

The Nebraska Homœopathic Medical Society, and the Northwestern Academy of Medicine, will hold their annual sessions together at Lincoln, Neb., the last of May.
C. M. DINSMOOR, President.

Prof. E. C. Franklin informs us that he may *not* retire from the University at the close of the session, and he may be his own successor, current reports to the contrary notwithstanding. The regents must decide.

Homœopathic Dispensary in Marseilles.—Six physicians of Marseilles, France, have opened a free Homœopathic dispensary, dividing the days of the week between them for consultation. This is the re-establishment of a work formerly very flourishing, and discontinued for some time in that city.—*L'Art Medical, Paris.*

J. A. Dunlap, M. D., of Sullivan, Ill., was recently honored with the appointment of Medical Examiner of the Knights of Honor and Knights and Ladies of Honor. Dr. D., has twenty-two Allopathic confreres in his county and is evidently appreciated above them all. The epidemic disease prevailing there is measles.

The All-Healing Springs Journal of Health and Education is the lengthy title of a new four page sheet, issued from All-Healing Springs, King's Mountain, N. C., edited by H. P. Gatchell, Jr. M. D. A sanitarium is to be established where Prof. Gatchell will give the Homœopathic treatment, and Dr. Garrett the Allopathic system of medication. Perhaps Dr. Gatchell will tell our readers the special merits of these springs.

Facial Expressions of Pain.—Marshall Hall says that in general it may be observed the brow is contracted by pain within the head; the nostrils are drawn acutely upwards by pain in the chest; and the upper lip is raised and stretched over the teeth and gums by painful affections of the abdomen. These facial expressions would suggest Bell., Bry. and Colocynth.

Sassafras in Rhus Poisoning.—Dr. Hinton, in the *New York Medical Journal*, advises the use of sassafras root as an antidote to the poison of *Rhus toxicodendron*. A strong infusion is made of the bark of the sassafras root, allowed to cool and then applied frequently by means of cloths wet in it. Recovery may be expected within twenty-four hours.—*N. E. Med. Gaz.*

San Diego News.—"The City Trustees, together with the health officer met yesterday and reorganized the board of health. Dr. G. W. Barnes, who had previously been elected health officer, was chosen president, and Arnold Schneider, secretary." Dr. Barnes is an able Homœopathic physician and we are pleased to see that he is appreciated and honored.

News from Rome.—The Pope of Rome is said to have decided to found a library in Rome for the use of Catholic scientific students, and especially for the benefit of the Pontifical Academy of the Lincei. Several private collections have already been acquired, among them one that contains a rich collection of works on surgery, purchased at a cost of 25,000*f.*

Partnership.—Dr. Wm. C. Richardson, announces to his patrons and friends that he has admitted into partnership with him in the practice of medicine and surgery, Dr. Jas. T. Boyd, formerly of Indianapolis, where he was known as one of the leading and most successful practitioner for more than twenty years. The office will remain at 721 Chestnut Street, where either Dr. Richardson or Dr. Boyd may be found at all hours, day or night.

Brief Medical Education.—Dr. Clemmer charges that "medical colleges are notoriously more rapid than thorough in their work." He believes that "the time is not far distant, when the government will not only annihilate diploma mills, but remove the very features of medical education, that give rise to such violent abuse." They will needs prescribe the studies, the number of teachers, hours for each, and how rapidly and thorough the ground shall be gone over in each session. The number and length of the sessions will also need attention.

The Number of Physicians in the World.—According to calculations made by the Medical Academy of Paris, there are at the present time 189,000 doctors scattered over the world. Of these there are 65,000 in the United States, 28,000 in France, 32,000 in Germany and Austria, 35,000 in Great Britain and its Colonies, 10,000 in Italy, and 5000 in Spain. Putting aside pamphlets and memoirs innumerable, it is estimated that 122,000 works have been published on medical subjects. Among the writers 2,800 are American, 2,600 French, 2,300 German and Austrian, and 2,100 English.—*Med. Rec*

The American Institute of Homœopathy.—As already announced the thirty-sixth session of the Institute will be held at Niagara Falls, on June 19th. To prepare in season, the annual announcement and avoid changing the matter after it is set up, thus involving additional and unnecessary expense, all reports from the chairmen of bureaus and other matter properly belonging to the circular as usually issued, must be given in the hands of the secretary not later than May 1st. The headquarters for the institute will be at the International Hotel. Full particulars will be given at a later date.

J. C. BURGER, M. D., General Secretary.

PITTSBURG, PA., Feb. 10th.

The New specific Allopathic treatment of Typhoid Fever is Calomel, ten grains every second day and Iodine and Carbolic acid gtt's one or two gets one-half or one, three times a day. Quinine in twenty grain doses, and cold baths are used to reduce the temperature. "I call the treatment a modern treatment, because of late only has it been adopted by the authorities of this country.—Flint, Louis and Draper of New York; DaCosta and Pepper of Philadelphia."—*Toledo Medical and Surgical Journal*. A Homœopath who aborts cases with Baptisia and cuts short the course with Arsenicum, Bryonia or Rhus is a heretic of the first water, because he does not bow to "the authorities of this country."

A New Sign of Pregnancy.—Jorisenne claims to have discovered a new sign of pregnancy. Graves long ago called attention to the fact, that in all cases of hypertrophy of the heart the radial beat remains constant, no matter what be the position of the body. Assuming that a hypertrophy of the heart exists in pregnancy, Jorisenne has found that, while in health there is a variation of from ten to twenty beats in the radial pulse, according as the body is in an upright or horizontal position, in pregnancy no such change is observed. He advises that the pulse should be carefully counted when the patient is standing, then when sitting, and then when reclining. He has been able to make out the existence of pregnancy as early as the first month by this sign, when the only other symptom was amenorrhœa. His explanation of the reason for this uniformity of the pulse is to be given hereafter.—*Boston Medical and Surgical Journal*.

A Worthy Memorial Example.—A beautiful memorial of his daughter, who died last summer, has been made by Senator Edmunds, by endowing in her name a room in the Mary Fletcher Hospital, Burlington, Vt. Over the door, outside, a handsome tablet bears the name, "Julia M. Edmunds," and the date of the endowment. Within, the room is luxuriously furnished, every article in it being marked with the initials "J. M. E." On the wall hangs a superb engraving of Millet's painting, "L'Angelus." The endowment, \$5,000, provides for the support and care of one free patient, and its first beneficiary has just been received. Practical charity is not so common in this country but that so beautiful an example of it should be given extensive notoriety. No one could erect a more lasting or pleasing monument to the memory of a dear departed one than by following his worthy example. Our hospitals are none too rich; and such munificence would enable them to dispense even more charity than they do at present.—*Medical and Surgical Reporter*.

The United States Medical Investigator

VOL. XVII. No. 8. FEBRUARY 24, 1883. WHOLE No. 332.

Hospital Department.

COOK COUNTY HOSPITAL.—MEDICAL CLINIC.

SERVICE OF PROF. CH. GATCHELL, M. D., THURSDAY, JAN. 25, 1883.

Reported by F. R. Day, M. D., Resident Physician.

LADIES AND GENTLEMEN: I will pick up the thread of my discourse where it was left last week, and will continue the subject of

CHRONIC BRIGHT'S DISEASE.

We found, a week ago, that one of the factors in the production of the red granular kidney, was lithæmia, or a condition of the blood in which there is an excess of uric acid; that this condition was due to the ingestion of such quantities of nitrogenous food that much of it did not nourish the tissues, but was eliminated by the kidneys, thus imposing on them a double duty; that the condition was accompanied by dyspeptic symptoms, and was sometimes associated with a deposit of urate of soda in the joints, pain in the great toe, and other symptoms of gout; hence, the name, gouty kidney.

Another etiological factor having much to do with the production of this form of Bright's disease is alcohol. It has long been recognized as one of the most important causes of the malady. Just why it is that a man who has been in the habit of using liquors daily for years, should be so susceptible to kidney changes, has not been absolutely determined. It may be due to the power alcohol has in retarding tissue metamorphosis, so that when it has been taken internally for a long time, the system becomes so saturated with it, as to prevent the breaking down of tissues that should normally occur, and thus, most of the nitrogenous food which enters the blood, passes out again at the kidneys, unused.

Still another factor in the etiology of the disease is lead. At St. George's Hospital, statistics show that thirty per cent. of the cases of plumbism treated there, had the red granular kidney.

Dr. Dickenson, of the same institution, found that twenty-six of forty-two cases were similarly affected. There is abundant testimony to prove that lead-poisoning is peculiarly liable to induce chronic nephritis.

Let us consider the pathological anatomy of a red granular kidney.

Macroscopically, it will appear shrunken, to perhaps, one-half its natural size. When the capsule is peeled off, the denuded surface is granular and of a red color, hence the name. Cysts of various sizes are seen scattered over the surface. These cysts have been demonstrated to be dilated tubules. On section, the pyramids appear normal, but the cortex is contracted, has a granular appearance, and is darker in color than should be. If a section of such a kidney be examined with the microscope, the uriniferous tubules will present several different appearances. Some of them will have their epithelial lining intact, and will be, to all appearances, normal. In others, the epithelial cells will be swollen and cloudy, that is granular, quite different from the clear normal cell. In some of the tubules no cells can be distinguished, but the lumina are filled with granular masses.

These masses are composed of swollen granular cells bound together by fibrin, and when expelled from the kidney, are recognized by the microscope as broad granular tube casts. Other tubules have cells lining their sides, but the centres are filled with granular masses, which, when expelled, constitute the narrow granular casts. Still others are partly lined with epithelium, and partly denuded. Some are denuded throughout the whole extent. Such a tubule will soon be crowded together and collapse, having no lumen patent, and presenting under the microscope the appearance of a fibrous band. In some places you will find a tubule, choked with granular detritus, while the part beyond the obstruction is dilated. This dilatation constitutes a small cyst, and when it becomes sufficiently large, it is seen with the naked eye.

What is the clinical history of this disease? It generally comes on insidiously, and it is some time before the patient is aware that he is really sick. Considerable progress has generally been made before he goes to a physician, and it may be quite advanced before it is recognized as Bright's disease. It is preceded, as you have seen, by dyspeptic symptoms and urinary changes. There may be no dropsy in this form of Bright's disease. If there be any, however, it takes the form of œdema of the cellular tissue of the face and lower extremities. It is due to hydræmia. Another condition, which is not present in all cases, is hypertrophy of the heart. It is so common, however, as to preclude the idea of coincidence, and establishes it as one of the essential features of the disease. This is the reason, which, I think, is generally accepted, although there may be some dissenters to it. The blood, surcharged with lithic acid, is rendered irritating, and as it circulates through the system, it causes a spasm of the capillaries, which contracts their lumen, and the heart has more work to force the blood onward. It meets the extra demand made upon it by undergoing hypertrophy.

Another change met with is atheromatous degeneration of the arteries. Any artery in the body may be involved. A deposit takes place on the inner coat of the artery, which is grayish-white in appearance, much like fibro-cartilage or coagulated albumen. After undergoing atheromatous degeneration, it consists of cholesterin crystals, globules of fat, calcareous particles and albuminous substances. It is soft and pasty, and is deposited in lamellæ, which can be turned up as one would the leaves of a book. It occurs on the lining membrane of the vessels, while the membrana intima becomes thinner, soft, friable and easily dilated. This is the condition known as "brittle artery."

With hypertrophy and spasmodic contraction of the capillaries at one end, and the great force pump of the system working away at the other, and atheromatous degeneration of the arteries between the two extremes, another symptom, which occurs late in a certain proportion of cases is accounted for. The symptom I refer to is hæmorrhage. Epistaxis is quite frequent, and from what has just been given, it is easily understood. The arterioles of the Schneiderian mucus membrane are atheromatous, and rupture. There is no hæmostatic action of the blood, and so the bleeding is apt to be intractable. Cerebral apoplexy may occur as a result of rupture of one of the cerebral arteries.

The course of the disease is chronic and may run two, three, or even eight years. I once had a case of eleven years standing.

I bring before you two cases of the red granular kidney for the purpose of clinical demonstration. They have been in the hospital a little over four weeks. This man you have seen before. He was presented to you two weeks ago as an example of renal dropsy. At that time there was marked œdema of the lower extremities and slight puffiness of the face. I am able to say that there is now no œdema. The second case is one of longer standing than the first. The urine in both cases is characteristic of the disease, and this brings me to speak of its most important diagnostic feature. Urine of low specific gravity, pale color, containing more or less albumen; and having a slight sediment composed of tube casts, epithelial cells; granular matter and blood or pus corpuscles is pathognomonic of the disease, and on it alone a diagnosis can almost always be made. The low specific gravity distinguishes the chronic from the acute form. It usually ranges between the limits 1005 and 1015. These cases are respectively 1012 and 1010.

The albumen is present in varying quantities. No. 1 had thirty-five per cent. of albumen in his urine when he was admitted to the hospital. Now there is only ten per cent. Specimens from the second case contain about the same amount. Microscopical examination of the urinary sediment, shows it to be composed of granular casts and detritus, hyaline casts and a few blood corpuscles. The hyaline casts are supposed to be derived from the fibrin of the blood.

In the early stage of the disease the quantity of urine voided is about normal. Fifty ounces are being passed daily by No. 1. As it progresses, however, the quantity increases. No. 2 passes about seventy ounces during the night. Toward the close it again becomes diminished. The reason for these changes in the secretion is simple.

At first there is no change in the structure of the kidney to cause an excessive secretion of urine, but as soon as some of the tubules lose their epithelial linings, they play the part of malpighian tufts, and the watery ingredient of the urine is secreted in much larger quantities than it should be. You have virtually multiplied the number of malpighian tufts. Later, when the kidney has become contracted, the quantity is again diminished, because the secreting surface has been reduced. As the urine diminishes in quantity the œdema is likely to increase.

What are you going to do for this form of Bright's disease? I think there is but one remedy worthy of consideration, and it is lead. *Plumbum 6x trit.* is the only remedy I have used for the last eight years. Its relation to the disease you have seen, and clinical experience proves it to be of great value in the treatment.

Both of these men have made remarkable improvement since they were placed upon it. The œdema has disappeared, the quantity of albumen has been reduced, and the quantity of urine secreted by No. 2 has been materially diminished. I have so much confidence in the remedy, that I think a case of the red granular kidney taken in its incipiency, can be cured by it, and the progress of more advanced cases can be checked for a considerable length of time.

Six years ago I treated a case of incipient Bright's disease, in which the diagnosis was clear and unmistakable, with *Plumbum*. Recovery was prompt, and the man is in good health at the present time.

PLUMBIEM.

I consider myself fortunate in being able to show you in this connection a typical case of lead-poisoning, and thus be able to illustrate its close relation to the red granular kidney, and to prove its Homœopathicity to that disease.

Lead, in any form, will cause plumbism, and it can be introduced into the system in many ways. Pickles kept in glazed, earthen jars are dangerous, for the glazing is composed of a lead-salt which is dissolved by the acid in the brine. Litharge or Oxide of Lead is used sometimes to adulterate French wines, and has been known to cause plumbism. Soft water, flowing through lead pipes, will hold in solution a small per cent. of the lead. The entire household of Louis Phillip of France, was poisoned by drinking water which analysis showed to contain about the one-millionth part of lead, equivalent to our sixth decimal attenuation. Painters who handle white lead are liable to be affected, but the most exposed persons are those employed in lead-works. This case is such an one. There is a great difference in susceptibility. Some persons may be exposed for a year or more without being affected, while others come down with acute poisoning in a few months.

The symptoms vary from slight manifestations to death. The first thing noticed is a peculiar, sallow, earthen complexion. You see it in this man. He is pale and cachectic, resembling the cases of Bright's disease in appearance.

The most common symptom is colic, called lead or saturnine colic. It begins with vagrant pains, which soon develop into griping cramps in the region of the umbilicus, so severe that suicide has been attempted as a means of relief. Associated with the colic is very obstinate constipation. The bowels may not move for four or six days; and when they do, only one or two hard balls or scybalæ will be passed. Another manifestation of the disease is lead paralysis. The paralysis affects, by its elective action, the extensor muscles of the upper extremities. The accompanying contraction of the flexor muscles of the hands, give rise to a characteristic appearance called wrist-drop. The affected muscles undergo fatty degeneration, and their reaction to the electrical current is lessened, which is a point sometimes used in making a diagnosis.

The lead is in chemical union with the albumen of the system and cannot be detected until the organic constituents are disposed of. If we were to cremate this man and analyze his ashes we might, as a result, obtain enough lead to make a bullet.

A characteristic feature of the disease is the blue line running along the edges of the gums at the insertion of the teeth. The dark margin at the very edge has been demonstrated to be the black sulphide of lead and probably is formed by the lead in the tissues being acted upon by the sulphuretted hydrogen which arises from the decomposition of small particles of food between the teeth.

Atheroma of the arteries, arthralgia, gout and kidney degeneration are other features which combine to make the clinical history. What comparison can we make between poisoning by lead and contracted kidney?

In cases of plumbism we observe a peculiar cachexia which resembles

closely in its external appearance the cachexia of Bright's disease. Atheromatous degeneration of the arteries, digestive disturbances, gout and urinary changes are common to both.

Our patient is passing through the stage of the disease which resembles lithæmia. This specimen of his urine, you see, has an unusually heavy reddish sediment of urates, which is constant.

The pictures correspond closely, and it is not surprising that Plumbum is used with success in the treatment of Bright's disease. The form of lead poisoning you will be called upon most frequently to treat will be the saturnine colic. Our practice is to give Opium 3x, combined with milk diet, and enemata of warm water.

Clinical Medicine.

FROM THE FIELD OF PRACTICE.

REMEDIES INDICATE—DESIRES TO BE ROCKED.

HYDE PARK, Ill., Feb. 14, 1883.—Have had an epidemic of catarrhal troubles; influenza, tonsillitis, bronchitis and in children a number of cases of catarrhal fever. Tar. em. and Lyc. have been the remedies most frequently used. I wish to call attention to a strong indication for Lyc. that is not often mentioned, viz: *Awakes terrified; child cries for some time and will not be quieted.* Lach. and other remedies were given but gave no relief and the above remedy answers well. Will some of your readers give me the remedy for this symptom: "*Desires to be rocked.*" It has been prominent during the present epidemic but Cham., Ant. cr., Borax, Am. etc., do not relieve. Most of the cases in which the above symptoms was present, the little ones desired to be rocked *hard* no gentle moving being satisfactory. W. S. G.

EXPERIENCE WITH OVA TESTA.

BY A. C. BINGHAM, M. D., HARVARD, ILL.

When I saw the reported good effect of Ova testa in leucorrhœa in the Jan. 6th No. of THE UNITED STATES MEDICAL INVESTIGATOR, I concluded to try it. I had a case that I had given everything I could think of without effect. I had spent many a weary hour looking in vain for a remedy. It had the profuse leucorrhœa and that peculiar "broken back" symptom of Ova testa. I gave the 2x trit. a dose once a day as directed and in a week there was a marked improvement. The case is now well. The patient being a lovely daughter, I feel grateful for the fact given by Dr. Edson.

I have also prescribed the Ova testa in cases where they have complained of that "broken back" symptom, even when they did not have leucorrhœa and invariably with good results. Is that symptom due to a spinal congestion?

Another experience I had that may be of interest. A little child got hold of the bottle and ate about a teaspoonful of the Ova testa 2x. It made her deathly sick and she vomited fearfully. As an antidote, I gave Hosford's acid phosphate, and she was soon all right. Phos. acid is evidently an antidote to the Ova testa.

MERC. IOD. CUM KALI IOD.—CATARRH.

BY D. E. FORISTALL, M. D., ATCHISON, KANSAS.

Mrs. ——— after taking cold is affected thus: first a raw feeling in the fauces which increases in soreness for about twelve hours, when a profuse, watery secretion takes place so profuse that she has to keep spitting all the time, and cannot sleep because the mouth fills so fast. There is not much fever but the sensation is very disagreeable.

This disposition to catarrh of this peculiar variety has continued from childhood, and affects some of her brothers and sisters in the same way. Arum try., Ars., Acon., Merc. iod. and any other remedy I thought would or might relieve had been tried, but could not see any good results. I saw mentioned in some short article Merc. iod. cum. kali iod. for catarrhs, and determined to try it on the first occasion.

A severe attack soon occurred, and I gave the 2x trit. in oft repeated doses. After taking two or three powders, relief was manifest. The attack was cut short fully one half, and was not so intense as formerly after the onset. Since then I have used it whenever the rawness of the throat begins, and two or three powders is all that is necessary to produce a cure, unless the attack is very severe, when the rawness and profuse secretion last not longer than twelve hours, instead of twenty-four to thirty-six hours as formerly, and sometimes less than twelve hours. Since using it in this case, I have had access to Hale's Therapeutics of New Remedies, and find the indications for its use very plainly marked out.

RHUS TOXICODENDRON IN COLIC.

In 1882, during my practice in northern Michigan, I often had surprising results from this drug which convinced me that either the provings are not all correct or the law *similia similibus* is to be questioned. Allow me to cite some cases where results surprising to both myself and the patients were obtained by its use. Two wood choppers were taken down with cramps in the bowels doubling up jack knife fashion. The very similia that of Colocynth, which drug was administered with no result. I tried Camphor, Gels. and Bell. but finally had to relieve the pain by administering Opium in heroic doses. There was no elevation of pulse nor temperature, the bowels dormant, with constant urging to stool and tenesmus. I tried Nux 2x, and later Aloes but absolutely no result. The pain had by the second week descended to the small intestines. No other symptoms came to my aid except perhaps there was loss of appetite. In the mean time a gentleman and wife living in the same house were taken down with the same symptoms, Colocynth again tried but "no go." They helped themselves to a dose of cathartic, the lady took castor oil, the gentleman took a good dose of Magnesia sulph. for his. The result was that I was called in the middle of the night and enemas of water were administered and ditto Opium to allay the pain which the lady compared to violent "birth pains." The gentleman having shown some symptoms of rheumatism, Rhus 1x was given, drop doses every hour beginning at 8 o'clock in the evening till the following morning, when I found my patient out of bed saying: "Doctor, do please give my wife the

same kind of water its worth more than all the medicine," and the same kind of water was given her and the two choppers with the same gratifying results. About two weeks later I was called in consultation by two brother physicians of the Old School to a case diagnosed as intussusception of the bowels. I had to coincide in the diagnosis. The abdomen was distended enough to serve as a base drum for any first class brass band. Pulse small and hard, 138 and temperature 106.4°. Turpentine emulsion had been given and one-fourth grains of Morphia hypodermically. I tried Rhus and Carbo veg. 5x. In a few hours the patient passed "some" flatus; he had passed some the day before, and in one week the patient had made pretty good recovery. Now the four first mentioned had no fever or inflammatory symptoms which the last one presented, still Rhus tox. did the work in good style. None of our provers mention cramps in Rhus. Dr. Burt in his *materia medica* quotes from Drs. McNeil and Hg. (Hughes?) But neither Dr. Cowperthwaite nor Woodward mentions it, nor could I find any concomitants to help or guide me.

J. A. CARLSTEIN.

A MEDICAL WOMAN'S EXPERIENCE.

A CHALLENGE ACCEPTED.—MERC. IOD. CUM KALI JOD. IN PERTUSSIS.

Yours of Jan. 27, came to me, and with great interest. I opened it, hoping to find, as I often do, something to relieve the immediate mental anxiety of some obtuse case. I always scan the "contents," and when I came to "Lady Physicians," page 86, it was by force of will power I still glanced down the column, but finding nothing on the desired topic, page 86 so I found me pinching it almost out of THE INVESTIGATOR, and reading: "It was urged against the admission of women to membership of the American Institute of Homœopathy, that they took little part in professional work," and, "Strange as it may seem that, although they now enjoy full fellowship in all of our medical societies, their contributions to the *materia medica* and therapeutics, have been meagre in the extreme. Possibly they have collected many facts, but are too modest to present them." This last sentence may have been in the *thought* of the writer either intended as an excuse, as a sneer, or as a challenge, and will be translated by the medical women, according to the material of which they are composed. In the west, our lady physicians are, almost without exception, young in the profession, and have much to contend with. When I was in college, one of our professors said before the whole class, that it was "Usually the case, when a woman in practice gets into trouble she calls some man to help her out." My blood boiled within me then as it did this morning when perusing the last sentence of my first quotation, and as it has many, many times, but I have usually shut my teeth and said to myself, "Just wait, just wait, *time* will tell." But I feel I *cannot, must* not wait, and that the *time* has come for me to, at least, begin to say what I think. As to "always calling on a man to help us out of trouble," pray tell me what else are we to do? The men would rise, *en masse*, and exclude us from the profession, if we should take too much responsibility on ourselves, and so do harm, or at least be censured by the people, where we should have counsel, and what other counsel but men *have* we, as but one city in the state can boast of more than one Homœo-

pathic lady physician, (and that has only been since the above remark was made). If we were to send far away for another lady, with no more *experience* than *ourselves*, when a gentleman of *large* experience is just across the way, it would call down upon us the laugh of every man in the profession, and most (not all) would say, "Just like a fool of a woman." Possibly there is *real truth* in that excuse, sneer or challenge. What would a woman be without "modesty?" There is a *false* modesty, and perhaps some of us are thus *afflicted*; but if there is one thing women hate, it is to be laughed at, when it will do *no good* to be thus the mark of ridicule; but where do you find the women so ready to come to the front as the men, that is, to make their ideas public, and thus be subjects for general discussion. Even though they may be doing equal work, you do not find it, even in the churches.

The writer of "Lady Physicians" has a large bump of tact, for he finishes his remarks with a well-deserved compliment to one of those under criticism. If all the ladies who read this article are roused as I have been, you will have your columns crowded with better thoughts than I can give you, but do be assured that the "Lady Physician" of to-day needs *encouragement*, rather than *severe criticism*. We that are young in the profession, cannot but feel that even when we *think* we have made a *discovery*, that it may be *old*, and discussed only a little while ago in your journal. To show my good will and desire to do my part in the world, I will give experience with Merc. jod. cum. kali iod. 2x in pertussis.

Had some cases in early winter in which Drosera, Bell., etc., brought the desired result. About the middle of December, a boy of eleven proved to be a case that steadily grew worse, although I tried a number of remedies according to indications. In the morning there was an aggravation of all the symptoms; dyspnœa; fluent coryza; face swollen; eyes blood-shot; and the long, convulsive paroxysms leaving him perfectly prostrated. The more I failed, the more I burned the midnight oil over *materia medica*. Homœopathy was surely all right but I was all wrong. I found some of the prominent symptoms in Merc. jod. cum. kali iod., and dropping all other remedies, found it a perfect relief. The improvement was decided from the first dose, and in ten days every symptom of whooping cough had disappeared.

CASE II. Baby ten months old; very fleshy; symptoms nearly the same, though the eyes were not blood-shot; the aggravations were in the evening; after the paroxysms the breath seemed gone, and the parents thought she was dying before my arrival. I gave but five powders of Merc. jod. cum. kali iod. to entirely relieve the paroxysms, which did not return.

WATERLOO, Iowa.

FLORA S. GLEASON.

Correspondence.

OTHER GOOD BOOKS.

I also send you a list of practical Homœopathic books which should be always consulted by all the Homœopathic physicians; 1st. Jahr's (40) Forty Year's Practice; 2nd. Hughes Therapeutics; 3rd. Grauvogls Work's; 4th. Lippe's Repertory; 5th. Lutze Practice; 6th. J. M. Gosse's American Practice. This book should be in the hands of every Homœopathic physician.

JOHN H. HENRY.

THE UNITED STATES MEDICAL INVESTIGATOR

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and close thought (the great sources of medical knowledge), on any subject pertaining to medicine.

THE ALLOPATHIC WAR ON ETHICS.—The internecine war in the Allopathic ranks, precipitated by the New York Medical Society in adopting a revised code of ethics a year ago, received a new impetus at the recent meeting of the same body. Our readers will remember that this society modified its code, allowing its members to consult with any legally qualified, medical man in emergencies, as the welfare of humanity dictated. Legally, all graduates in medicine are recognized as physicians in the state of New York. Therefore, being on a par in education and before the law, it was but natural and right that all ethical objections should be removed. This step in reform, made one year ago, was hailed with marks of approval by all the secular press. All was serene until the meeting of the American Medical Association, when a batch of protests poured in, objecting to the New York delegates being received. These were referred to the judicial committee and reported back, refusing the credentials of the New York Society, because its code was inconsistent with that adopted by the National body.

What will the New York men do now, was the query? Advice has been given them by the wholesale. No question has stirred the Allopathic ranks so profoundly, for it amounts to a virtual recognition of Homœopathy, or rather, that ethics should be on a par with law, and in the interests of humanity.

The recent meeting at Albany was a large one. Both sides mustered their forces. The state had been deluged with circulars, and when the question came up the room was packed to suffocation. The debate on resolutions to repeal the new code and adopt the old one was spirited, witty and fiery. Squibbs, the druggist, led the hosts to overthrow the new code. Roosa, Piffard, Agnew, led the opposition, and the war waxed hot. The vote for repeal stood 99 ayes to 105 nays. This does not settle the question. It only defers it one year, as will be seen by the following:

Dr. Roosa then offered the following, which was on motion of Dr. Wey, of Elmira, laid on the table for one year:

The Medical Society of the State of New York, in view of the apparent sentiment of the profession connected with it, hereby adopt the following declaration, to take the place of the formal Code of Ethics, which has, up to this time, been the standard of the profession of the State.

With no idea of lowering in any manner, the standard of right and honor in the relation of physicians to the public and to each other, but, on the contrary, in the belief that a larger amount of discretion and liberty in individ-

ual action, and the abolition of detailed and specific rules, will elevate the ethics of the profession, the medical profession of the State of New York, as here represented, hereby resolve and declare, that the only ethical offences for which they claim and promise to exercise the right of discipline are those comprehended under the commission of acts unworthy a physician and a gentleman,

Resolved, Also, that we enjoin the county societies and other organizations in affiliation with us, that they strictly enforce the requirements of this code.

The gist of this controversy should be published far and wide. This is but the first symptom of an overthrow of the regulars, as a distinctive class.

Society Department.

MEETING OF THE HOMŒOPATHIC PHYSICIANS OF BEAVER COUNTY, PA.

Pursuant to a call the Homœopathic physicians of Beaver county met at the office of Dr. G. S. Boyd, Beaver Falls, on Thursday, January 8th, at 2:30 P. M., for the purpose of organizing a County Medical Society. There were present Drs. G. H. Smith, Rochester; J. S. Boyd, New Sheffield; G. N. Nippert, New Brighton; C. I. Wendt, New Brighton; J. G. Thompson, New Brighton; G. S. Boyd Beaver Falls; P. D. Liscomb, Beaver Falls; Wm. Raymer, Beaver Falls.

On motion Dr. Liscomb was appointed temporary president, and Dr. Raymer Secretary. The meeting was declared to be ready for business.

The President was empowered to appoint a committee of three to draft a suitable constitution and by-laws for governing this society, and the following were appointed: Drs. Wendt, Smith and Thompson. It was decided not to name the society until the next meeting, which will be held at the office of Dr. Liscomb, Beaver Falls, February 15, 1883, at 2 P. M., at which time the committee on constitution and by-laws will report. There being no further business, on motion adjourned.

COLLEGE OF PHYSICIANS AND SURGEONS OF MICHIGAN.

Feb. 5th, 1883. Dr. C. A. Walsh was elected lecturer for the month of May. Dr. McGuire, the lecturer for the month, read a paper on "Disturbances of Vision through sympathetic irritation." The chief point of interest was in the effusion into the post-retinal space, with atrophic changes in the optic nerve. The chief difficulty in treatment was the inability to make an early diagnosis, the initial symptoms lacking in suggestiveness. He had usually seen such cases when far advanced, and while the conditions were similar to those observed in atrophy or fibrous degeneration of nerves generally, such remedies as *Arg. nit.* and *Silic.* had given only negative results. *Verat. vir.*, and *Nux mosch.*, had done good service, but the prognosis was always to be considered bad.

Under the head of "Clinical reports," Dr. Griffin spoke of a case of felon^m

in which the parts became gangrenous, improving rapidly under the use of per-oxide of hydrogen, when all other so-called antiseptic remedies had signally failed. Dr. Younghusband gave a number of cases of extensive ulceration, and some malignant cases of diphtheria that had been cured by this agent.

Feb. 13, 1883. Dr. Phil. Porter, appearing as a substitute for the lecturer, read a highly interesting and instructive paper on "Dysmenorrhœa," considering the term to apply to all cases of painful menstruation, even when the symptoms were at a distance from the genital tract. It was this last form that he particularly considered at this time. Indications were given for a number of remedies. *Agnus cast.*, *Cauloph.*, *Arg. nit.*, *Alumina*, and *Sepia*, had done him the best service.

Under "Clinical reports," Dr. Gilchrist related a case of lupus exedens, well advanced, that had been cured in the course of four months by *Aurum tryph.* followed by *Arsenic.* Another case of lupus non-exedens, relieved by *Caut.* still under treatment. The indications for the remedy were the thin, excoriating discharge, and the thick dirty crust. Dr. Craig related a case of diphtheria that proved fatal, notwithstanding the per-oxide of hydrogen had been used. He had treated a large number of cases, and found the cases did better in proportion as he avoided local treatment. The remedies used oftener, were *Merc. iod.* or *bisiod.*, *Gelsem.* or *Kali bich.* Drs. Gaylord, Bailey Griffin, McGuire, Porter, and Gilchrist expressed dissent with all forms of local treatment, but some of them had occasionally used gargles, more to satisfy the patient than from any good results that might be expected. Dr. Walsh used local treatment largely, and had very flattering success. Dr. Gaylord spoke at some length of the necessity for a correct differential diagnosis between follicular pharyngitis and diphtheria. He thought many cases of diphtheria were grafted on a previous pharyngitis.

THE NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

FIRST DAY—MORNING SESSION.

The Court of Appeals room, at the new Capitol, was well filled at the opening session of the thirty-second annual meeting of the State Homœopathic Medical Society, Feb. 13. Roll call was responded to by the following:

Permanent Members.—Albany county, Drs. H. M. Paine, E. D. Jones, C. E. Jones, George A. Cox, C. E. Goewey, Herman Switz and H. L. Waldo; Broome county, T. L. Brown, M. D.; Columbia county, P. W. Mull, M. D.; Dutchess county, Anna C. Howland, M. D. Erie county, W. B. Kenyon, M. D.; Kings county, E. Hasbrouck, M. D.; Madison county, Geo. B. Palmer, M. D.; New York county, Drs. Charles A. Bacon, H. C. Houghton and J. W. Dowling; Ontario county, N. B. Covert, M. D.; Orange county, John J. Mitchell, M. D.; Rensselaer county, E. S. Coburn, M. D.; Washington county, A. W. Holden, M. D.; Wayne county, W. B. Brown, M. D.; delegates, Dutchess county, J. R. Strong, M. D.; Kings county, Drs. John L. Moffitt and Susan S. McKinney; New York county, Drs. J. H. Demarest, A. P. Williamson, Walter Y. Cowl and Charles Deady; Oneida county, W. O. Terry, M. D.; Orange county, C. Spencer Kinner, M. D.; Otsego county, P. G. Clark, M. D.; Queens county, B. L. B. Baylis, M. D.; Seneca

county, Albert J. Frantz, M. D. ; Tompkins county, C. E. Van Cleef, M. D. ; Washington county, Drs. C. J. Farley and Lyman A. Clark.

There was also present as visitors Drs. D. E. Collins, C. J. Hasbrouck, Gertrude G. Bishop, B. R. Gifford, J. E. Slaughter, O. E. Pratt and W. W. French.

The president, Dr. John J. Mitchell of Newburgh called the meeting to order at half-past ten o'clock, after which prayer was offered by Rev. Dr. Smart. A brief preliminary address was then made by the president who congratulated the society on the harmony, enthusiasm and success that had attended its labors during the year. He said they should frown down all attempts that might be made, to limit the individual freedom of any member of the society, or to in any way add new articles to their creed. Referring to the bill before the legislature in regard to a board of state examiners, for license to practice medicine, Dr. Mitchell said that it was a matter for very careful and thoughtful consideration. He suggested a change in the method of nominating for regent's degree, and for honorary membership of the state society. As the doors of the society had been opened to all applications for permanent membership which shall comply with the by-laws, it becomes very important that the boards of censors act with extreme caution, and exercise extra vigilance, reporting favorably upon those cases alone, which they are quite sure will honor the society by permanent membership.

On recommendation of the board of censors the following physicians were elected permanent members of the society: A. M. Woodruff, M. D. ; C. Spencer Kinney, M. D. ; S. T. Birdsall, M. D. ; J. F. Atwood, M. D. ; A. C. F. Von der Liibe, M. D. ; Robert Boocock, M. D. ; W. W. French, M. D. ; Wm. Zoller, M. D. ; L. L. Brainard, M. D. ; C. D. Hale, M. D. ; G. A. Tracy, M. D. ; G. H. Fulford, M. D. ; E. E. Snyder, M. D. ; C. F. Millspaugh, M. D. ; A. J. Clark, M. D. ; Alex. V. Stobbs, M. D. ; J. E. Slaughter, M. D. ; J. C. McPherson, M. D. ; A. B. Carr, M. D. ; W. L. Miller, M. D. ; James A. West, M. D. ; W. B. Kenyon, M. D.

The following named physicians having made application for permanent membership, through the recommendation of three permanent members, in accordance with the new law passed last winter, were placed in nomination and referred to censors: George E. Gorchman, M. D. ; Alex. M. Curtiss, M. D. ; Clarence M. Conant, M. D. ; A. Wilson Dods, M. D. ; F. W. Adriance, M. D. ; Sayer Hasbrouck, M. D. ; Wm. More Decker, M. D. ; John L. Moffat, M. D. ; W. T. Laird, M. D. ; F. F. Laird, M. D. ; Walter Y. Cowl, M. D. ; Susan S. McKinny, M. D. ; James F. Doolittle, M. D. ; Ermina C. Eddy, M. D. ; John N. Tilden, A. M., M. D. ; Geo. W. Seymour, M. D. ; Clark Otis, M. D. ; Geo. H. King, M. D.

Committee on auditing, credentials, invitations and the President's address were then named and a number of reports offered.

Drs. J. L. Corbin, Athens, Pa. ; W. B. Camberlain, Worcester, Mass. ; and D. B. Whittier, Fitchburg, Mass. ; were nominated for honorary membership to the society.

Drs. John W. Dowling, R. C. Moffat, C. E. Goewey, L. M. Kenyon and H. M. Paine were nominated for the Regent's degree, to which Drs. Dowling, Kenyon, Moffatt and J. J. Mitchell were elected.

The following names were then placed in nomination for the election of officers:

For President—E. Hasbrouck, Brooklyn; Alfred K. Hill, J. H. Demerest, Wm. Tod Helmuth, New York and H. M. Paine, Albany.

For Vice President—W. B. Kenyon, Buffalo; and W. H. Barnes, Catham.

Second Vice President—W. M. Butler, Middletown; R. A. Adams, Rochester, and A. P. Williamson, New York.

Third Vice President—L. A. Clark, Cambridge.

Secretary—A. P. Hollett, Havana.

Treasurer—E. S. Coburn, Troy.

Dr. Charles A. Bacon, from the bureau of histology, presented a report and papers were read by Dr. W. S. White, on "the Nerve Supply of the Kidney," and Dr. R. R. Greggs on "All Classes of Organized Tissues but one Nourished in excess in Phthisis."

Communications were received and read from Drs. Garruthers, of Alleghany City, Pa. and S. S. Guy, of Brooklyn, also from the secretary of the State Homœopathic Institute at Minnesota.

Reports were also received from the committee on legislation and the auditing committee. The committee on medical societies and institutions reported thirty-nine societies auxiliary to the State Society, and a large number of institutions in a prosperous condition.

Dr. A. W. Holden read a report of the necrologist, giving brief biographies of deceased members. A recess until three o'clock was then taken.

AFTERNOON SESSION.

When the members next came together, a motion was made to suspend the by-law in relation to the election of members, and this being done the gentlemen whose names were proposed and referred to the censors during the morning were declared permanent members. The remainder of the session was devoted to reading papers, as follows: Dr. H. M. Paine, of Albany, on "Objections to the Separation of Dynamic from Homœopathic Practice and the Reasons Offered for Such Separation." Dr. Walter Y. Cowl, of New York, on the "Definition of a Homœopath;" Dr. T. L. Brown, of Binghamton, on "The Symptoms which Indicate the Right Remedy;" Dr. J. W. Dowling, of New York, on "Valvular Diseases of the Heart," with specimens; Dr. Asa S. Couch, on "The Prophylactic Value of Belladonna in Scarlatina;" Dr. R. C. Moffat, of Brooklyn, on "The Treatment of Scarlet fever," read by his son, Dr. J. L. Moffat.

These papers were ably discussed by the various members present, after which the society adjourned to meet at half past eight o'clock in the Assembly chamber of the New Capitol.

THE EVENING SESSION.

In addition to those present at former meetings a large number of visitors students, Assemblymen and others assembled at the evening session. Promptly at half-past eight o'clock Dr. Hasbrouck arose and introduced the president, Dr. John J. Mitchell, of Newburgh, who proceeded to deliver his annual address, taking as his subject "The Future of Homœopathy." Dr. Mitchell said: "It is my duty this evening to present to the society which I represent, the thoughts of inspiration which have been gathered by a review of the field of our professional life during the past year." The speaker then proceeded to review the history of the school he represented and its past

treatment at the hands of the so-called "regular" physicians. Referring to the recent action of the Allopathic State Society, the doctor said: "I am proud of the heroism these medical gentlemen have displayed in thus fighting the battle for freedom of opinion, but so far they have won but the beginning of a skirmish line. We are content, perfectly. Our schools are increasing and our numbers were never so large. Hospitals, dispensaries and insane asylums are coming under our control in numbers rather greater than our professional corps can thoroughly man. As to success in our practice, we have presented statistics until we are tired, all demonstrating to the unprejudiced student that in the great mass of curable diseases our mortality is scarcely one-half that of our professional brethren of the "regular" school. Extended reference was also made to recent magazine articles on the Homœopathic school of medicine, and instances quoted at length showing the fallacy of the view there held. Further on the speaker referred to the success of the school he represented, and asserted that "the mortality bills of any city will show that there is a difference of from twenty to fifty per cent in favor of the Homœopathic physician when contrasted with one of the regular school, of equal patronage and practice. A definition of Homœopathy was then given by the speaker as follows: "It is deriving a knowledge of the effect of drugs by proving them, more or less extensively, upon the healthy; and a meeting diseased condition by exhibiting as a remedy that drug which, when given in health, will produce symptoms and conditions most nearly identical to those met with in the patient." The methods adopted in proving the remedies were then briefly described and typical cases quoted in illustration. In conclusion Dr. Mitchell said: "The battle for liberty of opinion upon medical subjects has just begun in the ranks of the "Regular" school. We believe that the conflict will be continued and that it will in time succeed. We are to continue as a school of medicine, distinctively liberal in its character, ever holding out hands of welcome to any one, educated to the level we have fixed; yes, refusing no one, provided he be lawfully educated as a physician, and honorable and true. It is evident that I have no dread of our future; with such a dawn, surely at "eventide it shall be light." The time of which I dream will surely arrive. In the triumph of the cause I advocate to-night, all party lines shall be broken. Then the banners of the "Eclectics," of the "Regulars" and of the "Homœopaths" shall be lowered, in order that party watchwords being erased, the noble legend of "Scientific Medicine" may be emblazoned thereupon. When the day shall come, there shall go forth from the ten thousands of our hosts the loud acclaim "*Ecce Triumphant.*"

The speaker was greeted with hearty and prolonged applause at the close of his address, and, on motion of Dr. Dowling, received an unanimous vote of thanks from the society. The meeting then adjourned until half-past nine o'clock this morning.

SECOND DAY—MORNING SESSION.

The final session of the State Homœopathic Medical Society was held Feb. 14, Dr. J. M. Mitchell in the chair.

In response to a call for the report of the bureau of ophthalmology, Dr. Kinney, a delegate from the Connecticut Society, came forward and read a

report on the subject from the proceedings of that society, at which he was present.

Dr. A. P. Williamson, chairman of the bureau of mental and nervous diseases, read his report by title.

Dr. Carmichael read a paper on "Granular Endometritis," and introduced improved instruments to illustrate his remarks.

The society then proceeded to elect officers with the following result:

President—Dr. E. Hasbrouck, of Brooklyn.

First Vice President—Dr. W. B. Kenyon, of Buffalo.

Second Vice President—Dr. A. P. Williamson, of New York.

Third Vice President—Dr. L. A. Clark, of Cambridge.

Secretary—Dr. A. P. Hollett, of Havana.

Treasurer—Dr. E. S. Coburn, of Troy.

Censors were also chosen as follows: Northern district, W. A. Holden, M. D., George W. Little, M. D. and D. N. Clark, M. D.; Southern district, H. C. Houghton, M. D., J. L. Moffatt, M. D., and W. Y. Cowl, M. D.; Middle District, Geo. B. Covert, M. D., and H. O. Terry, M. D.; Western District, Chas. Sumner, M. D., A. R. Wright, M. D., and E. W. Rogers, M. D.

The committee on nominations reported for heads of the various bureaus the following: Surgery, F. E. Doughty, M. D.; obstetrics, R. E. Moffatt, M. D.; clinical medicine, Geo. E. Gorham, M. D.; materia medica, F. F. Laird, M. D.; mental and nervous diseases, C. S. Kinney, M. D.; gynecology, J. J. Mitchell, M. D.; laryngology, Chas. E. Jones, M. D.; ophthalmology, Chas. Deady, M. D.; otology, H. B. Covert, M. D.; pædology, Chas. R. Sumner, M. D.; climatology, A. P. Throop, M. D.; histology, J. A. Bigelow, M. D.; statistics, W. B. Kenyon, M. D.; necrologist, A. W. Holden, M. D.; medical ethics, J. W. Dowling, M. D.; legislation, S. H. Talcott, M. D.; physical diagnosis, J. W. Dowling, M. D.; societies and institutions, A. P. Williamson, M. D.; medical education, Charles A. Bacon, M. D.

On ballot, Ithaca was named as the place of the semi-annual meeting, the time of which was fixed for the second Tuesday in September.

Papers were then read by Dr. Baylis, on "Strangulated Hernia;" Dr. Houghton, on "Do Children Outgrow Ear Diseases," and Dr. Terry on "The Value of Bromine in Phlegmonous Erysipelas, Pus Inoculation, and Rhus tox. Poisoning."

Dr. Cowl, reporting on "Vital Statistics," said experience proved the necessity of large scarification in vaccinating.

Dr. Terry, from the bureau on surgery, read a paper on "Bromine in Surgical Practice," by Dr. George Allen, of Watertown.

Drs. S. A. White and T. S. Armstrong, were then elected permanent members, after which a number of reports were presented by the various bureaus, and the society adjourned *sine die*, at one o'clock.

The full report and extreme value of the papers read, will appear preserved in the transactions.

Consultation Department.

FOR THAT HEADACHE CASE.

That headache case on page 129 seems to be of malarious origin. Symptoms hint strongly to *Apis mel.*, *Cyclamen*, *Hydrastis*, *Magnesia phos.*, *Theridion*, etc. Does not the patient use too much strong tea? S. L.

FOR THAT ABORTION CASE.

Abortion in early part of pregnancy, *Apis*; abortion during third month, *Apis*, *Actea racemosa*, *Kali carb.*, *Crocus*, *Subina*, *Secale*, *Thuja*; abortion from fifth to seventh month, *Sepia*; abortion in last months of pregnancy, *Opium*. S. L.

WHAT IS IT AND WHAT WILL CURE ?

Mrs. E. M., aged fifty-eight years, ceased menstruating at forty-three. Some eight years ago, a small bunch the size of a currant, made its appearance on the lower portion of the right labia. It has spread along the edge to the upper part, back to the groin, then down, almost to the anus. After micturating, when drying the labia ever so carefully, it will produce an intolerable itching and voluptuous burning, causing the eruption to swell and look almost like a large angle-worm. Inside of labia has a dark purple look; the eruption sometimes exudes a sticky, transparent substance, which does not color the linen but stiffens it a trifle.

The lady is of good moral character, mother of three grown up children. Her general health good; has been treated by an Allopath until three weeks ago.

Please, some one, give a remedy that will cure, and oblige C. L.

A COUGH CASE FOR COUNSEL.

H. C., aged twelve, nervo-bilious temperament, subject to bronchial troubles, took a cold from getting feet wet. Began coughing soon after, the cough being dry, with headache worse when coughing; pain in chest, and presses it with the hand when coughing. Cough worse when lying down. Worse when lying on left side and better when on right side. Has pain in right shoulder and same side of neck when coughing. Cough is now loose; worse at night; in spells lasting twenty to forty minutes; bowels regular; appetite fair; has a sallow look; expectoration white, at times green. Has taken *Bry.*, *Nat. carb.*, *Phos.*, *Hyos.*, *Dros.*, *Dul.*, *Tar. em.*, *Lyc.*, but received but a few doses of some of them. The cough is now loose, but still has nightly aggravations, especially when lying on left side. Still complains of pain in right shoulder when coughing. G.

ANSWER TO "B. C." IN THE FEBRUARY 10, NUMBER.

If we take the isolated symptoms as given by the doctor, we will place among the curatives for this case a number of remedies which, I presume, has been tried, such as *Ars.*, *Nux*, *Bismuth*, *Bry.*, *Merc.*, *Lycop.*, and perhaps others. The case, while it presents many symptoms very markedly, yet is in many respects a blind one. I wish to call Dr. B. C.'s attention to these symptoms, particularly of *Cocculus*, taken from Hering's *Condensed Materia Medica*, "Vertigo; headache with nausea; weakness of the

muscles of the neck ; disposition to vomit, with headache and pain in the bowels as if bruised ; hard stool ; scanty discharge of black blood." Hempel and Arndt give, "Sickness at the stomach with headache, and a feeling as if the bowels were bruised." A case is given by them of spinal irritation treated by Dr. Small with *Cocculus*, 6x dilution, in which he says recovery was complete. The two cases correspond in some important features.

Cocculus corresponds as near to this case as symptoms in the *materia medica* correspond to symptoms in disease usually, and if it should not prove curative to the case in question, it will so modify it that Dr. B. C. will see some remedy clearly pointed to by the symptoms. *Crocus* has two symptoms in common, viz : vertigo with confusion, and menses dark, clotted and stringy. I have had good results lately in headaches with fullness, with *Ferrum phos.* 3x trit.

Avena sativa has the terrible occipital headache, and perhaps it may be of service to Dr. B. C., but *Cocculus* seems to me to hold the preference. After *Cocculus* study the antipsorics.

Let us hear from the case again.

D. E. FORISTALL.

ATCHISON, KAS.

News of the Week.

Itush Medical College, Chicago, graduated 179 students this year.

Removals.—Dr. W. A. Burr, of Georgetown, Col., is now located at Denver, Col.

The Chicago Homœopathic Medical College will hold its commencement in Haverly's Theatre March 1, at 2 P. M.

The Spring Course in the Chicago Homœopathic Medical College begins March 2nd. It is intended both for junior students and practitioners.

Mehnemann Medical College, Chicago, graduated 133 students. Full report in our next. The practitioners course in this college commences March 1.

Prof. J. G. Gilchrist, we learned from Iowa City, delivered a very satisfactory course of lectures in that school. "It is very strange that such extraordinary teaching ability goes unappreciated in Michigan."

Prof. T. C. Duncan will deliver his annual course of lectures to physician on the Diseases of Children commencing March 15. These lectures will be illustrated by cases from the Foundling's Home, college clinic and private practice.

Berlin, Wis.—Small pox is prevailing here now. Six cases are reported in the city, and two deaths thus far. It is currently believed that a careless Allopathic physician has spread the disease. H. M. BABCOCK.

A Relic of Barbarism.—A year ago the New York Medical Society revised their code of ethics so as to allow the Allopathic members to consult with legally qualified physicians which included Homœopathic physicians, a privilege that has been hitherto denied them. For this humane and philanthropic move delegates from this progressive society were refused admittance to the American Medical Society—the national Allopathic body. It

was supposed that the New York society would repeal its action, but at a recent meeting it refused to do so. Why there should be any division among medical men is a mystery to common people. [Copy this, doctor, for your local paper.]

Indianapolis News Items.—Mrs. Sipe, of Columbus, Ind., aged seventy-seven years, has just been released from a three weeks confinement on a stretcher for a fractured leg, which proved to be another Allopathic blunder. A suit for damages is talked of. A damage suit is also pending against Dr. Danke, for failure to reduce properly a dislocated wrist for Mrs. Massler. Surely "regular" surgery in Indiana is getting fearfully out of the regular order in its boasted specialty. The wife of Dr. Haggart, of Indianapolis, fell on the ice and fractured the radius and dislocated the ulna at the right wrist. The women sufferagists and temperance people will feel the want of her services much just at this time. She is a forcible writer and the woman orator of these movements in Indiana. No Allopathic surgeon need apply in her case. *

Growing in Numbers.—For a decade we have heard the number of Homœopathic physicians in the United States quoted at "5000." Why the number should remain at that figure when a dozen colleges were pouring out large classes each year we could not quite comprehend. Last year we decided to collect a full list of Homœopathic physicians. Our readers have kindly assisted us. We began with a list of 7,000 in which we found not less than twenty-five per cent. of errors. This revised list has been steadily increasing. In December we ran off 10,000 copies of our Bulletin and were astonished to find that we had to run an extra 2,000 copies. It is true that this list includes many liberal Allopaths, a goodly number of inquiring Eclectics and over 1,000 students, still the number of bona fide Homœopathic practitioners in the United States and Canada we believe is not far from 3,000, and there are plenty of vacant places yet to be filled.

The Eye and Ear Men.—The seventh annual meeting of the American Homœopathic Ophthalmological and Otological Society will be held at Niagara Falls, in June. The president of the society is especially desirous that the meeting be an interesting and profitable one. To that end he hopes that a large number of brief but practical papers may be presented, embodying as far as may be the clinical experience of the members. The meeting will be held on the day previous to that appointed for the opening of the American Institute of Homœopathy so that there may be no conflict of interests. Will you not send to the secretary the topics upon which you will write, so that the programme may be arranged at as early a day as possible?

C. H. VILAS, M. D., President.

F. PARK LEWIS, M. D., Secretary.

To Correspondents.—We would like to answer all questions as fully and as promptly as courtesy demands, but may not be able. So if we answer a few here, from time to time, it may help to answer some unwritten questions.

D. E. F. Thanks for articles sent. Cancer is always an interesting subject. Send the case please.

H. H. H. Thanks for the kind words and the money sent. The balance

due will be most acceptable, as a ton of paper goes very rapidly. *Multum in parvo* is our motto.

J. N. S. The III volumes of Guiding Symptoms is out and volume IV is in press. The death of Dr. Hering delayed this great, valuable and reliable work.

H. D. It is not fair to crowd another man into your field when it can barely support one. It is an injustice to both you and the second man. One Homœopathic physician in a place of 8000 is enough.

H. M. P. Thanks for papers sent. News items of all kinds are welcome. Always mark the items, please.

Central Ohio Homœopathic Medical Society.—The next regular meeting of Central Ohio Homœopathic Medical Society will be held in the City of Columbus, on Thursday, March 1st, 1883, beginning at 10 A. M. The sessions of the society will be held in the secretary of state's office, and, as in the fall meeting, there will be three sessions, morning, afternoon and evening. There was a marked increase in the attendance at the September meeting, as well as in the number of papers presented. The character of the papers and the general discussion of all the topics showed a healthy and sure growth of interest in the work of the society. Some original provings are promised for the March meeting, as well as clinical points and experiences, that will be of material interest to every general practitioner. Judging by the past, we predict that this will be a very interesting and helpful meeting. Do not fail to be present.

Papers of interest are expected from the following writers:

Bureau of Clinical Medicine and Practice.—Scarlet fever and its sequelæ, G. M. Ireland, M. D.; Typho-malarial fever, W. A. Shappee, M. D.; Cholera-infantum, H. E. Beebe, M. D.; Spinal meningitis, R. D. Connell, M. D.; Chronic nasal catarrh, Wm. Owens, M. D.; Pneumonia, S. F. Edgar, M. D.; Gonorrhœa, C. M. Savage, M. D.; Diphtheria, A. Sheldon, M. D.; Cystitis, J. R. McClure, M. D.; Original proving, R. Morden, M. D.

Bureau of Gynecology.—Uterine displacements, M. M. Scheble, M. D.; Inflammations of the female pelvic organs: a. Their differential diagnosis, E. R. Eggleston, M. D.; b. Clinical history, H. E. Beebe, M. D.; c. Etiology, J. W. Clemmer, M. D.; d. Treatment, J. C. King, M. D.

Bureau of Obstetrics.—Mechanism of labor, J. B. Hunt, M. D.

Bureau of Surgery.—Compound comminuted fractures, J. R. Flowers, M. D. Volunteer papers from any one will be gladly received. The date is March 1st, 1883.

W. B. CARPENTER, M. D., Secretary.

Good Locations.—I just ran across one of your old circulars that I received from you while I was in practice in Iowa and see you made inquiries as to good locations. As I had been traveling all summer I can give you some good ones as any one could wish for and will commence with Iowa first.

Beard.—Guthrie county, Iowa, on the Milwaukee rail road, no Homœopath there, one wanted. Dallas Center, county seat of Dallas county, Iowa on Narrow Gauge rail road.

Jefferson, Green county, Iowa, county seat on Chicago and Northwestern rail road. A splendid location. But one ignorant cuss there.

Grand Junction, Green county, Junction of Fort Dodge and Des Moines rail road and Chicago and Northwestern rail road machine shops, and eat-

ing house and coal banks; only two practitioners in the town, no Homœopath there, one wanted.

Scranton, Green county, on Chicago and Northwestern rail road, a place of 1,200. No Homœopath there and lots of Homœopathic families there, good country, wealthy farmers.

Lake City, Calhoun county, on rail road, 2,000 inhabitants, no Homœopath there and good country and plenty of Homœopathic families there.

Sac City, County seat of Sac county, on a new rail road, no Homœopath there, citizens want one.

Wall Lake, Sac county, on the Maple River rail road. But one old one eyed quack in the town, population 1,000. Good country and a Homœopath wanted there bad. Was there about six weeks ago and was requested by more than a dozen to send them a good Homœopathic M. D.

Correctionville, in Woodbery county a good location, good country and a new rail road town.

New Lisbon, county seat of Columbia county, has about 2,000 population. Wellsville has a population of over 4,000, Carrollton county seat of Carroll county, has something over 1,000. For full particulars address J. A. Sapp, M. D., Salineville, Ohio. Enclose stamp for reply.

Tiffin, Johnson county, Iowa, is a good location and ought to be occupied.

Oxford, Johnson county, Iowa, and *North Liberty*, Johnson county I know what these are for I practiced there for three years, all three excellent locations and Homœopathy well introduced. A rich country.

Miller, Dakota, is a good location, no Homœopath there. *Bramhall*, Dakota is a good fair location and *Wessington* is another.

Jefferson and *Elk Point*, are both good locations in the extreme southern part of Dakota Territory, and an old settled country, only about forty miles from Sioux City, Iowa.

Mill Town, Dakota, is a good location for a new beginner, practice worth from six to eight hundred per year to commence on.

Scottland, Bon Homme county, Dakota Territory, is a place of 1,000 inhabitants and growing very rapid, is in southern Dakota on the Milwaukee rail road and about ten miles from the Missouri river and the best agricultural country I saw while in Dakota, but one Old School, there any one that could get along with the Welch people could clear 3,000 a year, there they are all well fixed and they go in droves like sheep. If you get one, you get the whole of them, and a good place for fevers.

Saint James, county seat of Cedar county, Neb. a town of 600 inhabitants, and not an M. D., or any one making pretensions in the town and but one doctor in the county and he is a Buchanan M. D., this is a boss location for some young energetic man, any one going there I would refer them to a wealthy stock farmer who will set a good Homœopath going if they will come and locate, his name is Philip Bergamann, a strait old Pennsylvanian.

Martinsburg, Dixon county, Neb. is a nice flourishing town of about 400 inhabitants, good water power and flouring mill, expect a rail road soon, no M. D. in the town at all of any sort, want a good Homœopath there bad. I picked up forty dollars there in one day. When you get the above places supplied I will give you more and those that I have given you are all good locations worth from one to three thousand a year sure. Yours, etc.

MARCELUS, CASS COUNTY, Mich.

G. L. FREMYER.

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Clinical Medicine.

THE HOMŒOPATHIC THERAPEUTICS OF ABSCESSSES.

BY S. R. GEISER, M. D., CINCINNATI, OHIO.

Extract from Paper read at Cincinnati Homœopathic Medical Society.

It is a difficult matter to produce any thing new or remarkable on the treatment of abscesses, but if the society fails to receive any benefit from the paper itself, it is hoped that discussions may arise therefrom which will benefit us all.

In the treatment of abscesses, as in many other diseases, the physician often finds that a great deal has to be brought into requisition that is not strictly Homœopathic, but collateral to it and in harmony with medical science. There are certain points in the treatment of abscesses in which all the schools of medicine agree; hence, the *therapeutical* treatment alone will be considered. Although the treatment is largely surgical and otherwise, nevertheless, much can be done to alleviate the sufferings of the patient as well as hasten the processes of nature, by a careful administration of the proper Homœopathic remedies.

This abnormal condition may form at any point, and consequently, we have abscesses of the liver, parotid and mammary glands, perineum, psoas, muscle, cornea, etc.; but as the treatment is very similar, no attention will be given in this paper to locality, but only to abscesses in general.

We have four methods of treatment open to us, either of which may prove all-sufficient in certain cases, while in others we may need them all. They are hygienic, medicinal, topical and surgical. The subject of this paper, however, excludes all but one, viz., *therapeutical*.

Mercurius is considered to be a remedy that oftener than any other, will arrest the formation of pus in threatened abscess. Clinical experience has, at least, taught that it certainly very much hastens the suppurative process.

Some in the profession contend that Mercury will often, in place of arresting the formation of pus, cause suppuration of abscesses.

If not given in too low attenuations, such results need not be anticipated. Its chief characteristics are: an aggravation of all the symptoms at night, and from the warmth of the bed and in damp, cold weather, with thirst, internal chilliness during the febrile stage, and drawing pains in the abscess. If the abscess is open the character of the discharge may be almost any color or consistency, but generally *thin, acrid* and scanty; and if in the treatment of this affection, we suspect syphilitic miasm or poison, and Merc. having not already been given in large doses, this remedy will be still more strongly indicated.

Hepar sulph. follows closely after Merc., the most essential feature of which is its tendency to promote suppuration. From Hahnemann's time to the present, Hep. sulph. has been successfully used by Homœopathic physicians to check suppuration when impending; and when inevitable, is believed to have wonderful power in promoting its end, and conducting it to a speedy termination. In testimony of the value of this remedy in suppura

tive processes, Dr. Ringer of England, recommends *Sulphide of Calcium* to prevent or mature suppuration generally; for unhealthy ulcerations; for boils and carbuncles; for indolent, subcutaneous swellings; and for suppurating scrofulous glands, giving as little as *one-eightieth* of a grain as a dose. Leading Allopathic physicians in this country, have also adopted its use in the treatment of suppurative processes, particularly in suppurative inflammations of the middle ear.

When *Hepar* is indicated, there is generally a great sensitiveness of the part affected, to touch and draughts of cold air, and is particularly adapted when the system has been abused by large doses of Mercury, and when abscesses occur in lymphatic individuals with delicate skin and blonde hair. The pains are pressive and burning in character. The suppuration is profuse, and the skin surrounding the abscess presents an unhealthy appearance. The pains are worse in the morning and like Merc. at night. The pus may be laudable, acrid, bloody, or corroding.

Silicea.—From the year the proving of Sil. was published, it has taken high rank as a remedy for cases involving profuse suppuration, causing abscesses to come speedily to maturity, and moderating the secretion of pus, whether they be in the soft tissues, the periosteum, or the bone itself. Not only does *Sil.* hasten suppuration, but is also serviceable after pus has been discharged to promote granulations and cicatrization. The nature of the pains that call for *Sil.* are stitching and throbbing. It is useful in restoring suppuration, when it becomes arrested in consequence of the suppression of nervous influence. The nature of the pus may be copious or scanty, brown, thin, watery and very putrid. Of course, other characteristics of these remedies must be found to make a perfect prescription, by getting a totality of the symptoms. Every physician may have had experiences of his own that guide him in the selection of the proper remedy in the treatment of abscesses. There are other remedies that are of benefit in the successful treatment of these affections. For instance, when there is a general mal-assimilation with strumous cachexia, *Calcarea* will be of benefit; a lithic diathesis will call for *Lycopodium*.

In the acute stage, when there is much constitutional disturbance on account of the violence of the inflammatory action, with pain and redness, *Bell.* will be the remedy. In hard abscesses, particularly lymphatic, *Baryta carb.* will develop its curative powers. In traumatic abscesses *Calendula* will be found an excellent remedy. *Lach.*, *Ars.*, *Rhus tox.*, *Sulph.*, *Carb. an.*, *Graph.*, and others may at times be called for.

As it is not the province of this paper to speak of the surgical or of the topical treatment, this portion of the treatment will be entirely omitted.

SEPIA IN TINEA.

I have just been reading an article in the last number of THE INVESTIGATOR, reporting to be a report of a lecture wherein he says: "Sepia will do no good in *tinea circinata*," but recommends one of the various Allopathic or Eclectic nostrums in its stead. Is that the kind of Homœopathy taught in Chicago? If we send our sons or students there must we expect them to be taught such foolishness? Is it any wonder you have had a fight among yourselves? I have been practicing medicine, and have tried to be a Hom-

œopath for more than twenty-five years, and have seen many cases of ring-worm, but never saw a case that did not yield readily to some attenuation of *Sepia*.

A. M. CUSHING.

BOSTON, Mass.

Society Department.

CINCINNATI HOMŒOPATHIC MEDICAL SOCIETY.

MINUTES REPORTED BY BENJ. F. FRENCH, M. D.

The meeting was called to order at 8 P. M., Feb. 5, 1883, president G. C. McDermott in the chair.

The minutes were read and adopted.

The committee appointed to draft a schedule for future work of the society, etc., reported the following:

1. We heartily endorse the suggestions in the president's address, and recommend that each Homœopathic physician in this city and its suburbs, be requested to circulate and get signatures to petitions to Congress in favor of allowing Homœopathic physicians equal privileges with physicians of other schools in the hospitals and army of the United States.

2. That the society continue to occupy one-half hour at each meeting in reporting clinical cases.

3. That the president appoint essayists three months in advance, and that the society suggest the subjects of essays.

4. That the secretary be requested to prepare the minutes of each meeting for publication, and to forward the same to any medical journal he may desire.

Respectfully submitted,

S. R. GEISER,
M. M. EATON,
E. E. KIRK, } Committee.

The report was accepted and the committee retained.

CLINICAL REPORTS.

CASE I. This is the case partially reported by Dr. Eaton at the last meeting, but left unfinished. Three days later, after completely dilating the os with sponge tents, the tumor protruded from the os, and was seized with the vulsellum forceps, and held in that position till the ecraseur could be thrown about the neck by which it was removed. The doctor then discovered two others in the womb as large as hens' eggs, and removed them also. This, the doctor considers as peculiar in nothing, except the number of fibroids removed from the same uterus.

CASE II. Dr. Howells reported continued improvement in the case reported by her at the last meeting, and said the child walks now fairly with a cane. The limb can nearly be straightened, and it is gaining in plumpness.

(The doctor, in reporting the above case, should have mentioned that the patient was before the surgical clinic of the Ohio Medical College, frequently, and there diagnosed and accepted as a case of hip-joint disease; so that giving them the benefit of the diagnosis, the doctor has done herself and Homœopathy credit.—SECRETARY.)

The essay for the evening was then read by Dr. Geiser.

Dr. Eaton: In placing the treatment of any lesion or disease before the profession, one cannot be too careful in giving all the minutia. The young practitioner is apt to think that internal medication is all that is necessary in any case that presents. This is partly due to clinical reports found in medical journals, but mostly due to the manner of teaching in medical colleges. The student should see all that is done in a given case to make him proficient.

Dr. Howells wished to know what topical treatment, if any, is to be pursued in a case of chronic abscesses, where great pain is felt at the time of a discharge of pus.

Dr. Geiser had treated an abscess in the groin, of three months standing, with hot applications of Calendula tincture covered with oiled silk.

Dr. Kirk wished to speak of the virtue of Silicea 200 in some cases. She had used it in a case of tedious suppuration from hip joint disease.

Dr. McDermott would call attention to Lachesis in all cases where the abscess lays deep in the tissues. It has a remarkable power in bringing the abscess to the surface. The doctor makes a cerate from Calendula tincture, which he uses in conjunction with Boracic acid in suppurations of the middle ear, with perforation of the membrane. He evaporates a quart of the tincture to less than an ounce, and with this he causes healthy granulations to spring up quickly in the cases cited above.

Dr. Hageman gave Sulph. tincture and Bell. 3x in alternation, to a patient suffering intensely with a large tumor on the inner surface of the thigh. The case terminated speedily in resolution.

The president appointed the following members as essayists: Drs. Hageman, French and Kirk.

The subject for the essay of the next meeting is: The philosophy of the Homœopathic action of medicine.

The meeting adjourned to meet Monday evening, the 5th of March.

BENJ. B. F. FRENCH, Secretary.

COLLEGE OF PHYSICIANS AND SURGEONS OF MICHIGAN.

Feb. 26, 1888. Dr. McGuire, the lecturer for the month, read a paper on "*Some Errors of Refraction*," illustrated by cases. The paper was intended to show the power of remedies in such cases to show the value of proper glasses, as curative agents; and lastly, to illustrate the relation of functional eye symptoms to morbid action at a distance from the optic tract. Cases were given to illustrate these three points, or facts, the college having determined that the work of this year should be largely practical.

A case of retinal hyperæmia, with effusion around the lower half of fundus. *Duboisin* 3x was the remedy, in connection with proper glasses. The sphere of the remedy is decidedly in parietic errors of accommodation.

A case of astigmatism, with ciliary irritation, and retinal hyperæmia, the latter being secondary. Plus cylinder glasses were given, and vision is normal, and all symptoms disappeared.

A case of compound hypermetropic astigmatism was given in which there was much ciliary irritation; cured by the use of compound cylindrical glasses.

Another case, of mixed astigmatism, right plus one, left plus two, with minus one, and vision restored to normal.

A series of cases were then given, in which the use of glasses alone, without reference to other and distant morbid action, had failed to correct the eye trouble until the systemic derangement had been detected, and the proper remedy given.

There was little, if any, discussion, but the lecturer was questioned somewhat as to the indications for certain remedies.

Dr. Gilchrist, under "clinical reports," gave the notes of a case in the practice of Dr. Olin, of acute intestinal intussusception, in which the gangrenous intestine, probably the lower portion of the ileum, was in process of sloughing, and was presenting now in the rectum. The case was anomalous, there being no tympanites, and none of the ordinary symptoms.

Dr. McGuire related the effects of Carlsbad salts as a cure for the formation of gall-stones. In the single case in which he had tried it, it somewhat disappointed him, until he found that reducing the standard dose to about a grain of the salt to a goblet of water, drank before water. In larger doses it was barely palliative.

College News.

HAHNEMANN MEDICAL COLLEGE COMMENCEMENT.

The twenty-third annual commencement exercises of the Hahnemann Medical College and Hospital occurred February 22, at the Grand Opera House. Fully six hundred ladies and gentlemen occupied seats in the body of the house, the boxes, and the balcony. They were the relatives and friends of the graduating class. The members of the faculty sat upon the stage, on a double row of chairs stretching from one side of it to the other. The graduating class, numbering 133 students, were seated alphabetically in the front rows of the parquette.

Dr. C. H. Vilas, as master of ceremonies, opened the exercises by calling upon the Rev. L. P. Mercer, of the New Jerusalem Church, to invoke the divine blessing. The Rev. Dr. Mercer, responded by reading a very earnest and appropriate prayer. After music by the orchestra the Rev. L. P. Mercer delivered a brief, pointed, and earnest address to the members of the graduating class and of the medical profession generally. He said that he was pleased to regard the invitation to address the assembly as a recognition of the close relations between the theological and medical professions. The intimate and organic intercourse between the soul and the body related naturally and necessarily to the functions of the priest and physician. The ministries of spiritual and physical health were co-ordinate. Primitively they had been united in one office and were performed by the same person. In the complexity of science and of our modern social relations they were necessarily divided. In the confusion of a new era of investigation they had been often unhappily estranged—the conservatism of theology and the radicalism of science had brought the priest and the physician to distrust each other, and sometimes to antagonize each other. In

the larger science and maturer thought of the future the co-ordination of the two functions would be recognized perhaps as never before, and if not united in the same person, more usefully so, in co-operation, respect mutual service, of the two professions. Already this work has been begun in the overthrow of old methods of thought. As between the sciences of medicine and theology it must be admitted that medicine had taken the lead in development, as always that which is natural is first in time, afterward that which is spiritual. Dr. Mercer then proceeded to develop his theories as to the relations of physical and spiritual diseases and activities, and to point out the dangers of each of them. He concluded by saying: "I bespeak you God's blessing, according to your faith in these deep responsibilities of your profession, as in its joys and rewards."

The Dean's Report.—The Dean's report was submitted by Dr. R. Ludlam and was received with applause. Dr. Ludlam said: In presenting our twenty-third annual report, the faculty takes occasion to congratulate the Board of Trustees, its friends and the public on the continued and increased prosperity of this institution. The year which closes with this occasion has finished a practitioner's course, during the spring of 1882 and the regular winter term of twenty weeks, which terminated yesterday. The winter session was attended by 300 students of which 240 were men and sixty were women. Twenty-two states and territories and two foreign countries were represented in the class. Fifty-three students came thither from other colleges, and forty from the East to complete their training, where they could have the most thorough and practical instruction.

With a single individual exception, the department of members of the class has been most excellent, and its moral tone could not have been better. Since the reorganization of our teaching corps seven years ago, the number of our students has increased 333 per cent. and although lecture fees were reduced 41 per cent. the receipts of the present college year are over 300 per cent. greater than they were at that time.

The reason for this remarkable growth are to be found in the earnestness and enthusiasm with which my colleagues without exception have done their work; in the unity of interest and the lively sympathy existing between teachers and pupils; in the fact that every promise made in our college announcement has been righteously and literally kept; in the happy circumstances that no time has been wasted by either party with the chaff of medical controversy, and also in the fact that the failure of the professors to keep their lecture appointments has not averaged one for each chair during the session.

Of the general class there are 133 candidates who have been examined most carefully and conscientiously, and who have been found worthy. The grade of their acquirement, their literary ability, their general character and comportment, and their merits in every regard are such that we can most heartily recommend them for the degree which, Mr. President, it is your privilege to bestow.

The Graduates.—The registrar of the faculty, Professor T. S. Hoyne, M. D., then read the names of the graduating class, amid great applause from the audience, while the class filed up on the stage in alphabetical rotation and received their diplomas, Dr. A. E. Small delivering the address, as president of the faculty, in the stereotyped form. Later Dr. Small gave the

class a few words of wise counsel and praise, which the members rose from their seats to hear.

The names of the graduating class are as follows:

Arthur W. Allured, A. C. Ackerman, Edmund C. Allard, Lorenzo Allard, W. W. Andrews, Grover Taylor Applegate, Wm. H. Barber, George L. Beach, Guy W. Beals, Hiram Carl Bear, S. H. Beckner, Jerome S. Beeler, Andrew B. Bishop, M. A., Arch Bishop, Daniel Amile Bissell, Lynn K. Blakelee, John C. Bonham, F. J. Boutin, Isaac Buckeridge, A. M., George M. Chase, Joseph Pettee Cobb, A. B., C. B. Cole, Beder A. Cole, Robert W. Coleman, William Edward Constant, H. N. Coons, A. B., Willis A. Crandall, Elliott D. Curtis, Henry G. Davis, Edward E. Davis, George Edgar Dennis, Henry Richard Diessner, W. H. Eldred, Franklin Epps, Albert O. Faulkner, J. Brown Foss, John M. Foster, Alhert Ream Fouser, E. Martin Fry, Mina B. Glazier, Frederick T. Gorton, Charles E. Gossard, D. M. Graham, M. D., J. Hamilton Gray, Wilbur F. Green, Clement N. Guy, Edward N. Harpel, M. D., William H. Hart, William W. Hartsell, William S. Harvey, A. B., J. B. Hawk, Gertrude E. Heath, Helen M. Heffron, A. E. Henderson, Robert M. C. Hill, J. H. Hoag, J. S. Hodge, Florius E. Holmes, Edgar Clayton Hough, Eugene Hubbell, William A. Humphrey, Charles R. Hunter, A. J. Hunter, Frank H. Huron, Attila M. Hutchinson, A. V. Hutchins, Hannah G. Hutchins, Anna Caroline Jensen, Frederick F. A. John, William A. Jones, Loran W. Jordan, Stephen A. Justis, Joseph W. Karten, Richard S. Kester, J. B. S. King, Julia A. King, Mell. M. Knight, Jephtha D. Knott, Robert Lennox, A. M. Linn, M. S., A. R. Lydy, Cornelius V. Lynde, Margaret Macgillivray, Edward C. Manning, Horace N. Marvin, W. D. Matthews, Isabel A. May, Edwin R. McIntyer, Hamilton Meade, A. M., Matthew Simpson Metz, Ki. Lane Miller, William W. Misner, James M. Moat, Helen T. Myers, F. Zur Nedden, C. W. Norris, B. S., James D. Nye, Herman Silas Pepoon, B. S., Clarence Simon Putnam, Glen Arthur Roberts, W. C. Rowe, Lewis A. Ryder, D. P. Shattuck, Nancy B. Sherman, Irving C. Shoop, A. M. Smith, Charles W. Smith, Martha B. Spaulding, A. M., Finley C. Spates, Frederic A. Stephens, H. Jeannette, John E. Trekel, Clarence M. Tuttle, John Van Demark, Herman C. Vetterling, Frank S. Wade, B. S., Lucy C. Waite, Henry T. Watkins, Joseph Watery, Francis E. Watts, Ph. B., John P. Webster, Catherine J. Wells, Charles E. Wheeler, S. C. Whitcomb, Nathaniel C. Whitfield, Amelia A. Whitfield, M. D., Franklin H. Whitney, Robert Willis, George W. Worcester, William M. Workman, John B. Worth, S. M. Worthington, Jr., Peter S. Wyckoff.

The Valedictory.—Professor F. S. Bailey, M. D., on the part of the faculty, delivered the valedictory address. Professor Bailey is the youngest member of the faculty and his address was an earnest expression of brotherly sympathy together with words of practical advice and warning. "I share with you," he said, "the feeling of conscious pride that life-work lies before us." He called upon the class to aim to be self-governing; to be capable of being leaders; to beware of self-satisfaction; to live up to their age; to remember that their calling made them distinctive and the obligation which they voluntarily assumed could not be ignored. Success was a compact of supreme qualities; it meant heroism; it was culture; it was endurance; it was perseverance; it was patience, order, earnestness, punctuality, hon-

ecty. If they would make their life's work successful they should cultivate these qualities. If they hoped for financial success they must see to it that they kept their offices and their offices would keep them. "Never," he said, "through unwillingness nor laziness neglect your professional duties; even your life is second to your duty in this profession. Have no doubts about the propriety of living up to the oldest code of ethics: 'Do unto others as you would that they should do unto you.'" After a selection by the orchestra the class valedictory was delivered by A. M. Linn, M. D., of Iowa. It was a brief, earnest, and eloquent address, delivered in a quiet, dignified, pleasing manner, and couched in forcible, scholarly language. The speaker paid very beautiful tributes to genius and labor, and then traced the development of great truths to their original sources in a masterly manner. He advised his classmates to covet and woo the genius of application, of earnest, manly effort. He dwelt upon the importance of education of the true sort, and warned all of the evils of superficial knowledge. He closed with a few appropriate words of farewell to the faculty.

The Prizes.—The distribution of prizes was begun by Dr. D. S. Smith, who awarded his own first prize of \$25, for the best general examination, to Dr. Joseph P. Cobb, of Massachusetts. The annual prize for the second best examination, offered by Halsey Brothers, was awarded to Dr. H. S. Pepoon, of Illinois. Dr. Small's prizes for best examination on diseases of the heart; first prize, Miss Anna C. Jensen, of Denmark; second prize, Dr. Jackson. Dr. Ludlam's prizes for the best report of the Woman's Clinic in Hahnemann Hospital were awarded: First prize, Dr. Joseph P. Cobb, Massachusetts; second prize, Dr. Gertrude E. Heath, Maine. These prizes were books. Dr. T. S. Hoynes's prizes for the best examination on skin diseases were awarded: First prize, Dr. J. B. S. King, Illinois; second prize, G. T. Applegate, New Jersey. Dr. G. A. Hall's prize for the best examination in general surgery to Dr. W. S. Harvey, Illinois. Dr. W. J. Hawkes' prizes for best prescriber in the class were awarded: First prize, to Dr. John E. Trekell, Illinois, a buggy case; second prize, Dr. Charles B. Hunter, Kansas, a picture of the faculty. Dr. Leavitt awarded the prize of Gross & Delbridge for the best final examination in obstetrics to Dr. Clarence S. Putnam, Vermont. A second prize was awarded by Dr. Leavitt to Dr. Anna C. Jensen, Denmark. Professor Wheeler awarded a prize for the best practical and theoretical analysis in chemistry, to F. T. Gorton, Wisconsin. Professor Fellows' prizes for the best paper on cerebral hæmorrhage: First prize to Dr. Louis A. Ryder, Kansas; second prize, Dr. Gertrude E. Heath, Illinois. Dr. Lanning presented a prize of \$20 in gold to Dr. J. B. S. King, Illinois, for best paper on anatomy. Honorable mention was accorded to Dr. Lucy C. Waite, Illinois. Dr. Bailey awarded a prize of \$20 to Dr. J. B. S. King, Illinois, for best paper on physiology. Dr. E. E. Holman awarded a prize to A. M. Hutchinson, Illinois, for best final examination in theory and practice of medical jurisprudence. Dr. T. F. H. Spring's prizes for the best paper on the lesions of the tri-cuspid valves were awarded: First prize, Dr. W. H. Eldredge; second prize, Dr. W. S. Harvey, Illinois. Dr. Mary Weeks Burnett awarded a prize for best report of nervous clinic to Dr. Helen M. Heffron, Illinois. Dr. C. H. Vilas' prize for the best report of his didactic lectures was divided between Dr. F. A. Stevens, Minnesota, and Dr. Mina A. Glazier, Wisconsin. Dr. George W.

Foote's prize for the best report of Dr. Vilas' clinical lectures was divided between Dr. Helen M. Heffron, Illinois, and Dr. Abbie A. Rowe, Wisconsin. The Australian prize of \$25 was awarded by Dr. Ludlam to Dr. J. B. S. King, Illinois. Dr. Vilas announced that the faculty had elected Dr. F. S. Wade as house surgeon of the hospital and Dr. J. M. Foster house physician. The Rev. Dr. Mercer then closed the afternoon's exercises with a characteristic benediction.

Banquet in the Evening.—The banquet which was given by the faculty of Hahnemann College and Hospital at the Palmer House in the evening to the graduating class, their friends, the Board of Trustees and the graduates of the college, was attended by 300 ladies and gentlemen. The immense dining-room was full of guests at 8.45 o'clock, when a menu was presented to them for gastronomic investigation. The healthy beauty of the women and the staunch, manly vigor of the men were significant refutations of the many libelous innuendoes of the enemies of Homœopathy. The brilliant speeches of the evening also attested the purity and alertness of the Homœopathic mind. The banquet was a success in every particular. At the conclusion of the highly triturated refreshment, Dr. C. H. Vilas, as master of ceremonies, called upon Dr. A. E. Small to answer to the toast, "Hahnemann and Homœopathy." The president's speech was received with hearty approbation. "Our Trustees" was responded to in a popular speech by Dr. D. S. Smith, the veteran Homœopath of the Northwest. Dr. H. W. Roby, of Topeka, Kansas, replied at length to the toast "Our Guests." "The Faculty of the College" was wittily handled by Professor G. F. Shears, M. D. The College Quintet then sang "We'll Meet Again," and being encored gave "Four Little Kittens" in a creditable manner. "The Faculty of the Hahnemann Hospital" was responded to by Professor H. B. Fellows, M. D. "The Officers of the College" was responded to by Dr. T. S. Hoyne; "Our Brothers in Great Britain," by Dr. Franklin P. Epps, of London, England; "The Graduating Class," by Dr. Joseph P. Cobb; "Medical Progress," by Professor W. J. Hawkes, M. D., and "Homœopathy in Chicago Thirty Years Ago and Now," by Professor R. Ludlam, M. D. The speeches were interspersed with music by Major Nevens' orchestra.

Progress of the Medical Sciences.

Curare in Hydrophobia.—In March last, three Bulgarian peasants were bitten by a mad wolf, and, after a very short time, showed all the symptoms of hydrophobia. One of these men was admitted into the Rasgrad Hospital, under the care of Dr. Oks, who administered six and a half grains of Curare (prepared by Fritz of Vienna) subcutaneously, in three days. Death was a foregone conclusion, and the patient died as expected, the drug providing itself no specific against hydrophobia, but acting as a palliative, by relieving the spasm of the glottis. Offenbach and Penzold had previously employed Curare, in full doses, for rabies. In Dr. Oks case prolonged immersion in a hot bath, as recommended by Kowalewski, gave such relief that the patient implored his attendants that it might be repeated.

THE UNITED STATES MEDICAL INVESTIGATOR

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and close thought (the great sources of medical knowledge), on any subject pertaining to medicine.

THE BEST TIME AND PLACE FOR MEDICAL MEETINGS.—Every state society has to meet the problem sooner or later, where and when shall we meet to have the best sessions? Poor meetings soon sap the vitality of a society. When not ten per cent. of the physicians of a state meet at an annual gathering, something is wrong. A glance at the report of the recent meeting of the New York Homœopathic Medical Society, shows that the attendance was small, and the interest meagre in the extreme. The time chosen for the meeting seems inconvenient. Physicians cannot attend when busy, which they now are everywhere. The early summer and fall meetings secure the best attendance. It is urged that as the Allopaths meet in Albany to influence legislation, so the Homœopaths are also compelled to do the same. This "me to" sort of plan seems to outsiders, as if the New York Homœopathic Medical Society was a tail to the Allopathic kite. With such energetic men as we have at that capital city, we see no necessity for a mid-winter session, that serves to freeze the life out of what ought to be the best society in the country. If this society must meet in winter, why not choose March instead, and gather in some central city like New York, where a large, full and enthusiastic meeting could be held? If necessary, a large delegation could be sent home, via Albany to influence legislation. Then again, the semi-annual meeting could be held later, at various points, as now, when the attendance, papers and discussions ought to be what we would expect from our Empire State, with its hundreds of able Homœopathic physicians.

Those who have studied this problem, have arrived at the conclusion that young state societies get the best meetings and do the most good by gathering in metropolitan cities. When strong enough, then meet alternately in the metropolitan cities and elsewhere in the larger towns or cities.

A medical society is designed for the benefit of its members, and their convenience should be consulted. The larger and more enthusiastic our medical meetings can be, the greater our influence socially and politically, as well as medically.

Then rally round the flag, boys,
Rally oft again,
Shouting the battle cry of "freedom!"

Consultation Department.

CASE OF E. M. FOR COUNSEL.

Aged fifty-one, height six feet, weight two hundred and fifteen pounds, complexion florid. Habits temperate, appetite good, bowels regular. Respiration normal, lungs kidneys and liver normal. Has been a moderate drinker of light liquors, always enjoyed a good appetite, and has not restrained it, is at the present time dieting. Has been a hard worker and had the best of health.

Six months ago was affected with bronchitis, accompanied with unusually severe and protracted coughing, at which time the present difficulty presented itself by increased activity of the heart, its greatest pulsation being 196, and the least being that at the present time, 152.

During the present trouble has partially ceased work, but has not at any time been confined to his bed, feeling equally as well as when quietly exercising. Any undue exertion or slight fright causes panting for breath, and a choking sensation and in the severest attacks is accompanied with stoppage of the circulation through the carotids. Between the paroxysms the face presented a spotted appearance. At times when the panting sensation seizes him, he also perspires freely, at such times relief is obtained by admitting cool air into the room.

He has not at any time felt the increased action of the heart, at no time has he experienced any unnatural feeling with his head, and never could detect a rush of blood to the head, during these spasms. There are no dropsical swelling in any part of the body. The heart does not intermit, neither is there water about it. Was passed within two weeks for Life Insurance in a reliable company. Has visited Dr. Bowditch, of Boston, and others who pronounce it a mystery. Is always in good spirits, change of temperature from below 48° F. and above 70° F. causes a panting and perspiration. What is it? Can it be cured? If not can it be helped? If so by what? Answer through THE INVESTIGATOR. A SUBSCRIBER.

CASE OF NEUROSTHENIA OR CONSUMPTION.

CASE I. Mrs. H. M. —, married three years, aged twenty-four years, a decided brunette. Had jaundice (so-called) at age eleven, her physician saw her at sixteen years, said she was not fully relieved of her jaundice at that time. I have my doubts if she has yet. At twelve years menstruation made its appearance. She, not understanding it, stripped in a cold room and bathed herself from head to foot. This relieved menstruation for a year or more, at fourteen years had measles, at eighteen years had inflammatory rheumatism for several months. Married at twenty-one years, gave birth to a daughter at twenty-two years, since which time she has been out of health. Was well, robust and healthy to appearance when married. I think had no trouble in carrying her child but had a very rapid, expulsive labor, which ruptured her badly, but was immediately cared for very nicely. However the shock of labor though short, seemed to excite her nervous system to a state of hyperæsthenia. To control this her physician gave her *teaspoonful* doses of the *salts of Bromide of Potassium* every six hours, for three

or four days, and afterwards the same dose *every day* for about *five months*. She finally rallied to some degree of comfort, although she has been troubled ever since with a bowel difficulty alternating between constipation and diarrhoea the latter prevailing. watery and thin with mucus and matter looking like scrapings of membrane and more or less undigested food. Since last June she has been troubled with a tearing, racking cough, spasmodic and persistent, *nothing* seems to effect it in the least thus far tried, and not a few drugs have been used I can assure you. Still she coughs on and on and on, disturbing her sleep very largely, and her patience and her friends, and her physician. She went to Baxter Springs last fall and there went through a heavy calomel treatment to great disadvantage in the case I believe. She complains of a heavy feeling in her stomach, and very tender to touch, of even the bed clothes. Is growing thin and weaker though she dresses every day. Is there any one who can suggest a remedy or remedies that shall relieve this suffering one, and cure her? Would a change of locality benefit and if so where? Had counsel from Kalamazoo, we agreed that the case was one of the pure neurosthenia and have been working on that theory a long time to no advantage. There was much soreness in the womb and ovaries at one time, but that is better. She has much heat or burning in stomach and bowels, coming up every day toward noon, and lasting in to the evening. Has had a good deal of chills, fever, and sweating. Has high fever every day now, and night sweats more or less. Coughs and raises a great deal, sputa sometimes heavy yellow matter, more often frothy and honey combed, I believe that the Bromide treatment was the devil incarnate that set all this train of evil influence to work to harass this poor child to death. Is there any help? Can we drive back this ruthless destroyer by similia, or by any other reasonable or common sense plan? If so I crave your assistance, any who can and will render it.

C. D. WOODRUFF.

New Books.

GYNÆOLOGICAL EXPERIENCES. By G. M. Pease, M. D., San Francisco

This pamphlet embodies much that make up a more pretentious work and stamps the author as one well informed in gynæcological surgery. The paper was read before the California State Homœopathic Medical Society, and was reprinted by request.

“**HOMŒOPATHY. The Principle Established, its Past Hindrances and Present Encouragements,**” is the subject of an address, by Hon. Montgomery Blair, President of the National Homœopathic Hospital Association of Washington. D. C. This sterling pamphlet is being circulated by the Association with good effect. It makes a good campaign document. Address Dr. C. B. Gilbert, Washington, D. C., for copies to be sent to your local paper for review.

BROMIDE OF ETHYL. The most perfect anæsthetic for short, painful, surgical operations. By J. J. Chisholm, M. D., Professor of Eye and Ear Diseases, University of Maryland, etc.

This pamphlet is a report to the Baltimore Academy of Medicine, in which the author tells of the value of Ethyl as an anæsthetic. He prefers

it to Chloroform and Ether. It is rapid in its action, usually a dozen inhalations being sufficient, and the anæsthesia passes off in two minutes, and the patients can walk off without the least unpleasant feelings. It is administered like Ether, in a cone, held close on the face to exclude air, into which about a drachm of the Bromide of Ethyl is poured. It cannot be repeated nor continued any length of time without serious results. Dr. Chisholm considers Bromide of Ethyl "the most perfect of anæsthetic agents for quick, painful, surgical work."

A TREATISE ON DIPHTHERIA AND CROUP. By C. J. Lewis, M. D., Chicago : Clark & Edwards, Duncan Bros. \$1.00.

This is a small work of 140 pages. Why another work on diphtheria? "Having felt for several years the pressing need of establishing a close relation between a generally successful treatment of diphtheria and croup, with anti-phlogistics and eliminants, and a theory of the nature of these diseases that was consistent with such management is my plea for bringing out this treatise," such is the author's excuse and as will be seen he is a regular of the regulars. He begins his treatment with a cathartic attack the preference seems to be for Mercury. This is to be followed by a mixture of Opium, Belladonna, Aconite and Chlorate of Potash, then if there is anything left the patient is to be braced up with Quinine. Water is allowed freely. He does not have much faith or confidence in local measures.

His treatment for croup is equally active. His prescription is Aconite, Opium, Gelsemium, Ipecac and Tolu. The cathartic is to be added. That is for the spasmodic form which is usually cured by a few doses of Aconite alone in our hands. In the membranous form an emetic of Alum is added to the above mixture increased in strength. The work however, has in it many sensible views and suggestions.

CHARACTERISTICS OF ONE HUNDRED REMEDIES. BY W. J. HAWKES, M. D., CHICAGO : Duncan Bros. \$1.00.

The work bearing the above title is a little book of 100 pages, the alternate ones are left blank for the recording of other characteristics.

It is intended for the student. It recalls to me my first experience in studying materia medica when after six months exclusive study it seemed all the drugs were the same, each had all the aches, pains and disturbances of function that man should suffer and each was as like the other as so many Chinese. But in this little work how different is all this. Each drug stands out in clear individuality with a few of the best selected characteristics so that the student can scarcely fail to comprehend the leading traits of the different remedies. If all the graduates of our Homœopathic colleges had mastered this little book we would not as a school present to the world the pitiable spectacle we now do of large numbers of our practitioners throwing doubt on the virtues of our medicines (because they are too imperfectly acquainted with them to know their merits and who spend their time carping over materia medica which might be more profitably spent in studying it. All of the questions which are vexing us arise from this. Why do Homœopaths alternate? Because they do not know which is the remedy, and so they give two or more in hopes to hit the right one. Why do they resort to Morphine and Chloral? Because they do not know what will cure they give temporary relief at the risk of wrecking their patients mentally and physically. Why do they give massive doses? Because they think that

a large dose will cure even if not Homœopathically indicated. Why do they resort to Quinine in intermittents? Because they cannot select the similar remedy.

The only fault I find is that I miss many reliable key notes. But as this work was written with special reference to the needs and circumstances of under-graduates, it could not contain much more without unfitting it for that special purpose. But for physicians there is much benefit to be derived by a careful study of it. Prof. Hawkes has done his work well and if he should give us a larger work on characteristics he will deserve still more thanks.

A. MCNEIL.

BOOKS RECEIVED.

Report of the secretary of the interior for the fiscal year ending June 30, 1882. Circulars of information of the bureau of education No. 3, 1882.

Gynæcological Experiences, read before the California state Homœopathic Medical Society, San Francisco, November 8th, 1882.

Where to go in Florida, by D. F. Tyler. Wm. M. Clark, New York, 121 & 123 South 5th St.

Hæmorrhoids by Wm. Jefferson Guernsey, M. D.

News of the Week.

Don't grumble if your journal is not always flush up to the high standard of your ideal. Charitably remember that no editor is capable of getting up quite as good a journal as you could yourself.

Dr. Lovell has been sick with erysipelas since January 20th, and is now only able to sit up a little each day. Part of the time he has been very sick indeed. We are glad to hear that the doctor is better.

Dr. E. Hasbrouck.—The Brooklyn *Union-Argus*, in noticing the election of Dr. H. to the presidency of the New York Homœopathic Medical Society, says: Dr. H. deserves the high compliment he has received, and will wear the compliment worthily.

Removals.—Dr. R. J. Hill, formerly of San Bueraventura, has located at Pasadena a beautiful city of California.

Dr. Wm. Fuller has moved from Indianola to Des Moines, Iowa.

Dr. F. J. Dickey, (Pulte 79) of Boonville, Indiana, removes to Marshall, Texas.

The Liver-Pad Outdone.—An exchange tells of a doctor in Iowa who has invented an anal pad, by which the fæces are changed into gas, and the gas is deodorized, purified, and burned as a chamber light. It acts on the same principle as a liver-pad, and if worn over the mouth sweetens the breath, prevents cursing and swearing, and destroys the appetite for tobacco.—*Ex.*

A Slip of the Tongue.—An amusing episode of the meeting of Allopathic physicians in New York the other night, was Dr. Gerrish's slip of the tongue. The doctor was talking vehemently against the new code. "Are we going to allow everybody and anybody to enter our profession?" he cried. "I never consulted with a Homœopathist in my life. I have too much respect for them." There was a storm of laughter and cheers that was continued for some time, causing the doctor to pause and wonder, as he looked vacantly about him what he had said to provoke so much merriment.

Caulophyllin.—The editor of the *Boston Medical and Surgical Journal* is only just beginning to find out the influence of *Caulophyllin*, second trituration, upon the uterus, about which there are seven thousand Homœopathic physicians in the United States who could instruct him. With true Allopathic logic, however, he says, "If it will arrest uterine hemorrhage, why wouldn't it be a good plan to give a little of it every hour in case of other hemorrhages—a wound of the radial artery, for instance?" Luckily medicines themselves are more reliable than is the editor's knowledge of them.—*N. E. Med. Gaz.*

Died.—We regret to learn of the death of Miss Emma, daughter of Dr. A. Shepherd, of Glendale, N. Y. The doctor has our deep sympathy.

Jose Joaquin Navarro y Valars.—*El Mercurio*, of Santiago de Cuba, contains a lengthy necrological notice of one of the leading lights of our school in Cuba. He was an energetic member of the profession. He was an active observer, and called the attention of the profession to the value of *Comocladia dentata* (guano) in erysipelas, *Tarantula* in anthrax, and contributed the history of Homœopathy in Cuba to the World's Convention in 1876. At the time of his death he was preparing a popular manual on Homœopathic practice for his Spanish friends. The article closes with a touching tribute to his memory.

Adolphus H. Aston, M. D., died in Philadelphia, on the 13th inst., in his 57th year. His death was unexpected up to a late date. He died of Bright's disease. He became a member of the American Institute in 1858. He was the first treasurer of the county society, and was continuously until the time of his death. In the early days of the Homœopathic Medical College of Pennsylvania, he was elected one of the professors, but soon resigned his position. He possessed all the noble qualities that go to make up the character of the true physician. He was charitable to the poor, and reticent, almost to a fault. His acquaintances were all friends, and he had no enemies, for he never spoke ill of any one. He leaves a host of patients and friends to mourn his death.
H. N. M.

Announcement.—The announcement of the publication of a work from the pen of the venerable Dr. Constantine Hering, the recognized founder of Homœopathy in America, and the ablest among the builders on the foundation laid by Hahnemann, is a notable event in the progress of medical science. The announcement of the appearance of the first volume of a thoroughly exhaustive and comprehensive work by this distinguished author, comprising the guiding symptoms for every remedy now in use among the best practitioners, is doubtless the beginning of what, when completed, will be the greatest achievement in the history of medical literature. The American Homœopathic Publishing Society has contracted with Dr. Hering for the publication of his new work, entitled: *Guiding Symptoms of our Materia Medica*. The work is to be published in ten volumes of about 500 pages each. Volume III is now out, ready for delivery to subscribers, and Volume IV is in the hands of the printer. The publishers expect to issue at least two volumes a year until the work is completed. The work is sold only by subscription: First to the stockholders of the society at an advance of five per cent. on the cost of manufacture and delivery, viz.: in sheets, \$2.50; bound in cloth, \$2.75; bound in library leather, \$3.25; bound in half morocco, \$3.75; and second, to general subscribers, not stockholders in the

society, at the publishers prices as follows: Bound in cloth, \$5 00 per volume; bound in library leather, \$8.00; bound in half morocco, \$7.00. J. M. STODDART & Co., Publishers for the American Homœopathic Publishing Society.

Duncan Bros., have been appointed Western Agents, where all orders for the books or stock can be made.

Iodoform in Gynæcological Practice—Dr. Frank P. Foster, editor of the *New York Med. Jour.*, publishes, in the March number of that journal, some clinical notes of Iodoform in gynæcological practice, especially in pelvic peritonitis and cellulitis of a chronic form. The cases are classified according to the abnormalities ascertained to be present. 1. Cases in which inflammatory action was supposed to exist, or to have existed, but in which the uterus was freely movable without pain; 2. Cases in which the mobility of the uterus was but slightly, if at all, impaired, but in which motion of the organ was painful; 3. Impaired mobility of the uterus, with little or no pain on removing it; 4. Mobility of the uterus decidedly impaired, with pain on removing it; 5. Uterus nearly or quite immovable, with little or no pain in attempting to move it; 6. Uterus nearly or quite fixed, with decided pain on attempting to move it; 7. Cases of palpable inflammatory deposit. The most prompt and satisfactory results were obtained in the last group of cases—those of palpable pelvic exudation. Such cases, however, do better, according to the author's experience, under the more usual methods of treatment than those in which the exudation is not capable of detection by palpation, but is inferred to be present from conditions that can scarcely be explained on any other theory. But, while such is the case, it is quite as true, he remarks, that we now and then meet with bulky exudations that prove utterly rebellious to treatment. A good deal depends, no doubt, upon whether the deposit is of recent or of remote formation; and this question is not always easy to settle in the cases of patients whose past history we know nothing beyond what we may be able to elicit by questioning them. Taking the seven groups together, it seems to him that the patients progressed more satisfactorily, on the whole, than they would have done without the use of Iodoform. Their proper use being assured, he would esteem the three great remedies for chronic extra-uterine pelvic inflammation in the following order: 1. Hot water; 2. Iodoform; 3. Galvanism. As to the best method of using Iodoform, he prefers its application to the upper part of the vagina, and his practice is to plug the whole vaginal canal with cotton wick. This prevents the application from being washed away with the discharge, and the tampon is often of great service by its mechanical action—steadying the uterus, sometimes exerting a gentle, even distension upon the deposit, and perhaps inducing muscular contraction. The tampons may be retained for several days; his custom is, however, to direct their removal at the end of thirty-six hours. Used in this way, he has never known Iodoform to betray the patient by its odor; although its taste is sometimes complained of. For occasional use, as an anodyne; in acute cases, in which the patients are not likely to be asked embarrassing questions by strangers, and in which, as well as in cases of vulvar hyperæsthesia, it is an object to avoid meddling with the genital canal; also with patients who cannot have continuous treatment by the physician himself, the employment of rectal suppositories is a valuable resource.

[The intra-uterine bulb suppository may prove more servicable.]

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WHOLE No. 334.

Clinical Medicine.

A BIT OF EXPERIENCE.

WILL BELLADONNA ABORT OR PREVENT CONVULSIONS?

On the evening of the 4th of February, 1881, I was called in great haste to the bed-side of Mrs. E., aged about twenty-four, who had been delivered of a male child before the messenger had started for me. On arriving at her bed-side, I found the child lying just as it had been delivered, the umbilical cord still unsevered, and nothing being done for the woman by those present. This, however, was not of so much importance as the symptoms manifested by the "little woman," which led me to suspect the near approach of puerperal convulsions. Her face was red and turgid, eye balls congested, with convulsive twitchings and jerkings of the arms; also severe pains in the head. Without stopping to detach the umbilical cord, I took the Belladonna vial out of my case, placed the mouth to her tongue, succeeded in getting her to take one drop on her tongue, spoke kindly, but earnestly to her, and in less than three minutes she was perfectly calm and quiet, and all went on nicely without any further trouble.

She afterwards made the following remark to one of her neighbor women: "They needn't tell me that there isn't any strength in Homœopathic medicine, for I felt that drop of medicine clear to the ends of my toes."

¶ Question: Will Belladonna abort or prevent puerperal convulsions, if given when symptoms of convulsions appear? Who will answer?

J. P. KESTEL.

THE EPIDEMIC REMEDY.

RHUS TOX. IN COLIC AND GONORRHOEA.

Dr. Carlson relates his experience of the above remedy in colic and quotes my name in mention of it in Burt's *Materia Medica*. I think the doctor will find that as is the case here. Rhus was the epidemic remedy and it is immaterial whether it was colic or not as long as it arose from the peculiar atmospheric conditions prevailing which we are justified in accepting by the presence of its concomitants, "aching in the back and limbs relieved by motion," etc. I have cured during the present reign of Rhus and Bryonia, as epidemic remedies many cases of colic with these remedies. One case I particularly remember. On entering the room found my patient lying on his back with his legs elevated vertically against the wall and complaining of the most intolerable pains in the abdomen. On inquiring I learned that he assumed his undignified pose because he was impelled thereto and that he was easier than in any other position. To me the taking of such an attitude was an unknown symptom. To guide me I knew that Rhus was the epidemic remedy and he had the aching so characteristic of that drug. On administering it I was gratified by a cure, not a "getting better," merely.

I had used the epidemic remedies in the infectious fevers, and had no authority for so doing but guided by the law of the similars I made a move that I

am unaware of any precedent for, viz. : administering the epidemic remedy in gonorrhœa, which to me had been an *opprobrium medicorum*, with success. I have not had enough cases to justify me in asserting that the epidemic remedy will always cure this disease but I would like others to try and report the results. I do not see any reason why scarlet fever should be cured, as we know it is, by the epidemic remedy and gonorrhœa should not—providing the characteristics of that drug in the one as in the other disease are present. It is only with Rhus that I have tried. In some cases there was swelling of the prepuce usually not as much pain, chordee, strangury as are usually present, but always the aching of Rhus.

A. MCNEIL.

JEFFERSONVILLE, Ind.

MEDICINE FOR CLUB FEET IN INFANTS.

BY W. B. CHAMBERLAIN, M. D. WORCESTER, MASS.

What can medicine do in congenital and in organic disease, is a question which is often mentally asked. Four years ago I asked myself this question, when I had before me a child just born with a pair of club feet, a homely head with wavy eyes and a very illy nourished body. The mother, who is a kindly woman, said almost in despair, "Let it die if it only will." This mother, although out of a scrofulous family has generally good health. The father is a kind of Lazarus, generally covered with eczema or boils, which are only kept in check by constant care.

The above described child could not nurse, nor bear milk of any kind except a little cream in the Liebig's Food, prepared from the original recipe of Malt and flour, Bi-Carbonate of Potassa, etc. On this, the child slowly began to thrive. I gave the child Sulphur 9x for a few days, then Calcarea phosphorica 3x in the food, three times a day for two weeks, then Calcarea carbonica 3x in the same way. It was not many weeks, before the child was covered with eczema from the top of the scalp to its toe-nails. For this the patient had Graphites, Dulcamara, Croton tiglium 3x, etc., with only slightly palliative effect. Like many of these cases, it showed but little of any humor after cutting all its first teeth. The child's feet were rubbed faithfully around, (not up and down) the ankles every day. They were also stretched to bring them into position as much as possible. During the whole treatment the child had Calcarea phosphorica, Calcarea carbonica and Silicea 30 for two or three days at a time in every month. At the end of two years the child was healthy and robust in figure, and soon after walked on as handsome feet as one often sees. The child remains in perfect health and figure.

Long since I came to believe that one of our first duties to patients, whether large or small, is to find the right thing for nourishment; food that will set well on the stomach and assimilate, so that the patient may have quiet nerves, healthy digestion, and consequently well developed bones and muscles.

In the foregoing case several changes of food had to be made. The study of such books, as Dr. T. C. Duncan's on Diseases of Infants and Children, greatly assists the physician, young or old, to do his patients justice in relation to diet in health and disease. I might report the cures of many cases of crooked legs and rickety children, that have been cured by treatment similar to that given to the child with club-feet just reported.

First, find the right kind of nourishment. Second, select carefully the Homœopathic medicine that will bring the system into the best condition to assimilate that food.—*Mass. Trans.*

INFLUENZA.

BY EUGENE CAMPBELL, M. D., LOS ANGELOS, CAL.

Influenza is an epidemic disease that occurs so frequently in this country, and is a disease that more attention should be given it, as it assumes so many different forms, and unless the physician is cautious, it often leads to false diagnosis. Have often seen it diagnosed diphtheria, pneumonia, bronchitis and rheumatic fever.

Although mostly confined to the mucous membrane of the air passage, still, it attacks other tissues, and thereby, leads to a wrong diagnosis.

In strong, healthy persons, it seldom endangers life, but in infants and old persons, it often becomes complicated and causes death.

It mostly appears very suddenly, the patient going to bed at night in their usual health, wakes up in the morning with a severe headache, sore throat, and with a violent cough.

At times the throat is very much inflamed, and has white patches; also will have aphonia, and if the patient is debilitated and nervous, they very likely will have an attack of spasm of the glottis.

Some attacks are preceded by a chill, followed by high fever and delirium, and is often diagnosed pneumonia. Others will complain of languor; no appetite; sleepless; very little fever; violent headache; and in a few days, the fever will increase and assume a typhoid form.

Influenza usually follows sudden changes in the weather, and mostly after cold weather, and is supposed to be caused by a larger amount of ozone in the atmosphere. As soon as you have one case, you may look for more, and begin to study up the indicated remedy, for you will find each epidemic of influenza has its remedy, and after you are so fortunate as to find the indicated remedy, you will find little trouble in controlling almost every case, although it will attack different persons differently. In one, it may cause coryza; in another, sore throat; and another, the stomach and nervous symptoms may be most prominent. But you will find that the indicated remedy will cover all these symptoms.

If *Ars.* is the indicated remedy, you will find the one that is troubled with the coryza, has the head symptoms of *Ars.*; those that have the throat or stomach symptoms, will have *Ars.* throat or stomach symptoms; and whatever part of the mucous membrane is affected, you will find the *characteristic symptoms* of the epidemic remedy indicated. The epidemics usually last but a few weeks, but at times may last for several months. The disease can be easily controlled, and when an attack (uncomplicated) lasts over a week, the physician can feel sure he has not discovered the *similia* of the epidemic.

We cannot give too much time or study of each epidemic; although influenza is not often fatal, still, it often leaves sequelæ that proves fatal. It very frequently leaves chronic catarrh, aphonia or bronchitis.

In those that are predisposed to pulmonary complaints it often develops tuberculosis; and many a young girl, just beginning to menstruate, it will

cause chlorosis, followed by fatal results. And very often quick consumption can be traced to a neglected attack of influenza.

When we see such fatal results following this disease, conscientious physicians can not fail to persevere until they find the indicated remedy for each epidemic.

In regard to the remedies, we must look for those that affect the mucous membrane, and during an epidemic, warn our patrons, especially those with pulmonary complaints, not to try to wear out the disease, but as soon as attacked, to seek the aid of their physician.

Ars. is a remedy that is often indicated. Has violent headache; worse in warm room; better in open air; *fluent, acrid coryza*; great thirst, but can only drink small quantity at a time, as a large amount of water causes nausea. Cough is *spasmodic, and worse at night*. Expectoration thin, white mucous. Also has violent, *burning* pains in stomach, with ineffectual efforts to vomit; *very weak and prostrated*.

Next to *Ars.*, have found the different preparations of *Merc.*, especially *Merc. bin.* and *Merc. jod. cum kali jod.* indicated.

Merc. bin., the patient has high fever; swollen and furred tongue; hoarse cough (mostly loose), with yellow sputum; *sweats profusely at night; wants to throw the covers off, but takes fresh cold even by leaving the arms out from in under the covers.*

Merc. jod. cum kali jod. often cures when the *Bin.* fails. Usually, however, a fluent coryza (not acrid); also constant rheumatic pains over the whole body; has a hoarse cough, caused by a tickling in the larynx; cough is worse at night, and the patient often complains of pain through the pleura.

Kali bich. is a remedy that is often indicated. *Violent headache between the eyes*; first few days has watery discharge from the nose, but in a short time the discharge becomes thick, tough and stringy; the cough for the first twelve or twenty-four hours, is *hoarse and dry*, but is followed by profuse expectoration of thick, stringy phlegm; cough is generally worse in the morning.

Phos. is to the lower part of the respiratory tract, what *Ars.* is to the upper portion, and should always be thought of when there are symptoms of pneumonia. Has a dry, tickling cough, worse in the open air and on laying on left side. (*Merc.* and *Puls.* worse on laying on right side.) Soreness and hoarseness in larynx and chest, *with a feeling of pressure over the sternum extending through to the spine.*

Caust., *Eupatorium*, *Ip.*, *Nux.*, *Bry.*, *Rhus*, *Drosera*, *Baptisia*, are also often indicated; and a great many other remedies, especially if complicated. There has been several remedies recommended as prophylactics. What success has attended their use, I do not know. Have depended, myself, mostly on hygiene and the use of cold water. Recommend all patients that are subject to throat disease and catarrh, to gargle their throats and bathe their necks in cold water every morning, and by following this up during an epidemic of influenza, they are very seldom troubled with it.—*Cal. Hom.*

Chinoidin and Capsicum in Intermittent Fever.—Dr. R. C. M. Page (*New York Med. Record*, October 7, 1892) recommends ten grains of powdered Chinoidin, and three grains of Capsicum, three times a day, in the treatment of intermittent fever. He thinks that Chinoidin is nearly, if not quite, as good as Quinine, and, of course, much cheaper.

PRACTICAL NOTES ON HEADACHE.

BY EDWARD T. BLAKE, M. D. LONDON, ENG.

When I left college and began straightway to make acquaintance with the responsibilities of private practice, I encountered, amongst other "legacies of woe" inherited by our much-suffering race, a vast and varied array of headaches.

In each case a correct diagnosis must be arrived at; and even then, alas! the problem was not half solved. If I dare to think of that time, there rushes back vividly to my mind the dismay about diagnosis and the chaos of remedies to be selected from. Then come to memory the discouraging hours spent in laborious, perplexed study of Bönninghausen's Pocket-Book (what huge pockets then the doctors must have had!) and "the big Jahr."

Since that time, however, fifteen years of perpetual practice have brought at least the power of quickly relegating to their right position most of the headaches for which ordinarily medical aid is sought; and, what is far more important than a facile diagnosis, the knowledge of what reliable weapons there are ready at hand, with their relative value.

HEAD AND FACEACHE.

Adopting, for the sake of simplicity, an anatomical arrangement, we will commence by considering the headaches which implicate the face.

Pain at side of nose, with vomiting, will remind us of acute glaucoma, and will induce us to think of Hellebore 6, Apis 1, Mercurius cor. 3x.

Approaching the glabella, the pain is promptly relieved by Nux 1, aided by the compress.

Retinal neuralgia, Spigelia 1x or tinct.

Pain back of eyeballs, Bryonia 1x.

Orbital pain from injury by Conium 1x (success).

Supra-orbital pain, usually neuralgic, and that of a dyspeptic character, is common in business men, and if on the right side is met by Chelidonium 1x or tinct.

If on the left side, by Kali bich. 6-2 or Argentum nit. 6.

In female patients, it frequently means more than a stomach-neuralgia; it points to a grave general disturbance of the digestive and assimilative processes; the result of chronic pelvic change, usually in the cervix uteri.

This is a very beautiful example of the wonderful way in which Homœopathy links pathogenesis with pathology, the left supra-orbital medicines being well known to have a cervical affinity, e. g., Argentum nit., Sepia, Kali bich., and Sulphur tinct. [Add Ignatia.—F. C. D.]

The last-named remedy reminds us of Dr. Cooper's valuable clinical observation, that if the pain culminate to mid-day or midnight, and then slowly fade away, Sulphur is the right remedy.

FOREHEADACHE.

If from constipation, Nux 3x for the attack, and Lycopodium 30, Podopyllin gr. 1-10 to gr. 1, Argentum nit. 6, for the tendency.

Bryonia 1x if with pain at posterior orbit (rheumatic).

Belladonna oddly enough is used incessantly by the lay adherents of Homœopathy for the cure of headache, but much more rarely by thoughtful practitioners.

Do laymen abuse the drug, or do thinking men neglect it ?

The fact is, the condition more especially demanding Belladonna, viz., acute arterial cerebral congestion, is not a common one.

Gelsemium 1x and tinct., is a capital remedy in nervous headache with pseudo-congestion of the brain, and with perversion of vision.

TEMPLEACHE.

Ignatia 1x stands at the head of the list, *facile princeps*. The Allopaths get success with Strychnia, and it must be remembered that though theoretically Strychnine is the alkaloid of the vomica nut, practically the operative chemist obtains it from the bean of St. Ignatius, because of its cheapness.

When Ignatia fails Cicuta 6 or Spigelia 1x may be tried. The use of coffee as a beverage must be strictly forbidden.

The temple is a favorite *locale* for specific headaches. They will be diagnosed by general history, by increased nocturnal intensity, by being aggravated by alcohol, and by persistent tenderness of periosteum under pressure, especially along the temporal ridge.

Ignatia has also, in my experience, relieved the greatest number of parietal headaches.

VERTEXACHE.

Perversions of vertical sensation are not often found in the male subject ; hence we can readily understand that they are in some way related to some of the organs or functions essentially feminine in their character.

The uterine headache, *par excellence*, is frontal ; but if, as so frequently happens, the ovarium takes on morbid action, its chief reflex sympathies are displayed at the vertex.

Hence Lachesis 6 is so useful a remedy.

Cuprum sulph. 6 I have found curative in burning at the vertex.

Glonoine 12-6 in throbbing, and Amyl nitrite 1x in flushes culminating at the vertex.

Sir William Jenner taught, in his inimical clinical lectures, that occipital headaches meant "stomach." With all due deference to so great an authority, I think they may as accurately be said to mean "heart."

This form of headache, when neuralgic in character, is extremely common in emphysematous subjects, whose lung affection is complicated by a dilated heart.

The undoubted specific is Quinine, from half a grain to two grains after breakfast. If we combine with this a few grains of Ferri phos. after luncheon, we will earn the gratitude of the busy and energetic sufferer. The use of tea and tobacco, while they sometimes give temporary relief, greatly aggravate the tendency. These patients are curiously unable to withstand the effects of Carbonic acid gas in a room. Small doses of alcohol taken late in the day help to ward off the attacks, but decidedly intensify them when present. They are most relieved by starvation, by the recumbent posture, and by dry heat ; if the attack be mild, the distraction of agreeable society may remove the unwelcome guest, but a severe seizure renders perfect isolation an absolute necessity. Irritability of temper and enuresis are usually marked features of this variety of headache.

This kind of headache is most frequently met with in men, because of the greater activity of their lives ; but it is not unknown to the softer sex.

when they become maskedly emphysematous, or when long-continued pelvic irritation has set up one of those curiously accurate imitations of heart-disease with which all gynecologists are so familiar.—*Hom. World.*

Correspondence.

GIVE US THE CONDENSED PRACTICAL HINTS.

POTTSTOWN, Jan. 16th, 1883.

I admire the plan you are adopting in your new venture in giving a condensation of the medical news in short gritty articles, and only hope you will continue. As for myself I never enjoy reading long, windy articles.

The small item in the last issue under the head of correspondence written by O. P. Barden, contains more truth than if he had written a column. This question of potency should be left to the judgment of the one administering the remedy. No man or set of men has a right to say that nothing can be gained by the use of exclusively low potencies, or *vice versa*. But he alone, (and then only through the knowledge and experience he has gained by actual use of either the high or low) is the one to form that judgment

E. B. RASSILER.

[The potency problem is at rest as far as we are concerned, or rather the largest liberty will be tolerated. It would enhance the value of this journal very much if our readers would send us brief notes from practice.—Ed.]

"FACTS ABOUT TEXAS."

AUSTIN, Texas, February 21, 1883.

EDITOR INVESTIGATOR: In the February 10th number of THE INVESTIGATOR there was a communication with the above heading in which the writer speaks very disparagingly of Texas as a resort for invalids. The writer has evidently had but little experience with our climate and that little experience undoubtedly happened to be during one of the most severe cold spells ever known before. Indeed the entire winter was unusually severe. I speak from an experience of nearly eight years during which time I have been engaged in a very extensive practice and during the winter season always have a number of pulmonary cases from the north under my care and in all those cases coming before the disease had progressed too far the improvement has been most satisfactory. As is known to the profession writers on climatology now rank Texas as one of the best localities known for all pulmonary diseases, of course this conclusion was only reached after careful observation. It is true when we have a norther the change is very abrupt, but the severity of the change is generally over in two or three days, during this time most of the invalids by remaining in doors experience no inconvenience whatever. It is now believed by resident physicians that the northers purify the atmosphere they being highly ozonized.

We have a little malaria during the warm season, but the first frost or norther dispels all of this. The writer does not mention any particular portion of the state in her article. In a state as large as New England the climate would materially vary in different sections. I speak only of western

Texas and our mortality reports will bear me out in the assertion that it is one of the healthiest localities in the world.

G. E. ROUTH.

WOMEN IN MEDICINE.

The January 27th number of THE INVESTIGATOR came to hand, and turning with a woman's true avidity for news to the page of "Medical News" this item met my astonished gaze: "The Chicago Homœopathic College, has decided not to admit women after this session;" I read the remainder of the journal with that unjust flat ringing in my ears, and it has unpleasantly flavored all my thoughts since. I finally resolved to inquire of the honored faculty through your journal, what led them to this unjust and ungenerous decision. Weighed in the balance, in what has woman been found wanting? Has she been less diligent in her studies than her brothers? Has she shown less capacity? Has she shown less morality? Having complied with all the requirements of the college, passed necessary examinations and received the certificate to that effect in the shape of a *diploma*, has she in the battle of life with death done less to reflect honor upon her *Alma mater* than man? Right here allow me to tell a little that I know about female students. I was one of the seven women who attended the Hahnemann College in the winter of 1869 and 1870, (the same winter if I mistake not, brother Duncan, in which you delivered your maiden course of lectures and taught us many things about babies for which I wish at this late date, to tender you a vote of thanks). Of that seven one is dead, one, having a sufficiency of this world's pelf never entered into active practice. One I understand is still pursuing her studies in a foreign country. The remaining four have each a large and remunerative practice in the separate cities in which they reside—are beloved by their patrons and respected by the community at large equally with their male collaborators. Can the same be said of as large a per cent. of the male students of the same winter? Now having partially freed my mind on this subject, I am going to take issue with you upon an article entitled "Lady Physicians" which I think is editorial and the whole tenor of which proclaims you (although you disclaim it in the article,) to be in full sympathy with the faculty, of the Chicago Homœopathic College in the attitude they have assumed towards woman. Pray my dear doctor, how long has woman enjoyed "full fellowship in all our medical societies?" Certainly not more than a decade. Think for how many decades gone before woman went from one college to another timidly knocking at the doors for admittance only to be met by the assurance that this temple of knowledge was consecrated to man and that not even the vestibule must be profaned by the presence of woman. Think how grudgingly every privilege (I will not say *right*.) has been accorded us, think how every day events in the medical world demonstrate to us the exceeding smallness of the thread by which we now hold to the "full fellowship" with our medical brethren. Think how constantly we are made to feel the "strong undercurrent of opposition and hesitancy" in the profession to meet us any where on terms of equality. Think of the patronizing, condescending, we'll-have-to-tolerate-you-air with which most of the lights of the profession meet even the foremost of the female practitioners and you will no longer think it strange that ten short years of "full fellowship" have not enabled woman to forget the snubbings of long ago, nor that

they exhibit timidity in presenting to the different august bodies the many facts relating to *materia medica* and therapeutics which some of them with large and varied experience, must inevitably have collected.

I am glad that the Chicago lady physicians have a flourishing society. I am glad that a national woman's Homœopathic society exists, but don't I pray you leave us to ourselves just yet. Give us another ten years probation. Let us practice in our auxiliary societies, and we may be able to face you men boldly and a woman may even be found with the assurance to read a paper before the American Institute of Homœopathy, and perhaps to help make the thunder over a straw as ably and loudly as their brothers now do in their most solemn assemblies. I shall not be that woman, but "may I be there to see." I sincerely hope that the proposition to establish a woman's Homœopathic college may die in embryo. All other objections aside (and there are many) the female students from both colleges would not make a class respectable in size, a class for which any practitioner worth a *fig* would be willing to sacrifice his time, and even if some one with an itching for the prefix of professor to his name should promise his service. I know from personal experience, how little it would hurt his conscience to disappoint fifteen or twenty women two or three times a week.

For many years to come in the very nature of things it will be impossible for women to receive the same advantages in an exclusively woman's college as in a richly endowed largely attended male college, one to which the most able practitioners feels it an honor to be attached. Too many colleges are freely admitted to be an evil, why should one more evil be created, when empty seats greet the eye in every college amphitheatre one enters. By persistence and mighty pluck woman has forced her way into the medical ranks and every indication points to the fact that she is a fixture there. Does it not then behoove those who profess to have the good of humanity at heart to cease raising barriers to her obtaining the very best advantages the country affords. This can only be done by leaving her free and untrammelled as men are. Compel her to comply with every condition required of her brother and then let her dictate where she shall acquire her knowledge. In the name of justice let us hear no more at this late day, of any college shutting its doors in the face of a woman *merely* because she is a woman.

The subject is not half exhausted but I leave it here and I do sincerely hope some member of the faculty will kindly furnish us the reason for its strange decision.

ANGIE L. WILSON.

TERRE HAUTE, Indiana.

Progress of the Medical Sciences.

Pasteur vs. Koch.—Prof. R. Robert Koch publishes in the report of the Imperial Sanitary Bureau, of Germany, experiments which disproved, as he alleged, the statements of Pasteur regarding the role of earthworms in the propagation of Charbon and regarding the attenuation of Charbon virus. M. de Feltz has just presented to the Academie des Sciences the results of another series of experiments. These confirm in all points, he says, the conclusions of Pasteur.

THE UNITED STATES MEDICAL INVESTIGATOR

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, practical articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and close thought (the great sources of medical knowledge), on any subject pertaining to medicine.

THE LIMIT OF ATTENUATION.—At the recent meeting of the New York Homœopathic Medical Society Dr. Terry offered the following resolution :

WHEREAS, In as much as chemistry furnishes no proof of the material presence of any drug beyond the third attenuation; the spectroscope none beyond the fifth; the microscope none beyond the seventh; and the theory of molecular magnitudes none beyond the eleventh; and it being also evident that the preponderance of clinical experience forces the conviction that Homœopathic action probably terminates at the last point designated therefore.

Resolved; that as a society we cannot reasonably endorse the Homœopathicity of any higher attenuation than the twelfth.

Dr. E. D. Jones, moved and it was carried that the resolution be tabled." The question arises can we afford to set the metes and bounds of attenuation? Have scientific methods of analysis settle the divisibility of matter? Is the molecular theory a proven *fact*? We think that the society showed its wisdom in laying on the table the resolution and then allowing all perfect freedom to use any attenuation they may choose. This whole question must be relegated to the test of individual experience. Dr. Dunham prepared 200ths, that he satisfied himself were honestly made and also efficacious, but whether more so than the thirds, neither the microscope nor any other physical test can decide. Homœopathy has alone reference to the *selection* of the remedy. In the selection of the dose we believe in the widest liberty.

Consultation Department.

A MEZEREUM TONGUE.

Add Mezerum to Baptisia for white coat, red papillæ on tongue. See Allen.

ANSWER TO W. S. G.'S. CASE.

"Desire to be carried on arm, *Cham.*; Ant. tart., *Ars.*, *Cina*, if colic; *Puls.*, Am., from being rocked or carried fast; *Acon.*, from being rocked; *Cina. Ars.*, wants to be carried fast; *Puls.*, slow; *Bromium*, wants to be carried fast on account of dyspnœa, often indicated in croup."—*E. J. L.* in *Hom. Physician*.
A. F. RANDALL.

LEXINGTON, Mich.

ANSWERS TO CASES.

"Desire to be rocked hard, no gentle moving being satisfactory. The result to it is yromis; child wants to be carried, but very quickly. It says, run, run."

Let C. L. study Graphites in Allen and Hering.

That cough seems now to be a bilious cough. Do not neglect the study

of your hepatic remedies, like *Chelidonium*, *Lycopodium*, *Mercurius*, *Sepia*. Why was *Rhus tox.* and *Calcarea* neglected at the start, when he took cold from getting feet wet?

CASE FOR COUNSEL.—IS IT CYSTITIS?

I wish aid in prescribing for the following case. Lady, aged fifty-eight years, dark hair and eyes. Had a serious illness of weeks, after typhoid fever, leaving her with this troublesome symptom: Frequent and scanty urination; pain at urethra and over region of bladder; worse on standing or walking, and now on sitting; aggravated by wine or any acid; is felt by an immediate increase of pain and desire to go to urinate. Has increased in the past year. Has had *Gels.*, *Canth.*, *Lyc.*, *Nux.* and *Cup.*, with other indicated remedies, both in high and low potencies. My brother physicians have been unable to help me out with this case, which I am anxious should be relieved.

M. B. C.

Hospital Department.

COOK COUNTY HOSPITAL.—MEDICAL CLINIC.

SERVICE OF PROF. CH. GATCHELL, M. D., THURSDAY, FEB. 8, 1883.

Reported by F. R. Day, M. D., Resident Physician.

LADIES AND GENTLEMEN: I present to your notice to-day, a disease which you will frequently meet in your private practices. It is inappropriately named, because

RHEUMATISM

means "a flowing down," and was applied to the disease by the old writers who supposed the pathological condition to be a flowing down to the joints of one of the humors, very much like a catarrhal condition of the mucous membranes.

The exciting cause of acute articular rheumatism, is almost always a chill, or the series of phenomena which we, in our ignorance, clothe with the name, "taking cold," the substantive condition of which we know as little about as we do of many other things connected with the science of medicine.

There have been many theories advanced to explain the appearance of rheumatism, two of which are in the ascendancy now-a-days. One is the lactic acid theory, founded on the experiments of Richardson. This theory supposes an excess of lactic acid in the blood, which acts as an irritant to the tissues involved in the morbid process. The theory is plausible, because lactic acid has been detected by some observers in the acid sweats and other secretions of rheumatic patients. Richardson's experiments, however, prove nothing more than that the injection of lactic acid into the peritoneal cavity, will induce endocarditis. The second one is the nervous theory, in which it is supposed that the chill affects the peripheral nerves and is transmitted by them to the nerve centres of the cerebro-spinal system. It is then reflected back from these points to the vaso-motor and trophic nerves of the joints, giving rise to the phenomena characterizing the disease.

The ages most susceptible to the rheumatic inflammation are those from

sixteen to twenty-five. It rarely occurs in childhood, and is seldom, if ever, seen after sixty years of age. Males are more often attacked than females. If I were to give a definition of rheumatism, it would be that it is a specific inflammation of the joints and heart, accompanied by an excess of fibrin in the blood, pyrexia, pain in the joints, and acid sweats. Examining these conditions more in detail, we find the most constant change in the blood to be an excess of fibrin. Normally there are about three parts of fibrin in one thousand parts of blood, but in rheumatism there are rarely less than seven parts to the thousand, and sometimes there are ten. The inflammation attacks, by preference, those structures rich in white fibrous tissue. Therefore the joints, made up largely of this tissue, suffer most. The heart trouble is looked upon, generally, as a complication, but I consider it a specific inflammation, just as the joint affection is. The endocardium, lining the valves and chordæ tendinæ, is a serous membrane, composed largely of the white fibrous tissue, so inviting to the rheumatic inflammation. About fifty per cent. of the cases have endocarditis, and the other fifty per cent. escape, just as the elbow, or any other joint, is affected in a certain number of cases, and escapes in the rest. Any structure, having white fibrous tissue in its composition, may be involved. Thus the sacro-iliac synchondrosis, the aponeurosis of the occipito-frontalis, the sclerotic coat of the eye, may be inflamed. The large joints are attacked by preference, and the ankles and knees more frequently than the others. I have never seen any explanation advanced to account for this, and the only one I can offer is, that the ankles have to bear the weight of the whole body. Perhaps this burden determines the inflammatory action.

The external appearances noticed in the joints, are more or less swelling, heat and redness. The swelling is due to inflammatory œdema. Now and then you will meet a case of acute rheumatism, in which there is no appreciable swelling of the joints. Usually there is a bright carmine blush about the affected part, but this will sometimes be absent. The involvement of the joints is apt to be bi-lateral and migratory. That is, one ankle will first be attacked, then the other ankle. The next day the ankles will be free from pain, and the knees will be sore. So the inflammation may wander from one joint to another, until every one in the body has been affected.

The urine of a rheumatic patient is the typical urine of fever. It is scanty, high-colored, and a heavy sediment will be precipitated on standing. The interpretation is, that little water is eliminated in proportion to the solid constituents.

There is no regularity to the temperature. It exhibits no regular curve as is seen in typhoid fever, though usually higher at night than in the morning, like other fevers. Ordinarily the temperature reaches 101° to 104° F. If it goes above the latter point, the condition is serious, and the prognosis is the more grave. Temperatures have been recorded as high as 109° or 111° F. Of course the cases were fatal. Some have recovered whose temperatures registered 108°, F.

A few words in regard to the nervous symptoms. Until recently, it has been taught that rheumatic meningitis was present in a small portion of the cases; that this was a specific inflammation of the meninges, giving rise to delirium, and later to coma; but recent investigations show that this is not the case. It was first observed that the delirium was only present in those

cases having intense fever, and post mortem examinations in fatal cases, showed no signs of meningitis; so the conclusion was reached that the delirium was due to the hyper-pyrexia, and arose in the course of the disease, just as it is likely to do in the course of other acute fevers. The prognosis is favorable as regards life, but the sequelæ are legion. Few other diseases leave as many undesirable legacies as this one. The cardiac complication, or, as I prefer to call it, the cardiac inflammation, may appear at any period of the disease, but usually comes early. The first signs indicating such a condition are pain in the præcordial region, some dyspnoea, and labored action of the heart. On using auscultation, the sounds are dull and muffled. Later, a mitral systolic murmur is heard, and rheumatic endocarditis is present. The endocardium lining the valves is attacked in the majority of cases.

If you were to make a section of a valve in the early stage of inflammation, you would find the fibrillæ separated, and some effusion between them. Then there is an exudation of leucocytes and hyperplasia of the elements. The new cells will constitute fine granulations on the surface of the valves, giving them a finely granular or velvety appearance. The blood, which is rich in fibrin, and clots easily, will deposit little coagula on the roughened surfaces of the valves, and if one of them becomes detached and enters the circulation, it is then an embolus. An inflamed joint, if opened, presents a congestive redness of the fibrous tissues, and some ecchymoses on the serous surfaces. The cavity of the joint contains serous fluid, a few leucocytes, and some fibrinous coagula.

In any other affection you would expect such local heat, pain, redness, and swelling to end in suppuration, but this never occurs in rheumatic inflammation.

The pain is very severe, and you may be surprised that such suffering should be excited by a part so poorly supplied with nerves; but you may lay this down as a general rule, that those parts which are least sensitive in health, are the most painful when inflamed. You are not conscious in health of having pleuræ, but let one become inflamed, and the pain will be intense. This is true of the peritoneum, all the serous membranes, and, in fact, of nearly every organ in the body.

Among the complications which may arise in the course of acute articular rheumatism, I will mention pleuritis and pneumonitis, which occur in a certain proportion of cases. Those arising from emboli are, happily, not common. Occasionally, cerebral apoplexy ensues during the course of the disease. One of the little coagula becoming detached from the mitral or aortic valves, enters the circulation, and passing up the left carotid artery, is most likely to lodge in the left middle cerebral artery. Anæmia of the tract beyond this obstruction follows, the tissues lose their nourishment and cease to perform their functions. Aphasia and hemiplegia of the right side result, and finally, if collateral circulation is not established, yellow softening of this area occurs. If the embolus comes from the right side of the heart, it becomes lodged in one of the bifurcations of the pulmonary artery, and causes embolic or metastatic pneumonia of a triangular space, having its apex at the obstruction and its base pointing toward the periphery of the lung.

Emboli in the extremities may give rise to gangrene of the fingers and toes. It is extremely rare.

The range of remedies used in the the treatment of this disease, if your experience corresponds with mine, will be limited. Aconite, Bryonia and Rhus tox. are the main remedies used in the hospital this winter. Aconite is the most important anti-rheumatic remedy, and it should be given in all cases of acute articular rheumatism in alternation with Bryonia, when there is an active, sthenic condition, and in alternation with Rhus tox. in the adynamic form, when there is a dry tongue with a dark centre.

Rhus is also indicated when the lower extremities are involved, and Bryonia when the upper extremities are chiefly affected.

Spigelia is an excellent remedy for the endocarditis. I will give you a few notes on the general management of your rheumatic patients. Remember that rest and warmth are the cardinal principles.

Keep your patients well covered and protected from the air. Do not let a draft of air strike the surface of the body, for if it should excite a chill, the patient would have a relapse. It is well to have the affected joints wrapped in cotton or flannel, and the patient well covered with blankets.

It may be necessary to sacrifice cleanliness and neatness for a few days, in order to prevent chilling the patient; for that reason do not make the bed or wash more than the face and hands during the height of the fever.

The table which I shall now read to you, shows the result of the treatment of ten cases of rheumatism which have come into the wards of which I have charge, since the beginning of the year.

10. CASES OF ACUTE ARTICULAR RHEUMATISM TREATED IN WARDS 3 AND 7, COOK COUNTY HOSPITAL, JANUARY 1 TO FEB. 1, 1883.

No. of Case.	Sex.	Age.	No. days acute stage.	Days in Hosp'l	No. of Joints.	Heart Complication	Treatment.
36,399	M	31	4	14	9	Not affected.	Ac., Bry., Rhus.
36,401	M	22	4	10	7	Endocarditis.	Ac., Bry., Puls.
36,615	M	23	2	7	6	Endocarditis.	Aconite, Bryonia.
36,632	M	27	6	14	7	Endocarditis.	Aconite, Bryonia.
36,641	M	19	8	17	9	Endocarditis.	Aconite, Bryonia.
36,748	M	23	7	In hospital.	8	Endocarditis, Pericarditis, with effusion	{ Acon., Bry., Mero., Spig., Iod., Sulph.
36,832	M	33	5	11	6	Not affected.	Aconite, Bry., Hyos.
36,513	F	23	8	18	8	Endocarditis.*	{ Acon., Bry., Rhus, Spig., Cact.
36,962	F	19	8	15	8	Endocarditis.	Ac., Rhus, Caul. Cim.
36,968	M	24	4	12	10	Endocarditis.	Aconite, Bryonia.
Average	...	24.6	5.6	13 1-9	...		

Note particularly the excess in the number of men affected, which is in accordance with what you have learned of the predilection of rheumatism for the male sex. This is probably due to the greater exposure to the elements to which men are subject. It also enforces what I have said, touching its etiology. The ages of our patients, also, are within that range which marks the greatest number of victims of this malady.

In order to give more immediate value to our little statistical table, I will quote from a few authorities, and see how their observations compare with ours.

Ziensen's Encyclopedia contains the following: "The acute stage of the malady is thus brought to a close in six or seven weeks, and complete recovery may be deferred till after the second month is at an end."

* Endocarditis in italics indicates that the attack was exceedingly severe.

"In the majority of the instances, the fever and pains continue until about the tenth or fourteenth day, when the fever disappears and the pains begin to subside. Toward the close of the third week, or the beginning of the fourth, the patient is recovered."—*Aitken*.

"Dr. Fuller's observations lead him to believe that under ordinary methods of treatment, acute rheumatism continues from four to five weeks; the patients are generally able to leave the hospital about the end of the sixth week."

Mismeyer says: "It lasts in the mild cases one or two weeks; in severe ones, for many months."

Dr. Guy, of Guy's Hospital, London, made observations of forty-one cases in 1865. They were treated on the expectant plan, that is, were given nothing internally but mint water.

The average duration of the acute stage, after admission to the hospital in the forty-one cases, was 14.3 days, and the average number of days in the hospital was 27.2. The average duration of acute symptoms in six cases in which the heart was decidedly affected was 23.6 days.

It will be seen from these extracts that the forty-one cases which were treated expectantly made more rapid recoveries than those which were favored with the "ordinary methods of treatment," and that our ten cases treated Homœopathically, made more rapid improvement than either, so that our table loses nothing by comparison with those of the standard Old School authorities.

College News.

CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

On Thursday afternoon, March 1st, a large and intelligent audience gathered in Haverly's Theatre to witness the seventh annual commencement exercises of the Chicago Homœopathic Medical College. Promptly at two o'clock the faculty were seated upon the stage, and while Haverly's full orchestra rendered the march "Royal Procession" the graduating class arranged in two divisions, were escorted to the front row of seats in the parquette.

The exercises were opened by Rev. Dr. Henson, in a most beautiful and appropriate prayer. The President of the college, J. S. Mitchell, A. M., M. D., read the annual report, stating that the scholastic year just closed had been the most successful in the career of the college. Over 600 didactic lectures had been given during the winter term. In addition to this there had been eleven clinical lectures delivered before the students each week. After complimenting the faculty upon the admirable manner in which they had filled their lectures hours in the face of all obstacles, and praising the class for the thorough manner in which they had applied themselves to their studies, the worthy President turned to the faculty and said: "I take pride in now presenting you the largest and best class we have ever graduated." The Secretary, Dr. Geo. F. Roberts, then read the names of the class, each member rising in his seat as his name was called.

The class remained standing until they received their diplomas as doctors

of medicine, and were invested with all the rights, privileges, and emoluments thereto appertaining.

The names of the graduating class are: Miss O. J. Messinger, Miss A. B. Condict, Mrs. E. U. Simons, Mrs. J. O. Moss, Mrs. L. J. Brown, Mrs. A. T. Hall, Mrs. E. J. Light, Mrs. C. L. Russell, Mrs. E. E. Pickett, Mrs. C. H. Underwood; Messrs: A. W. Hyde, D. H. Horning, G. W. Erwin, A. G. Thome, G. A. Siddons, C. S. Owens, M. J. Whitford, H. W. Danforth, G. A. Rawson, R. K. Langson, C. M. Koier, S. A. Lundgren, L. J. Leppo, C. B. Rockwell, G. V. Randall, S. Davis, H. S. Seymour, E. L. Smith, W. E. Hall, W. B. Franklin, T. H. Whiting, O. Smith, A. F. Bodle, G. Theobald, G. Linsinmyer, C. M. Beebe, P. Bryant, D. H. Richardson, E. E. Stringfellow.

The president briefly addressed the class, charging them to bring honor to the profession they had chosen, after which the orchestra rendered another selection. Prof. E. H. Pratt, M. D., then delivered the faculty valedictory. It was a fine oration upon the trials and pleasures, the failures and successes of the medical profession.

After a fine rendering of "Song Without Words," by the orchestra, the class valedictory was given by Dr. E. L. Smith. In addition to the usual addresses to the class and faculty, the idea was advanced that medical study is different from the ordinary, in that it is synthetical from first to last. Following was a musical selection from "The Merry War," opera, after which Rev. Dr. Hanson delivered a most happy and eloquent address. The doctor began by saying that on one occasion his friend Anna Dickinson, opened one of her lectures by striking an attitude and asking, "What did God Almighty make me for." An unappreciative gallery god answered. "Give it up Anna; ask us something easy." The doctor wondered why he was there. If because he was an ignoramus in medicine, he was glad of it. Happy the man who did'nt need a doctor.

Referring to the universal use of slang, he thought that often times there was a deeper meaning to it than was generally supposed. Slang was often metaphysic. When a rough said, "I'll put a head on ye," he certainly meant he would take the head off you.

While attending college in Virginia, one night he was racing across a wood lot—no difference why—when suddenly he struck something. It proved to be a tree. His nose commenced to grow. It grew and grew until it was like an elephants proboscis. Now in slang parlance he "had a nose put on him," before that he had no nose. Whenever he saw a locomotive go thundering past he felt like taking off his hat and making obeisance to it. But what could be more contemptible and insignificant looking than a locomotive in the mud. He felt should he attempt to talk on physics, that he would soon be off the track, and he did'nt want his locomotive *in the mud*. He was modest—all ministers were—but where an opening presented in which there was money, and the call came. "Who is sufficient for these things." it was astonishing how many ministers were ready say, "Lord, here is your man." The secret of success was to focalize all the powers upon one central purpose. Doctors should have the curing of the sick for their central thought. At first he had wondered why he was placed last on the list of speeches, now he understood. Ministers usually finish what the doctors commence. He thought doctors should know more of theology

and ministers more of medicine. The result would be a class of ministers with better bodies, while a religion of the right kind would be as good a tonic as any the doctors could give from their cases. He would not say whether he believed in Homœopathy or Allopathy, but as he was a Baptist, any one could guess, to what school he belonged. Ghastly theology and ghastly medical practice were both dying out.

As the lance and the leech, the blister and the knife were taking the back ground, so the great fountain of the Fathers' love, was becoming the sole medicament used by ministers. The united duty of doctor's and ministers should be—when all human skill failed—to smooth the pillow and make easy the passage from the life that is to the life that is to be, that when their summons came they would hear the Father's word, "Well done."

Prizes.—Prof. Foster conferred prizes upon C. M. Beebe, and E. L. Smith, for best examination in obstetrics. Prof. Buffum, for best report of eye and ear clinics, gave prizes to Miss O. J. Messinger and S. Davis. Prof. Woodward for provings in materia medica, gave prizes to W. E. Hall and C. S. Owens. Prof. E. H. Pratt, gave the anatomy prize to C. F. Bennett. The faculty prizes for best dissection were given to J. C. Bennett and M. J. Whitford. Prof. Duncan, for the best report on children's clinic gave the twin prize to Mrs. A. T. Hall, and C. M. Beebe, also prizes to Mrs. Light and M. J. Whitford. Prof. Gardner, best examination in odontology, prize to Mr. Barnum. Prof. J. S. Mitchell, best report of medical clinic, prize to M. J. Whitford.

After the distribution of the numerous floral tributes to the graduates, the exercises were closed by the orchestra playing a choice selection.

Banquet.—The annual alumni banquet was held in the evening, at which a most enjoyable time was had.

Prof. Tooker was toast master. Prof. Mitchell responded to the toast. "The college." Prof. Foster to "Chicago." Prof. Pratt to "The Ladies." He always does. Dr. Whitford to "The class of 1883." Mr. Campbell to "The class of 1884." Prof. Knoll to "The alumni." At a late hour the company parted well pleased.

News of the Week.

The First Annual Inter-State Exposition, for the state of Mexico, will be held at Toluca, April 2, 1883. A good time for our readers to visit that country.

Dr. W. B. Trites, of Philadelphia, graduate of Hahnemann College, and now a resident of Philadelphia County Society, has just been elected to the City Select Council. J. C. M.

P. J. Montgomery, M. D., of Council Bluffs, Ia., has been appointed surgeon of the C. M & St. P. R. R. He is also a member of the Hospital Board and is physician to the C. B. Sanitarium.

The Nebraska State Society, is making extra efforts to have a full and interesting meeting at Lincoln, next May. New physicians are requested to send their names to the president, Dr. Dinsmoor of Omaha.

To Correspondents.—To E. K. C., Owasso. Your theory that it is air in the veins that causes pain in neuralgia and rheumatism, is certainly unique

We hope you may soon be able to prove it—or disprove it. Lack of space compels us to decline your article.

Removals.—H. R. Curtis, M. D., has gone to San Francisco to take medical charge of the Homœopathic Hospital of that city. Dr. Curtis is an able man, a skillful physician and surgeon, and will be a valuable acquisition to our ranks on the coast.

I. W. Eliot, M. D., has removed from Chicago to Los Angeles, Cal. E. L. Smith, M. D., succeeds Dr. Eliot.

Married.—And still the good work goes on. This time it is Dr. Geo. D. Streeter who has broken the rules of addition by making one and one equal one. He was married on Thursday afternoon, Feb. 1, 1883, to Mrs. Mollie Hudson, of Hot Springs, Arkansas.

Dr. Streeter is a prominent Homœopathic physician, of Waco, Texas, where, in the future, the happy couple will reside. May no storm on the Hudson ever arise to wreck their matrimonial ship.

Sir Thomas Watson, the Nestor of British medicine, died in Reigate, Eng., on Monday, Dec. 11, 1882, aged ninety years. Although he occupied many important professional positions during his long and busy life, yet he is best known to the medical world as the author of "Lectures on the Principles and Practice of Medicine." These he delivered in King's College, London, between 1836 and 1840. He was made a baronet in 1866.

Hahnemann Medical Association of Louisiana.—The annual meeting of the Hahnemann Medical Association of Louisiana was held Friday evening, February 9, at the Homœopathic Pharmacy, No. 130 Canal street, and the following officers were duly elected to serve for the ensuing year: J. G. Belden, M. D., President; Walter Bailey, Jr., M. D., Vice President; Mrs. Harriet C. Keating, M. D., Recording Secretary; Charles J. Lopez, M. D., Corresponding Secretary; Christian Sanders, M. D., Treasurer.

On the Possibility of Distinguishing Human Blood from that of other Mammals.—Vibert (*Arch. de Physiologie*, Jan. 1882) says that medical experts are often called upon to decide whether blood-spots contain human blood. It is impossible to affirm that a blood-spot is one of human blood; all that can safely be asserted is that it is possible to be human blood. Sometimes it can be indisputably proved that a blood-spot contains blood other than that of a man. When this distinction can be made, it is owing to the fact that the animal, the blood of which has caused the stain, belongs to a species in which the blood-corpuscles are smaller than those of man. To arrive at this decision, the examination must be made under the most favorable conditions.

Hydrocephalus as a Hereditary Sequence of Chronic Lead-Poisoning.—Dr. B. Rennert of Frankfort (*Arch. fur Gyn.*, Band xviii, Heft 1), from observations of eleven families, with seventy-nine children, at a village in Hesse, where the larger part of the inhabitants are employed in the glazing of earthenware, and who suffer largely from chronic lead-poisoning, attributes to this cause the high mortality, amounting to fifty per cent. of the children during the first five or six years of life; and the survivors suffer from hydrocephalus, or an enormous size of the head, but without any symptoms of rickets, nor do they show any special tendency to convulsions.

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WHOLE No. 385.

Clinical Medicine.

OBSERVATIONS FROM THE FIELD OF PRACTICE.

BATAVIA, IOWA, MARCH, 5, 1883.—Prevailing diseases are bronchitis, laryngitis, pneumonia; remedies, Bry., Phos., Bell., Zinc. ox. Much kidney troubles here now. Find Coccus c., Zinc. ox., Acid phos. and Rhus arom. *the* remedies; the regulars made their treatment *tell*, and buried a case of pneumonia recently. O. J. LYON.

NEURALGIA CURED WITH VERBASCUM.

BY E. W. BERRIDGE, M. D., LONDON.

Patient had for two days dull hot pains in right face, and shooting from right face into right eye; right face swollen and watery, swelling below right eye; right eye waters, and partly closed from swelling under it; tensile pain in vertex, better on sitting up. *Face pains worse from a draught of air.* Cause, exposure to cold air after perspiration. Verbascum 200, one dose cured.—*Cal. Hom.*

IRRITABLE SPINE CURED WITH TARANTULA.

BY E. A. FARRINGTON, M. D. PHILADELPHIA.

Patient characterized by excessive hyperæsthesia; a slight touch along the spine provoking spasmodic pains in the chest and indescribable distress in the cardiac region, at times heart felt as if twisted over (spiral fibres). Intense headache, as though thousands of needles were pricking into the brain; the body burned all over. Headache relieved by rubbing the head against the pillow (termini of nerves becoming so irritated that some kind of friction is resorted to in order to obtain relief,) Tarantula cured.—*Ibid.*

POLYURIA CURED WITH MUREX.

BY J. M. MOORE, M. D., LIVERPOOL.

Harriet V., aged thirteen. Constant desire to pass water; frequent flow of pale clear urine. This had never occurred before. The girl was pale-faced, thin, and delicate; had suffered thus for about a week. No pain on micturition. The urine was like water; density 1002; reaction neutral; contained neither albumen nor sugar. She has to rise often at night to urinate. Murex, 3 trit. One grain four times per day; changed character of urine to its natural color and frequency after the second dose.—*Ibid.*

NIGHT TERROR CURED WITH CHAMOMILLA.

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

A boy, aged four years, light complexion, blue eyes. For more than two years disturbed every night with horrid nightmares. The child would always awake once, sometimes three or four times nightly, with fearful fright, utter-

ing sudden, startling, and piercing cries, and say there was some dreadful beast under his bed or in the room, and not until the gas was lit and the room thoroughly searched, would he be appeased: Disposition naturally good, but has been rendered nervous, peevish, fretful. Chamom. 200 Two doses put to flight the above symptoms most effectually.—*Cal. Hom.*

CALCAREA PHOS. IN GONORRHOEA

In November, 1881, a gentleman consulted me for a second attack of gonorrhœa. I could elicit no very characteristic symptoms. Suffice it to say that I gave him high potencies of Mercurius, Medorrhinum, Canth., Argent nitr., Nux, Kali bichr., Thuja, Cannab., with much relief. The medicines were all carefully selected from the provings, and they relieved temporarily, but did not cut the disease short, as the simillimum would have done. At last he gave me the key-note to the case; he had painful erections when riding in the railroad cars, except when he was engaged in conversation. This symptom belongs to Calc. phosph., of which I gave him seven doses of CM (Fincke) once daily for seven days. The remedy acted at once, removed this distressing symptom and also the remains of the gonorrhœa.—*Dr. Berridge in Hom. Phy.*

HAMAMELIS IN HÆMORRHOIDS.

BY H. D. BALDWIN, M. D., SYRACUSE, N. Y.

Mrs. S., aged about sixty, came to me three years ago, while I resided in Montrose, or rather her son came to me for her, and described the following condition: His mother had had hæmorrhoids for forty years, and so bad as to prevent her being on her feet any length of time, because of the protrusion of tumors and severe hæmorrhage, the blood often running down the limbs to the floor. Prescribed Ham. 1st dec. dilution, to be taken four pills one hour before each meal and on retiring, but told him that I thought that an operation would be required. The remedy was continued, with an occasional dose of Sulphur 30, for one year, as there was a gradual improvement. A few weeks ago, November 8th, he came to me to say that although she had been working all summer, and been almost constantly on her feet, she had no return of hæmorrhoids or hæmorrhage and considered herself well. The result of this was very gratifying to me, because, first, I had never met with a case of that length of standing which yielded to internal remedies alone, and second, why do not all cases, when all symptoms are seemingly as well marked as they were in this, respond as favorably to medication? Most all cases of hæmorrhoids of any length of standing have to be removed by an operation, but I am thoroughly convinced that acute cases can be entirely removed by internal medication if the remedy is carefully selected.—*Hom. Phys.*

EUCALYPTUS FOR WHOOPING COUGH.

Dr. Witthaur (*Allg. Med. Central Zeitung*) reports several cases of whooping cough successfully treated with tincture of *Eucalyptus* (five to eight drops every three hours). One of his cases, a child one and one-half years old, with rachitis surprised him, as within four weeks all the rachitic symptoms, noticeably the thickened joints, had disappeared, and the child that

until then had made no attempt to walk, soon learned to do so. Eucalyptus is but imperfectly "proven," and we hope the above clinical fact may lead to its use among Homœopaths and a more thorough proving.

BLATTA ORIENTALIS AS A REMEDY FOR DROPSY.

A report published in the St. Petersburg *Medicin. Wochenschrift*, shows that Russian physicians use this remedy empirically but very successfully in many varieties of dropsy, though due to different causes. Seventy cases are reported upon, of which fifteen were due to disease of the heart, fifty-two to kidney disease, and three to disease of the liver. In the majority of cases (sixty-one) the urine was increased, in the rest amelioration took place by increased perspiration, and in the others by diarrhœa (transudation through intestinal walls). The doses were large, twenty drops of the tincture three times per day.

CLINICAL NOTES.

RINGWORM AND FATTY FOOD.

Dr. Tilbury Fox, states that many children affected with ringworm of the scalp, have a great aversion to fat in any shape, and that the "avoidance of fatty matter in their diet, or its non-assimilation in the form of milk, meat, etc., has a potent influence in leading to the development of a condition of nutrition that is favorable to the occurrence of obstinate ringworm. Hence, in addition to medicine he advises cod liver oil and as much fatty matter in the diet as the child will take." We would recognize, (says the *Cal. Hom.*) such aversion as an important symptom, and select our remedy with a view to overcoming it. Among the remedies which produce "aversion to fat food" are: *Arg.*, *Ars.*, *Bell.*, *Bry.*, *Calc. c.*, *Carb. an.*, *Carb. veg.*, *Colch.*, *Croc.*, *Cycla.*, *Dios.*, *Hell.*, *Hep.*, *Meny.*, *Merc.*, *Nat. mur.*, *Petiol.*, *Puls.*, *Rheum*, *Rhus*, *Sepia*, *Sulph.* Of these *Ars.*, *Bry.*, *Carb. an.*, *Carb. veg.*, *Colch.*, *Cycla.*, *Dros.*, *Hell.*, *Puls.*, *Sepia*, *Sulph.*, have the symptom, "worse after eating fat food."

PICRIC ACID FOR THE DETECTION OF ALBUMEN IN URINE.

Dr. G. F. Johnson, F. R. S., of London, claims that Picric acid is the test for albumen. His son Mr. G. S. Johnson, who is demonstrator of chemistry at King's College, first suggested it to him. They believe it to be free from fallacy. The sp. gr. of a saturated solution of Picric acid is 1003. It will immediately coagulate any trace of albumen in urine.

When we consider how much safer one can carry the powder with him, it presents obvious advantages. To use: throw some of the powder into the suspected urine while still warm, agitate slightly, and if albumen is present a very perceptible cloudiness will be seen.

We notice that quite a controversy has arisen in regard to this subject. Dr. Pavy combatted Dr. Johnson's views, and recommended instead a saturated solution of Potassium ferrocyanide, the urine having previously been freely acidulated by Citric acid.

The discussion has this good result, it brings to notice many good tests for albumen. Dr. Wm. Roberts recommends a solution of acidulated brine. Dr. Stephen modifies Taurel's test. He uses a standard solution of Potas-

sio-mercuric iodide, strongly acidifying the urine with Citric instead of Acetic acid.

Dr. George Oliver recommends the use, as re-agents, of pieces of filtering paper which have been dipped in various test liquors and then dried.

Correspondence.

COCOA IN THE OPIUM HABIT.

Allow me to call your attention, if you please, to the fluid extract of Coca leaves, as a painless antidote to the opium habit. I have been a victim of it for twenty-three years, and was always on the lookout for an antidote. Finally my attention was called to the above extract by W. J. Chenoweth, M. D., of this city. I commenced taking fluid extract coca; I kept myself under its influence for about two weeks at the end of which time I found I could not take the smallest dose without it, making me sick, and to my astonishment found myself entirely cured. My only object in writing this letter is to call the attention of the profession to it as a painless antidote.—GEO. LEFORGER, M. D., in *Thera. Gazette*.

WHAT DOES IT MEAN?

There is a scion of the *Hahnemann Medical College*, of Chicago, attempting to practice both the Allopathic and Homœopathic systems of medicine in *this* place, who, when he goes calling on patients, carries the "old timer" Allopath saddle-bags; who keeps a larger stock of *regular* medicines than the chemical department of the Hahnemann Medical College, I suppose. One of my patients was prevailed upon by a friend of the "betwixt and between" doctor to drop Lyon and employ Dr. —, and said patient replied, he "could not serve God and Mammon both, for Dr. — pretended to practice both ways," and he did not take that sort of doctoring (doctrine). "I want the straight out Homœopathy with Lyon, and if he is away, I want the straight out Allopathy with Dr. Baldrige. I want no betwixt and between doctor for me."

BATAVIA, Iowa.

O. J. LYON.

OF COURSE IT WAS A HOMŒOPATH.

Some time since the *Eclectic Medical Journal* of Cincinnati gave an account of mistakes made by a regular near Nashville, Tenn. (I think) in inserting a pessary for prolapsus uteri, got the instrument in the rectum instead of vagina, and to clear himself said it was placed there by a Homœopath. How is this for Oregon. Was called by a Reverent M. D. Regular, in consultation. The case was difficult labor; was informed by the Rev. M. D., the os was very rigid (to use his words,) presentation appeared to be normal, the remedies spoken of were those generally used in such cases by both schools; he spoke of inserting a sponge tent, and had applied to the unyielding parts extract Bell. three hours before my arrival. In due time an examination was made by a Homœopath, found about one ounce of extract Bell. smeared over the back of the child and a large sponge tent inserted in its rectum, the transaction was too good to keep so was let out; the Rev. M. D., said, I did it for a joke to see if the little pill doctor would know any better"—good Lord what a joke!

AMITY, Oregon.

DR. SANDERS.

TINEA AND TÆNIA.

DEAR DUNCAN: It amuses me to see a Boston practitioner attempt to teach a Chicago physician what constitutes the science and practice of Homœopathy. If A. M. Cushing will look into any reliable work on diseases of the skin he may find such words as these: "*Tinea circinata* consists of circular patches of inflammation induced by the growth equally in all directions of the *trichophyton tonsurans*." (Tilbury Fox, Skin Disease. Wm Wood & Co. 1877.) "I have now to speak of the production of *tinea circinata* in man from contact with animals affected with these diseases. It is well known that ringworm of the surface may be transmitted from the cow and calf to man." (*Ibid.*)

When Dr. Cushing accuses me of a violation of Homœopathic practice when I apply the Hyposulphite of soda to the destruction of *parasites* which have found lodgment on the skin, he simply shows that he is either not familiar with the nature of so simple a skin affection as ringworm, or that, after having "tried to be a Homœopath for more than twenty-five years," he has yet to learn its fundamental principles.

"Is it any wonder you have had a fight among yourselves?" None at all doctor! As soon as the news spread that I had recommended a *parasiticide* for the destruction of a *parasite*, there was the most intense excitement in the ranks of the profession. We have them here also, men who are thrown into convulsions every time they see a drachm 3 or an ounce 3 character in a prescription, even though it follow simple *aqua pura*. Well, we met in bloody battle. The police were powerless. The city fire department was called out, and the engines covered us with a flood of cold water. But it was of no use, our blood was boiling, and not until the Governor had summoned the state militia was the commotion quelled, and quite restored. I do wish you could have witnessed the war! You would have enjoyed it—at a safe distance.

In order to be consistent, Dr. G. must never make a local application in a case of *scabies*, which I will inform him, is due to the burrowing of an *insect* under the skin, but must treat it with "some attenuation" of Sulphur. He must never give *Pepo semen*, or *Koussou*, or *Filix mas*, for the dislodgment of the *tænia solium*, from the intestines, but must administer "some attenuation" of something or other, or some "such foolishness."

On page 457 of the work above referred to he may read "The cure of *tinea circinata* is usually a very easy matter indeed." Wherein has Dr. C. the advantage over Dr. Fox?

I would not, doctor, encroach to this extent upon your space, over such a trivial matter, but that I am tired of hearing these immaculate beings cry, "Wolf!" every time a member of our school offends *their* sense of Homœopathy. Who has constituted our Boston fault-finder the judge of what our science is, and what it is *not*? For my own part, I have got so far along that I hold that Dr. Cushing is not capable of teaching me that science and art of which I have been a *teacher* and *practitioner* for ten years. It is just such men as he who make our school ridiculous, who help to keep it out of the Army and Navy, and to deprive it of that full recognition which it deserves.

The doctor asks, "If we send our sons or students there must we expect them to be taught such foolishness?" I have searched the records as

thoroughly as possible in the short time at my command, and I fail to discover that Dr. C. ever sent a son or a student to any medical college in Chicago. What ails him?

I would recommend that our fault-finder study the fundamental principles of Homœopathy, and use local applications of the Hyposulphite of soda the next time that he has to treat a case of *tinea circinata*. CH. GATCHELL.
Chicago, March 5th.

EXPERIENCES WITH NATRUM MURIATICUM.

At a "love-feast" of the Central New York Homœopathic Society, the following experiences with Nat. mur. were given, (*Hom. Phys.*):

Dr. Wells.—Lady, aged sixty-five; tertian fever; came at 10 A. M.; paroxysms increased in severity. Had never had intermittent fever before. Nat. mur. cm lessened the severity of the paroxysms, and shortly cured.

Dr. Brewster.—Man, aged sixty; tertian ague; chill at 9 or 10 A. M., lasting an hour, then fever for three hours; intense headache; a sort of paralysis of limbs, so that he would lie as if dead; thirst during chill; fever subsided with a moderate sweat; Nat. mur. cured in four days. No medicine during paroxysm.

Middle-aged lady; bad cold; lips and *alæ nasi* thickly set with fever blisters. Nat. mur. cured promptly.

Dr. Swift.—Lady; intermittent fever; chill at 10 A. M.; throbbing headache; Nat. mur. 6x cured.

Dr. Boyce.—Lad; visited at Long Island City, where the streets are built up, but many of the lots are pits full of water. On returning home, lad sickened; sallow; anæmic; had boils and running sores; Nat. mur. ccc cured in a few days.

Dr. Hessey.—Had better success in curing fever and ague with this than any other drug. He had used the 8m successfully in cases of nasal catarrh.

Dr. Hawley.—Had cured with this drug a marked desire for salt. March 5, 1880, had patient who had suffered from malarial fever on the Amazon river in S. A. Had taken Quinine in quantities; was obliged to do so, else every three weeks an indescribable pain would seize the knees, followed next day by a chill. Trouble in knees began in afternoon, and the chill of the next day was also in the afternoon. Had become a case of Quinine cachexia. Paroxysms had two striking characteristics of this drug, pain in head and relief from sweating. Nat. mur. cm, two doses, one week apart, cured.

Dr. Marks.—In addition to the symptoms already mentioned, thought thirst in all the stages, and hydroa on upper lip, were characteristic symptoms of this drug.

EUONYMIN IN ALBUMINURIA.

BY J. A. ALBETSON, M. D., SAN FRANCISCO, CAL.

Euonymin is the active principle of the *Euonymus Atropurpureus*, commonly called "Wahoo." Sometime ago in searching for a remedy that would have an active yet mild effect upon the liver, and a certain action in exciting a free flow of bile, I happened to stumble upon the old and almost forgotten Wahoo; and in reading up the remedy and its active principle Euonymin, I found some clinical notes by Dr. Holcombe of its successful use

in several cases of albuminuria, and while these cases were fresh in my mind there came to me a lady, married, aged about twenty-five years, with irritation of the bladder whose urine was nearly fifty per cent. albumen and had been so for several months, as she said. She had had it tested a number of times and been treated for it without benefit. She was in low condition of health generally, but wished to be treated for irritation of the bladder first as it gave her so much annoyance. She was put upon *Rhus aromatica* for between one and two weeks, when the bladder was much better, but the albumen had not diminished. I then prescribed Euonymin 1x trit., a powder containing about three grains, four times a day for two weeks, when upon testing the urine again found it very near normal; only a trace of albumen. I was not at all prepared for so great a change in so short a time in a case of months' standing and not preceded by any acute disease. So I prescribed the same remedy, a powder, morning and night only, and tested the urine again a month later and found it perfectly normal, and has remained so since, and the patient is in good health.

Another case of a little boy six years old, whose urine has shown more or less albumen for a year and a half, and whose two sisters, young girls, had died of albuminuria within the past three years, and had been under treatment by me for several months without benefit. I then prescribed the Euonymin, a powder three times a day for two weeks, when the albumen was diminished, and then twice a day for a short time, when upon test, a few days ago, found the urine normal. These cases in connection with those reported by Dr. Holcombe would indicate that Euonymin is one of the most promising remedies for albuminuria, and worthy of further trial.

(Dr. Holcombe's report of his cases treated with this remedy can be found in Hale's Therapeutics, page 276.)—*Cul. Hom.*

Gynecological Department.

MORE HELP FOR AFTER-PAINS.

Among the unusual remedies Dr. Farrington (*Am. Jour. Obs.*) gives the following with their clear cut indications:

Actea rac.—Crampy pains in groins; pains cause flushing of face; predisposition to neuralgia, which seems to be reflex from uterine disorders.

Cauloph.—Pains spasmodic, felt in uterus, bladder, and reflex pains in chest and back; patient nervous, weak, sleepless.

Cuprum.—In tedious after-pains in those who have had many children.

Ustilago.—Lochia too profuse, partly fluid and partly clotted; prolonged bearing-down pains; uterus feels as if drawn into a knot.

Xanthox.—Pains excruciatingly severe; pains extend down along genito-crural nerves.

OVARIAN AND FALLOPIAN DISEASES.

TAIT'S OPERATION (EXTIRPATION) AND HIS RECENT VIEWS.

While diseases of the ovaries and fallopian tubes have been overlooked by most gynecologists, Dr. Tait, of London, has been a persistent investigator

of ovarian pathology. Gynæcologists are now coming to recognize that a very large majority of the cases of menstrual disorders, pelvic neuralgias, and difficult locomotion, formerly attributed to the uterus, and for which that organ was cut, cauterized, and leeches, really have their pathological origin in the ovaries.

The following are the most recent and valuable of Dr. Tait's views :

1. Laparotomy (extirpation) in the hands of the expert, is now so free from danger, that the operation should *not* be postponed until there is absolute risk of life from the disease.

2. That the usually accepted theory, that menstruation depends upon ovulation is wholly erroneous.

3. The ovaries have nothing whatever to do with menstruation, this phenomena depending wholly upon the fallopian tubes.

4. Many cases of abnormal menstruation are justifiably treated and are relievable in no other way than by extirpation of the ovaries and tubes.

5. In chronic ovarian disease the tubes are invariably involved, and in a majority of cases are alone at fault.

6. The mortality of his last thirty-five operations was only one, and even this loss of life is susceptible of diminution in the future.

7. Many cases supposed to be menstrual, or recurrent, pelvic peritonitis or cellulitis, are really tubal dropsy and ovarian disease. [Why cannot ovarian diseases and especially tubal dropsy be cured by Homœopathic remedies as well as dropsy and diseases elsewhere?]

PELVIC CELLULITIS AND ITS TREATMENT.

BY LOUISE M. DAWSON, M. D., BLOOMINGTON, ILL.

It is a lamentable fact, that the woman of the present day is passing into a state of physical degeneration. Each year increases the list of invalids to an alarming degree, and it is to be feared that the day is not far distant, when it will be almost impossible to find an American woman whose system is in a perfectly normal condition.

Their entreaties to us for relief has reverberated along the past years, and will continue to re-echo through the coming years with increasing intensity until our earnest researches in nature's great laboratory may reward us with a healing balm for those diseases that yet baffle the skill of the profession. As we study each case that comes under our observation, the query presents itself, what are the forces at work that are exerting such disturbing influences over the vital functions. Although we may not be able to work out a satisfactory solution to the problem, as to the cause or combination of causes that produces this effect we will find that diseases of the pelvic organs are the prime factors in producing the deterioration in the health of woman, and in the list of these diseases experienced, gynæcologists have given celluliti a prominent position.

In studying the anatomy of the pelvis, we will find the interstices between the organs occupied by a loose areolar, or connective tissue, which is composed of interlacing elastic fibres. The chief use of this tissue, is to bind the parts together and by its elasticity allow the organs to move upon each other and assist in preventing jars that would otherwise be conveyed at every step. Over these organs and in intimate connection to the cellular

tissue is reflected the peritoneum. From the anterior walls of the abdomen, it passes over the anterior and upper portion of the bladder to the body and fundus of the uterus and posteriorly it passes an inch or more below the vaginal junction, forming the cul-de-sac of Douglas, from there it is reflected over the anterior portion of the rectum. It includes more or less cellular tissue in its folds.

The cellular tissue is found in the broad ligaments, it occupies the spaces between the sacrum, rectum, vagina, and bladder, and invests the psoas and iliac muscles. It is richly supplied with blood vessels and nerves. As we pass in hasty review over the anatomy of these parts, we can readily understand from the structure of the tissue and the abundance of blood passing through it, why it is so often the seat of extensive inflammation and exudation. Early medical literature gives us but little information on this subject. It was recognized in the second century and occasional mention has been made of it at intervals since that period, but none of their investigations increased our knowledge of this disease. It is to the middle of the present century that we are indebted for a systematic investigation by French and English writers. It is but recently, however, that the importance and frequency of this affection has been appreciated. It is important because so often overlooked and a failure to recognize it often leads to the most disastrous results. Operations on the uterus, introducing sponge tents, applying caustics, using pessaries, or even introducing the sound, may renew the inflammation of the cellular tissue and peritoneum that may result fatally. When a patient applies for treatment, the physician should be positive that the cellular tissue is in a normal condition. To be thorough in the examination, the finger should pass around the cervix, a careful examination of both broad ligaments to detect any tenderness or thickening of the tissues. If the uterus is drawn to either side of the vagina it is a sure indication of a former attack of cellulitis which has resulted in shortening the ligament. If the inflammation has extended to the upper part of the broad ligament, rectal examination will reveal the fact. Numerous causes are given for producing this disease. Undoubtedly half of the cases are the result of childbirth.

Some difference of opinion exists with reference to the origin of the inflammation in the non-puerperal cases. Drs. Duncan, Thomas, and others of equal eminence are positive that the uterus, tubes and ovaries are the exciting causes. Mathews Duncan is of the opinion that inflammation of the mucus membrane of the uterus is the most frequent cause. Thomas cites as the causes ovaritis, salpingitis, metritis, use of a caustic, pessaries, injuries and operation. Opposed to their views is Emmet, a man of unsurpassed ability. He claims that although the primary cause of uterine diseases may arise from influence of the sympathetic system, yet the origin of uterine affections arises from pathological changes in the connective tissue. He denies the existence of inflammation of the uterus. In his investigation after death he has never found inflammation or pus in the uterine tissue, except in malignant and puerperal cases. He has never seen a case of ovaritis without cellulitis but has detected cellulitis before the ovary became involved, and concludes from his numerous investigations that diseases of the uterus and appendages are preceded by some lesion of the cellular tissue. To adopt his language, the circulation in the cellular tissue becomes

obstructed and produces congestive hypertrophy of the uterus by damming up the blood in the tissues. One of the first efforts of nature would be to relieve this by an increase of secretion from the mucus follicles. As this discharge continues to flow, the epithelium of the surface most exposed to it would at length be abraded, and we have a condition termed ulceration.

If Emmet's theory of the idiopathic nature of this affection is true, then we have an important link in a long chain of disease, that often proves intractable in the hands of our most skilled gynecologists. Hence, the importance of a correct diagnosis of this disease which if left to run its course and become chronic, may cause long years of pain and misery, as the fate of the patient and the evil does not rest upon her alone, for the intelligence, happiness and prosperity of the family depend on the mental and physical condition of the mother.

The diagnosis of this affection is easy. The first symptom is a chill, with more or less pain in the lower part of the abdomen. The chill is followed by fever; sometimes the elevation of temperature is considerable, rising as high as 100°; there is generally marked remissions. The pulse varies from 100 to 120. Pain is usually severe, but subject to exacerbations, the sufferings will be excessive, then there will be hours of comparative ease. If the congestion has extended to the peritoneum, all the symptoms will be intensified and the anxious expression and pinched features of the sufferer will indicate the gravity of the disease. The tenderness over the lower portion is often excessive. All the symptoms are subject to variations. The chill may be absent, or the disease may run its whole course, without elevation of temperature. Although such cases are rare, I had a case of unusual severity in which the thermometer indicated no elevation of temperature and the pulse did not exceed 90, during the whole course of the disease. Sometimes cellulitis will be accompanied with considerable exudation, and the patient will only complain of a sense of weight in the pelvis. If examination is made at the commencement of the attack, the vagina will be hot and swollen, and perhaps œdematous spots may be detected. The second stage will be marked by induration. Conjoined manipulation will enable us to detect the extent of the lesion. It may be confined to a point of tenderness, or it may involve the whole tissue, when this is the condition, to use the language of another, the impression conveyed to the finger would be as though the tissue in a fluid state was poured in the pelvis about the organs, and often filling every interstice, had become solid. The posterior surface of the left broad ligament is most frequently affected. The right ligament is the next in frequency. At this stage if nature ever ready in her mission of healing fails to remove the exudation by absorption, the inflammatory products are transformed into pus, and an abscess is the result. The effects of inflammation in this tissue is often most disastrous in its results on the organs imbedded in it. The ovaries may be subject to suppurative changes or they may become atrophied from the supply of blood being cut off by contraction of the tissues; ovarian neuralgia may be produced by pressure on the nerve filaments. The fallopian tubes may become obstructed, or the fimbriated extremity bound down by adhesions. The menstrual flow is often changed, either increased or diminished. Dysmenorrhœa, tubal dropsy, and sterility, and displaced uterus, firmly held by adhesions may remain as witnesses to attest the evil effects of the disease long after the cause that produced these

grave results has vanished. Morbid changes in this tissue through reflex action may cause disturbances elsewhere, and often exhausting his patience and all the remedies that the symptoms indicate, the physician may finally arrive at the very uncharitable conclusion, that he is dealing with a case of hysteria.

After an abscess has formed, which, fortunately is of rare occurrence, it has various channels through which it disposes of its contents. The most frequent point and the most favorable is into the vagina from the posterior cul-de-sac, or either broad ligament, or it may open into the rectum; less frequently into the bladder and intestines, it may follow the course of the psoas and iliac muscles and open at the groin; it has been known to escape through the scrotic foramen, and pushing its way along the gleutii muscles, reach the hip joint. It rarely escapes into the peritoneal cavity, for nature has wisely made provisions against this accident by strengthening this membrane by adhesive inflammation. If the sac open in a way to dispose of all its contents, the walls gradually contract until finally the cavity is closed. If this process does not take place, the cavity may go on secreting pus for years, and the vital powers may be taxed to the utmost, and she may at last fail a victim to its ravages.

With regard to the treatment of this disease, after impressing on the patient that absolute rest is of the utmost importance, our attention should be directed towards relieving the congestion as promptly as possible, and we can generally do this if we see the case in the early stage of the disease. Of the list of drugs that we may employ, I consider Opium as the leading one. It fulfills a two-fold office, relieving pain and reducing congestion. I prefer giving it in suppositories, combining one-sixth of a grain of Belladonna with two grains of Opium. Administered in this way, we often prevent the nauseating effects that is produced when given by the mouth, and danger attending subcutaneous injection. Veratrum. may be given with decided benefit to relieving vascular excitement, unless contra-indicated. Quinine in large doses should be given. It may be combined with double its quantity of Bromide of Potassium to overcome the unpleasant effects that such large doses have upon the system. When I have employed this mixture the results have been favorable. The contents of the bowels must be kept in a semi-fluid condition, for constipation increases the vascular action in the pelvis, and any efforts at stool must be avoided. I prefer Castor oil if it can be taken. Bitartrate of Potash and Sulphur may be given for the same purpose. Later in the course of the disease. Iodide of Potassium has been given with a view to aid in the absorption. My experience with this drug has not led to any such happy results. It is but recently that the value of hot water injections in the treatment of uterine diseases, has been fully appreciated. It seems especially adapted to this form of pelvic affection. If this mode of treatment is employed in the early part of the disease, and continued for hours, the vascular engorgement may be relieved and no exudation take place; the reaction may be assisted by a diaphoretic. Dr. Chadwick, of Boston, has derived great benefit in his practice from the hot rectal douche. The water, which must be of as high temperature as can be borne, must be slowly injected. The patient may be able to retain from one to four quarts, from one-fourth to one-half hour. If this course of treatment would be applicable to all cases, it would be a very efficient course to

pursue; but in the majority of cases the tenderness is so great and the rectum so irritable, it could not be tolerated. Hot applications to the abdomen are often beneficial. Absorption may be favored by blisters or repeated applications of iodine. Dr. Pollen, in a meeting of the New York Obstetrical Society, suggested a course of treatment that is employed in surgery, which, in his practice, has met with very favorable results. He employs compression; for this purpose he uses a double water-bag, letting it rest over and below the iliac fossa, on either side, and more or less water can be used, according to the indications of each case. Counter pressure from within and below may be made by filling the vagina with soft clay, which may be removed before it becomes dry. In this manner the pressure made is equable, and does not increase the pain. Tonics are indicated if there is depression of the vital forces. If suppuration is established, the contents of the abscess must be evacuated as soon as fluctuation is detected, and the cavity gently syringed two or three times a day with carbolyzed water. It is here that tonics, nourishing food and hygiene play a very important part in the efforts of recuperation. If the disease has become chronic, then we must rely on tonics, alteratives and hot vaginal injections to remove the morbid condition of the tissues, which is often tedious, and will tax the patience of both practitioner and patient to the utmost. If one of the broad ligaments is contracted by inflammation, it must be relieved of the weight of the uterus by a pessary, constructed in such a manner that it will not press on the inflamed tissues. Massage treatment has, of late, been receiving some attention by the profession in Europe and America for diseases of the pelvic organs of long standing. In Dr. A. Reeves Jackson's excellent monograph on this subject, he mentions cases that he treated in this manner, with decided benefit, that had resisted all other methods of treatment. The experience has been limited, because, at present, it cannot be employed in private practice. I think it has a future, and if judiciously employed the results may be very satisfactory.

May the coming years bring with them valuable discoveries and rich experiences in this branch of science. The rapid advancement of gynecology during the past quarter of a century, leads us to have bright hopes of a brilliant future for this speciality. It is with the deepest interest that I watch its progress, for it is to this, aided by the observance of hygienic rules, that we hope to raise woman to a higher physical and mental life; for the brain cannot perform its various functions under the depressing influence of a diseased body. She must be impressed with the fact that dress, diet and out-door exercise are important auxiliaries in aiding nature and art in their efforts at repair. Nothing imparts beauty and grace to a woman, so much as perfect health, and this will aid her in attaining that higher and more lasting type of beauty, the intellectual. Then she will break the enchanting chains that society and fashion have thrown around her, and rise to that higher plane of existence for which the Creator intended her.

[*Note.*—We publish this to show that we accept a good thing, even from the other side. We believe that Dr. Dawson's treatment can be improved upon. The hygienic measures are excellent, but the addition of *Calendula* would be a great improvement. The great value of *Aconite*, *Arnica*, *Belladonna*, *Apis* and other Homœopathic remedies, (vide *Ludlam's Diseases of Women*, p. 411,) in the treatment of this class of cases, as known to our readers, if known and properly appreciated by our Allopathic friends, Homœopathic physicians would receive the courtesy their zeal and interest in therapeutics entitles them to.—Ed. U. S. M. I.]

THE UNITED STATES MEDICAL INVESTIGATOR

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXHIBITOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and close thought (the great sources of medical knowledge), on any subject pertaining to medicine.

ADVICE TO A YOUNG M. D.—*Mr. Editor:* You gave us some good points recently in your editorials to students and preceptors, will you please to tell us how to start in right, and oblige,
MANY YOUNG M. D's.

We are always ready to offer suggestions, but whether they are always wise may be a question. An honest inquiry demands answer. Our advice would be this: Having selected a location, make the acquaintance of one of the most influential men; tell him all about yourself and your abilities and get him to introduce you to the leading people in town in as casual and cordial a manner as possible. If you come from the same state, or have a similar name, or look like some one they know, people seem to take extra interest in one for such trivial reasons. Appear natural and as much of a gentleman as possible, especially to the ladies. Bow to all the gentlemen you meet. This is the etiquette of small towns. Get acquainted as rapidly as possible without apparently pushing yourself. Let your friends, or new found acquaintances do the talking for you. Get as convenient an office as you can. People seem to like an office away from the residence even in a small place. Doubtless it seems to them more business like. Get a neat card printed, establishing "office hours" and keep them; morning, noon and night are the best hours for small places. Announce in a modest dignified card in the local paper:

JOHN SMITH, M. D.

HOMŒOPATHIC PHYSICIAN AND SURGEON.
Office First National Bank Building, etc.

Introduce yourself to the editor; show *him* your credential letters, references, etc., and he will give you an extra send off, if you give him a good price for the card. Now you are afloat. Get a good conveyance, and if you have no calls, take regular exercise all the same. It will attract attention to the "new doctor," who seems busy. If the town has some pretensions to style as a literary centre, a neatly printed circular with your card enclosed, sent through the mail to each family will be an agreeable surprise and often a decided hit. Great caution is necessary though, for if the slightest error appears, remember that first impressions are lasting and that one mistake will suggest many to strangers.

A better method would be to send a small pamphlet like "Law of Cure," etc., with your compliments. That can be sent at any time. Something of that kind sent at least twice a year will attract attention to Homœopathy. The

pamphlet will arouse great anticipations, but you should draw it mild. Never promise too much. You can say "Homœopathy has cured such cases, but as no two cases are just alike, it will do no harm to see what it (not I) can do for you. I shall be very much surprised and disappointed if you are not helped." Remember that the wise, the successful man is never an extremist in anything.

Consultation Department.

RHUS FOR CASE OF H. C.

On page 164, MEDICAL INVESTIGATOR, G. asks for advice in case of H. C. The cause getting wet, the acute pains over chest on coughing, aggravated by lying on left side at night, all points to *Rhus*, which is undoubtedly the remedy.

C. CARLETON SMITH.

PHILADELPHIA.

BISMUTH FOR OTORRHAGIA.

Dr. E. W. Charles, of Nevada City, speaks (*Cal. Hom.*) very highly of *Sub. nit. bismuth*, as a topical application in granulation of membrana tympani, after the failure of numerous other applications. Its use in this trouble was suggested to the doctor by the excellent effects that the *Sub. nit. bismuth* has had in his hands in other cases of ulceration, and also in the chafing of infants.

ANSWER TO B. C.

The advice is solicited by B. C., of what will be the most satisfactory remedy to prevent abortions at three months. I gladly give my experience in those cases, *Viburnum pur.* will prevent abortion during any stage of gestation, and no remedy for me in my years of practice has equalled it to relieve the suffering from after pains, after confinement. It is an often indicated remedy, in painful menstruation, with a stringy dark, discharge, scant and acrid.

Mrs. M. D. WILSON.

CALC. PHOS. IN SPINAL CARIES.

I am treating a case of spinal caries that is responding nicely to *Calc. phos. 6x*. Case of chronic condition. Treating also case of girl, aged fourteen or fifteen; precocious; spells of suffocation; great nervous type; spasm exhibits with great quickness, soon subsides; any little surprise throws her into it; muscles set at times of spasm; bowels were much bound, becoming now more normal; water was deranged in quantity and quality; she is improving on *Strych.*, high enough potency.

GIVE US THE ANTIDOTE.

Will you please ask through THE INVESTIGATOR, if there has been found an antidote for *Baptisia tinct.* I cannot find any in any materia medica which I have read. I have a patient to treat that was poisoned with it some twenty years ago. It caused a noise in her head as is often the case when large doses of Quinine had been taken. The noise is constantly going but when she exercises too much or does not feel quite well it is a great deal

worse. If an antidote can be found it will be gratefully received and give light to a number of inquiring physicians. M. A. N.

"G" FEB., 24th MEDICAL INVESTIGATOR.

If you will give *Hepar* to change the condition of the system, you will probably find a remedy in Puls. If not, in Rhus or Calc. carb.

This is to help a *man* and *not for print*. I have often thought I would write for the press occasionally; but I see too many articles that bear the impress of newly fledged M. D's so I will wait until more experience justifies my pen. Let the weaker help the *stronger* as they *often can*.

GREELEY, Feb. 29, 1883.

[Why should not Anna talk out as well as the rest? Come again sister. Ed.]

DESIRES TO BE ROCKED OR CARRIED.

On page 153, MEDICAL INVESTIGATOR, W. S. G., asks a remedy which will meet the symptom "Desires to be rocked." With a view to assisting him in this direction I beg leave to give him the following points which he will find very useful in practice. Cham., Ant. t., Ars., Cina, Ign., Kali c., and Puls. all have this one symptom in common, viz.: "the child wants to be carried on the arm." But under *Cina* the child wants to be *rocked* and *rocked fast*. *Ars.* the child wants to be *carried fast*, but under Puls. wants to be *carried slow*. Under Bromine child wants to be carried very fast on account of dyspnoea as in croup.

C. CARLETON SMITH.

PHILADELPHIA.

OBSTETRIC EXPERIENCE.

Was called, January 20, to a lady some six miles away, at the hour of 10.30 P. M., to face a blast that formed great icicles on my beard, and almost made the marrow of my bones congeal. Found her in third stage of labor; pains far apart, and not sufficient to expel the head; position of vertex, right acetabular. Instead of giving Puls. 5,000,000 or Squibb's fluid extract of Ergot, twenty to sixty drops, I took out a pair of Sawyer's obstetrical forceps, dipped them in hot water, oiled them and inserted them, grasped the head, and brought the progeny through all right. These people think it a grand invention. They could see more of such methods if they were east awhile. I scarcely ever feel disposed to call aid in *any* case, unlike the other gentleman here who became alarmed in a similar case, and not having the instruments, sent several miles (around me of course) for a brother doctor of the regular school, but who arrived "all out of time and tune," for nature did the work at last, and grandma did the tying! O. J. LYON.

THE CAUSE AND CURE OF MORBUS BASEDOWII.

Prof. Nothnagel, of Vienna, furnishes in the *Wiener Allg. Med. Zeitung*, an interesting article on *Morbus Basedowii*, from which we make the following translations: According to Basedow, most of the patients are *chlorotic females*. This is an important point, therapeutically. But Prof. Nothnagel found most of his cases independent of chlorosis. The first symptom usually observed is palpitation and increased pulse; then exophthalmus, and lastly the struma. Increased temperature, subjective feeling of heat, perspiration, etc., point to vaso-motor disturbances. Tremor is noticed also, showing implication of the nerve centres. In regard to the pathology, prog-

nosis, and especially treatment, he has nothing positive to offer. Some cures are reported, but the disease ultimately leads to death by exhaustion of the heart. He has no faith in any remedies, all he tried having failed. The essential therapeutic measures consist in absolute mental and bodily rest; change of air, too, is beneficial.

The Homœopathic Materia Medica offers several remedies applicable to this disease. *Lycopus*, *Iodium*, *Natrum mur.*, *Calcarea*, *Spongia*, etc., will repay study.—*Cal. Hom.* [The clinical record of *Arsenicum* here should be well known. Try it.—Ed. U. S. M. I.]

Progress of the Medical Sciences.

On Scurvy.—This writer has, in the course of nine years, observed sixty-four cases of scurvy, and finds that in a series of patients there was a darkness of urine without diminution in quantity, and without the presence of fever (*Wien. Med. Woch.*, 1881, No. 52). During improvement, the urine became gradually clearer. The urine in these cases was acid, showed no albumen or blood-coloring matter, but contained a large amount of urea. From this, the observer argues that scurvy commences with an increased destruction of the blood-corpuscles, which process continues so long as the disease is on the increase.

Methods of Auscultation.—Dr. Lewinski (*Berl. Klin. Woch.*, No. 6, 1882) has compared, for auscultatory purposes, the solid and the tubular stethoscopes respectively. He comes to the conclusion, that immediate auscultation gives the most correct results, but that for mediate auscultation the tubular instruments are preferable, especially in conveying the more delicate of the morbid pulmonary sounds. The sources of error arising from the resonance in the air-space itself may be lessened by making the perforation as small as possible, the tube not too long, and the ear-piece not too much excavated. He recommends a conical shape for the chest-piece.

Phthisis without Sputa.—Dr. H. A. Lediard, in the *Med. Times and Gas.*, April 1882, p. 328, gives the history of two cases, men aged respectively fifty-three and twenty-nine, in whom, during the whole course of their illness, there was never any expectoration. It was a remarkable coincidence that both lived exactly four months from the commencement of the disease. In neither was there any hæmoptysis, and scarcely any cough. Unfortunately, in neither was a *post mortem* examination possible. Dr. Lediard compares such cases to the destructive process in the joints known as 'caries sicca'. The absence of sputa is evidently not at all a favorable sign in this form of disease.

The Electrical Treatment of Angina Pectoris.—The author relates (*Aerzt. Intelligenzbl.*, 1881, No. 39) a case of angina pectoris in which galvanisation proved beneficial. The patient, a man, aged forty-seven, was subject to attacks of the disease occurring every month or two. These were characterised by excited respiration, oppression, small frequent pulse, sternal pain radiating in the left arm, convulsive tremors of the limbs, and lasted about one hour. The heart was normal. The constant current was applied for one minute to each side of the neck along the course of the pneumogastric.

The sense of oppression was immediately relieved. Ten such applications in the course of three weeks were followed with complete freedom from the attacks during more than two years.

Myoclonus Multiplex.—In a paper read before the South-West German Association of Neurologists and Alienists, Professor Friedrich assigns the above name to a disease, observed by him in a man aged fifty, and consisting of clonic spasms of certain symmetrical groups of muscles with occasional asymmetry. The flexors and extensors of the forearm and leg were most affected; the spasms, continued during sleep, could be increased by irritating certain regions of the skin, and could be controlled by voluntary movements. After having lasted five years, the affection spontaneously disappeared within the space of eight or ten days. The author thinks it most probable that the symptoms were due to functional disturbance of the ganglion-cells of the interior horns of the spinal cord.

Epileptic Attacks during Chloroform Narcosis.—Before the same Society, Dr. Baumgartner mentioned the cases of two epileptics, in whom typical epileptic fits were brought on by the administration of chloroform and drew attention to the analogy existing between the anæmia due to vascular contraction in epilepsy, and that which results from the defective oxidation of the blood during chloroform inhalation.

On Static Electricity.—The author (*New York Med. Record*, April 1881) has tried the therapeutic value of this agent, and comes to the conclusion that it is of equal value to faradism and galvanism, or superior to them in certain conditions, such as anæsthesia. It is useful in hemiplegia of long standing. Long and strong sparks to the spine are useful in paraplegia. Positive charging acts as a 'tonic medicine'. Besides conditions of paralysis, spasm, neuralgia, static electricity benefits subacute or chronic rheumatism in a high degree. An important factor in its curative influence is the reflex stimulation from the cutaneous nerves. The author speaks highly of his method of obtaining 'an interrupted static induction current from a frictional electrical machine' as particularly useful.

Le Bon's Method for the Treatment of Stillborn Infants.—Dr. Rusanovsky (*Wraith* 1882, No 1) relates a very interesting and instructive case of asphyxia neonatorum in which, after entirely unsuccessful application of the usual methods (including Schultz's), he resolved, in *extremis*, to try hot water treatment, lately recommended for still-birth by Dr. Le Bon. As there was no bath at hand, the author took a common iron pail, filled with very hot water, and at once immersed the infant (who was pulseless and cold), leaving free the head alone. One minute afterwards—eighty-seven minutes after birth—the inspiration was made, and the child's life was saved. The author points out that Le Bon's method is exceedingly simple, easy, conveniently practicable under all circumstances, and does not fatigue the obstetrician. As to the *rationale* of the method, the author is of opinion that the first inspiration movement results from the powerful exciting influence produced by hot water upon the perihæric nerves of the skin, and from the subsequent reflex action of the respiratory centre in the medulla oblongata.

Orthopnea.—Dr. Henry Cook, in the *Practitioner*, April 1882, p. 242, indicates the cause of the loss of arterial tonus that causes orthopnea in certain cases when in the recumbent posture. On one occasion, Dr. Cook him-

self was the victim of a severe attack of otitis, the agony of which compelled him to pass the whole night sitting erect, in which posture alone was the pain at all endurable. As the night wore on, he wished to rest his back with pillows, but instantly the throbbing of the vessels was intense on account of loss of arterial tonus. It seems that the prone position itself was not the cause of loss of tone, but the support afforded to the body, muscular tension being removed. To test this theory, a student was placed prone on three chairs, and a sphygmographic tracing taken, the body being completely at rest. The central chair was then removed, and another tracing of the radial pulse taken, when the traces exactly resembled those obtained in the upright posture. It is, therefore, clear that the variation in arterial tonus is due not to posture only, but to the exertion of muscular force; and hence the reason why relief is obtained in orthopnœa by the erect posture and by the violent muscular efforts which many asthmatics make.

Anteflexions and Anteversions.—Dr. C. E. Wing states that the different opinions held by authorities on the value of pessaries in the treatment of anteflexion, is explained by errors in diagnosis or want of precision in diagnosis. The anteflexion of one gynecologist, which he finds but rarely, and then has but little success in treating, is a very different thing from the anteflexion of his neighbour, who diagnosticates these displacements very often, and lastly relieves the great majority of them by the use of pessaries of one kind or another. Most of the anteversion-pessaries are supposed to force the fundus up toward its normal position by pressure exerted through the anterior vaginal wall upon it. But the tender bladder is in the way, lying between this anterior vaginal wall and the uterus in such cases; and it is nonsense to talk of exerting enough steady pressure upon the anterior vagina wall to force the fundus into position, when such pressure must act through the bladder, which as the rule with such displacements, is already irritable. When any good results are accomplished by this class of supporters, it is probably because they put the anterior vaginal wall upon the stretch, and lifting it somewhat, they must also lift in a measure the womb to which it is firmly attached at the cervix; but the same result can be better brought about by a common lever pessary, properly adjusted.

News of the Week.

F. O. Clemmer, M. D., Kenton, Ohio, gave us a call. He reports many cases of typhoid fever in Ohio.

Errata.—On p. 199 of last No of THE INVESTIGATOR, ninth line from top, for Mesmeyer, read Niemeyer; eleventh line, for Dr. Guy, read Dr. Gull.

Dr. Frank Swallow, of Bozeman, Montana Territory, says that the principal disease that he encounters is rheumatism, of the inflammatory type, Mountain fever and the usual diseases are plenty. There is not much difference in character than met with in Chicago. Our place is about 5000 thousand inhabitants. There are two Homœopathic physicians. There are many good locations for physicians. Those to succeed must have a free and easy style, to be able to rough it in other words. For prescriptions we charge \$2.00, visits \$5.00, mileage \$1.00, each mile, obstetrical attendance \$35.00, \$50.00, dislocations \$50, amputations \$100, and other operations in proportion. It is nearly all cash, but sometimes we have to take collaterals.

The United States Medical Investigator

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WHOLE No. 336.

Clinical Medicine.

RHUS HAS CRAMPS.

BALTIMORE, Nov. 8th. 1883.

The issue of this journal for Feb. 24th, 1883, contains an article signed by "J. A. Carlstein," wherein several interesting cases are recorded, in which Rhus tox. plays an important part. The writer says: "I often had surprising results from this drug which convinced me that either the provings are not all correct, or the law *similia similibus* is to be questioned." These "surprising results" were the curing of cramps with Rhus, and an intensely distended abdomen with Rhus and Carbo veg. The writer ends the narration of his experience as follows: "None of our provers mention cramps in Rhus. Dr. Burt, in his *Materia Medica*, quotes from Dr. McNeil and Hg. (Hughes?)" Hering. But neither Dr. Cowperthwaite nor Woodward mentions it, nor could I find any concomitants to help to guide me."

That none of our provers "mention cramps in Rhus," is a mistake. The symptoms is mentioned in Hahnemann's *Materia Medica Pura*, All-n's *Encyclopædia*, Hering's *Condensed Materia Medica*, Jahr's *New Manual*, and even in Cowperthwaite is the symptom "Colic pains and contraction in the abdomen force him to walk bent." In addition, the "base drum" distention of the abdomen is a symptom of common occurrence in the records of large numbers of provers. It is difficult to understand the writer's statement about the paucity of cramp symptoms recorded of Rhus. Not that I am by any means convinced that our provings are all correct, but when the "jack-knife" symptom of Rhus—which a certain professor of materia medica regards "characteristic"—is so completely overlooked by a student of Homœopathy, and such ignorance of the work of some of our hardest workers, is exhibited, I feel like protesting against the publication of such immature productions.

ELDRIDGE C. PRICE.

EXPERIENCE WITH ALLIUM CEPA.

The following is from the "*Deutsche Popular Nematschrift fur Homœopath.*" Feb. 1883, published by Edwin Hahn Stellgalt Wartensburg.

"ALLIUM CEPA CORYZA."

Irena, not quite one and one-half years old, healthy but slenderly built, was attacked in midsummer with coryza and profuse lachrymation. She received several Homœopathic remedies administered by her father, but of no avail. The poor Irena looked as if she had been working with onions. The idea came to the father's mind that onions would cure the condition present. He went to the garden and got a small onion, cut a small piece therefrom and put it in alcohol, after one hour he took a few drops and put them in a half glass of sweetened water, then he gave the child a teaspoonful every fifteen minutes; after a few hours he noticed considerable improvement. In two day all symptoms disappeared. Two days later a bad cough appeared,

the breathing became difficult, and Irena was compelled to take her bed. From hour to hour the coryza grew worse and finally alarming.

The father thought it all came from a too rapid administration of the remedy, he gave as an antidote, Nux v. 3x. After several doses were given the child improved. Finally another coryza appeared but was quite mild, disappearing without further medication." Translated by J. C. FRITCH.

RHUS TOX. HAS COLIC.

The cases submitted by Dr. Carlstein, in this Journal of the 24th of Feb. as evidence questioning the integrity of the law of "Similars," are of some interest. "Cramps" is a generic term, and may mean almost anything from general convulsions to local pain of an intermitting character, and thus fails to express any definite condition pathologically, or specific indication for remedies, so the doctor need not feel disappointed that he does not find Rhus tox. in his authors, as a remedy for "cramps,"—the game is too large—However Rhus tox. is a valuable remedy in colic. Hering's Condensed Materia Medica gives "colic, he must walk bent, worse at night, also after getting wet." Hull's Jahr gives, "violent colic," particularly at night, colic composed of cutting (cramps?) lacerating and pinching, affecting the whole of the intestines. Cramp like drawing in the umbilical region. Alternate constipation and diarrhœa. *Constant tenesmus*. That the cases responded so promptly to the remedy is the strongest evidence that it was the similar, though the dose was somewhat heroic. Stick to "similia," and remedies in potency brother Carlstein, and you will have no perplexing doubts as to how your drugs cura.

HATTAN.

CURING A REGULAR.

Noticing an article from a worthy co-laborer who treated an Allopathist, brings to my mind an incident while I was located in Mt. Pleasant, Iowa. I think it was during the winter of 1890. A Mr. L. J. J. —, M. D., formerly of Kentucky, and a gentleman, though woefully in the dark; therapeutically, called on me, made my friendship. I found him to be a fine social gentleman. Well, about Thanksgiving he called me to attend him, some four or six doors south of my office. I responded, and found the poor fellow quite ill, together with a little daughter some thirteen or fourteen. Symptoms of each were pneumouia, but he had, in conjunction, some several phlegmonous eruptions on his person. I attended him some six or eight days, and, with *Homœopathic* remedies, I brought him out, with his girl. Then his little son took down. I was called and brought him up. I visited the doctor in the face of the *dominant* faculty of Mt. Pleasant, whose visage frowned with stony aspect, and who *refused* to even call upon one of their own suffering colleagues, simply because he called a Homœopathic therapist. Outside the gentleman's fine residence, swung the inviting shingle, J—, Physician and Surgeon. *Inside*, was the abominable sugar pellets and dilutions, silently but certainly doing the work; while close at hand stood the invincible mortar and pestle, supported on either side by jars of death-dealing elements, with the dusty lance case, all mute witnesses to the victory of the little giants. Occasionally the ponderous tread of some grey-haired medical sage, smote upon my ears as he passed by and into the

drugstore; and unfortunately meeting one of them, (Dr. D. R.), he muttered the usual sarcastic greeting of: humph. And poor J., because of employing Homœopathy, failed in his efforts to secure practice in Mt. Pleasant, and was forced to remove to Kansas. Before going, he requested and obtained of me a list of standard Homœopathic works; and I recommended him to attend two or more courses at some Homœopathic college.

A FEW THINGS LEARNED CONCERNING HOMŒOPATHY DURING FORTY YEARS.

BY E. E. BRINKE, M. D., JAMAICA, WEST INDIES.

1. *Similia Similibus Curantur* is the *law* of cure. *Curantur*. Why do some of our doctors say *curenter*? Are they not quite sure?

2. Apart from those numerous and self-evident cases where medication is useless owing to organic defects or malformation, we necessarily fail in many cases. They are such, wherein, in spite of skill and experience, we fail to find the true *similia*.

For this reason we are sometimes baffled by apparently simple cases, whilst we are enabled to effect splendid cures in dangerous maladies, and in chronic cases which have baffled the best efforts of the other schools.

3. It only damages us to talk as though we could cure every thing. It is wise to say little to the laity. Let our success speak.

4. While vast and multiplied experience shows that certain remedies are adapted to certain diseases, nothing has more damaged the cause of Homœopathy than the routine practice followed by so many. No one is a true Homœopathic physician who does not examine each case by itself. Even in an epidemic hardly any two cases are precisely alike. It is true that, in a busy practice, it is frequently necessary to generalize; but this should only be, if possible, a temporary expedient.

5. Much attention should be paid to certain *leading characteristics* of remedies, and when they appear, it is safe to give the remedy, *cæteris paribus*, even if the books do not at all mention such a remedy in connection with the complaint. The books cannot possibly individualize.

6. Almost every experienced physician knows some things, learned by peculiar experiences, about which the books are silent, and which other physicians are to overlook, or don't know. Dr. Hempel actually scoffed at *Lachesis*. If he had seen a person in *articulo morbis* from yellow fever, actually snatched from death by five minute doses of the thirtieth centesimal, he would have changed his mind.

7. Medicine only gives the impulse; the rest naturally effects the cure. Medicines must have *time to react*. Especially is this true in chronic cases. A clock may be in perfect order, except that the pendulum is at rest. One impulse, if the right sort, will set the clock going. Too many, especially in the wrong direction, may stop it again. High potencies, at very long intervals, make the only good cure, *as a rule*, in chronic cases. The patient must be treated with intermediate doses of *Sacc. lac.*, and a strict Homœopathic diet observed in such cases. In acute cases less stress need be laid on the diet, and lower potencies are often more curative than the high. In determining the proper potency, much depends on which effect of the remedy is desired, whether the primary or the secondary. The primary effect of some

is like the secondary of others. Nux, for instance, and Calabar bean. But if the potencies of Ezerin. and Strychnine are used alike, there will be disappointment, and more frequent failure than is necessary.

8. Hahnemann did not know every thing. His successors have made some valuable discoveries.

But if more attention were paid to the fundamental principles of the Organon, there would be *more success* and *less guesswork*.

Although in many cases every thing depends on the similarity between the drug symptoms and the disease, yet there are other just as important things; as, e. g., the origin or exciting cause of the disorder. For instance, if from a wetting, Rhus tox.; from draft, Chamomilla; if from fright, Opium; from vexation, Chamomilla; from violent passion, Nux vom., etc. Also the bodily habit and constitution; the stage of life; the temperament and disposition; whether there is any dyscrasia or skin disorder. Also the past medical history, as well as the previous cause of diseases, or disease.

In the absence of positive indication, we may give, at first, to a blonde female of gentle disposition, Puls. Dark and nervous, Nux or Calc. Total absence of thirst, Puls. Ague, long treated ineffectually by drugs, *Ipecac*; etc.

Toothache, (one of the plagues of life), is often baffling. But just see how quickly Staphysagria 30 will cure, where pain arises from a *hollow* or broken tooth; runs into the head and ears; where the cheek is swollen, but not hot; when cold water and eating aggravate; especially if the teeth are black and exfoliated. Our low potency men smile at the idea of *olfaction* of the thirtieth curing such a case. Hahnemann did not. I am by no means an exclusively high potency man. I often use tinctures.

9. Where you feel quite sure that a medicine is indicated, and you see no result, use Sulphur, Carbo., or Opium as an inter-current, and then try again. Or else, *if you have time*, vary the potency. Go from 30 to 200. Once in a while, in a suitable case, you will be surprised to see what Swan's cm can do! Or else, but more rarely, in an obscure case, you must descend, even to "saturated tincture;" but, of course, this must be done intelligently, and not by mere hap-hazard guessing.

Dr. Bute, of Nazareth, Pennsylvania, Dr. Hering's friend—who made his fortune in Philadelphia, during the cholera epidemic of 1832, I think, when Camphor was the specific—once said to me: "Low potencies are like a shot gun, that scatters, frequently only maims, and sometimes misses altogether. They are easier to handle than the high. The high are like a rifle ball; harder to hit with; but *when they hit, they kill.*" *Probatum est.*

10. *Fas est et ab haste doceri.* Eclectics fail oftener than we do; and Allopaths still oftener. But I notice that on very rare occasions, an Allopath will make a fine cure where a Homœopath failed! Why? Because he happened to give the simillimum! Homœopathy does not depend on the size of the dose, nor on the potency. I have seen a dislocated shoulder reduced by a man called M. D., by means of simple manipulations, when counter extension had failed. (It turned out that the joint had been dislocated once before.) True science and true experience are always modest. Notwithstanding the advance made in many branches of medical knowledge, of late years, how many of the simplest things connected with our dusty experience and observations, we cannot understand, and are totally

unable to explain, in spite of all our chemistry, dissections and bureaus!

11. Most epidemics have a type of their own. The type often varies in the same disorder, in different years. If the true remedy is discovered, it will cure nearly all the cases connected with that particular outbreak.

12. When a malady rests upon a syphilitic base, abuse of Mercury, Quinine, Iodine, etc., little impression is likely to be made on the disorder, until this fact is recognized, and a blow is aimed at the root. And in *chronic* cases, what Hahnemann says about Sulphur, Silicea, etc., is often overlooked, especially by our young American doctors.

A case that interested me was my own father's. When I visited him in Pennsylvania, in 1859, I found that he had incipient cataract on both eyes. Being very anxious, I gave this case my best attention. My choice fell on Sulphur and Nux vom., for reasons which I considered conclusive: high potency—*Hahnemann*; thirtieth; dose morning and evening for five days; no more medicine for six months, only Sacc. lac.; careful Homœopathic diet; coffee and smoking positively forbidden. Knowing that a prophet is not without honor, even in his own country, I consulted Dr. Hering in person. He fully endorsed my plan, and fortified it by a written opinion. The old gentleman persevered for two months. Then, seeing no result, he said: "It is of no use; I will enjoy my coffee and cigar again." From that time he discarded Homœopathy. Some eighteen months later, the leading (Allopathic) oculist of New York, whom he consulted, considered the case to be ripe, and proceeded to extract the lenses. When the lens fell out, Dr. D. exclaimed to his assistant: "I never saw a case like this before; from some unaccountable cause, resolution has begun to set in." So it had. Around the outer edge, for about one-eighth of the diameter, the crystalline humor had begun to clear beautifully, but had been *interrupted*.

Dr. D. was a most kind-hearted man, as loveable, as skillful. But there was another surprise in store for him, during his subsequent calls. "Bishop," said he, "I've operated thousands of cases, and never saw so little inflammation; and you an old man too! 'Tis perfectly marvellous!" Nothing more simple. Tincture of Aconite did it. I longed to tell him, but he never found it out.

18. My pen has run to too great a length, I fear. I will only touch on one point more, yellow fever. If you don't care to publish all I have written, you may cull what you please, or else reject it all. I felt that I ought to mention some of the things I have learned by experience.

I was much interested in the report of the Homœopathic Yellow Fever Commission, published two or three years ago. I endorse what was said about Arsenicum and Crotalus. When I first went out to the tropics—some forty years ago—Dr. Bute recommended me to try Crotalus for yellow fever, with which he and others had recently carried on provings.

If a yellow fever patient is not taken in hand too late, and if the case is not complicated, Aconite and Belladonna, attenuated, will usually carry him safely through, until the black (so-called vomit) vitiated blood is discharged by stool; after which, usually, little or no medicine is required, but only the most careful nursing, and restraint of the abnormal appetite. An indulgence of it is apt to be fatal.

I may observe that sometimes these two remedies seem, at first, to produce little effect; half-hour doses must be persisted with for thirty-six to

forty-eight hours, day and night, whilst the battle is going on. The first blows of the axe are not ineffective, because the tree does not at once fall.

P. S. As regards dose, etc., without condescending to charlatanism or unworthy expedients, a *wise discrimination is necessary*. For the tropics, I like triturations best, if they can be had from a reliable pharmacy. In the moist air of the tropics, *medicated* (not unmedicated!) globules melt, and dilutions evaporate, more or less, however well secured.

By letter I usually send powders or blanks. One to be well stirred into a tumbler full of pure, soft water. Dose, a tablespoonful, or half a wine glass full, as seems wisest to me. For ordinary callers, of the lower classes especially, I usually give out a pint bottle of medicated water, and often a quart bottle, thoroughly stirred, of course, or shaken, in which case a wine glass full is the dose. In highly potentized remedies, little depends on the quantity of water, as regards the cure; but a good deal may, and usually does, as regards the patient's imagination. We must take human nature as it is; and if the prescriber begins to explain or comment, it may not be long before the patient fancies himself as wise about it as the man whose knowledge and skill he came to enlist.

It occurs to me to add that the juice of the true Aloe (Socotrine, not the Agave, which also grows abundantly here,) is a *most excellent* application for both cuts and bruises. I, and many others, use it commonly for our horses, too. In some respects it is superior to Arnica, which does not agree with every body.

I see nothing of this in Dr. Cowperthwaite's resume.

I have known an old gentleman, scarcely able to move about, rejuvenated, as it were, for a time, by the administration, in his coffee, every morning, of a pill of Ammonia, working on the sluggish blood. Allopathic, did you say? Are you sure of that? *An scis meliora, candidus imperte; si non his utere mecum*. But the German proverb is true, for all that, to wit: *Fur den Tod ist kein Kraut gewachsen!* (i. e. No herb grows that can cure death.)

ANOTHER CASE OF ABSENCE OF UTERUS.

A few days ago, at Prof. Ludlam's clinic, held in Hahnemann Hospital, (*Clinique*), a young lady, aged twenty-three, applied for treatment. She had never menstruated; no family history of late or irregular menstruation. Examination showed external organs perfectly normal; vulva, labiæ, urethral orifice and vagina properly developed—but cervix nipple-like, and about as large as half of the first phalanx of the little finger, attached to roof of vagina—body and fundus completely absent. Diagnosis confirmed by several physicians present.

HIGH AND LOW POTENCIES IN THE TREATMENT OF ECZEMA

Dr. Washington Epps, of London, England, reports in a pamphlet seventeen cases of eczema. The remedies used were, *Viola tric.* 2, *Calc carb.* 6, 12, *Rhus*, 3, 6, *Graph.* 2, 6, *Sulph.* 2, 12, *Merc. cor.* 3, *Kali*, 0, *Ars* 2, *Sil.* 3, 12, *Bell.* 3, *Acon.* 1, *Ars. jod.* 3, *Petr.* 3, and Petroleum ointment, as a local application. Eleven of the cases were cured, and the result unknown in six. Dr. T. S. Hoynes, to match these reports (*Clinique*) the same number of cases

from the Hahnemann Hospital Dispensary, in which the remedies used were, Graph. 30 Thuja 30, Nit. ac. 30, 200, Rhus tox. 30, Nat. mur. 30, Hepar sulph. 30, 2m, Ars. alb. 30, Natrum carb. 30, Sulph. 30, 200, 3m. Condurango lotion locally. Of these, ten were cured, and in seven of the cases the result was unknown.

In ten of Dr. Epps' cases 873 days were required for a cure. In ten of Dr. Hoyne's 624 days were required for a cure. From this, Dr. Hoyne claims a triumph for high potencies.

A MEDICAL CLINIC.

BY PROF. J. S. MITCHELL, M. D.

Reported by M. S. Purdy, Chicago Homoeopathic Medical College, Spring Session, March 5, 1888.

Gentlemen, The first case which presents to-day, is one of influenza grafted upon a chronic naso-pharyngeal catarrh.

Influenza, of a severe grade has been prevalent in Chicago during the last fall and winter. Some cases have resulted in pneumonia and pleuritis, others have had a marked laryngeal type. Others, still have shown a tendency to catarrh of the middle ear or to ophthalmia. Intractability also has been a feature of these cases. Some have persistently resisted the action of remedies. This patient has had the laryngeal form. She complains now of a severe paroxysmal cough with soreness of the larynx. No expectoration. Sharp pain on breathing. Hyoscyamus 3x, prescribed. This remedy has proved both in private and dispensary practice very efficacious, in fact almost specific. It is useful even though the cough occurs in the day time. Some of these cases have simulated whooping cough. In children, at first it has been difficult to make the diagnosis. The paroxysm would frequently end with vomiting. For the chronic catarrh this patient has taken the Calc. iod. 3x, with benefit.

Chronic bronchitis.—No. 16997, patient with chronic bronchitis of several years duration, cough with severe pain through chest. Sibilant and sonorous rales over both lungs. Tongue dark, with red papillæ. Tickling in larynx. Hepar sulph. ordered.

Pleurodynia.—16969. Joseph P., German, cheesemaker by trade, troubled for some time with cough and pain on taking breath, as pulse, facial expression, and general appearance, indicated no serious disease. Patient stripped and carefully examined. It is wise to investigate critically lest the incipency of thoracic disease be overlooked. Auscultation and percussion revealed nothing abnormal. Pressure indicated the existence of pleurodynia. This complaint, a neuralgia of the pectoralis and intercostals may be mistaken for pleuritis. Bryonia 3x prescribed.

Naso-pharyngeal catarrh.—16620, Laura S. first entered our clinic November 20. Her record was briefly as follows: Naso-pharyngeal catarrh, sensation of fullness across bridge of nose, hypertrophy of tonsils, muco-purulent discharges, tendency to ulceration of mouth. Merc. sol. 6x, and Hepar had been given with some benefit.

January 18. Was better, hypertrophy of tonsils lessened, but had bloody discharge from nostrils and dropping from posterior nares, also enlargement of cervical glands. Hydrastis 3x internally, and Hamamelis locally, ordered.

January 29. Patient has had no more bloody discharge, less swelling on nasal bone, general improvement.

February 19. She reports to-day that the improvement still continues and the treatment last advised continued.

On examining this case we find the ulceration already referred to, has not diminished, although there is an improvement in the character of the discharge. On the mucous membrane over the hard palate, we find some destruction of tissue. Aurum 30x prescribed.

Laryngeal night cough.—Cases 17916 and 17017, are similar to the one I first showed you of laryngeal cough. In these, however, the cough occurs mainly at night. Hyos. 3x in each case.

Hemoptysis.—16968. Mrs. C. states that she has had a cough since childhood. It is painful with some expectoration of a frothy character in the morning. The special feature in her case is that with each menstrual epoch she has hemoptysis. The presence of food in the stomach is painful. We term such cases vicarious menstruation. The menstrual discharge is markedly diminished. We should be careful how we regard these cases. It is often found that the hemoptysis, epistaxis, hematemesis, etc., are not purely vicarious, but indicative of actual lesion of the parts. With this view we examine our patient carefully for pulmonary lesion, which may be the real cause of the hemoptysis. Auscultation reveals no special signs, save that the respiratory murmur is feebler than normal over the right lung. Percussion nil. This is a case that should be closely watched for early development of phthisical symptoms. Calc. carb. 3x, prescribed.

Mesenteric phthisis.—16405, Amanda L. This case, a girl sixteen years old, is one of our trophies at the Cook County Hospital. She entered the Homœopathic department last fall, very nearly exhausted with mesenteric phthisis. She was emaciated to the last degree, had frequent thin stools, almost complete non-assimilation of food, slight œdema of feet, high pulse, soreness of abdomen, colicky pains usually occurring each afternoon and evening, abdomen distended and tympanitic. There was but slight cough and no evidence of destructive metamorphosis in the lungs. You must remember that in children this affection is usually primary, and lung complication when it exists is secondary, not so with the tabes mesenterica of adults which usually is secondary to long existent phthisis pulmonalis. There is some difficulty in diagnosing such cases, when associated with acute miliary tuberculosis from the intestinal lesions of typhoid fever, even so eminent an authority as Louis, has evidently been misled.* But all doubt is settled by the continued history of the case. This case lingered many weeks, finally resulting in complete recovery. It was apparently hopeless when I took charge October 1st. There were some intercurrent remedies prescribed, but in the main, Merc. jod. and Calc. carb. have the chief credit of the cure. Amanda was discharged early in January, having gained largely in flesh and color. Bowels are now in excellent order, assimilation is good the strength steadily gaining. After leaving hospital, she came to our out-clinic with pain shooting through the chest. Kali carb. 3x prescribed. Later she returned having improved in this respect. She presents to-day with headache quite severe across nose and in right eye. It is much worse at night and is wearing. Her general appearance is not quite so good as a few weeks ago. This case judging by its former history, will also bear close watching. The constitution has been so shattered that we desire to keep her free from all disease influences until the fresh air of the coming spring and summer has given her new vigor. Kali jod. 3x advised.

*Reynold's Vol. I, page 237.

THE UNITED STATES MEDICAL INVESTIGATOR

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, practical articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and close thought (the great sources of medical knowledge), on any subject pertaining to medicine.

CONFIDENCE IN THE MANAGEMENT OF THE NEW YORK HOMŒOPATHIC INSANE ASYLUM.—Amid the general distrust of asylum management, it is interesting to read such action as the following: Dr. J. W. Dowling asked consent of the society and presented the following

"Preamble and Resolutions, relative to the State Homœopathic Asylum for the Insane, at Middletown, New York.

Whereas, A spirit of distrust has been excited, and in some quarters, fostered, in the public mind, and, *whereas*, as a result of this distrust, the question of revising and changing all of our lunacy laws is being agitated, and *whereas*, radical, and to us, unprofitable changes in the laws are being proposed—changes which may tend not to a better care of the insane, but to unwise and uncertain experiments—and, *whereas*, the State Homœopathic Asylum at Middletown has been but recently founded, and conducted upon benign and reform principles, therefore:

Resolved, That we, the members of the State Homœopathic Medical Society, in contra-distinction to the distrust expressed against some of our public institutions, hereby declare our confidence in the State Homœopathic Asylum at Middletown, and in the wisdom, zeal and fidelity of its trustees and its medical superintendent.

Resolved, That, while we are in favor of such revision of the lunacy laws of this state as may tend to conserve the just rights of both the sane and the insane, we yet stand opposed to any changes in the present law, which shall tend to infringe upon or abridge the present rights of those who may desire Homœopathic treatment at the Middletown asylum, or which shall in any way tend to curtail the privileges now accorded to all classes of our citizens, for such treatment, whether they are rich or poor.

Resolved, That the present methods employed for the care, relief and restoration of the insane at the State Homœopathic Asylum at Middletown, are methods which we heartily endorse and approve, and for the present we deprecate any and all attempts to change those methods by bringing that asylum under such general control or limitations as might tend to lower the standard now adopted in that institution for the care and control of its inmates.

Resolved, That a copy of these resolutions be spread upon the minutes of this meeting, and published in the next volume of the Transactions, and also that the foregoing resolutions be published.

The resolutions were adopted."

We publish them here that they may have the widest notice.

The Action of Iodoform on Leucocytes.—Dr. Binz (Virchow's *Archiv*, Band lxxxix, Heft 13,) has performed some experiments, to show that iodoform checks suppuration by paralysing the white blood-corpuscles, and so preventing their wandering through the walls of the vessel. He maintains that quinine, and Carbolic and Salycilic acids, have the same effect.

Society Department.

COLLEGE OF PHYSICIANS AND SURGEONS OF MICHIGAN.

DISCUSSION ON OBSTETRIC FORCEPS.

FEB. 19th 1888. Dr. C. A. Walsh, read a paper on the "Obstetric Forceps and indications for their use." After giving a brief account of the construction of the forceps, he spoke of the object for which they are designed. Originally they were made very heavy, designed as compressors and tractors. and while the same idea obtains to-day, it is mainly as tractors they are used. They may be used, in delay of labor, obstructions to the passage of the child (as deformed pelvis, etc.), placenta prævia, rigidity of the os, or any condition in which there is room for the extrusion of the child, but inefficient expulsive power. There can be no rigid formulation of rules, as each case must be considered unique, and the obstetrician must depend upon his good judgment in deciding to use forceps. The chief object sought by the use of the forceps is to hasten delivery when the mother is losing strength progressively, or where the unaided powers are incapable of completing the act. The significance of the ordinary symptoms of labor were given at some length. The lecturer disclaimed any idea of teaching *speedy* delivery in all cases; he recognized the danger attending a too rapid delivery, and should only use forceps when, as said above, the woman is "unable to deliver herself," and there is no structural obstruction to the passage of the head.

In answer to a question, the doctor stated that he used Hodge's forceps. Dr. Craig has never seen a case in which he regretted having used the forceps, but had seen many where he regretted that he *had not* used them. Is not afraid of rapid delivery, particularly when lard or tallow is used as a lubricant. Has used Hodge's forceps, as many as once in three cases of labor. Lately has used Hale's small forceps, and has found them exceedingly useful. He did not believe the instruments were to be used as a compressor in ordinary cases.

Dr. Bailey did not hear the lecturer refer to what he considered a very frequent indication for the forceps, viz.: resistance to the expulsive pains on the part of the mother. Uses Elliot's forceps very frequently. Has had no accident of any kind.

Dr. Gilchrist referred to cases in which a suspension of expulsive pains called for forceps, in which the simple introduction of the instrument brought on pain again. Uses Davis' forceps, when he was in general practice.

Dr. Gaylord uses forceps a great deal, preferring the Elliot, and while realizing that those forceps are the best which are most familiar to the operator, he thinks Elliot's forceps have some positive advantages; the thinness of the blades, the size of the fenestra, and the regulating screw of the handles. Has seen no accidents, but has no doubt that lacerated perineum has been produced by their use. It is not the passage of the head, that is to blame for the accident, so much as the passage of the shoulders.

Dr. Porter regretted that the indications for the short as well as long forceps. There are some cases in which the short forceps are to be preferred to the long, and *vice versa*. Referring to a diagram on the board, he doubted if it was possible for the short forceps to be applied in the superior strait, at

least without danger to mother or child. The rule should be to introduce the blade first, that is most difficult to introduce.

The question was asked whether anæsthetics were used in applying forceps the majority of those present stated, "no."

College News.

THE VALEDICTORY ADDRESS

BY PROF. E. H. PRATT, M. D.

TO THE GRADUATES OF 1883, IN THE CHICAGO HOMOEOPATHIC MEDICAL COLLEGE.

MR. PRESIDENT, LADIES AND GENTLEMEN: *Especially the graduates of 1883.* Every body loves a sunset. A fire-place is most suggestive when the fire dies down and ashes begin to whiten the coals for their burial; and now that our college session is closed, and the worry and excitement of its work begin to fade away, a spell of meditation is upon us, that suggests everything we shall say, and a thousand merry and sombre fancies that will never be crystallized into expression. We meet to-night at one of life's mile-stones and while we linger here a few brief moments before our final separation, let us remember a little, dream a little, and perhaps resolve a little. It is not difficult to remember now; in these climaxes of life, spontaneous outbursts of thought and feeling raise one to such heights of mental activity that the horizon of time widens wonderfully. As we look backwards we see the whole panorama of our experiences lying stretched out before us. Our work and our play, our failures and our triumphs, our sighs and our songs, our troubles and our enjoyments, our two-or-three years of personal contact and all they have brought us of pain and of pleasure, make a landscape so chequered with cloud and sun, so varied with the rugged cliffs of difficulty and stretches of pleasure valleys between, that we can gaze but fondly for a moment upon the picture, before its outlines grow dim in the distance. We met as strangers. You came to us for a thorough and complete introduction into the Temple of Medicine. The anatomists of the college first greeted you and gave you a hearty welcome to their ghastly and ghostly department. They have examined with you the human body in all the minute details of its intricate structure, from its rough and bony frame work to its wonderful telephonic apparatus, the nervous system, through which mind talks to matter and matter talks to mind. They have endeavored to make you so familiar with anatomical construction, that your patients will appear as transparencies, and you will be enabled at once to see through the difficulties of a case. As a souvenir of this department, it is to be hoped you are each of you furnished with a skeleton for your closet, a necessary possession of every household, especially a doctor's. The physiologist of the college has shown you the wheels of life in motion. The processes of growth and development of decay and repair have been graphically described for you in the feverish eloquence of an enthusiast in science. With the standard of health well defined, you are prepared properly to estimate the deviations of disease, and to appreciate the necessity for professional interference, and the relative success or failure of your efforts at repair. The chemist has labored hard and earnestly to unfold the myste

ries of analytical demonstration. The microscopist has given you glimpses of minute forms and appearances, which the unaided eye could never detect or the imagination picture. You cannot test too thoroughly or observe too minutely the ultimate appearances of life and of death among the tissues. The professors of materia medica have introduced you to every drug of practical service in the relief of human suffering. They have ably expounded the universal law of Homœopathy in accordance with which all cures in medicine are made. They have shown you that it is not as many would have you believe, a simple matter of dose or particular medicines, but a law of medical reaction, as universal in its application as the law of gravity. The professors in the practical chairs have described, classified, and catalogued the various forms of human disorder and distress that may hereafter need your help. The large army of suffering men, women and children that have filed before you in a perpetual march throughout your college life, have afforded abundant illustration of the teachings you have listened to, and demonstrated how much and how little will be expected of your efforts at repairing the ravages of accident, disease and time upon the human form. You have been examined upon what you have seen and heard, and found sufficiently competent to assume the work and responsibilities of professional medicine. Take your diplomas and start out on your errands of mercy. Forget as little as possible of what you may have gleaned of practical value, but if memory shall at some time weaken its grasp upon some of the knowledge you now possess, we earnestly beseech you not to forget us. The heart with a quick impulse sends the blood, all bright and scarlet, through the great aortic tree and its branches to every nook and corner of the human frame. The various organs and tissues of the body drink from this river of life, their sustenance. They suck up all the beauty and freshness of the beautiful current, and pour back into it, all the waste and pollution of their continuous decay. The stream, now black and muddy, turns sluggishly in its course, and seeks once more the center of its life. On its way it encounters a pale tributary from the organs of digestion. The swollen tide at last comes home to the heart, and with a convulsive throb, is carried to the lungs for the benediction of the breath of life. The transformation is instantaneous and marvelous. The stream is again bright, happy and scarlet, and fitted once more for the uses of life. My dear brothers and sisters in the healing art, let this faculty be your lungs. We send you out to-night fresh, buoyant and bright from the halls of learning. As you quickly leave us for the varied by-paths of your separate work in the world, you will of necessity, lose much of that sparkle and activity that characterized you at your examinations, and makes you the cynosure of the present assembly of interested spectators and anxious friends. When you become thus worn and weary, and begin to feel the need of the revivifying influence of a college atmosphere, come back to your alma mater. She stands ever ready to receive you with open arms, and do what she can for the success and happiness of your life work. On your way you will mingle with a large class of doctors yet unborn, and drink in with them new inspiration for your life work; but, "The sweetest and gladdest of days, is forever the fleetest; it slips into yesterday's arms, and we say a good-bye in the gray of the twilight that will not forbear."

How quickly has to-day gone by. The breaking up of present associ-

ations and surroundings, and the preparations for to-morrow, have so busied us that the steady march of the sun has been unobserved, until it is now setting upon the last of our college days. In a few hours another sunrise will find us wandering from each other, each to his chosen locality, where the battles of active life will begin and continue until time lapses into eternity, and we are, one by one, translated to another field of labor. As the night comes on, then, let us dream; and map out upon the great land of the future whatever of joy or greatness, of success or achievement our hearts may long to realize; for although dreams are changeable and fleeting as the clouds, they sometimes rain down showers of practical suggestions that refresh many a long expanse of life that would be dreary and barren without them. In placing upon the canvass of the future your fancy pictures, the central figure of them all will be, of course, the ideal physician. An artist with his palette, brush, stool and umbrella, leaves his studio for a few glimpses of nature. If he meets with no scene sufficiently interesting to be sketched as a whole, he looks for fragmentary beauties. A shapely tree, a jutting crag, a ruined house, a bit of lake, of stream, of sky, please his fancy, are sketched and placed in his port-folio to be subsequently blended into a work of art; or if his fancy runs to figures, a graceful form, a handsome face, a beautiful hand, a well formed foot, please his fancy, are remembered, and subsequently combined to his satisfaction. So in your conception of the true physician; if no individual of your acquaintance is sufficiently perfect to act as your best ideal, and I trust there is none, you will have to construct one for yourselves. Make the face intelligent, cheerful, patient and kind; the head poised in an attitude of respectful attention; the hands skillful, yet gentle and ready for whatever work they may find to do; the feet tireless, willing, and impatient for their daily rounds. Give the whole figure a bearing of confidence, ability, dignity and kindness. Above all things make the general effect a cheerful one. As the warm rays of the summer sun melt the snow and ice, and awaken to activity the hidden forces of nature, which the cold and frost of winter chill and destroy; as the mild and effective measures of Homœopathy banish diseased conditions, which cruder and severer measures only aggravate; you will find that the genial presence of a warm-hearted physician will encourage to returning health, many cases which sterner natures must lose. Be assured that the life you are entering upon will call out and develop every latent force and resource that is in you, and you will be successful or otherwise, not alone as you become more skillful and accomplished, but as the experiences of life make you riper and mellow, rather than sterner and more austere. There is a necessary part of your education that is not attempted in medical college. You can acquire it only by careful study and observation in after life. I refer to mental medicine. With us you have studied the human body, dead and alive, in health and in disease, and have become familiar with hygiene and the art of healing; but

*"Am I but what I seem, mere flesh and blood,
A branching channel and a mazy flood?
The purple stream that through my vessels glides,
Dull and unconscious flows, like common tides.
The pipes through which the circling juices stray,
Are not that thinking I no more than they.
This form, compared with transcendent skill*

Of moving joints, obedient to my will,
 Nursed from the fruitful glebe, like yonder tree,
 Waxes and wastes. I call it mine not me.
 New matter still, the smouldering mass sustains.
 The mansion changed, the tenant still remains,
 And from the fleeing stream, repaired by food,
 Distinct as is the swimmer from the flood."

The human body like the hat; clothes and shoes that cover it, the vehicles it rides in, and the rest of the world it lives in, is built of matter and hence is not only subject to, but certain of destruction and decay. You and I are body tinkers, mere repairers of disordered flesh, and did all corporeal disarrangement come from material causes only, our field of labor would be more limited and less beset with difficulties; but we cannot refuse to recognize the work of mind on matter. On the broad expanse of the ocean, the winds of heaven are playing continuous music. Sometimes as gentle zephyrs can scarcely provoke a rippling of its surface, the glad ships speed merrily on their way without a thought of care or harm. Occasionally steadier and stronger air currents roughen the water into heavy swells. Boats are strained, creaked in their joints need anxious watching and frequent repairs. At yet other times the storm king sweeps the waters in all the fury of the tempest. The angry waves roll mountain high and their fierceness and power are terrible to behold. Woe to the unfortunate barks that ever have to know the full power of the elements. Rudderless, mastless, helpless, they soon float as mere hulks upon the surface of the angry deep or sink forever in the fathomless depths of the treacherous ocean. How like that does the wind of the spirit play with these frail boats in which men ride for a brief period the sea of time. Gentle thoughts and feelings make the voyage of life cheerful and serene. The face is wreathed in smiles, the foot falls are light, and the whole physical frame moves to the rhythm of propitious influences. When heavier tides of impulse and conceptions prevail, they quicken the pulse, spur every organ to increased activity and test the strength of every mortal part. Weak organs will yield to such a strain and some good doctor will be needed to repair the damage. But when great tempests of thought and of feeling sweep down upon humanity, the poor frail body is driven with such break-neck speed through the surging ocean of life, that total ruin and destruction become inevitable. Physicians must stand by and witness such storms and wrecks they cause. You will see with distress the human body racked and shaken beyond its ability to endure. Some vital part gives way under the strain, the unsteady life spark flickers for a moment, goes out, and time has swallowed up its own. The wreck itself will not need you, but with those left behind you will find ample scope for all the coolness and bravery, tact and skill you are able to display in the mastery of mental emergencies and the physical disasters threatened. However careless you may be on your own account of this world or the next, whatever your faith may be, and however little you may be inclined to tug away at the great spiritual problems of life, you will be called upon for such philosophy and consolation to the sorely afflicted as you may have to give. Allow me to make a single suggestion that may sometimes assist you in the conduct of such anxious and delicate cases. As a soul gets hungry is fed and is satisfied, as it wakes and sleeps, as it unfolds and develops, as it can be hurt or chilled, or dwarfed or starved, like the body it lives in, let me suggest the

treatment of its wounds as you will have them to deal with on ordinary surgical principles. When you amputate a limb, you dress the stump properly and keep the patient at rest. You allow no inquisitiveness or anxiety to move you to meddling interference with the process of repair. If you disturb the part too soon or too often you well know how much unnecessary pain and inflammation and mischief generally you will entail upon your patient. With rest and infrequent handling and proper care, kind nature does her wonderful mending, surely and quickly. For a little time the wound is sensitive and needs protection; but very soon all irritability passes away and recovery is complete. The absent member is missed and always will be but the scar is no longer tender and can be handled and treated as other parts of the body. So when you have been worsted in the battle for a life when the anxious friends, who have trusted you and leaned upon you for support, find you unable to assist them and see their treasure slipping from their sight, let your surgical knowledge suggest a proper handling of the wounded and bleeding spirits about you. Administer at once all the consolation and helpful suggestions that you can. The bereaved spirits will then have rest, and in the critical and sensitive period which follows, all unnecessary probing and handling of the wounds should be studiously avoided. Long continued and violent grieving and bewailing over inevitable losses is as unhealthy, as unnatural and as unnecessary as secondary hæmorrhages and ulcerations in wounds in the flesh. As you can guard against and prevent the latter you can do much toward anticipating the former. I am persuaded that were this method of studying and keeping such cases more universally followed by the profession, it would materially diminish the great multitude of hysterical cases and save many a poor sufferer from the agonizing tortures of hopeless insanity. How broad then is your field of labor and how great are your professional responsibilities. You must be philosophers as well as mechanics. You must deal with men's hearts and minds as well as with their bodies, and let me entreat you in constructing your ideal of the true physician to include all the possibilities of the life you have chosen. In your dreams of the future it is this central figure of what you may be that most concerns your alma mater. Your future home that will visit your fancy until your domestic ambitions are realized is of too sacred and private a nature to permit of public comment or suggestion; but your professional aspirations concern us more than you know. We want that image of the ideal physician to be now and always a credit to yourselves and the profession. There is but one way to secure this result and that is, to make your daily life as near the ideal one as possible. This is not easy of accomplishment. The world about us is a mirror, in which we see but a reflection of ourselves, and our native selfishness, love of worldly prosperity, sensuality, and wickedness generally, cloud our vision with a veil of earth through which we can catch but glimpses of the higher life we all aspire to and to which so few are able to attain. To night then, in your first sleep as doctors of medicine, while you are yet in your professional infancy and so young that the baser tendencies of your human natures are yet dormant, may the angels of life and of light hover about your pillows, and by their suggestions of purity and goodness, paint for your fancy a conception of a perfect physician so distinct and clear that you may still behold the image when the mists of the morning dim your fancy to many other bright visions you would fain have linger. Cling to that image as a body clings to its soul. Reach out to it and keep it in sight as long as your hands and eyes obey your wills, seek continually to embody its every beauty and virtue in your lives; and although the incompleteness of time may grant you but partial success here, when you gaze at the same image, as you may yet behold it in the great land of fruition where longings are satisfied, ambitions realized and all laudable aspirations are carried to their fulfillment, may you find to your lasting joy, that you are beholding your own portraits.

Correspondence.

HOMŒOPATHIC FREE DISPENSARY ASSOCIATION OF WASHINGTON, D. C.

This association, whose object it is to furnish Homœopathic medical and surgical treatment to all applicants, has been established here since December, 1882, and is now in active operation, and in a promising condition.

It was organized, is controlled and managed, in regard to business affairs and funds, exclusively by ladies, who deserve great credit for their zeal and energy in advancing by this means the cause of Homœopathy.

Any woman may become a member by paying a small contribution annually.

Its board of directors is at present constituted as follows: Miss Isabel H. Lenman, *president*; Mrs. Wm. Birney, *vice president*; Mrs. J. Bittinger, *secretary of association*; Mrs. G. W. Pope, *treasurer*; Miss Minnie Blair, *secretary of board of directors*; Mrs. S. P. Duncanson, Mrs. Chas. Sherrill, Mrs. C. S. Westcott, Mrs. G. H. Wilcox, they, as well as other members, have contributed from their own households all such articles as were needed to furnish the two rooms, conveniently situated in the center of the city, wherein, at present, the dispensary is kept. They, their gentlemen friends, some physicians, and others, have also donated medicines, a case of surgical instruments, medical books for reference, printed matter, signs, surgical appliances, writing material, etc. Some authors, even, have presented the association with a copy of their published medical works. (Should their example be followed by others, their donations would certainly be received with thanks.) A handsome and valuable book and medicine case, expressly made to order, has been loaned by the trustees of the *Homœopathic Hospital Association*, until the dispensary shall be merged in the hospital.

A *consulting medical board*, at present consisting of Drs. T. S. Verdi, C. W. Sonnenschmidt, G. W. Pope, S. I. Groot and Caroline B. Winslow, is appointed to regulate and secure the proper management of the medical and surgical aid furnished by the dispensary, which is opened, provisionally, every day except Sunday, from 2 to 4, P. M.

The staff of attending physicians is composed of: Drs. J. L. Cardozo, Stephens, (at present absent from the city,) G. Lee, Grace Roberts, Berghardt, L. B. Swovmstedt and D. Riggs, who faithfully perform their duties, and make, daily, a number of converts to Homœopathy by curing several patients, who were treated in vain for a long time by physicians of the other school.

Notwithstanding the existence here of a free dispensary and emergency hospital, established by the other school, also a free clinique at one of their medical colleges, the number of patients who present themselves for treatment at the Homœopathic dispensary, is steadily increasing. The number of prescriptions for December was 46; in January it was increased to 79; and for February it amounted to 147.

We congratulate the ladies, originators and directors, on the good results of their undertaking, and wish the association a good success.

J. L. CARDOZO.

Consultation Department.

THAT PECULIAR PULSE CASE.

"Subscriber," on page 179, details an interesting case of dicrotic pulse. It is impossible for the "increased activity of the heart" to maintain the rapidity of action reported without compromising life in a serious way and in a short time, especially in an adult. Try it.

MASTURBATION AND ITS EFFECTS.

Will some one please give a line of treatment for the following case :

C. M., male, aged twenty-three years, light complexion, medium size, unmarried. Masturbation was practiced for some time about the age of puberty. This was followed by "wet dreams," until now he presents himself. Erections feeble and easily excited, even touch of women causes at times a slight erection with an escape of a thin clear watery fluid somewhat stringy. Nocturnal emissions with slight dreams and but little if any sensation thrill. Serum being thin and containing little clear mucilaginous globules about the size of sago seeds.

Much congestion of sexual organs, complains of a great deal of heat and some sweating of the parts. Scrotum and testicles relaxed and hang down, left testicle more than right. Morning erections followed by oozing of a clear fluid a little afterwards coition; prevented by too quick ejaculation of serum. Mind dull and apathetic especially during mental work. Is apt to wander from his subject and go to pondering in a half stupid state from which he has to rouse himself, but before he knows it is back again to same meditating condition. At times his mind runs on sexual things although he tries to avoid it.

Is easily embarrassed and blushes at slightest cause, especially if among ladies. Is rather hypochondrical, avoids society. Pimples on forehead, and back of shoulders. Face oily and shines, rather sallow. Says has had but little treatment, and that Homœopathy. What kind of prognosis can I give him?

SUBSCRIBER.

Progress of the Medical Sciences.

The Cause of Malaria.—Signor Torelli, who has recently published a map illustrating the prevalence of malaria in Italy, holds that the two principal causes of malaria are the spread of railways and the destruction of forests. Railway embankments interfere with natural drainage, and the destruction of forests cause long periods of drought, during which the earth becomes dry and porous as a sponge, so that when the rain does fall, instead of running off from the surface it is absorbed by the soil, which thereupon remains moist and gives forth noxious vapors for a long period.—*Med. Record.*

Pilocarpine in the Treatment of Polyuria.—Dr. Ducroux states that in certain varieties of polyuria, the Nitrate of Pilocarpine, in doses of one-fifth of a grain hypodermically, has been found useful. In two cases of polyuria, one idiopathic and the other depending upon interstitial nephritis, a complete cure was effected. In the latter case a marked amblyopia also disap-

peared during the treatment. In two other cases some amelioration of the symptoms was obtained. In three cases, one depending upon lead poisoning, the treatment was unsuccessful. The number of observations has not been large enough as yet to determine the particular cases that are amenable to this method of treatment.—*Le Progres Medical*, No. 37, 1832.

Scale in the Treatment of Typhoid Fever.—M. Martineau read a communication from a colleague on the efficacy of Ergot of rye in the treatment of typhoid fever. The author based his observations on the number of cases treated by him in the past seven years, and has come to the conviction that Ergot of rye is, up to the present, the best remedy against all forms, and especially the gravest forms, of typhoid fever. He tried many other drugs, but none of them gave him such good results. Since the splendid discoveries of M. Pasteur, which gave us the true etiology of charbon in animals in demonstrating the existence of bacterides, medical men are endeavoring to emulate the eminent chemist, and are vying with each other in their endeavor to discover similar causes for the virulent diseases of man.—*Medical Press and Circular*.

Acetic Acid in Cancerous Tumors.—A physician (*Press and Circular*) called the attention of his colleagues to the importance of injecting concentrated Acetic acid into round canceroid tumors, so as to saturate them with the caustic. He cited two cases in which he had recourse to this method. The first, epithelioma of the lip, was entirely cured, and for eight years, or until the death of the patient, there was no sign of a return. The second was very characteristic; it was epithelioma of the tongue, and was treated first by the thermo-cautery, but returned in a month. The Acetic acid in a concentrated form was now used in interstitial injections, and caused great pain after each operation. After the third operation the effect of the acid was manifest, and in four days the tumor became detached. Three months have passed and no sign of a return. The treatment in any case is worth a trial, as there is never any excessive hurry with the thermo-cautery. The pain, which, as we have been told, is exceedingly severe, could be materially lessened by large doses of chloral.

Puncture for Intestinal Obstruction.—Dr. Worthington, in the *Brit. Med. Jour.*, July 1882, p. 167, reports a case of a laborer, aged twenty-eight, who had had for some time attacks of constipation and vomiting, but, on coming under treatment, was suffering from acute obstruction. The abdomen was enormously distended. The patient suffered from stercoraceous vomiting, and great pain about the umbilicus; no hernia was discovered. These symptoms gradually became worse for six days, during which Opium was given, enemata administered, and fomentations, and, later, ice were applied to the abdomen. Dr. Worthington, as a preliminary to abdominal section, punctured the abdominal walls at a spot two and a half inches above, and one and a half to the left of, the umbilicus, with a medium-sized aspirating needle. A large quantity of flatus gradually escaped, followed by stercoraceous fluid; some gurgling was then noticed in the bowels. A few hours later, the patient passed wind, and two fluid stools. A week afterwards, it was discovered that he had a small direct inguinal hernia. He made a rapid recovery, and, on a truss being applied, he returned to his usual occupation.

The United States Medical Investigator

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WHOLE No. 337.

Clinical Medicine.

ACONITE BACKACHE.

Impossible to take a deep breath when the back is very painful. Drawing a deep breath always gives pain in small of back. Not relieved when quiet as in Bryonia patient.—DR. MARTIN in *Hahn. Monthly*.

ROCKING RUBRUM.

Mrs. B., light complexion intensely nervous, found her rocking as rapidly as possible and knitting as if life depended on finishing the work, said she could not keep still, "seems as if she would fly out of her skin." Time seemed so short was afraid she could not finish her work in time, gave powder of Rubrum iridis, (the red ray of the spectrum) cm. dry on the tongue, in five minutes by the watch she was lying quietly on the lounge, and had no return of the nervousness

S. SWAN.

THE COMING EPIDEMIC REMEDY.

JEFFERSONVILLE, IND., March 17, 1883.—Rhus and Bryonia are still the remedies corresponding to the *genus epidemicus*. I have had a few cases, however, with aching all over and tossing about because the bed feels intolerable hard, sometimes moving causes pain, which yielded promptly to Arnica. It may be the coming remedy. One or more of your correspondents have stated that Baptisia is the remedy. It has a similar symptom. "In every position, lying speedily becomes painful to parts rested on." Still as Arnica cured my cases so promptly, I am confident that it was the remedy and may prove to be the coming one.

A. MCNEIL.

CIRCUMCISION FOR CONVULSIONS.

Infant son of Mr. C. had convulsions since ten days old and increased in frequency and severity for the next fourteen days, when the case was placed under our care. Now found the infant in severe convulsions lasting from two to five minutes, with short intervals of rest when it would fall asleep and appear well, but soon again to be followed by convulsions, thus having from ten to fourteen per hour. Child is well nourished, and shows no apparent cause for this trouble. Allopathy and Homœopathy had preceded our call to the case, consequently we paid but little attention to the medical treatment of the case, but examined for a local cause. Penis well developed with rather a long prepuce with a pin head opening through which urine was passing per gutta.

Our diagnosis, reflex convulsions from glans irritation. We operated at once, and success crowned the effort, no more convulsions, now thirty days since operating and child is well. Thanks to our surgeons, Gilchrist, Gatchell, *et al.* for sowing seeds by the way side through our journals.

GOSHEN, Ind.

KRIDER BROS.

HAMAMELIS VIRG. IN HÆMATURIA.

Dr. Nichol, of Montreal, Can., reports in the (*Clinique*) the following :

CASE I. M. aged eleven months, considerable vesical irritation ; difficulty in urinating. Remedy: Canth. 12x. Four days after, suddenly there was a gush of dark venous blood from urethra, which reduced the patient almost to fainting. The discharges were frequent, copious, and consisting of dark venous blood with only a slight admixture of urine. Region of kidneys very tender to pressure, motions painful. Gave ten doses of Ham. ix, one drop at a dose, every hour. The blood perceptibly diminished after the first dose, and in twenty-four hours, scarcely a tinge of blood remained, although it required some weeks for the child to regain its strength.

CASE II. C. aged sixty-two. Enormous hæmorrhage from kidneys for eight days. During the twenty-four hours preceding the arrival of the doctor, patient passed two quarts of almost pure blood, very dark. Remedy forty gts. Ham., in half glass of water, teaspoonful once an hour. After twenty-four hours, only enough blood in urine to tinge the water. In four days not a trace was left, although coagula frequently washed out of the bladder.

CONGENITAL DEFORMITY.

While treating a boy sixteen years old for rheumatism, I incidently noticed the absence of the last phalanges of the middle and ring fingers of both hands. The appearance was suggestive of amputation at the joint above the nail. I should not have suspected any other cause of deformity, only for the uniformity of stumps on the two hands. On inquiring the cause of the deformity the mother stated, that while pregnant with this son at about the fifth or sixth week, before she was aware of her pregnancy, she trimmed the nails of a pet canary bird, and in so doing cut into the "quick," causing pain to the bird, which gave evidence of the suffering in a plaintive cry. One can easily imagine the mingled emotion of pity, regret and sympathy that she experienced in this incident. How profound this impression was upon the emotional system, or what effect, if any, it had in producing the deformed hands, are perplexing questions. Have we here the relation of cause to effect, or a coincidence of events not thus related?

The lady has given birth to seven children, none of whom with this exception were deformed, though she has lost three by death, some time during childhood, nothing in the family history would indicate heredity as a cause of this malformation.

Arrest or perverted nutrition of the child *in utero* from whatever cause results in deformity. Whether many of the nevi and deformities, in their real or imaginary likeness to the supposed exciting causes acting upon the mothers mind during gestation, are the results of such influences or mere coincidences, offers room for speculation. While the curiously concerned are willing to attribute every case of nævus and deformity to some incident during gestation, it is believed that there are not a few cases reported, which are the results of mal-nutrition dependent upon other causes than motional impressions from extraneous circumstances. That physio-psychological disturbances of the pregnant, especially in the early part of gestation, does affect the fœtus, in some instances; to the point of producing malformation and the like, is unquestioned in the light of facts which afford the most reasonable explanation.

COLUMBUS.

NEURASTHENIA OF THE LUMBO-SACRAL REGION.

Dr. E. A. Farrington read a paper on this subject before the Homœopathic Medical Society of Philadelphia. We give a summary of his views from the *Hahnemannian Monthly*. It is natural that neurasthenia should appear in that part of the nervous system that is the weakest.

The lumbo-sacral region has less blood supply than other parts of the cord, is in close relation with several important organs and the lower extremities, and hence is apt to suffer earliest of any part of the cord.

We have passive congestion of the lower spinal vessels following on abdominal plethora and many diseases of the female genital organs.

Sexual debauchery and long and severe walking will cause exhaustion and backache. Strain is another important factor in this affection. After lifting heavy loads, or sudden wrenches of the back, often the ligaments of and muscles of the back are overtaxed, and with them the cord itself may be affected. This explains many of the symptoms so common in scrofulous children with spinal curvature, and also accounts for the prevalence of lumbago in persons of a weak, nervous system.

The symptoms here can be classified according to the nerves affected. The *filum terminale* ends at the first or second lumbar vertebra. Below this point the nerves given off go to the parts lower down, from the gluteal region to the feet, giving the nervous control of the flexors, extensors, abductors and adductors of the lower limbs; also the anal and vesical sphincters, and the genitalia.

Remedies.—Nux vom., especially for backache accompanying abdominal plethora; piles; constipation; urging to urinate. Pains as if beaten or bruised; worse at night; patient sits up in order to turn over from side to side. Back worse from 8 to 4 A. M. The universal characteristic of the drug is an *inharmonious action of the various functions of the body*.

Phos. in many respects is like Nux. Both have an increase of impressionability and spinal anæmia. Both are good in spinal softening. Phos. tends to complete paralysis, Nux to incomplete, depending upon exhaustion. Under Phos. the seat of pain is in the region of union of sacrum and last lumbar vertebra; worse on standing; numbness of the feet on pressing on the last two lumbar vertebræ; burning in spots; better from rubbing; feels as if broken; every trifling fatigue, even carrying a small bundle causes pain in back; legs weak, heavy, numb, trembling, cold; awkward stumbling gait from sheer weakness. Involuntary urination during coughing, or if desire is not looked after promptly. Anal sphincter also weak; stool passes as soon as fecal matter enters the rectum; as if the anus stood constantly open. Phos. stands on the border line between spinal weakness and some organic spinal disease.

Mr. Hammond notes that often involuntary micturition is a precursor of locomotor ataxia, preceding any other symptoms of the disease. He thinks it is due to congestion.

Selenium, sexual excess; dribbling of prostatic fluid or semen at stool or during sleep.

Puls., it is indicated in men as well as women. Back feels as if tightly bandaged, caused by irritation (not inflammation) of the posterior nerves. Sensation as if smarting, much like a subcutaneous ulceration.

General tired feeling, not relieved by repose. Patient weary in the morning, like *Nux*. General relaxation, poor blood; lack of animal heat; chilly, yet oppressed in a warm room.

Ham., keynotes enlarged veins and soreness in the course of the blood-vessels.

Other remedies are: *Helonias*, *Graph.*, *Nat. mur.*, *Pic. ac.*, *Sepia*, *Sulphur*. In pure nervous weakness; *Dioscorea*, *Kobalt*, *Nymphœa odorata*, *Zinc*, *Æsculus hipp.*, (especially a paralytic weakness of symphysis rendering locomotion impossible.) *Arg. nit.*, *Ars. alb.*, *Alumina*, *Coc. Ind.*; *Gels.*, *China*, *China ars.*, *Chin. sulph.* The kind of pain experienced is very important. They simulate those of ataxia, but are transient and less severe. *Ipomœa* helps where pains provoke nausea. *Sulph.* transverse stitches. *Nat. mur.*, cutting through the back. *Zinc*, cutting down into legs. *Sepia*, pains go round like in *Puls.*, *Berb.*, etc., or down into thighs. *Gels.*, severe pain extending into hips, bruised sensation is common to all. Tension is marked in *Zinc*, *Nux*, *Sulph.*, *Nat. mur.*, *Valerian.* *Puls.*, sensation of the band is prominent. Lumbar spine is sensitive in *Phos.*, *Agar.*, *Bry.*, *Lycopod.*, *Puls.*, *Sep.*, *Ars.*, *Al.* Dribbling after micturition is found under: *Agar.*, *Selen.*, *Helon.*, *Graph.*, *Sil.*, *Calc. carb.*, *Can. ind.*, *Nat. mur.*, *Pic. ac.*, *Petrol.*, *Con.*, *Kali carb.*, *Arg. nit.*, *Staph.* Those who suffer from lumbar weakness should never drink tea; it tends to increase the disease.

THE THERAPEUTICS OF HEREDITARY SYPHILIS.

The treatment of hereditary syphilis varies according to the symptoms present in any given case. Nitric acid we have found one of the best remedies, particularly for ulceration of the uvula pharynx and fauces; vesicles on the tongue and inside of the cheeks; swelling and phimosis of the prepuce; old ulcers on the body. All cases where much mercury has been taken by the parents. Ulcerations of mucous membranes; affections of the periosteum and bones; hæmorrhages; yellowness of the skin with constipation; oppressed breathing.

Arsen. for pemphigus, ulcerations, suppurations; great exhaustion; marasmus; skin dry, shriveled; coldness and chilliness of the body; eruptions discharging a thin, acrid, burning ichor; excoriating discharge from the nose; restless sleep; cold, clammy sweats; black vesicles, or black eruption; complexion white and pasty-looking; pulse weak and fluttering; catarrh threatening suffocation at night.

Aurum.—Diseases of the nasal or cranial bone, with ozæna, scrofulous children; eyes prominent; redness of the sclerotics; swelling of the parotid gland; swelling of the testicles; roseola.

Asaf.—Caries and ozæna. Child cries when dressing the sores, or even when preparing dressings; irritable; distention of the stomach and bowels; colicky pains; stools brown and offensive; swelling of the female genitals; coldness of the hands with blue nails, and heat of the face.

Calc carb.—Thin, pale face, with dark circles around the eyes; whitish stools; great debility; painless glandular swellings; offensive smell from teeth; swelling of the tonsils; milk does not agree; sour vomiting; very frequent urination; unhealthy ulcerating skin; profuse sweat of the head.

Carbo veg.—Child peevish, restless; skin blue and cold; urine dark and

red with red sediment; hoarse, rough voice; oozing from the anus at night of a musty mucus; bleeding of the gums and nose.

Iepar.—Suppuration of indurated glands; pustular eruptions; ulceration of the throat; fetid breath; voice hoarse and husky; falling out of the hair; scurvy eruptions; burning urine, excoriating the parts; iritis; soreness and moisture in the fold between the scrotum and thigh, and above the anus; agglutination of the eyes at night; the nasal mucus is bloody.

Staph.—Caries of the teeth; otitis and periostitis; restless sleep; very nervous, starting at the least noise.

Merc.—Affections of the mucous membrane, the skin and the glandular structures; greenish stools; turbid urine; loss of appetite; pale, bloated or sallow face; emaciation; nose pointed; breath offensive; the gums recede from the teeth; keratitis; copper colored eruptions on the body.

Argent. nitras; Sepia, Silic., Carb. veg., Phos., Phos. ac., Kali iod., Kali hyd., Sulph., Lach., Lyc., Thuja and other remedies may be called for, and have proved valuable. The symptoms should be carefully studied in every case, as it is only by the most skillful treatment that hereditary syphilis can be cured.—*Dr. Hoyne in Clinique.*

Correspondence.

NON-CO-EDUCATION IN MEDICINE.

The issue of March 10th, contains an article upon the medical education of women with especial reference to the recent action of the Chicago Homoeopathic College, upon the co-education of the sexes. It is not often I pick up a pen to comment upon the contents of your Journal nor do I now desire to encourage or enter into an extended discussion of the much vexed and complicated question of lady physicians and their privileges and opportunities. But the article referred to is so fair, so honest, so entirely free from all unwholesome spleen and bitterness that I feel impelled to answer it, not indeed for the faculty of the college or for the profession in general but just for myself.

Perhaps the clearest way to speak of this subject will be to relate a bit of history. Somewhere near the year of 1863, Mount Carroll Seminary was a mixed school with two enterprising ladies for principals. How long it had been a mixed school I do not know but the principals after careful observation and extended experience came to the deliberate conclusion that their institution would prosper better and cause much less anxiety and care to them, and be more useful to the community at large if the sexes were separated. They had not room for both and so they deliberately and coolly shut their doors in the faces of the boys and welcomed all the girls who desired admission. The boys felt a little sore for it was lots of fun to go there in spite of the strict discipline constantly in force. A little reflection however, taught them that it was a private institution and that the principals had full right to act their pleasure and judgement. The twenty years, since this, has seen the Seminary add steadily to its good name and fame until it is now, one of the finest and best attended educational institutions for ladies in the country.

The boys have long since got over their brief pique, and although they scattered to other institutions to complete their literary studies, they have not forgotten nor forsaken the institution that preferred to be without them. The old Alumni Association is still "mixed" I am proud to say and many a boy in that last grand mixed class, has attended its yearly meetings and by invitation, prepared and delivered essays, addresses and orations at its public meetings, renewing old acquaintances and rehearsing old times with as much zest as though their sex were still welcome to the class room. This action of the seminary was not construed as a movement against the education of young men but simply a comment upon co-education.

The action referred to of the faculty of the Chicago Homœopathy Medical College, deserves and should receive I am sure, only this same construction a protest, in this instance at least, against co-education of the sexes in a medical college. It simply says, that with this institution the attempt at co-education has either been a failure or presented so many unpleasant and objectionable features, that the faculty prefer to reserve its privileges for the exclusive use of one sex hereafter, it is no lack of compliment to, or interest in its female alumni or present students, but simply an expressed wish to be rid of increasing complications and responsibilities arising from promiscuous intermingling of the sexes in an institution where the conduct of students out of the lecture room, is not easily observed or controlled.

If this was the only institution where woman could be educated as doctors of medicine and surgery, there would be more reason in the article of your last issue, but many other excellent colleges still welcome both sexes and if the time ever comes when they come to the same conclusion as the Chicago Homœopathic College, that the sexes should not be educated together in medicine, let us have as many first class colleges for women, as the demand calls for and give every woman who aspires to the arduous duties of the physicians life, as ample opportunities to prepare herself for the grand work as men enjoy. My heartfelt sympathies are with women in all their undertakings. The delicate frail creatures have toiled persistently and nobly in every enterprise they have undertaken, and deserve every possible encouragement that the helping hand of their brothers, man can give them.

Against all discouragements and disadvantages of health and physique, and precedent they have toiled on until they have emancipated their sex completely from the thralldom of ignorance and subordinate positions, until they stand proudly by man's side as his equal in all the walks of life. It should not distress or discourage the fair sex that an institution of learning manifests so high a regard for their standing and interests as to express its warning to them of the unwholesome influences and tendencies of unrestrained intermingling with the opposite sex in schools of medicine. Let them rather demand separate education and their united request will soon be answered. There is money enough and talent enough and sick poor enough and hospital privileges enough to satisfy any and every demand that women can make. All that is wanted is a harmonious and concerted movement of women themselves in the right direction, and they will speedily have all the educational advantages needed or desired. E. H. PRATT.

Hospital Department.

COOK COUNTY HOSPITAL.—MEDICAL CLINIC.

SERVICE OF PROF. CH. GATCHELL, M. D., MARCH 8, 1888.

Reported by F. R. Day, M. D., Resident Physician.

The subject which I have chosen for clinical study with you this hour, and of which these two cases are types, is

PLEURISY,

which, you know, is an inflammation of the serous membrane lining the cavity of the thorax and covering the surface of the lung, and is accompanied by fever, sharp pain in the chest, and usually, effusion between the two layers of the pleura.

Among the causes of the disease, exposure to cold is a potent factor. A young man has been exercising violently in a game of ball, is perspiring freely, and lies down on the ground to rest a few moments. The grass is cool and damp, and, a gentle breeze refreshes him, but the refrigeration which his body undergoes excites a local inflammation which in this case takes the form of pleurisy.

Direct injury, as in fracture of the ribs, and punctured wounds of the chest, is a prominent cause of pleurisy.

It also occurs as a complication of Bright's disease, puerperal peritonitis, pyæmia and pneumonia. In the case of peritonitis the complication is probably due to the anastomosis of the lymphatics of the peritoneum and pleura lining the diaphragm, and by this channel, septic matter finds its way from the one cavity to the other.

The pain, usually referred to mammary region, is exquisite. It is the most distressing symptom of the disease, embarrassing respiration and causing the patient to lie as quiet as he can.

The fever is not characteristic, 102° or 103° F. is usually the limit. If the temperature reaches 104° F., the effusion is probably purulent, and not serous or fibrinous.

The pulse is small, tense and wiry, quite similar to the pulse in peritonitis which is also an inflammation of a serous membrane.

Position has been made much of by some clinicians. They say that before the stage of effusion the patient lies on the unaffected side, but after the effusion has appeared he lies on the affected side. The reason for this change in position you will readily understand. Before the effusion, the patient lies on the sound side; if he did not do so, the sound lung would rest upon the affected one and the pressure exerted by it would augment his suffering. By resting on the unaffected side all pressure is removed. On the other hand, *after* the effusion, if he were to lie on the sound side the weight of such a quantity of fluid pressing on the healthy lung would materially interfere with respiration, so that he now lies on the affected side to facilitate his breathing, and allow the accumulated fluid to gravitate to the convexity of the thorax.

More information can be gained in this disease by the physical signs than by the symptoms, for they are characteristic. Position is again brought into play, to diagnose the two stages. If the patient is on his back, before the effusion, he will incline his body toward the affected side, in order to relax the parts, and thus, relieve the pain somewhat. After the effusion, however, even if he still bends toward this side, the general effect will be a bulging of the chest, for the liquid will exert considerable pressure and the intercostal muscles will yield, the degree of the bulging depending upon the amount of effusion. The circumference of the affected side is increased by the presence of the effusion.

Palpation is of great value after effusion. Then the vocal fremitus is absent. This sign you know, is caused by the transmission of the vibrations of the voice to the chest walls. A fluid interposed between the chest wall and the surface of the lung, acts as a cushion and intercepts the vibrations so that they are imperceptible when the hand is placed on the chest.

Percussion is of aid in diagnosing the presence of fluid in the pleural cavity after eight or ten ounces have been effused. The presence of a smaller quantity can not be recognized by this sign, but ten ounces would make a layer of fluid one and one-half inches thick between the lung, and which would rise about a hand's breadth from the base of the lung. Such an area, giving increased dulness on percussion, should not be overlooked, and taken in connection with more or less tympanitic resonance in the supra- and infra-clavicular regions, is diagnostic of fluid in the pleural sac.

Considerable stress has been laid upon the statement, that a change in the patient's position caused a corresponding change in the position of the fluid. Thus, if the patient were lying on his back, the liquid, by the force of gravity, would settle in the posterior part of the pleural sac, its surface being in the longitudinal axis of the chest. But if he were in the upright position, the liquid would gravitate toward the base of the sac, and its surface would then be in the transverse axis, or diameter, of the chest. This would take place in a bottle half full of fluid, but in pleurisy different physical conditions obtain, for here we have an air tight chamber, filled with a closely fitting plunger which acts as a barrier to the movement of the fluids.

The information to be gained by the use of auscultation is fully as valuable as that which percussion affords.

In the early stage of the disease, when the roughened surfaces rub over one another, and later, after the absorption of the effusion, when they again approach, we recognize the characteristic, harsh, pleuritic friction sound. Again, when there is only a slight amount of effusion, sufficient to crowd the air cells together, we hear bronchial respiration, but when there is a large amount of effusion, we hear nothing; there is entire absence of respiratory murmur over the surface of the liquid.

Another sign mentioned in connection with this disease is œgophony, so called from its fancied resemblance to the bleating of goats. It is not often heard, but you will do well to bear it in mind and know its significance when you meet it.

Let us spend a few moments in the differential diagnosis of this disease, and hydrothorax and pneumonia, the only two conditions with which it is likely to be confounded.

Hydrothorax is usually bilateral. The transudation of the liquid is slow

in progress, generally accompanying œdema in other situations, as ascites or anasarca, which are dependent upon some constitutional cachexia, as chronic Bright's disease, leukæmia and others.

Pleurisy, on the other hand is, almost always unilateral. The effusion appears quite rapidly, and it is not secondary to any constitutional disease.

It is not difficult therefore to differentiate between these two conditions.

Pneumonia, however, presents more difficulties in the way of making a differential diagnosis. In the first place, we frequently have the two diseases combined, constituting pleuro-pneumonia, in which case we have symptoms peculiar to each.

Pneumonia, as you are aware, usually begins with a short, sharp chill. The pain, referred also to the mammary region, is not so severe as that in pleurisy. The expectoration in pneumonia is the characteristic viscid, brownish-red or rusty sputum, with which you are familiar. One cheek is apt to be deeply congested in pneumonia.

Pleurisy, on the other hand, usually begins with a succession of *slight* chills. The pain is acute, the expectoration when present, is scanty and consists of colorless, frothy mucus, and there is a slight feverish *flush* on *both* cheeks, instead of *congestion of one*. The physical signs however, will help you more than the symptoms.

In pneumonia there is also dulness on percussion, over the hepatized area, but not so pronounced as in the case of pleurisy. But instead of there being an absence of vocal fremitus, it is increased.

There is never complete absence of sound, no matter how solid the diseased lungs may be, but in the place of normal vesicular murmur we hear bronchial respiration and bronchophony, or a transmission of the voice to the chest. The most convenient way of learning the presence of this sign is to have the patient repeat the number 99, instead of the time-honored test, 1, 2, 3. If you are in doubt about the diagnosis, the question can be settled by aspirating the chest. Insert an aspirating needle or a hypodermic needle into the fourth or fifth intercostal space near the angle of the ribs, and see if any fluid can be withdrawn. This is a harmless procedure, the only caution to remember is, not to insert the needle too deeply.

The pathological conditions in pleurisy are accompanied by signs and symptoms, stage by stage, which enable us to interpret them very fully.

If we could catch glimpses of the pleura from time to time, we could observe the changes that take place during the course of the disease. The first thing noticed would be the reddening of the surfaces, slight ecchymoses here and there, and congestion beneath the surface in spots and streaks. The redness deepens as the capillaries become crowded with blood, and soon the membrane becomes thickened by the infiltration following the hyperæmia. About this time the pleura loses its lustre, because of the clogging of the superficial epithelial cells.

As this inflammation increases the surfaces are no longer smooth and shining, but, on the contrary, have a roughened, velvety appearance. To what is this change due? Accompanying the inflammation there is a proliferation of the connective tissue cells, the epithelial cells are cast off, capillary loops spring up, and the surface is soon covered with little granulations. This is the stage in which a sound, like the creaking of leather, the so-called friction-sound is heard. If two such roughened surfaces are rubbing

together, you can readily understand how such a harsh sound is produced. If the disease is to be of the dry variety, that is, pleurisy without effusion, the morbid process stops here and it ends in one of two ways, either by resolution or adhesion. If it is to end in resolution, the adventitious cells will be cast off, the capillaries retract and new epithelial cells will replace the ones which were shed. The pleura will then be in as healthy a condition as it was before the inflammation began.

If it is to end in adhesions, the two surfaces adhere, the capillary loops will grow toward one another and finally anastomosis between them will be established, the adventitious cells will become organized into fibrous tissue and the pleural sac will become obliterated at the point of adhesion.

The effusion in pleurisy is fibrinous, serous or purulent. In the first case, lymph is thrown out on the roughened surface, similar to that in diphtheria. It coagulates and covers the pleura with a viscid, yellowish film. Associated with this there is usually more or less serous effusion. The amount may be as much as eight to ten quarts of serum, indeed, so much as to crowd the lung into one-fourth or one-eighth its natural volume. Sometimes in this condition, while the lung is pressed up and back toward the apex, it is bound so firmly by adhesions as to be unable to expand when the fluid is absorbed. The chest wall then retracts to the surface of the lung, instead of the lung expanding to meet the wall. I once saw a well-marked case of this kind in the wards of the Cincinnati Hospital, in which the chest wall was so retracted that it was almost boat-shaped.

Suppose in any of these conditions that recovery is going to take place, what will be the *modus operandi*? Two sets of lymphatics, one deep and the other superficial, run from the spine to be distributed over the pleura. The superficial set has stomata or mouths communicating with the pleural cavity at the points where the hexagonal pavement epithelial cells meet. It is through the agency of these superficial channels that resorption takes place.

Simple serous effusion is quickly absorbed without having to undergo any change, but the fibrin, lymph, epithelial cells and pus must undergo granulo-fatty degeneration before they can be absorbed.

The first change which takes place is the resolution of these albuminoid substances into a nitrogenous compound and fat. The former is readily absorbed with the serum and eliminated by the kidneys, and the fatty matters, which are left, are slowly sucked into the mouths of the lymphatics with each respiratory movement. As the lymphatics are furnished with valves there is no opportunity for the absorbed material to return, so it must move on toward the spine, finally making its way to the thoracic duct to be thrown into the circulation.

An ordinary pleuritis usually ends in this manner, but suppurative pleuritis, or empyema, rarely does. The pleura then becomes a pyogenic membrane and the pleural cavity, is virtually a large abscess and must be treated as such.

In this case, when resorption takes place very slowly, if at all, when the fever continues and the patient is becoming exhausted, it is your duty to evacuate the pleural sac. The method to adopt is briefly this: With the patient on his back an incision is made at as low a point as possible. The one usually selected is the sixth intercostal space, near the angle of the ribs. Have the knife hug the *upper* margin of the *lower* rib in order to avoid

wounding the vessels which run along the *lower* margin of the *upper* one. Having reached the sac and evacuated the pus, a counter opening should be made on the same line as the other. This is accomplished by inserting a long probe, a male catheter answers very well, into the opening already made and passing it along about two inches. Now, by turning the curved end toward the surface it can be felt through the intercostal muscles. Another incision should be made over this point and then the end of the probe can be passed out. To this, tie the end of a rubber drainage tube having a number of little fenestra cut in it, and draw the probe, with the drainage tube attached, back through the first opening.

By means of this tube the pleural sac can be irrigated with a weak solution of Carbolic acid, 1 per cent. or 2 per cent. and no pus will be allowed to accumulate and decompose. Even this measure sometimes fails to cure. The surfaces continue to secrete pus, no granulations spring up to close in the cavity, and the unyielding walls fail to come in contact. Recently an operation had been recommended for the relief of this condition which has now been successfully performed several times. The operation is resection of the ribs over the cavity in order to let the chest wall sink in to the surface of the lung and thus close in the cavity.

Coming now to specific medication, I will mention Aconite, Bryonia, Mercurius, Hepar sulphur, Kali carb., Iodine, Tartar emetic, Phosphorus, and Arnica.

Aconite is indicated in the early stage of chill and reactionary fever, when the pulse is full and rapid.

Bryonia very naturally follows Aconite in the stage of effusion. You know its marked affinity for serous membranes and the characteristic stitching pains in its pathogenesis. Clinical experience proves it to be our main remedy for simple, uncomplicated pleurisy.

Mercurius and Hepar sulphur are called for mainly in the purulent variety of the disease.

Iodine will replace Bryonia in pleurisy occurring in scrofulous subjects.

Arnica is of service in those cases of pleurisy which are due to traumatism.

Tartar emetic and Phosphorus are more commonly used in pleuro-pneumonia than in simple pleurisy. Kali carb. is a valuable remedy for the pains in the chest, the dry pleurisy accompanying chronic lung troubles. There is something more to be done for your patient besides prescribing Aconite or Bryonia. The pain which is often so distressing can be relieved by the local application of heat, either in the form of poultices, or wet or dry fomentations.

I hope when you order a poultice or a fomentation, you will see that it is properly made and applied. Much depends on that. Do not allow a dripping cloth to be laid on the patient from which the water will flow and wet the bedding, and probably add to the disease as well as the discomfort of the patient. The method I prefer, is to sprinkle a little water on a flannel cloth and pass a hot flat-iron over it a few times until it is right hot, then apply it quickly. In this way a moist heat can be applied conveniently, quickly and comfortably.

The treatment which the two cases before you have had, consisted of Aconite, Bryonia and Phosphorus internally, in conjunction with hot applications locally. They have made good progress and are now convalescent.

THE UNITED STATES MEDICAL INVESTIGATOR

"HOMOEOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and close thought (the great sources of medical knowledge), on any subject pertaining to medicine.

EXPERIENCE WITH THE REMEDIES.—The call in the first number of the weekly for experience with the remedies, *Abies*, *Absinthium* and *Acetic acid*, resulted as was expected. The facts are that notwithstanding all our boasted knowledge of *materia medica* the range of remedies used in every day practice, and familiarity with their peculiar action, is meagre in the extreme.

We have yet to meet the physician who knows anything about much less uses, *Abelmoschus*, which heads the list in our *Pharmacopias*. Perhaps some of our Oriental friends can tell us something about it. If no one has used it and there is no proving of it, why is it on our list of remedies?

The experience with *Abies* is definite and practical. That with *Acetic acid* less so. No one has offered to tell what they know practically about *Absinthium*.

We propose to go through the list of remedies and hope to call out the experience of our readers with the obscure as well as more familiar medicines. We hope each reader will feel perfectly free to tell what he knows of any new remedy, whether on the list in our *materia medicas* and *pharmacopias* or not. We shall follow the list given in the *Guiding Symptoms* as being, it would seem more complete from a practical stand point. *Father Hering* did not take a botany nor dictionary for his guide. A proving, a poisoning, or clinical use of a drug was his guide, and his ability to evolve a study of a remedy, and determine its relative place in the *materia medica* from a very few symptoms, like the true scientist that he was, is best known to those who associated with him. How he studied a remedy, perhaps some of his colleagues can tell us.

The next five drugs we select are *Arbotanum*, *Acalypha indica*, *Aconite*, *Actea racemosa*, *Actea spicata* and *Æsculus*.

The first is the familiar southern wood, the second is another Indian drug, while the third is a common household friend. Anything new about *Aconite* will be welcome. Do you notice any preference in the use of the preparation of the leaves over that of the root or *vice versa*? Have those *Acteas* any practical relations? The *Cimicifuga* (*Actea rac.*) is well known and extensively used. The *Æsculus* is also often used. Is there any practical difference between the *glabra* and the *hippocastanum*? If we do not know let us find out. If not why not marry the buckeye? Or let Ohio adopt the horse. Buckhorse chestnut might do. But levity aside. We all especially desire the practical experience of our readers with the remedies named (as well as

with those already mentioned.) Here is a good chance to clinch the characteristics or key-notes as well as evolve the physiological effects or special pathology of these remedies. Remember that we are most of us primary scholars in materia medica and cannot remember much more than the briefest clearest outlines. Why and when do you select these remedies? What do you know about them?

College News.

HOMŒOPATHIC MEDICAL DEPARTMENT OF THE STATE UNIVERSITY OF IOWA.

The commencement was held March 6th. N. N. Brumback, A. M., was the valedictorian. Rev. G. W. Gardner, S. T. D., President of Central University of Iowa, delivered the annual address. The list of graduates is W. H. Aplin, M. E. Bailey, W. F. Bales, N. N. Brumback, F. Robbins, J. G. Speicher, J. W. Tiffany, L. Baker, C. N. Bastan, S. T. Bell, J. C. Gleason, F. B. Rumsey, E. A. Taylor. J. S. Clark, M. D., was elected Lecturer on Obstetrical Therapeutics. G. W. Williams, M. D., of Marshalltown, was elected Lecturer on Pharmacy.

CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE.

The closing exercises of the thirty-third annual session of this institution occurred February 28th. The following is the list of those upon whom the degree of M. D., was conferred :

C. B. Adams, I. J. Baughman, H. V. Beardsley, R. B. Beach, C. A. Beach, G. W. Bond, C. Y. Brewer, E. B. R. Criswell, C. L. Cleveland, E. D. Covert, C. B. Dickson, C. D. Ellis, L. R. Finch, M. A. Gault, Dr. H. A. Garriquer, R. S. Graves, Ch. Gangloff, G. E. Harrison, C. W. Hains, J. R. Horner, M. Kinsley, Miss K. S. Kelsey, J. King, B. E. Miller, J. S. Mortin, A. L. Mitchell, E. H. Morrow, M. G. McBride, L. K. Maxwell, L. J. Olmsted, P. M. Ostrander, J. R. Phillips, A. B. Phillips, W. O. Phillips, L. A. Pelton, G. H. Quarry, A. P. Reeber, A. W. Reddish, E. J. Robinson, L. G. Rouseau, C. Schumacher, A. E. Stepfield, Miss P. Starr, E. A. Shay, B. W. Stillings, C. W. St. John, Anna C. Smith, W. Steele, Miss L. Thorpe, Miss L. Toles, C. E. Ward, A. L. Waltz, C. A. Wilson, E. T. White, F. A. Wilcox. The class valedictory was delivered in a very creditable manner by Dr. C. B. Dickson, A. B. Westerville, Ohio.

The Dean's annual report showed that the institution is in a flourishing condition.

The improvements in the college building have added greatly to the convenience and comfort of both the teachers and students.

The matriculation examination has been the means of noticeably improving the educational quality of the class, as especially shown by the high general average sustained in the *quizzes* and final examinations. The average per cent. of the fifty-five graduates is 879.10

Prizes.—The *Diploma of Honor* awarded to the graduate attaining the highest general average in all the branches in the final examination, was taken by Dr. C. A. Wilson, of Warren, O. The first *Clinical prize* \$20.00 in

gold was captured by Dr. H. B. Garrigues, Massillon, O. The second Clinical prize \$10.00 in gold, by Miss Pearl Star, Robella, Pa. The *Sanders prize*, a case of Obstetrical instruments was awarded to Dr. L. J. Olmsted, Milwaukee, Wis. The Jones prize, \$25.000 was taken by Dr. A. L. Mitchell, Willink, N. Y. A special prize, \$25.00 was offered by Prof. Biggar, and awarded to Dr. C. L. Cleveland, Cleveland, O. Floral offerings were presented in profusion by the friends of the graduates, and after the close of the exercises at the church the class was tendered a complimentary banquet at the Forest City House

THE HAHNEMANN SOCIETY.

The Hahnemann society of the Hahnemann Homœopathic College, held its annual exercises the previous evening, and was an entertainment of merit. Dr. H. Y. Beardsley, Findlay, Ohio, delivered the salutatory address and Dr. C. D. Ellis, Hopinsville, Kentucky, the valedictory both of which were well rendered. General Ed. S. Myer, Esq. was the orator of the evening, and as the general sustains a reputation as an eloquent speaker as expected, the audience was presented with a thoughtful, able and interesting address.

DR. L. J. OLMSTED received the appointment of House Surgeon to the Huron St. Homœopathic Hospital, Cleveland, Ohio, for the ensuing year.

HAHNEMANN COLLEGE COMMENCEMENT.

The thirty-fifth annual commencement of the Hahnemann Medical College of Philadelphia, was held in the Academy of Music. The attendance was large. After the opening, musical selections by the Germania Orchestra, under Mr. William Stoll, Jr., and prayer by Rev. Dr. Todd, the valedictory address was delivered by Prof. John E. James, M. D., a member of the faculty.

The degree of M. D., was then conferred by President McGeorge upon the following graduates: Pennsylvania.—H. E. Aldrich, J. M. Beyer, B. F. Books, E. W. Brickley, John Ege, J. A. Fetherolf, M. D., C. H. Giles, W. A. Haman, J. Pearson Iliff, A. V. D. Irving, D. H. Johnston, H. G. Jones, A. L. Kistler, D. C. Kline, P. L. Kreiss, P. J. Langer, J. W. Leckie, F. M. Long, D. D. S., D. P. Maddux, L. P. Posey, J. H. Satterthwait, Jr., G. W. Stewart, N. G. Reiff, A. O. Taylor, L. P. Walley, J. P. Walter and C. E. Wright, total, 27. New York.—W. C. Allen, C. M. Brownell, N. M. Collins, C. H. Hubbard, E. W. LeRoy and W. P. Weaver.—6. Maryland.—Henry Chandlee, M. D., H. L. Lewis, M. D., M. Mickle, M. D., and U. A. Sharets.—4. New Jersey.—C. H. Mulford, M. D., G. W. Titman and H. K. Weiler.—3. District of Columbia.—Edgar Janny, M. D., and J. J. Sturgus.—2. Massachusetts.—C. F. Goodell, M. D., and F. C. Piefferkorn.—2. Ohio.—L. M. Roberts and H. P. Ustick.—2. Washington Territory.—W. B. Clowe and F. S. Hedger.—2. Illinois.—H. M. Lufkin.—1. Main.—C. C. Morrison.—1. New Hampshire.—J. L. McGregor, D. D. S.—1. Hawaii Island.—Albert McWayne.—1=52.

After the degrees had been conferred, President McGeorge made an address to the graduates. Professor A. R. Thomas, M. D., Dean of the Faculty, then announced that the prizes offered by Professor Seldon H. Talcott, M. D., for the best reports of his lectures on "Insanity" had been awarded

by the judges appointed to decide to the following gentlemen, who were thereupon presented with them: First prize, a check for \$30, to Daniel Parish Maddux, of Chester, this state, member of the senior class. Second prize, check \$20, to J. Pearson Iliff, of Kennett Square, Pa., also a member of the senior class. Third and fourth prizes, consisting of valuable bound volumes on medical subjects, respectively to William A. Siebert and Morris Hughes both of the junior class.

Two interesting circumstances marked the day. First, the resident students having noticed with regret that only they received floral offerings at commencement, while those from a distance had to go without. The graduating class requested the faculty to decline flowers altogether, which was done.

Second, Dr. Danl P. Maddux of Chester, Pa. one of the graduates, received Dr. S. H. Talcott's first prize for report of his lectures on Insanity. This was a check for \$30.00. On receiving it, he addressed the Dean, saying, "Sir, fairness is fairness; and fairness requires me to say, that my friend, Dr. Owens, who lost his life last summer, would, had he lived, have received this prize; and I therefore request you to transmit it to his father, in recognition of that fact." The Dean accepted it with a graceful explanation, that Dr. Maddux and his friend were bathing in company, last summer, when the latter was drowned, much to the grief of his companion, who had paid him this tribute to-day. Everybody felt that this was a noble act, and I could not but say to my next neighbor, "These are the sordid 'Homœopathic quacks'!"

J. C. M.

Consultation Department.

CYSTITIS AND ITS REMEDIES.

In case for counsel by M. B. C., he wants to know if his case is one of cystitis. It looks very much like chronic cystitis, but as no examination of urine was reported, can't say positively. In chronic cystitis we have dull pain in region of bladder, but may extend throughout the pelvic region, with frequent desire to urinate with passage. A large amount of pus with each act of micturition. The urine on standing, deposits a thick, glairy, viscid sediment, which, under the microscope reveals phosphates and pus globules. I suggest that M. B. C. make the urinary examination and report results. As regards treatment. If after examination pus be found, he will probably find a remedy in one of the following: *Æsculus*, *Ambr.*, *Borax* or *Phosphoric acid*. *Bryonia* also has dark and scanty urine and with the grand characteristics in M. B. C.'s case, worse from motion would be a good remedy.

J. A. C.

News of the Week.

Dr. Erwin has located at Indianola, Iowa.

H. N. Keener M. D. of Princeton Ill., was elected coroner of his County by a very large majority.

Dr. W. E. Night, of Stoneham, Mass., died recently of hydro-pericarditis after a long and painful illness.

Dr. C. C. Olmstead, of Milwaukee, made us a pleasant call. He reports business good in the Cream City.

W. H. McGrunagan, M. D., of Maysville, Ky., is in the city attending to various clinics and enjoying the Hospital advantages.

Dr. D. S. Kimball, of Sackett's Harbor, has gone the way of all the earth. Dr. Kimball was one of the pioneers in the cause.

A Joint Annual Meeting of the Nebraska State Homœopathic Medical society and the Northwestern Academy of Medicine, at Lincoln, Nebraska, Wednesday and Thursday, May 23d and 24th, 1883.

F. Park Lewis, M. D., head and front of the Buffalo Homœopathic Dispensary sends a report of the good work done by that charity on the small fee plan. It is also supported by an association with a membership fee.

Dr. F. H. Orme, of Atlanta, Ga. objects to the charge of "excluvism," as applied to Homœopaths. He gives his views at length in a pamphlet reprinted from the New York Times. The exclusive dogma theory as applied to Homœopathy is not advocated except by a few old fossil Allopaths.

Effective Treatment.—Rush Medical College yesterday notified the Coroner that his services would be required in the case of a ten months old child that had been brought to the college to be treated for a sore on the face. Tincture of iron was injected into the sore by the physicians, and, very singularly, the child died almost immediately, the body being removed to the home of the parents on the north side. An inquest will be held to-day. —*Chicago Tribune, March 11.*

Diseases of Infants and Children.—In a talk with Dr. P., of Bloomington, Ill., the other day, this very successful physician said to us: "I did not intend practicing, but last summer Dr. M. was taken sick and for some weeks I took charge of his practice. It really seemed to me that every baby in B. was taken sick at that time and sent to me. I studied faithfully over my cases in several books, but I got more practical help from Dr. Duncan's large work, than from all the rest combined." Is it on *your* table?

E. L. S.

The stylographic pen is one of the necessaries of our Modern civilization. If Hood's song had been "Dip, dip, dip," instead of "Stitch, stitch, stitch," it would have lost its text at the hands of Mr. Livermore, who has given, his age this perfection of pen, penholder, and case, and ink, all in one, handsome, and always at hand and ready for use. The Inventor has put some new improvements into it and now what remains but for every scribe and letter writer to find it on his desk. Ink filler and cleaner, all go with it. And to crown all, the price has been reduced to \$2. Send that amount to the sole agent, Mr. Louis E. Dunlap 390 Washington St., Boston, Mass., and the return mail will bring you this most perfect pen.—*Contributor, Boston, Mass.*

It is just the thing for physicians. Try it.

Class Supper of '85.—Those students of the New York Homœopathic Medical College, who are also members of the class of '85" will always recall with peculiar pleasure and satisfaction the memorable evening of March 2, 1883. Emerging at 11 P. M. from the last heavy examination of

the term, fatigued but gloriously triumphant. "85" forming in line at the college, marched down to Donnayonna's, that prince of caterers, and was quickly seated at his elegantly arranged tables. A detailed account of the supper would be impossible. Suffice it to say that so absorbed did the class become in the discussion of the various courses, that two o'clock arrived before the table was cleared for toasts. Mr. F. R. S. White was elected president *pro tem.*, owing to the absence of President Lawrence and when that deservedly popular officer arrived, he insisted that Mr. White should continue to preside, which he accordingly did with his accustomed dignity and ease. The class were also fortunate in having for Toast Master, Prof. L. A. Opdyke, whose genial humor and felicitous introductions of the different speakers added much to the evening's enjoyment. The following is a list of the toasts:

1. The President, responded to by Dr. W. Lawrence.
2. The Hahnemannian Society, responded to by Dr. H. W. Nash.
3. The Faculty, responded to by Dr. H. B. Shenck.
4. Physiology, responded to by Dr. F. S. Fulton.
5. Anatomy, responded to by Dr. G. H. Doty.
6. Poem, responded to by Dr. W. Griswold.
7. Chemistry, responded to by Dr. J. A. Freer.
8. Histology, responded to by Dr. N. Robinson.
9. "Fœtus," responded to by Dr. G. B. Dowling.
10. Jokes, responded to by Dr. O. D. Chattaway.
11. The Future of the Class, responded to by Dr. E. H. Porter.

The poem by Dr. Griswold was a notable success and the Class voted to have it printed.

Throughout the evening choruses were given with great spirit by the Class, and some admirable vocal and instrumental solos by Messrs. White and Lawrence.

Extempore speeches were also made by Messrs. Moody, Grum, and Porter. The greatest good fellow-ship prevailed and the supper was voted by all to be a complete success.

Died.—J. H. Beaumont, M. D., of Freeport. We regret to chronicle the demise of our old friend. A serious attack of diphtheria in 1875, left its impress on an overtaxed heart. Last spring a severe attack of angina pectoris prostrated him. That was followed by other evidences of nervous prostration and he died February 24. Dr. L. M. Currier, his son-in-law succeeds to his large practice.

O. S. Cummings, M. D.—Dr. Currier sends us the following obituary notice: "The death of Dr. O. S. Cummings, late of Honolulu, Sandwich Islands, takes from the ranks of Homœopathy a bright and useful life. The tidings of his death was startling to his San Francisco friends, who a few months ago gave him cordial greeting on his way to the East, and the sad news will still more startle his many friends and patients in Honolulu, where for the past nine years he has been the leading representative of our school, and where he has gained a reputation that will long be remembered with respect and affection by those whose privilege it was to know him as an honorable and conscientious man, a skillfull and intelligent physician, and a sincere, true friend. Dr. Cummings, while naturally reticent and retiring in disposition, possessed a wide range of valuable knowledge. He had received a liberal education at Dartmouth College, and as a medical practitioner he stood in the very foremost rank. He was an earnest student and always based his opinions and conclusions upon careful and thorough

investigation; and as a diagnostician his skill was recognized by many who were indebted to him for the restoration and preservation of their health. He was too busy as a practitioner to be able to devote much time to literary work, although from time to time he made some valuable contributions to current medical magazine literature, among which were some very interesting papers published in the *North American Journal of Homœopathy*, upon the subject of "Leprosy Among the Hawaiians;" a very able resume upon the histology, characteristics and treatment of that mysterious and loathsome affection. He had been greatly overworked during his long residence in Honolulu, and at the time of his late visit to San Francisco he was en rout to the East for the benefit of change and rest, which he greatly needed, and which he hoped to find in the bracing air of his native State, New Hampshire. But the extreme contrast of climate proved injurious to his already exhausted vitality, and he was obliged to seek a milder temperature, too late, however, to avert the fate that came swiftly and relentlessly upon him, and cut him down in the prime of his life and usefulness, at the age of thirty-six years. Dr. Cummings' death will be deeply regretted by all whose good fortune it was to know him. He has left a widow and three children, to whom we extend our warmest sympathy in their dark hour of bereavement."—C. H.

Dr. Cummings was an active observer and increased our knowledge of the therapeutics of leprosy.

Medical Society Announcement.—(Secretaries will please keep this list corrected.) The Academy meets the first Thursday of every month, at the Grand Pacific Hotel. Visitors welcome.

The Clinical Society.—(Chicago,) meets monthly on the first Thursday, at the Grand Pacific Hotel.

The New York (City) Society, meets on the — of each month at the College Building.

The Philadelphia Society meets the second Tuesday of every month at the College Building.

The Pittsburg Society meets monthly on the second Friday, at the Homœopathic Hospital Building.

The Cleveland Society meets —

The Cincinnati Society meets on the first Monday of the month.

The St. Louis Society meets —

The Detroit Society meets —

Massachusetts, meets in Boston, April —

Illinois, meets in Rock Island, May 15th and 16th.

Wisconsin, meets in Milwaukee —

Minnesota, meets in —

Michigan, meets in — May 15.

Ohio Homœopathic Medical Society meets at Columbus, May 8th and 9th.

Iowa, meets in —

Maine

The Western Academy meets in —

The American Institute meets at Niagara Falls, June —

Where and when does your society meet doctor? Are you on a committee? Is your report nearly ready? Let each member of the profession take deep interest in the societies this year and see if we cannot have rousing meetings all along the line. If you cannot be present, you can at least send in your regrets with the notes of a case. Let every member be represented.

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WHOLE No. 338.

Gynæcological Department.

ENDO-METRITIS AND ITS TREATMENT.

BY G. M. PEASE, M. D., SAN FRANCISCO.

Read before the California State Hahnemannian Medical Society.

Diagnosis.—The general term metritis, being properly applicable only to the so-called inflammation of the uterus, following parturition, I will consider it in its subacute or chronic stage as endo-metritis.

The terminal "itis" added to the name of an organ or tissue usually signifies that the organ thus specified is laboring under an attack of inflammation; thus we say "peritonitis" to save the labor and time necessary in saying inflammation of the peritoneum, and also for the further reason that it is technically correct.

But I believe we are altogether too lax in the use of this terminal, often using it to express what does not really exist, as, for instance, in endo-metritis, whether of the cervix or the body of the uterus. In this case, as in many others, we are apt to convey wrong impressions by the use of the terminal "itis." Congestion, which causes an enlargement or engorgement of tissues, is the first condition, and may or may not go on to inflammation. Certain it is that before inflammation we must have congestion. We may have two forms of congestion, arterial or venous, the former (arterial) being the more likely to eventuate in inflammation, the arterial being an active and the venous a passive congestion.

If an inflammation exists, it can only do so in an acute form, though its results may become chronic. The different forms of metritis, therefore, which we are now considering, can hardly be said to be acute in the majority of cases which usually come under the observation of the physician, but are rather the results of venous congestion and should not be called chronic inflammation. Although I use the words subacute and chronic inflammation, I do so because the terms have become familiar with us all, though they really give wrong ideas of the pathological conditions of the organ in question.

Pathology.—The anatomical examination of the uterus shows an organ made up of erectile tissues, masses of blood vessels being in close connection with all the surrounding organs and tissues, there being no other part of the body so fully supplied in so small a space.

Therefore, it can be seen that these vessels may very easily become distended and varicose in consequence of any obstruction to the circulation, and the liability to such obstruction is very great. A congestion is an obstruction to the circulation. Why does it take place? Frequently it happens that the patient has taken a cold, which produces a paralysis, more or less extensive, of the vaso-motor nerves; then the vessels do not properly contract, and, becoming distended, are rendered *incapable* of contraction, and cannot therefore freely return their contents to the general circulation, as they would if healthy.

It is just in proportion to the amount of paralysis that the congestion is more or less complete.

When a congestion has thus taken place, the uterus is increased in weight, or hypertrophied, and the law of gravity tells at once what will be the next move.

The dropping of the uterus from its normal position serves to increase the congestion already existing by inviting an increased overflow of blood into the part, and its downward course continues.

This hypertrophy may be the result of such a passive congestion as to have escaped the observation of the patient for a very long time, and her first knowledge of it is perhaps gained from the physician to whom she has applied for relief from what she thought was some form of dyspepsia, or headache, or almost any set of symptoms which may be only the reflex of the real trouble.

The passive congestion which has thus existed for a longer or shorter period may eventually cause a circumscribed local inflammation, or phlebitis, and destruction of the part take place; whence follows ulceration. If an actual inflammation does take place in consequence of the primary congestion, and is not immediately checked, a destruction of tissue must follow. I believe it is in consequence of engorgement, rather than inflammation, that we find the catarrhal conditions of the uterus so commonly met with; nature trying her best to relieve the congestion by exciting the mucous surfaces to abnormal action. Of course, it follows that with the prolonged existence of this condition, there may and does follow the more or less local breaking down of tissues. Then, too, in consequence of this condition, the secretions of and excretions from the mucous surfaces may be of such an acrid character as to cause an inflammatory or congestive condition of the parts over which they necessarily pass, and therefore a congestion which was idiopathically of but slight extent, may traumatically cover a large surface.

Causes.—Possibly I may be considered a little at fault in this use of the words *idiopathic* and *traumatic*, because when we go back to the cause of the first congestion, we may find that it would indirectly be classed as traumatic; although, when I use the terms in this way, there certainly can be no mistake as to the traumatic *extension* of the lesion. In order to make good my seeming assertion of idiopathic origin, I will fall back upon the definition we apply to the word *traumatic*, and endeavor to show that the original congestions are very often not of direct, but rather of indirect or reflex origin. I do not say traumatic in the sense of a wound or injury made by external independent mechanical force, but from internal diseased mechanical force, which, though idiopathic originally, becomes traumatic by force of circumstances. As a cause for many congestions of the uterus, we find the wearing of corsets to be prominent, not always because they are tightly laced, for who ever knew a woman who would acknowledge that her corsets were tight? but because they more or less tend to force down the contents of the abdominal cavity, and restrict the free upward and lateral changes of position which are necessitated by different actions and postures of the body. This you may say is then a traumatic cause, but I believe it can only result in uterine congestion, through reflex action, as we shall further see when we look more closely at the conditions which follow.

First, we have the restricted action above mentioned; then follows a weakness of certain muscles or tissues, either from non-use or pressure; a paralysis of the vaso-motor nerves, and, secondarily, perhaps a congestion owing to such weakness or paralysis, the congestion not being the primary condition except in very rare instances.

Masturbation is another indirect cause of uterine congestions, the effect of which is thus described by Prof. Hildebrandt: "Such constant touching with the fingers or with instruments must produce a partial inflammation of the portio-vaginalis, with catarrh and desquamation of the epithelium, which is aided by the excessive irritation and hyperæmia of the uterine nerves and spinal cord, producing on one side relaxation of the muscular walls of the uterus and of the vagina, and on the other side hypersecretion, especially of the cervix.

The sewing machine, a very useful invention, particularly in the interest of the gynæcologist, is another primary cause of uterine troubles. Not necessarily and solely on account of the labor required to run it, which of course, must fatigue the whole body, and especially the abdominal muscles, but also because the motions of the legs required causes a rubbing together of the cutaneous surfaces of the labiæ, a superficial inflammation, an irritation of the nerves, and, in fact, causing a condition similar to that produced by masturbation.

Again we find instances of uterine catarrh, ulcerations, etc., which can be traced to no possible, even reflex, external influences, such being observed in scrofulous subjects, in which, we will all agree, the trouble must be idiopathic.

Now as I have said, this idiopathic may become traumatic, even as an external ulcer, idiopathic at first, becomes traumatic on account of the irritating nature of its discharged matter, or its auto-inoculable character.

Having sufficiently examined the primary condition of congestion, let us now look at what may follow. One of the simplest and most common results of congestion is known as ulceration or erosion, the two words being frequently used synonymously. The uterine follicles having become congested, there must be some way for them to get relief, and an ulceration takes place; we have then a greater or less surface upon which destruction of tissue is going on. The usual seat of this ulceration is, as we all know, the external os, but a great tendency exists to the extension of the ulceration into the cervix, and as it does so we may find an ectropion of the os, in some cases very distinctly marked. There now exists a discharge, perhaps scarcely noticed as such by the patient, who, as previously noted, may have applied for relief from a headache, or again the discharge may be profuse. But in either case this condition is steadily undermining the health of the patient, a degeneration locally and by reflex action constitutionally.

A common wound always inclines to heal, but the tendency of an ulcer, owing to the impaired nutrition of the formative cells, is to grow larger.

About local treatment.—The frequent treatment of these ulcerations by cauterization requires more than a passing mention, and should on the contrary receive the most severe condemnation.

It will be said, perhaps, that the cautery produces a healthy granulation, but if an apparent healing of the surface has taken place, it has produced a cicatrix; and it matters not whether the caustic application has been strong

enough to produce a slough or not, the mucous follicles will have been destroyed, so that no further discharge can take place, but the enlarged uterus and obstructed circulation of the pelvic region will remain. The primary cause *must* be removed, and this we can accomplish by internal medication, hygiene, and at most only gentle local applications. There may be instances where a semi-caustic can be advantageously used, say once or twice, and such cases will be found to have a large patulous cervix and os, and secreting muco-purulent matter in great quantity.

Under such circumstances, the end to be desired is to check the debilitating discharge as quickly as possible, and Chloral hydrate, dissolved in water, equal parts, has been found to serve an excellent purpose; but beyond this I do not favor the local use of anything that can tend in the least to act as a caustic.

Even in such cases there may be more real good accomplished by using what I may term a glycerine poultice, thus stimulating the organ to a still greater but more natural discharge. The glycerine poultice may be made by saturating a wad of absorbent cotton with pure glycerine, or glycerine to which has been added a little tincture of Iodine (ten drops to the ounce.) One of the best medical applications in many cases of ulcerations I have found to be Fluid Extract of Hydrastis. But there is one method of local treatment which is by far the best in a great majority of uterine congestions and ulcerations, and I refer to the hot water vaginal bath.

This should be given as follows: The patient lying upon her back, with the hips slightly elevated, a bed-pan made for such purpose being placed under her. A rubber tube attached to the pan allows an overflow to a vessel beneath. With a bulb syringe, water at a temperature of 110° F. is ejected, by an assistant until from four to six quarts have been used. The fountain or similarly constructed syringe, which allows of a steady flow of water, is not as good as one which throws an interrupted stream, as the fountain produces a relaxation, while the other stimulates the muscles and tissues. The vaginal bath should only be used in this manner, since for the patient to use it herself is fatiguing. The therapeutical treatment of ulcerations I will refer to further on in this paper.

As applicable to this condition, as well as to others, I wish to remark, in passing, upon the subject of examinations. If the sense of touch is well educated, it often gives greater information than that obtained by the eye, aided by the speculum consequently the digital examination should be carefully made. A light touch, also, is of the greatest importance.

Emmett says: "It is remarkable how individuals vary in their method of making examinations. One will proceed with as much vigor as if he were boring a hole, and finds little more than the cervix, which feels like an obstruction in his way. He gains no information of importance, and inflicts unnecessary pain on the patient. Another in less time, will pass his finger lightly over every portion of the vagina, and quickly ascertain enough to enable him to fully understand the case, and without having caused any pain. The manner in which I have sometimes seen this examination made, even by men of experience, can be described only as brutal; the amount of suffering they needlessly inflict, and the want of tact evinced by them, ought to debar them from the practice of any branch of the profession.

No examination should be made with dirty hands, or carelessly cleaned

instruments. Filth is inexcusable in any one, and above all a physician should keep himself clean. I have seen cases of vaginitis, and even syphilis, caused by unclean examinations, either the fingers or instruments used having imparted a virus which should never have been allowed to exist. It is better always to thoroughly cleanse the speculum, sound, or whatever instrument may be used, in hot water, together with a liberal use of soap, and the additional safeguard of rinsing in carbolized water will do no harm.

In most instances a digital examination should be prepared for by anointing the fingers liberally, and filling the spaces under the nails with a fine neutral soap. The objection sometimes met with in the use of soap is usually on account of its alkalinity, a fine foreign or even domestic neutral kind, being, however free from the liability to cause smarting, even in cases of extensive excoriations. Many of the soaps, highly scented and attractive in appearance, used in families, are wretched beyond description, and should never be brought in contact with the vaginal membranes.

Therapeutics of the uterine ulcerations.—The remedies most frequently useful in cases of ulcerations are :

Alumina, Argent. nit., Bovista, Hepar sulph., Hydrastis, Kali bichr., Mercurius, Nitric acid, Pulsatilla, Secale, Sepia, Silicea, and Sulphur, with special indications, as follows :

Alumina is applicable when the ulceration is largely owing to a profuse purulent yellow corroding discharge, which is worse just before and after the menses, and in cases where the menses are too early, of short duration and scanty. Mental symptoms should be consulted, as they are frequently very characteristic when this remedy is indicated.

Argentum nit.—The ulcers bleed, but the hæmorrhage lasts but a short time, with concomitant symptoms of great debility, particularly of the lower extremities, dull but constant headache, with frequent cloudiness or dizziness in the head. This remedy, so generally in use as a local application by the Allopathic practitioners has, on account of its Homœopathicity, cured many cases, but it is much more advantageously employed in the higher potencies when carefully chosen according to the law of similars.

Bovista.—The ulcer of this remedy is usually of a superficial character, but may, nevertheless, be accompanied by a greenish discharge, with a thick, tough, slimy, albuminous discharge, which hangs from the uterine cavity, and is not easily drawn out. (Similar to Kali bichr. in this respect.) Bovista has also menses every two weeks of dark clotted blood, painful bearing down in vulva, and weight in the small of the back, *after midnight*.

Hepar sulph.—The ulcer discharges a bloody pus, smelling like old cheese, which is corroding and is accompanied with itching. Around the ulcer may be seen a number of herpetic spots, and herpes not infrequently, make their appearance on the labiæ.

Hydrastis has an ulcer of long duration, extensive, sluggish, frequently accompanied with great debility and prolapsus uteri. The discharge is tenacious, ropy thick and yellow, being similar to that of Bovista and Kali bichr.

Kali bichrom.—The ulcers are spread over much surface, extend into the cervix, but are not very deeply corrosive. There is general soreness and rawness in the vagina. The discharge is yellow and ropy, and clings tena-

sciously to all the surrounding parts, even covering them like an albuminous film, which it is difficult to wipe away. The discharge can be drawn out to a considerable length, and if allowed will spring back like a piece of rubber. The tenderness of the vagina, particular to Kali bichr. is of a kind in which the use of a fine soap, in examination, will cause considerable smarting, and, as far as my observation goes, I believe can be called a characteristic symptom, when taken in connection with the character of the ulcer. Recently, a case came under my care, in which I could get but few symptoms, and I was at a loss for a remedy, but I noticed a painful smarting was caused by the soap, and I ventured to prescribe this remedy. The result was eminently satisfactory.

Mercurius.—The ulcers of this remedy are deep, have ragged edges, or are in the shape of excrescences which bleed easily. The vagina is much inflamed, as are also the external genitals, which itch and are made worse by the urine coming in contact. The discharge is smarting, corroding and purulent, and contains lumps, and is always worse at night. This is another condition where soap aggravates, but the differentiation is easily made between Mercur. and Kali bichr., as the ulcers and discharges are so very unlike.

Nitric acid has a leucorrhœa of ropy mucus, flesh-colored, green mucus, is acrid, and offensive. Stitches in the vagina when walking in the open air. There is a liability to uterine hæmorrhage from over exertion of the body, itching, swelling and burning of the vulva and vagina, excrescences on the cervix are frequently found. The patient often has a longing for queer things, and eats chalk, lime and slate-pencils, and is also apt to be sad and despondent.

Pulsatilla.—In women of gentle, retiring nature, easily moved to tears, with fair hair, and disposed to freckle. The ulcer is not particularly characteristic, but the leucorrhœal discharge is milky white. There are often indurations in the vagina and on the cervix.

Secale.—The ulcer feels as if it had been burnt; the discharge is putrid, bloody fluid. It is more frequently indicated in lean and scrawny persons, wizened up old maids who have used the sewing machine.

Sepia.—The ulcers may be of almost any variety, and the discharges variable, though frequently greenish and watery, or like watered pus. There is a feeling as if the parts would drop out, and the patient unconsciously crosses the limbs to prevent the catastrophe. We also find great tenderness of the parts to the touch, and coition is extremely painful. I believe the Sepia discharges from the uterus and vagina to be of such a character as will produce gonorrhœa in the male, and a physician may well be excused for mistaking a virtuous Sepia discharge for a true gonorrhœa.

Silicea.—The ulcer of this remedy is a flat deep one, and the discharge profuse and acrid, the color being milky and emitted during urination, accompanied by a cutting pain around the umbilicus.

Sulphur is similar to Silicea in abdominal pains, and has a sore feeling in the vagina during coition not unlike that of Sepia. There is a burning in the vagina which makes it difficult for the patient to keep still. The discharge is a yellow mucus, corrosive in its nature.

There are many other remedies which we may be called upon to use in the treatment of ulcerations, depending upon the concomitant symptoms,

but I have only referred to the few which I have observed to be most commonly required.

I believe it to be often a very difficult and unsatisfactory undertaking to treat these cases; first, because the patient is unable to give a correct report of her symptoms; and secondly, she will persist in doing many things she is advised to discontinue.

Correspondence.

A WORD TO THE OLD PHYSICIANS.

NEW YORK, March 20, 1883.

Am very well pleased with *THE INVESTIGATOR* as a weekly journal. Why do you not stir up the older class of doctors to give the profession the results of their long years of experience? It would do a vast amount of good. Most of them are seldom heard from. Yours truly

L. D. COOMBS.

HELP MICHIGAN.

DETROIT, Mich., March 27, 1883.

Dear Sir: If you or any other Homœopathic physician in your city has charge of any charity or public institution will you please favor me with any documents or statistics, showing the comparative worth of the Homœopathic system of medicine, over (or under) that of the Allopathic system. We are working for a law to force our new insane asylum under the Homœopathic system of medicine, and any statistics or comparative figures you or your friends can send us will be valuable. Yours most truly,

E. R. ELLIS.

NEWS FROM THE COAST.

I am very much pleased with the weekly *INVESTIGATOR*, and predict for it continued success, on the principle that small doses frequently repeated often give better results than large doses at longer intervals. The annual meeting of the California State Homœopathic Medical Society, will be held in this city on Wednesday, May 9th.

I enclose to you, an obituary notice of Dr. O. S. Cummings, whom I knew well. I have as yet had no spare moments for writing up California climate, but hope in the summer lull to find such opportunity. C. B. CURRIER.

AN APPEAL FOR AID.

In 1863, Dr. Chas. F. Reed, a former student and subsequent partner of Prof. H. P. Gatchell, came to Kenosha as physician to the "Water Cure." In less than two years he was taken down with inflammatory rheumatism, with other complications, became entirely helpless and despite the best efforts of his medical friend, he has continued so for eighteen years. Anchylosis of all his joints without exception supervened and he has remained for all these weary years immovable except by assistance. Moreover, he became totally blind ten years ago.

His devoted and lovely wife, has been his sole assistant and comforter since the first few months of his illness, the doctor having invented an apparatus by means of which he could, with little physical effort, lift him from bed to chair as needed. Constant care with untiring devotion and sympathy has at last broken the constitution of his help mate and unless the burden, which has been so long and silently borne by the good wife, can be lifted by means of paid help, Dr. Reed's imprisonment will come to mean solitary confinement.

Relatives have already aided them more than their resources would warrant, and now that both husband and wife require to be ministered to, an appeal by his friend to his friend for timely succor is asked. Will not the profession respond liberally to aid their brother in his dire distress?

I know of no worthier charity; no more pitiful or heart rendering circumstances.

Fraternally yours, N. A. PENNOYER.

Subscriptions may be sent to the Homœopathic Pharmacies in Chicago, there to be forwarded to Dr. Reed, 792 La Fayette St. corner Brooklyn. David M. Stone, Esq. *Journal of Commerce*, New York, has been appointed treasurer for; present relief fund.

A KNOWING EDITOR.

EDITOR INVESTIGATION: The March number of *The California Medical Journal* came into my hands a day or two ago. In it I find an article quoted from THE INVESTIGATOR of Jan. 27, page 86, headed "A strange alliance."

Following the quotation the very learned and scientific (?) editor would remind the writer of something. He says, "We practice just what we profess to practice." We doubt not they do, for they have no guiding star, creed or science in their book of faith. He further says, "Any one with the brains of an oyster, who is conversant with the literature, teaching and real practice of nine tenths of Homœopathic practitioners knows that they do not by any means" practice what they profess.

We are glad the editor in question has such an extended acquaintance among Homœopaths, for we think it will do him good, and we hope that thereby he may learn something of the two virtues, honesty and modesty, of which he speaks further on and of which his knowledge seems to be about as meagre as it is of Homœopathy.

He says: "The *gush* about the grand law of Homœopathy and the immortal Hahnemann does very well for their medical conventions and to enthuse the uninitiated." Homœopaths need nothing to "enthuse" them as they are naturally very enthusiastic. "But," he says, "the Simon pure Homœopathic graduate soon finds, upon entering practice, that he is woefully lame, and must needs learn, by dear experience, many things essential to a successful practice, which the law of Hahnemann has never developed." We are sorry to be obliged to differ from the learned gentleman again, but our acquaintance with Homœopaths for the past ten years compels us to do so. We would ask him to be kind enough to cite a few of the "dear experiences" of Homœopaths in proof of his assertion, which is easily made, but not so easily proven. "True" he says "there are a *few* high attenuation Hahnemannian therapeutists in the world, but they are considered by the rank and file as old fossils. Literally they are fifty years behind the time."

This last is but another proof of the editor's culpable ignorance of Homœopathy or his willingness to pervert the truth, as the amount of medicine given, size of dose or attenuation has nothing to do with the law of "Similar," or Homœopathic practice. He goes on to say: "This is too progressive an age for men of good sense to tie up to the dogmas of a man whose *law* was evolved in the light of half a century ago; the so-called law has so many exceptions as to be unworthy of recognition as a rule." We ask the very "progressive" editor to untie from the "dogmas" of the men who discovered the law of gravitation, the use of steam and electricity, as we believe they were "evolved" in the light of nearly "half a century ago." We would ask in all kindness for him to point out the many exceptions to the law; further we would defy him or any body else to point out and *prove* a single exception. He tells us that "It (Homœopathy) is bound to die; not all the nursing that new lights can give it will keep it alive another half century."

Oh! what a doleful doom! to be pronounced on anything, still more so on "Homœopathy" that has waded up through the abuse of such slime and mud as we have under consideration to-day, for the past eighty or ninety years, until to-day it is stronger than ever before. One of our schools graduated nearly as many this spring as any two Eclectic schools in the country, He informs us that "the drift is toward Eclecticism," but offers no proof for there is none. We presume it is in certain classes for we have always noticed that it takes intelligence to understand or accept Homœopathy. He tells us that "Specific medication may have imbibed something from Homœopathy, but deprive it (Homœopathy) of what remedies it has obtained from Eclectic sources, and with the exception of oyster shell, silicia, the snake poisons, bedbug poison, with a few other disgusting animal agents, and it would possess few remedies not taken second hand from the old school." We grieve to think that a man, who is editor of a medical journal in the United States is so ignorant of the works of nature as not to know that the Creator made all drugs free to any school or pathy for the good of man, and that no school of medicine has the right to claim any drug as its own; but "we swell with honest pride" to know he is not a Homœopath. The only difference between the Eclectic medicine, the Old School medicine and Homœopathic medicine is the fact that the latter is given on scientific principles, all using the same drugs. He continues to say, "The writer of the above, referring to the 'strange alliance,' either has only known Eclecticism afar off or else he lacks two essential virtues of a candid writer honesty and modesty." We don't know as to the editor of THE INVESTIGATOR, but we have known Eclecticism both "afar off" and near by, and our experience teaches us that distance lends enchantment to it as well as some other things.

He tells us further: "The allusion to the idea that Eclectics only live through the good offices of Homœopathy in a legislative way is ill timed" and would "remind the writer that Eclectics are *about* as numerous as Homœopaths; and in addition to their absorbent qualities possess energy in other directions, even to the degree of daring to maintain their known rights independently of Homœopathy or any other pathy in the universe." We are glad they have energy in *both directions*. Their long eared relatives also show their energy in *both directions at times*. He tells us that there "may

be a few Eclectics weak kneed enough to toady to the long eared Allopathician, but the majority of this class of lickspittle sycophants is so pronouncedly Homœopathic in its tendencies that we swell with honest pride when we look over the records."

He seems to know more of the length of Allopathic ears than of the law of "Similar, scientific medicine, the works of nature or anything else." His "swelling with honest pride" reminds us of the fable of the frog that sat on the bank of the pond and tried to swell as large as the ox that came to drink. It failed in the attempt but bursted. The records of Eclecticism he speaks of "looking over" are about as hard to find as the truth of some of his statements.

E. R. MCINTYER.

ROSSVILLE, Kan.

INTERNAL VS. LOCAL TREATMENT.

MR. EDITOR: Permit me to say that I am not from Boston, nor have I had the honor of being a *teacher* for ten years; but still I have an opinion of my own. In the article on page 207 I was amused to see the antics of Prof. Charles Gatchell, in which he assumes remarkable airs, because Dr. Cushing had presumed to question the Homœopathicity of an external application to *tinea circinata*, made by the professor. He quotes from Allopathic authority, which speaks of the presence of 'parasites being the cause of the disease. Well! let me quote some Allopathic authority too, Dr. Stretch Dowsie says in his work "Diseases of the skin, page 17. *Convulsions and even loss of life have resulted from the too rapid healing of these skin eruptions by outward application and by not paying sufficient attention to remedy and remove the cause.*" Dr. Dowse, emphasizes his assertion by putting it into italics, and fortifying it by numerous cases. He also says; *locum cit.* page 39.

"At one time dermatologists endeavored to prove that disease of the hair-follicles [or skin] *through parasitic influence, was of all things the most common.* But recent investigations have shown with some amount of certainty, that even when the parasite had become fully developed, its germination and propagation were really due in the first instance to defective nutritive nerve influence." He then says that medicines "*do more to effect a cure than pounds of ointments and gallons of washes.* The first italics and bracketed words are mine, the others the authors.

He adds to still further strengthen his position. "This statement applies to and is borne out by, the facts of treatment not only in cases where the most primitive forms of fungi exist, but also in those cases where the more highly developed parasite finds a fair field for increasing its species." Pifford and other more progressive dermatologists are advancing to occupy the same ground's as Hahnemann, and sad to relate men calling themselves his followers, cross over and get into the abandoned trenches and shout themselves hoarse over the crazy guns that will no longer stand a charge of gun-powder, but they do for holding wind.

The professor makes much ado about his having been a "*teacher* for ten years." The italics are his own. I claim the right to relate a fact about that *teaching and practicing* particularly as it aptly illustrates the difference in results between his Homœopathy and Hahnemann's. When the Professor was teaching in the Homœopathic Department of Michigan University, there was an old soldier with diarrhœa as a relic of the rebellion. The vet-

eran showed the perseverance of his military training by his attendance on the Professor's clinic, till he was voted a hero, but still his diarrhoea was as persistent as himself. When the professor's successor took charge of the clinic, the veteran came up, while the boys winked at each other, with incredulous looks and thought, we'll see now what Hahnemannism will do. Well, the veteran had to double quick to the ranks before rising time with a painless diarrhoea. Sulphur high was given. Next clinic the old soldier appeared as usual and surprised the boys by saying, he hadn't been so well since the war. Sac lac was given with more shakes of the head by the boys. Next clinic he reported all right and so remained

A MICHIGAN BOY.

Progress of the Medical Sciences.

Loss of Teeth in Tubus Dorsalis.—Demange (*Jour. de Med. et de Chir. Prat.*, Vol. liii, p. 456) records two cases of locomotor ataxy, in which there had been rapid and spontaneous loss of, in one case, all the teeth of the upper jaw, in the other in all the teeth on one side of the upper jaw. The first case had suffered from lightning pains in the face; and, in the second, there was anæsthesia and analgesia in the whole trifacial area.

Allopathic Treatment of Whooping Cough by Belladonna.—Dr. Lesenevich (*Vracheb. Vedom.*), states that he obtained the best results from powdered Belladonna root, administered in doses of one-thirtieth, one-twenty-fourth, and one-twelfth of a grain, three or four times daily. A very rapid diminution of the number, the duration, and the intensity of the paroxysms followed. The duration of the spasmodic stage of the affection was cut short, the shortening being equal to some weeks (comparatively with cases of pertussis, treated by other remedies). [Not less favorable results from the Belladonna treatment of whooping-cough, were obtained by Drs. Wigglesworth and R. Neale (*London Medical Record*, June, 1879, p. 222), and Professor Heubner (*Ibid.*, November, 1881, p. 458), as well as by very numerous other observers in England, United States, France and Germany.]

Treatment of Diphtheria.—Dr. (Denker *Vracheb. Vedom.*), who, during his twenty-four years' practice in the large Nicolæevsky Children's Hospital in St. Petersburg, treated above two thousand diphtheritic cases, and tried all possible external and internal remedies recommended for this grave affection, obtained the best results from the following method, which he has practised ten years. As soon as white spots appeared on the tonsils, the author administered the aqua laxativa Viennensis (compound infusion of Senna), in doses of six ounces to an adult man, of five ounces to an adult woman, three ounces to a child eight years old, two ounces to a child three years old, and a teaspoonful to an infant twelve months old. The dose was divided into three parts; one-half was taken at once, a quarter of the dose an hour later, and still later the remaining quarter of the medicine. Abundant liquid stools followed. When the purgation stopped, the author ordered a cooling draught, containing some Hydrochloric acid, and, every two hours, a gargle, consisting of equal parts of lime-water and hot milk, the same mixture being used for cleansing (by means of a pencil), the throat and nasal cavity. Dr. Denker alleges that, when early begun, such treatment generally led to a rapid recovery of patients.

THE UNITED STATES MEDICAL INVESTIGATOR

"HOMOEOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and close thought (the great sources of medical knowledge), on any subject pertaining to medicine.

HOW TO TAKE A CASE.—*Case study* is a specialty; it is unique; it is difficult. The first and most difficult part of course is the case taking. This will differ with the nature of the attack, the individual, and the hereditary disease substrata.

An *acute* attack presents but few points. The history is brief, the symptoms are brief and the case ought to be short, sharp and decisive. Here the history of the case should be carefully ascertained. "How were you taken and how long have you been sick, tell me all about it," will usually unravel the story. We are the judge and not the lawyer to forestall opinion nor jump at a diagnosis. Each case is unique and no links in the chain of the history of its development should be omitted. The ability to cross-examine, going over the whole history, a second or even third time, if necessary, will serve the physician well. With a full complete history of the attack and its severity, his work is not done. He must add or subtract from this history the influence of temperament or individual idiosyncrasy. Then he must determine in his own mind how much influence the hereditary bias and endemic causes have upon the history of the case. Is it an acute case alone, or is it an acute plus a chronic case. Is the trouble magnified or is the case worse than depicted. Here an old family physician has a great advantage. "He knows all about me" and therefore is able to get rapidly a clear cut opinion. Nationality has a wonderful influence here and must be added before the case is decided.

The acute case is often easily diagnosed but there is another problem; will the fire be confined to this building (organ) or will it spread. Will we have one disease or several before the case is cured. This is the necessary points in re-examinations. Is the case under control, modified, or has it spread. What is the natural history of this disease? Will it prove typical in this patient or will it become complicated? So the wise physician does not ask, "Are you better?" "How do you feel?" With a smile he may say, "I am glad to see you looking so well," but his anxiety will be to ascertain, "Well how have you been since I was here?" or in other words how has the history of the severity of the attack developed. Is only one or more organs involved? Those are the chief points in "taking an acute case."

A *chronic case* is a tangled mass of symptoms, a regular lumber room with timber enough for a dozen diseases, and often the wonder is that the poor body still survives. The successful physician in the treatment of these chronic complainers will, nay must, write down the chief points at least.

How has this case been developed. There are two ends to every thread, so we may take the last symptom first, or begin at the beginning and that often carries us beyond birth. There are more chronic cases due to lack of development than are recognized in our books, especially is this true of many American women, and men too for that matter. To get a complete consecutive history of a chronic case will often take more than one sitting. The history will need to be recalled often, as in a searching cross examination, and to avoid exaggeration, the back track taken by a series of surprises. The physician will need to hold himself in check, or he will be making up a diagnosis as the patient proceeds. He is not ready to sum up the evidence; because many do that they are not a success with a real old chronic case. Many a physician gets frightened or tires of the long string of symptoms, and shuts off the supply, and fails to cure. When it gets to be thirty or forty yards long it may get overwhelming, but this cannot be helped. The most casual symptom may be the missing link. A full history we must have, and it must be where we can refer to it. Then it should be written.

Having the history then, the times and causes of aggravation or amelioration must be added. Then the hereditary bias must be carefully ascertained and the mental situation must also be added to the problem. The endemic influences, the habits, the occupation, the company all have a bearing on the case and must be noted. Grauvogl well says that a chronic case is a consecutive series of symptoms, and Hahnemann inferred that they begin often at the surface, and work towards the central organs. There is a good deal of unwritten knowledge about the study of chronic cases that should find its way into a treatise. Hahnemann's method of taking a chronic case, can hardly be improved upon, but we cannot agree with him that a case well taken is half cured unless the physician has as complete a knowledge of a remedy with a similar train of symptoms. But to find that in a chronic case is the problem.

Consultation Department.

ANSWER TO CASE OF M. B. C.

In case for consultation in March 10th number of this journal signed M. B. C. cystitis following typhoid fever, he will find that Terebinthina will cure the case without doubt. Give it *high*, say the 1st dec. dilution, two drops at a dose. No matter how good the engine, it takes fuel to get up steam.

C. C. ELLIS.

ANSWER TO CASE.

For the information of "Subscriber" there are three drugs with "gray shining face," Nat. mur., Plumb. and Thuja. The first has all the remain-

ing symptoms, although the case is not sufficiently described to make its choice certain. Don't give below the 30th, and don't repeat till the action of the dose is exhausted.

A. MCNEIL.

GIVE THE REMEDY.

Very glad to receive THE INVESTIGATOR. Find it a great assistance in practice. Might I ask for suggestion as to a cough, violent, profuse expectoration, head and hands perspire during the spell, worse at night, with suffocating spells, thirst, constriction of chest. Tart. em. did not relieve. Improved a little with Merc.

A. C. SMITH.

FOR M. B. C.'S CASE

Allow me to suggest Caust. with a study of Sepia, and "aggravation from wine" would remind us of Zinc. The case is not definitely described at least sufficiently so to make a diagnosis. There is evidently some catarrhal inflammation, hence the "aggravation from acid," etc. Would recommend the "Bethesda" or "Clysmic" water to be used for a time.

W. S. G.

FOR ROCKING SYMPTOM.

Allow me to thank Dr. Randall for his list of symptoms and to inform him that my cases have all recovered. Many of the symptoms given may be found in "Hering's Analytical Therapeutics" p. 332, probably "E. J. L.'s" authority.

The symptoms: "Child wants to be carried, but very quickly' it says, 'run, run.'" (Bromium) is found on same page, credited to Lippe.

W. S. G.

REMEDY FOR RHUS POISONING.

"I wish some of your numerous readers would give me aid in prescribing for Rhus poisoning in a case of twenty-six years standing, viz. : a lady thirty years of age otherwise healthy and robust was poisoned when four years of age, the eruption appearing principally on the face, sometimes on the hands and wrists and is worse during the spring months. Has tried Allopathy, Eclectic, "Yarbs," domestic remedies and the little I know about Homoeopathic treatment, without any permanent relief.

R. WILSON CARR.

HELP WANTED.

Can any one give me a remedy for the following case of dysmenorrhœa which has baffled me for the past year: Young lady about nineteen years old, tall, slender, of scrofulous nature, has much neuralgia at all times, has most severe spasmodic dysmenorrhœa, pains generally begin from three to twelve hours after flow, and continues most intense unless relieved, until close of menstruation, there is a clawing, bearing down feeling in womb, patient is restless, cold and vomits hard; *heat, sitz bath, electricity, do no good.* Occasionally remedies relieve, at other times nothing but *Morph.* Have tried numerous remedies with no benefit.

A. A. LOVETT.

TO PREVENT AFTER PAINS.

For four years I have given my patients when first called, a few doses of Gels. tincture, two to three drops once an hour until the end of the first stage of labor; during the second stage, I give Ergot tincture, five drops once in ten minutes, and after the removal of the secondaries, I leave Gels. tincture ten drops, Aque four drachms (sig) one teaspoonful once an hour for twenty-

four hours; and it has become proverbial Dr. Hicks' patients have no after pains, not one case of after pains in twenty-five births, all of these had before suffered terribly in previous confinements. Try it and be convinced and receive the thanks of your patients as I have done and you will not be sorry.

O. R. H.

MASTURBATION AND ITS TREATMENT.

In answer to *subscriber* in March 24th number of THE INVESTIGATOR, I would say, give *Momo bromide of Camphor*, pure, one grain to two grains in powder, three times a day. The brain must feel it, for at least two hours after each dose; this will overcome the disease. Use a vapor bath with electricity to the spine and local parts twice a week. This will tone the nervous debility. After using this treatment till the brain can stand it no longer, put him on a powder of Digitaline 3x, in the morning and at 2 P. M., using as inter-current Graphites 200, a powder in the middle of the forenoon and another at bed time, as your case progresses read up articles, Onanism; spermatorrhœa; dreams, in Nelson's Clinical Assistant, second edition; by persistence and steady treatment, and determination to keep his hands off you will cure, but it is slow work.

R. W. NELSON.

CASE FOR COUNSEL.

Wanted the remedy for the following: Lady aged fifty, of the nervous bilious temperament, ten years ago while stopping in a malarial region of Italy, contracted intermittent fever, and was obliged to leave that vicinity before making a recovery. She returned, was again attacked. After going to another district made a partial recovery. Her present condition which dates from that time is a peculiar sensibility to all emanations from the earth. These cause a feverish condition, a mixture of heat and cold, no pronounced chill, a burning and itching of the skin. This condition continues for two or three days, and then passes away. Any exposure outside the residence brings on the attack. Is obliged therefore to remain indoors continually. Any disturbance of the soil in the immediate neighborhood is felt at once. A very little dust also brings them on. Contracts colds now and then which produce the same condition. A peculiar susceptibility of the stomach to acids, which produce headache and stomach derangement. Extremes of heat or cold produce the fever. Is better in Denver than in any other part of the world that she has visited. Here by remaining indoors continually a careful attention to diet she enjoys comparatively good health. No organic lesions, and aside from this peculiar sensibility could be pronounced a woman of good health.

W. L. B.

Clinical Medicine.

CASES FROM PRACTICE.

I will report some cases from my case book. The weather has been very cold and damp for some eight or ten days previous, with a snow storm, which make it unpleasant for those who were attacked with measles during the time.

CASE I. March 25th, Mr. J. Mc. C., aged twenty-seven years, measles,

headache, flushed face, injected eyeballs, gave Bell. 3x, dose every two hours. March 26th, P. M., no eruption (was taken on Friday *previous*.) nausea, throws up water or any thing, gave Bry. 3x in water, dose every two hours. March 27th, P. M., *very* restless, urine scant, high color, very irritable, gave Apis mel. 3x dry, dose every three hours. March 28th, raw cold air most of day, eruption out, *confluent*. March 29th, P. M., two deaths of measles under Allopathic treatment. My patient doing well, much nausea and phlegm; pulse intermits; gave Digitalis 1x in water, gave Zinc sul. 3x alternate two hours. March 30th, still raw and cold, patient sitting up, eruption faded from face and chest, appetite returns, urine more free, last visit, left Sul. to finish with.

CASE II. Parotitis, male, caught cold; scrotum painfully swollen, Atropine 2x, Bry. 1x, and a wash I employed to the parts which never fails to reduce the oedema and induration, in three days I find him all right.

CASE III. Mrs. A., been under heroic treatment some time; "*got so she could not take medicine any more.*" I find great irritability of temper, hoarseness, chest is painful, no appetite, will not speak to me pleasantly, "Doctors are all fools," gave Nitric acid 30x in water, six days I find a pleasant welcome, and a changed woman, gave Placebos six days, then Nitric acid ccx again. Still vastly improved, and is getting well on Homeopathic treatment, also have her three children now, from the *old* doctor. Parotitis and mobilli.

CASE IV. Female aged nine or ten years. Eczema of hands, neck, chest, pupils dilated; eruption dry, burns, gave Chrysophanic acid 3x, dose three hours, eruption removed in four days, pupils return normal.

It seems strange that Iowa does not protect her citizens against the nefarious schemes and chicanery of quacks and charlatans. It seems as though any person disposed, can pretend to the practice of medicine and surgery, who are not able to distinguish between Epsom salts and Sodæ sulphite; or a suppository and shingle nail. I am aware of the fact of one practicing (!) medicine; who has been obliged to discontinue, the practice of dentistry, because of illegal capacity and non-qualification. This *specimen* declares he "forgot more than the few graduates in this town ever knew." And the same *specimen* carries in his pocket, the formula, handed him by myself; (to criticize his knowledge) as it is a valuable compound. Tinc. Iodine, one ounce, Chromic acid (crystals,) three grains, mix. This specimen of mongrelism will have a *demonstration* when he mixes it. Illinois purified her medical atmosphere, by certain legislation, and the result has been a disgorgement of quacks, pretenders and bull dozers; and a marked change in the mortality rates; as compared with those before the passage of the medico-legal act. Iowa seems too *liberal* in this matter. I am of the opinion, could a bill be placed before the legislature regulating the practice of medicine, as well as the practice of dentistry and pharmacy; requiring *all* persons attempting to practice medicine, to show their credentials, or qualify; and also to obtain a certificate examination once each year before a committee of scientific medical men, who shall require 90 per cent of grade, and each succeeding year an advance of 25 per cent. improvement; the people would be freed of the horde of itinerant nostrum venders, quacks, and the mortality list reduced by a *large* per cent. Friends of the cause in Iowa, put men in office who are not biased from principles of truth and right, and are willing to examine and compare the results of our system, with those of the others, giving the verdict with the safe and right.

O. J. LYON.

News of the Week.

Removal.—Dr. W. C. Hutchinson has removed from Chautau to Cherryville, Kan.

The Times-Democrat Almanac for 1883 is a valuable document. It hails from New Orleans, and is full of facts about the Southern States.

The Homœopathic Medical Society of Ohio will meet in the city of Columbus, May 8th and 9th, 1883. All railways centering at that city will carry delegates at two cents a mile each way. Your presence is earnestly desired, and hope you will arrange your business accordingly, as an interesting meeting is expected. Fraternally,

H. E. BEEBE, M. D., Sec.

C. C. WHITE, M. D., President.

Indianapolis News.—If the following is as new to your readers as it is to your correspondent, it is worth publishing: "Indianapolis boasts of an extensive Allopathic pill manufactory, where pills are made in the following manner: No. 25 Homœopathic pellets are used to start on, which are placed in the pill-pan containing the medicine desired, reduced to a paste, then the rolling begins and is kept up till our innocent little pellet grows to the proportion of an Allopathic pill, which is afterward sugar-coated in the usual manner." Judging from the extreme prejudice of some of our Old School brethren, it is fair to assume that if they knew that every time they administer one of their big pills they also give their patient one of our pellets, they would cease to order pills from this establishment.

DR. HAGGART.

The Homœopaths Capture the Almshouse.—Yesterday when the bids for the medical care of the county poor were opened they were placed on file and action was deferred indefinitely. But this morning as soon as the commissioners met the matter was called up and the contract awarded to Dr. A. S. Everett, who represents the Homœopathic school. Several of the city's medical men were present when the commissioners first reached their office, and a committee of Homœopaths was there to urge the claims of that school. When the motion was made to let the contract to Dr. Everett it brought Wolfe Londoner to his feet with a vigorous speech against the change. He said it would be an outrage on the Allopaths and the Denver Medical College, after so much money had been expended to institute a medical school here, to take the county hospital away from them, unless the other school would offer to do the work for less money. Dr. Kimball, who represents the medical school, made a bid of \$3,400, and Dr. Carlin, also an Allopath, bid as low as \$2,700. Dr. Everett's bid was \$3,600, or \$200 more than Carlin's. He, therefore, thought it would be very unjust to give the contract to Everett. In answer to Mr. Londoner's argument it was urged that Dr. Everett and the Homœopaths had held the contract once before and did the work in a very satisfactory manner and should therefore have another chance. Mr. Londoner said the present management had been a very satisfactory one, and to use the gentleman's own argument the contract should be let to either Carlin or Kimball. After much further talk a vote was taken by ayes and nays, which resulted in Messrs. Shreve, Bates, Brown and Kuner voting to give the contract to Everett, Mr. Londoner only dis-

senting. The result is said to be a great surprise to the medical college faculty, which thought it would be sure to get the contract.

Annual Commencement of the Homœopathic Medical College of Missouri.—A large and fashionable audience attended the annual commencement exercises of the Homœopathic Medical College of Missouri, in Pickwick Hall, the evening of March 1st. After Spiering's Orchestra had played Suppe's overture, "Galatea," prayer was offered by the Rev. C. F. Robertson, D. D., Bishop of Missouri. The degree of Doctors of Medicine was conferred by C. W. Spalding, M. D., President of the Board of Trustees, upon the following persons: Theo. W. Conzelman, St. Louis; J. D. Gundlach, St. Louis; F. W. Pease, Niantic, Ill.; Alex. P. Stewart, Oxford, Miss.; James C. Boulson, Iola, Kan.; Charles A. Lyman, Steele City, Neb.; W. S. Shotwell, Minneapolis, Minn.; Mrs. W. S. Shotwell, Minneapolis, Minn.; J. P. Lamb, Paxton, Ind.

The ad eundem degree was conferred upon twelve persons, as follows;

Eugene A. Gilbert, Iowa; Fenora W. Sargent, Annie D. Chapman, St. Louis; E. K. Shirley, St. Louis; H. W. Taft, St. Louis; Solon R. Boynton, Sparta, Ill.; Geo. Wm. Hodgens, Clearmont, Mo.; Charlotte Peters, St. Louis; E. B. Thomas, St. Louis; Lee H. Dowling, St. Louis; J. B. Dickey, St. Louis; Edmond Doty, Alton, Ill.

The Eckel gold medal, for highest scholarship, and the Valentine silver medal, for excellence in theory and practice, were awarded to Dr. F. W. Pease, of Niantic, Ill.; the Uhlemeyer gold medal, for second highest scholarship in all branches, to Dr. Theodore Conzelmann, of St. Louis; and the Kershaw silver medal, for excellence in epileptic studies, to Dr. J. C. Gundloch.

Prof. Lee H. Dowling, delivered the valedictory address on the part of the faculty.

Medical Society Announcement.—(Secretaries will please keep this list corrected.)

The Chicago Academy meets the first Thursday of every month, at the Grand Pacific Hotel. Visitors welcome.

The Pittsburg Society meets monthly on the second Friday, at the Homœopathic Hospital Building.

The Clinical Society, (Chicago,) meets monthly on the first Tuesday, at the Grand Pacific Hotel.

The Philadelphtha Society meets the second Tuesday of every month at the College Building.

The New York (City) Society, meets on the — of each month at the College Building.

The Indiana Institute of Homœopathy meets at Indianapolis, Ind., May 8th and 9th.

Ohio Homœopathic Medical Society meets at Columbus, May 8th and 9th.

The Cincinnati Society meets on the first Monday of the month.

The American Institute meets at Niagara Falls, June —

Illinois, meets in Rock Island, May 15th and 16th.

Michigan, meets in — May 15.

Where and when does your society meet, doctor? Are you on a committee? Is your report nearly ready? Let each member of the profession take deep interest in the societies this year and see if we cannot have rousing meetings all along the line. If you cannot be present, you can at least send in your regrets with the notes of a case. Let every member be represented.

The United States Medical Investigator

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WHOLE No 339.

Psychological Department.

HOSPITAL FOR THE INSANE IN MASSACHUSETTS.

The Committee on Public Charitable Institutions gave a hearing Friday morning to those who desire that Homœopathic treatment may be provided for those insane persons for whom it is desired. Dr. I. T. Talbot, of Boston thus addressed the committee :

Gentlemen : As Chairman of the committee appointed by the Massachusetts Homœopathic Medical Society, it is perhaps proper that I should present to you the subject of this petition. [This petition asks in general terms that the State may provide Homœopathic medical treatment for the insane who are under its care, and who desire it, or for whom it may be desired.] It is not necessary nor is it desirable to enter upon a discussion of the merits of Homœopathy before your committee. Suffice it to say that this system of medicine, once so novel and strange, is now well known, and has been steadily increasing in the number of its believers and advocates for the past forty years.

In 1840 there were but six Homœopathic practitioners in Massachusetts in 1850 there were in round numbers fifty; in 1860, one hundred and fifty; in 1870, two hundred and fifty; and in 1880, four hundred.

The believers in Homœopathic medication have in the last ten years, at a cost of \$200,000, built and sustained in Boston a hospital which has taken care of upwards of 1600 patients who otherwise could not in this State have had in any hospital the medical treatment they believed in and desired. They have sustained a dispensary which in the last twenty-five years has in this city of Boston given gratuitous treatment to more than 100,000 poor sick people who have preferred this kind of treatment, of whom about 12,000 have been treated the past year. They also sustain a medical school in connection with Boston University, with a curriculum of study unsurpassed in thoroughness, in which more than one hundred students are now enrolled, and from which in eight years three hundred physicians have been graduated in medicine. It is this body of physicians, and these believers in Homœopathy, who, from their own experience, feel assured that this is the best method for the treatment of disease, and who now come forward and ask you to provide for them and for their friends, if they should be obliged to go to an insane asylum, the kind of medical treatment in which they have so much confidence. Moreover they deem it an injustice and hardship that they, loyal citizens and taxpayers of Massachusetts, should be compelled to submit to treatment in which they have no faith, and against which they often hold a deep-seated prejudice.

The petitions in favor of this sent to the Legislature last year contained upward, of 7000 names from forty-eight different towns of the Commonwealth. You have already in your hands various petitions, and we present for your examination, petitions from about 2000 more citizens of Massachusetts residing in twenty-six towns in various parts of the State. Among these are to be found some of the heaviest merchants taxpayers manufac-

turers and members of almost every trade and profession. In fact there is hardly a person to be found, whatever may be his own wishes as regards medical treatment for himself, who would not desire to have the State extend liberty and choice in this matter to all its citizens. The Committee on Public Charitable Institutions and the Legislature of last year, as well as the Governor and Council, to whom it was referred, have all, with remarkable unanimity, favored the request of these petitioners for the establishment of a hospital for the Homœopathic treatment of the insane at as early a day as practicable.

In the report of the Governor and Council, referred to your committee, it is stated that in their opinion "seperate Homœopathic treatment of insane persons under the care of the State is expedient.

They also say the increase of our insane population is rapid, probably at a rate of more than 200 a year. A new hospital must soon be provided. It ought to be small and cheap, not a repetition of recent follies, with provision for not more than 250 patients. We recommend, therefore, that when a new hospital is established it be to that extent, and that it be arranged for acute cases, economically instituted, situated as near as possible to the centre of the insane increase, and put under the local direction of Homœopathic officers and trustees, but subject of course, in harmony with the charitable system of the Commonwealth, to the general supervision of the Central Board of Charities.

The most important points now to consider are *when* and *in what manner* shall the state act in this matter.

By the report of the State Board of Health, Lunacy and Charity for 1882, just issued, it appears that "the total cost of the State hospitals and asylums, for equipment and construction, has been about \$4,750,000, certainly no less than this, and their convenient capacity can not be estimated at more than 3000. They now contain 3056, having passed the limit of 3000 in the summer of 1882."

It will be seen that already the hospitals are filled beyond their capacity, and to say nothing of the injustice of compelling these patients to submit to Allopathic treatment even against their will, with the yearly increase of the insane there is immediate necessity for the State to make further provision, and with all due haste, it will require considerable time to properly equip such a hospital as is contemplated. We therefore consider it important that immediate action be taken.

The friends of this measure are averse to the expenditure of large sums for the erection of buildings, but propose one central or administration building capable of accomodating 100 patients, and which could be erected at a cost not exceeding \$100,000, and that subsequently, as needed, cottages or small and inexpensive buildings should be erected for the better classification and treatment of the insane. This, in order to carry out the full idea, requires extensive grounds for tillage, gardening, exercise, etc., so that the inmates may be, as far as possible, well and profitably occupied.

For the success of such a hospital it is of the utmost importance that a suitable site should be selected. It should contain not less than 100 acres of land, well located for drainage, air and sunlight, accessible and well provided or providable with water.

For many and obvious reasons it should be within a few miles of Boston, and in such a location as would most conveniently serve this densely populated section of the State, which furnishes so many inmates of insane asylums.

We would therefore ask your committee and the Legislature to take immediate steps for the establishment of such a hospital, either by the appointment of a commission to secure a site and erect buildings at a cost not exceeding \$200,000, or, if it be deemed more advisable, to appoint a commission to secure a suitable lot of land within ten miles of the State House, to contain not less than 100 acres, at an expense not exceeding \$100,000, and to procure plans and estimates of buildings to be submitted to the next Legislature.

Hon. Rufus S. Frost of Chelsea and others followed Dr. Talbot, endorsing and supporting his remarks.

Society Department.

ALL ABOARD FOR INDIANAPOLIS.

DEAR DOCTOR: The seventeenth annual session of the Indiana Institute of Homœopathy will be held at Indianapolis on *Tuesday and Wednesday, May 8th and 9th, 1883*. From present indications, we judge that the meeting will be unusually large and interesting. Last year the annual session of the Institute was not so well attended or so profitable as it would have been had not the National Homœopathic body met here. Our time was given to the reception and entertainment of our friends from other states. Indianapolis is situated about midway between Chicago, Cleveland, Cincinnati and St. Louis, and it has been customary for the Homœopathic colleges of the west to send delegates to our meetings.

The majority of our western colleges have already engaged to send delegates to the coming meeting.

The following partial list of subjects will give you an idea of the value of the papers to be presented.

- (1.) C. H. Vilas, M. D., Chicago Ill. "Diseases of the Uveal Tract."
- (2.) Geo. M. Ockford, M. D., Vincennes, Ind. "Bright's Disease."
- (3.) T. C. Hunter, M. D., Wabash, Ind. "Air, water, soil and drainage."
- (4.) O. S. Runnels, M. D., Indianapolis, Ind. "Medical Education."
- (5.) W. H. Thomas, M. D., Elkhart, Ind. "Post Partum Hæmorrhage."
- (6.) J. C. Nottingham, M. D., Bay City, Mich. "Shock."
- (7.) M. K. Krider, M. D., Goshen, Ind. "Convulsions at the Climacteric."
- (8.) W. T. Braustrup, M. D., Vincennes, Ind. "Hospital of the Old World."
- (9.) W. D. Hill, M. D., Seymour, Ind. "Ulceration of the Rectum."
- (10.) J. A. Lucas, M. D., Cambridge City, Ind. "Influence of Pregnancy on Tuberculosis."
- (11.) H. W. Taylor, M. D., Terre Haute, Ind. "Septic Poisons the only cause of Pyrexia."
- (12.) W. B. Krider, M. D., Goshen, Ind. "Infantile Convulsions."
- (13.) W. Moore, M. D., Terre Haute, Ind. "Specific Medicines and my Experience with New Remedies."

(14.) Jno. K. Mulholland, M. D., Goshen, Ind. "Verification of Characteristic Symptoms."

(15.) H. J. Neidhaus M. D., New Albany, Ind. "Typhus malaria in Tennessee."

(16.) J. E. Barbour, M. D., Bristol, Ind. "Diphtheria."

(17.) A. F. Canada, M. D., Hagerstown, Ind. "Gonorrhœa."

(18.) W. O. Catron, M. D., Valparaiso, Ind. "Septicæmia."

(19.) C. F. Ellis, M. D., Ligonier, Ind. "Repetition of Doses."

(20.) E. G. Freyermuth, M. D., Kendallville, Ind. "Excessive use of Stimulants in Diphtheria."

(21.) S. G. Hastings, M. D., Decater, Ind. "Treatment of Catarrh of the air Passages."

(22.) J. D. Grabill, M. D., Union City, Ind. "Miscarriages."

(23.) J. A. Compton, M. D., Indianapolis, Ind. "Cases from Practice."

(24.) J. M. Partridge, M. D., South Bend, Ind. "The Sanitary Problem in Indiana."

The subjects of as many more papers have not yet been reported to the secretary. Two weeks before the meeting a complete programme will be furnished to those who wish to attend the meeting. Special rates on all the railroads leading to Indianapolis will be given.

The Indiana Institute never published its proceedings in pamphlet form to be buried forever from the sight of the profession at large. We believe that the greatest good to the greatest number, can only be accomplished by distributing our good things among the numerous Homœopathic medical journals of the country to publish to the world. Physicians from other states are most cordially invited to attend this meeting and take an active part.

Terse papers on surgery, ophthalmology, otology, materia medica, gynecology, therapeutics and sanitary science, are especially desired. More time will be given to discussions and reports of difficult cases.

Doctor, it is hoped that you will take a deep interest in this organization, and arrange your business so that you can attend the coming meeting.

Fraternally, MOSES T. RUNNELS, Secretary.

INDIANAPOLIS, April 2, 1883.

THE MISSOURI INSTITUTE OF HOMŒOPATHY.

The regular annual meeting of the Missouri Institute of Homœopathy was held in St. Louis, March 1st and 2nd. The President, Dr. W. H. Wesliver, of St. Joseph, called the meeting to order. The minutes of the previous meeting read by Dr. W. J. Harris, the secretary, and approved as read.

The following papers were read :

"Laceration of the Cervix Uteri," T. G. Comstock, M. D., St. Louis.

"Perforation of Membrana Tympani," J. A. Campbell, M. D., St. Louis.

"Plastic Surgery," S. B. Parsons, M. D., St. Louis.

"Phymosis," W. D. Foster, M. D., Kansas City.

"Homœopathy, The New Code," W. B. Morgan, M. D., St. Louis.

"Ovariectomy," W. A. Forster, M. D., St. Louis.

"Cases from Practice," J. C. Cummings, M. D., St. Louis.

"Ventilation," P. G. Valentine, M. D., St. Louis.

"What shall we do to save the Children?" Josie Johnson, M. D., St. Louis.

"Hints on Important Subjects," Dr. Cassidy, M. D., Kansas City.

"State Legislation," D. T. Abell, M. D. Sedalia Mo.

"Epilepsy," Julia M. Haywood, M. D., St. Joseph.

"Chorea," Julia M. Haywood, M. D., St. Joseph.

"Brain Fag," J. Martine Kershaw, M. D., St. Louis.

"Stomatitis Gangrenosa," W. A. Edmonds, M. D., St. Louis.

"Poisonous Wounds," J. T. Kent, M. D., St. Louis.

The bill now before the legislature creating a State Board of Health, excited considerable interest and provoked the following resolution by Dr. Harris.

Dr. J. W. Harris offered the following :

WHEREAS, There is now a bill pending before the Legislature entitled an act creating a State Board of Health, defining its duties and powers and fixing the compensation of its officers; therefore, be it

Resolved, That this matter be referred to the Bureau of Legislation of the Institute with full power to act, and that the members of the bureau confer with members of the Legislature during the present session and recommend that the word Homœopathic be inserted in section three of the bill.

Dr. P. G. Valentine was added to the Committee on Legislation, and intended to act with Dr. Burgher and Abell, in promoting the interests of the Homœopaths of this state.

The chairman of Missouri were appointed as following :

Otology and ophthalmology, Dr. J. A. Campbell of St. Louis. Gynæcology, Dr. J. W. Harris of St. Louis. Surgery, Dr. J. T. Kent of St. Louis. Pædology, Dr. W. A. Edmonds of St. Louis. Chemistry, Toxicology and Microscopy, Dr. L. H. Dowling, of St. Louis. Obstetrics, Dr. W. C. Richardsan of St. Louis. Legislation, Dr. C. J. Burger, Boonville. Clinical Medicine, Dr. P. G. Valentine of St. Louis. Psychological Medicine, Dr. J. Martine Kershaw of St. Louis.

The officers elected for the ensuing year were: President, Dr. W. A. Edmonds, St. Louis; vice president, Dr. W. D. Foster, Kansas City; general secretary, Dr. J. C. Burger, Boonville; provisional secretary, Dr. J. A. Campbell, St. Louis; treasurer, Dr. P. G. Valentine, St. Louis; board of censors, Drs. D. T. Abell of Sedalia and S. B. Parsons, and W. J. Harris of St. Louis.

The institute adourned to meet again in St. Louis, on the first and second days of March, 1884.

COME TO ST. PAUL.

The seventeenth annual meeting of the Minnesota State Homœopathic Institute will be held in St. Paul on Tuesday and Wednesday, May 15 and 16, 1883. The officers are: President, G. W. Hawes, M. D., Hastings; First Vice President, D. M. Goodwin, M. D., Minneapolis; Second Vice President, O. H. Hall, M. D., Zumbrota; Secretary and Treasurer, Arthur A. Camp, M. D., Minneapolis. Censors, J. A. Steele, M. D., Minneapolis; Henry Hutchinson, M. D., St. Paul; W. H. Caine, M. D., Stillwater. The Executive Committee consists of O. M. Humphrey, M. D., Minneapolis; C. G. Higbee, M. D.; St. Paul; Arthur A. Camp, Minneapolis. The Publishing Committee is made up of Arthur A. Camp, M. D., Minneapolis; W. E. Leonard, M. D., Minneapolis; C. W. Cray, M. D., Lake City.

FIRST DAY—11 A. M.

The business session will open with reports of officers. Receiving applications for membership and referring the same.

Afternoon Session.—Surgery—1:30 to 2:30. Chairman, W. H. Caine, M. D., Stillwater; C. G. Higbee, M. D., St. Paul; J. A. Steele, M. D., Minneapolis; O. M. Humphrey, M. D., Minneapolis. Gynæcology.—2:30 to 3:30. Chairman, A. E. Higbee, M. D., Minneapolis; D. Silliman, M. D., Hudson, Wis.; O. H. Hall, M. D., Zumbrota; M. L. Swain, M. D., Minneapolis.

Business Session.—3:30 to 4. Pædology—4 to 4:45. Chairman—Arthur A. Camp, M. D., Minneapolis; C. W. Crary, M. D., Lake City; A. S. Hutchinson, M. D., Minneapolis; C. M. Glidden, M. D., Pine Island. Obstetrics—4:45 to 5:30. Chairman—C. G. Higbee, M. D., St. Paul; D. H. Roberts, M. D., Owatonna; W. D. Lawrence, M. D., Minneapolis; Chas. Griswold, M. D., St. Paul.

Evening Session.—Ophthalmology and Otology—7:30 to 8. Chairman—Petrus Nelson, M. D. Minneapolis; J. F. Beaumont, M. D., Minneapolis; M. Edgerton, M. D. Stillwater; W. S. Briggs, M. D., St. Paul. Psychological Medicine—8 to 8:30. Chairman. W. E. Leonard, M. D., Minneapolis; J. N. Saunders, M. D., Dodge Center; P. G. Denninger, M. D., Faribault; W. S. Briggs, M. D., St. Paul. Genito-Urinary Organs—8:30 to 9:30. Chairman, A. M. Eastman, M. D., St. Paul; E. I. Hall, M. D., Minneapolis; L. P. Foster, M. D., Minneapolis; R. D. Matchan, M. D., River Falls, Wis.

SECOND DAY.

Morning session.—Materia Medica—9 to 10. Chairman—W. H. Leonard, M. D., Minneapolis; H. Hutchinson, M. D., Saint Paul; J. E. Voak, M. D., Saint Paul; L. G. Wilberton, M. D., Winona. Sanitary Science—10 to 10:30. Chairman—Chas. Griswold, M. D., Saint Paul; W. H. Leonard, M. D., Minneapolis; J. E. Couper, M. D., Blue Earth City; Galen Allen, M. D., Red Wing. Anatomy, Physiology and Pathology—10:20 to 11:15. Chairman—C. W. Crary, M. D., Lake City; C. N. Dorion, M. D., Saint Paul; E. M. Bangs, M. D., Fargo; P. L. Hatch, M. D., Minneapolis. Clinical Medicine—11:15 to 12. Chairman—H. W. Brazie, M. D., Minneapolis; J. N. Wheat, M. D., Rochester; O. M. Humphrey, M. D., Minneapolis; A. L. Mahaffey, M. D., Minneapolis; E. Walther, M. D., Saint Paul.

Afternoon Session.—Business Session—1:30 to 2:15. President's Address—2:15 to 3. Zymoses and Dermatology—3:30 to 4:00 Chairman—J. W. Routh, M. D., Saint Paul; E. H. Grannis, M. D., Menomonee; E. G. Folsom, M. D., Minneapolis; S. M. Spalding, M. D., Minneapolis; Election of officers and miscellaneous business.

Our seventeenth annual meeting will be held in Saint Paul on May 15th and 16th, 1893, and you are earnestly and cordially invited to attend the same. Since we last met, the institute has published her transactions, and it is a source of pride to her to know that many of the eastern states are seeking to exchange their transactions with us. This fact, as well as knowing that each member of the institute owns a copy, should act as a stimulant to the individual members of our organization, causing them to take more pains with their papers, and inciting an emulation between the *bureaux*, each one determining, that so far as he, individually, is concerned,

his section shall be *more* fully and *more* ably represented than it has ever been before. Sincerely and fraternally, ARTHUR A. CAMP, Secretary
GEO. H. HAWES, President.

Correspondence.

INTERNAL VS. EXTERNAL TREATMENT.

MR. EDITOR: "Permit me," to *conclude* my say in regard to tinea. Dr. G. says, "It amuses me to see a Boston practitioner attempt to teach a Chicago physician," and that remark amuses *me*. Why not, *if they know enough*. We have some pretty good doctors in Boston. I will say I never had the least idea of attempting to teach Dr. G., or any other doctor; have never aspired to it, neither do I wish to accuse him of "violating Homœopathic practice" by applying Hyposulphite of soda to cure the ring worm, for there is nothing Homœopathic about it, but I feel I have a right to object to any one teaching such doctrine in a Homœopathic college and allow students to suppose it is Homœopathy. I have "looked into several reliable works," but I do not consider Tilbury Fox, or any other Old School doctor a reliable guide for the treatment of this and many other diseases. Tilbury Fox says, "Ringworm may be transmitted from the cow to man." Jermer said, another disease might be transmitted in the same way, but what doctor of common sense ever pretended to cure it by external applications. In speaking of Tinea, J. Lourie in his "Elements of Homœopathic Practice of Physics," says: "A majority of cases yield readily to Sepia. Morey and Hunt recommend it. Hull's Jahr says: "It is almost a specific." Jahr in his Forty Years experience recommends it. But in his "characteristics" quotes it as "a specific." Hering recommended it, then why can't we "little fellers" use it. I was informed thirty years ago by both Allopathic and Homœopathic doctors, that scabies was but a little animal, and was taught by the former to kill him. Kill him, I have just cured a lady who had been ailing for thirty-five years from having scabies cured (?) by Sulphur ointment. My friend Dr. Whiting, of Denver, has recently cured a case of diarrhœa of fourteen years duration, caused by killing itch animals with Sulphur ointment. When the diarrhœa disappeared the eruption appeared, to soon disappear without treatment. Let me ask the doctor what has driven the itch animal out of nearly all civilized communities, except by our burning Sulphur matches, and inhaling the fumes. He asks, "Wherein has Dr. C., the advantage over Tilbury Fox?" It is in having a law to guide him, and the power of attenuated medicines to aid him. I cannot send students to Chicago to be taught such doctrines as appear to be taught there. I have not sent them there because I have been well satisfied with the instructions given at Philadelphia, still of late years I have advised those who could be better accommodated, to come to Boston, or go to New York, or Chicago. If the doctor will call when he comes this way, I will try to prove to him that nothing in particular "ails me." By the way, we are to have "The American University" here, where they are to teach everything. Allopathy, Homœopathy, Eclecticisim, Phrenology, and I believe all kinds of religion, "Boston culture," etc. Among the names given as lecturers or

teachers, are Drs. "H. P. Gatchell, Cleveland, Chicago, and Cincinnatti," and "E. A. Gilbert, President of the Hahnemann Medical Association of Iowa.

What have those doctors against Boston University School of Medicine that they are to come here to lie down with the lions and the mules.

BOSTON.

A. M. CUSHING.

Materia Medica Department.

A STUDY OF *VISCUM ALBUM* (MISTLETOE).

BY WM. BOERICKE, M. D., SAN FRANCISCO, CAL.

We have as yet no thorough proving of this valuable and venerable drug. Dr. Huber, who has given us the most extensive clinical use of it based upon provings that he made on himself and others, never published the record of the provings themselves, and we are compelled to rely mainly on clinical symptoms.

According to Dr. Huber, its symptomatology is related to Aconite, Bryonia, Pulsat., Rhodod., Rhus, and Spigel, in arthritic and rheumatic complaints, and Hale mentions as analogues, *Azgaricus*, *Cicuta*, *Stramon*, *Cenante*, in the symptoms of the nervous system.

Its symptoms point especially to rheumatic and gouty complaints, acute or chronic neuralgia, worse in cold, windy, stormy weather, and in winter. In *sciatica* it promises to become one of our best remedies, and Dr. Huber reports several cases cured with the third potency. The following symptoms indicate its use in these affections: Pains, periodic, worse in bed. *Tearing*, shooting from above downwards, in both thighs as well as in upper extremities, with sleeplessness and prostration. *Tearing*, burning pain, extending whole length of limbs to ankle-joints; great sensitiveness of limbs, worse at slightest touch. Painful *tearing* in calf and ankles, then going to knee-joints and patella. Alternating pains in knee and ankle and shoulder and elbow. Right tibia much swollen in middle; digging, gnawing pain in tibia and dorsum and of foot, worse at night; violent, aching pain from within outward in right foot, compelling removal of boot. All symptoms are worse from *cold wind*, reminding of *Rhododend.*, *Rhus*, *Caustic*, the latter being worse in *cold*, especially the cold of winter. In *epilepsy* its successful employment is undoubted. Many cases are reported as cured or improved under its use. It seems especially adapted to recent cases, and such as are not connected with mental disturbance; thus for the lighter forms in children. In *chorea* it has been used with marked success; the tincture and lower dilutions quickly effecting a cure. In spasmodic and whooping coughs, its action is said to be so speedy that good results may be seen in twenty-four hours. *Viscum* has a special relation to the female sexual organs, and is frequently indicated in climacteric complaints. In obstetric practice it will be found useful for weak pains, like *Caulophyl.*, *Pulsat.*, and *Scalae*, and also for adherent placenta, here acting similarly to *Cantharis*.

Among the symptoms indicative of *Viscum*, we find: *Hæmorrhage* accompanied by pain, blood partly red and partly in clots; *hæmorrhages*

with violent contractive, labor-like pains; hæmorrhage continually, at one time in a stream, at another in clots of a blackish color. Pains periodic, proceeding from the sacrum into the pelvis, worse in bed, accompanied with *tearing*, shooting pains from above downwards, in both thighs as well as in the upper extremities, with sleeplessness and general prostration. Viscum is a remedy worthy of a thorough proving, but until such is made, its clinical indications will lead to many successful cures in chorea, epilepsy, rheumatic complaints and metrorrhagia.—*Cal. Hom.*

Neurological Department.

PROGRESS IN NERVOUS DISEASES.

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

The Hædaches of Adolescents.—The headaches of growing people are of such a character as to attract attention to them as being quite different from those ordinarily met with. They begin about the time of sexual development, and continue from five to ten years. *The Cincinnati Lancet and Clinic*, calls attention to this subject as follows: "A youth, possibly from eleven to twelve years of age, hitbeto in excellent health, intelligent, and acquiring knowledge with facility, is suddenly seized with severe headache. Frequently they are at first light and transient, and do not interfere with study; soon they become more frequent, more obdurate, and ultimately compel a cessation of intellectual application. * * * The pain is aggravated by mental application. When the malady is very pronounced the least study reacts painfully on the affected part. Sleep is enjoyed; the pain is usually absent or feeble on awakening, but occurs during the morning, especially if mental occupation is indulged in." The trouble is commonly first noticed while the subject is at school, and perhaps undergoing some little mental strain. However, study or mental applications of any kind so constantly aggravates the headache that the patients finds it necessary to refrain from all intellectual work. If the patient does this, and lives a do-nothing sort of life, he is comparatively free from headaches. I have known the simple taking of a music lesson, or the receiving of a few friends to induce so violent, an attack of headache in a subject of this trouble as to cause her to avoid anything of the kind for weeks afterward. In a number of cases under my observation, the retirement from school put an end to the headaches at once, but the resumption of study brought them on almost immediately. These headaches are different from many other forms of cephalalgia in that study develops them, they continue during mental strain, and disappear on refraining from mental work.

Spina bifida.—*The Weekly Medical Review*, gives an account of a case of spina bifida treated by Dr. Muirhead, by injections of Morton's Iodo glycerine solution. The tumor was aspirated on several occasions, and fluid varying in amount from six drachms to an ounce and a half drawn off. The deficiency of bone extended from the second lumbar to the second sacral vertebra. The tumor was finally half emptied, and twenty minims of the injection used, no unpleasant results following. Half a drachm was injected in the course of a few days, when the tumor rapidly shrank to the level of the surrounding skin.

Tetanus treated with Gelsemium.—The same journal contains an account of a case of tetanus, treated by Dr. Jno. B. Reed, who used the fluid extract of Gelsemium in doses of twenty minims every two hours. The second day the doses were increased to forty drops every two hours. No vertigo followed this use of the drug. The patient recovered.

Progress of the Medical Sciences.

Abnormal Somnolence.—M. Lasegue (*Journ. de Med. et de Chir. Prat.*, vol. liii, p. 437) relates several cases of abnormal somnolence. A bar-keeper was often taken with an irresistible desire to sleep while serving his customers, and, putting his glasses on the table, slept for a few minutes. A porter, in a glass merchant's, would stop in the street, lean against the wall with his basket on his shoulder, and sleep; then, waking in a few instants, would rub his eyes and go on his way. A young girl felt a great disposition to go to sleep in church, but managed to get home and go to bed, where she remained asleep for three days. A young farmer was out hunting, when he sat down in a field and went to sleep, his companions being unable to awaken him. He awoke in five or six hours, but the next day he went to sleep at the same time, and ever since has done so every day. This was a hypnotic sleep, which could be brought to an end by blowing on the face. He was nevertheless difficult to mesmerise in the ordinary sense. A young girl went to sleep always at eight o' clock, day and night, with or without a clock. A Belgian countess went to sleep regularly at nine o'clock, whatever she might be doing, and remained until the following day in the position she then occupied. Here catalepsy was joined to hypnotism. She recovered after two years.

Auscultation of the Mouth and Trachea.—Dr. Drummond, in a paper read at the last annual meeting of the British Medical Association and reported in the *British Med. Journal* of October 1882, p. 773, states that he heard on his own person, after violent exertion, a whiff synchronous with the cardiac systole, audible during expiration, the mouth being open. This led to an examination of cases of aortic aneurism. The patient being in the recumbent position, the bell-piece of the binaural stethoscope is introduced into the mouth to receive the expired air; should the sign be present, the expiration will appear to be interrupted at each beat of the heart by a whiff. Out of twenty-three cases of aortic aneurism so examined, the whiff was present in seventeen. Dr. Drummond has also gained valuable information from auscultation of the tracheal air-column in conjunction with percussion. The patient, sitting before the auscultator, is directed to hold a specially constructed oval piece of the binaural stethoscope in his mouth, and to breathe very quietly into the tube, taking care not to allow any part of the latter to touch his mouth; the observer, then, with the ear-pieces adjusted, percusses the front of the chest. By this method, great differences in the percussion-note are detected readily; and Dr. Drummond has been able to predict phthisis before there were really any marked changes by which the condition could be diagnosed. Pleurisy, pneumo-thorax, and other abnormal conditions of the chest, can also be detected in this way; and he strongly recommends its practice to all clinical workers.

Alcoholic Treatment of Pneumonia.—Dr. Domanski (*Deutsche Med. Zeitung* 1882, No. 35) discusses this subject shortly and clearly, and lays down the following general maxims as the result of his investigations. 1. In all slight cases of pneumonia, that is, in those cases where the pulse remains strong, and where the temperature does not exceed 104 deg., or the dyspnoea become urgent, he considers that the use of Alcohol is contra-indicated, and that it has a tendency to increase the extent of the lung-mischief. 2. It is likewise contra-indicated in cases of powerful, otherwise healthy, subjects, especially those under forty-five years of age. In childhood and youth, also, Alcohol appears to be of no service. 3. In all cases where valvular disease of the heart complicates pneumonia it should be avoided. Treatment by Alcohol is, however, indicated in such cases as the following. 1. Where there is reason to suspect muscular degeneration of the heart, as in cases of chronic alcoholism, provided always that no valvular disease be present. 2. In all cases where the patient is over fifty years of age, and free from heart-disease. 3. In hypostatic pneumonia. 4. In all cases, except those with valvular heart-disease, after a crisis has been fairly passed. 5. In persons inclined to collapse, without respect to the heart's condition, as being the best means of warding off oedema of the lungs. If this have once set in, however, the further use of Alcohol only prolongs life under hopeless conditions. He regards the unlimited and thoughtless treatment of every form of pneumonia with Alcohol, not only as a professional error, but as altogether to be repudiated.

Dry Gangrene from Local Application of Carbolic Acid.—Dr. J. B. Garrison relates the following case in the *Western Med. Rep.* About the middle of February last, a daughter of Dr. Childress consulted her father as to an onychia in process of development on her right index finger. She was directed to apply Carbolic acid; but, instead of applying a few drops to the affected part, she wrapped the entire finger, as far as the second joint, with several folds of linen, and poured on it to saturation pure Carbolic acid, liquified, and allowed it to remain all night. Next morning the bandage was removed; and, on the third day after the occurrence, when Dr. Garrison first saw it, the finger, as far as the second joint, was as black as jet, cold, perfectly anæsthetic, wrinkled and shrivelled, with sulci apparently clinging to the bone; it was hard as wood; in a word, actually mummified, with a line of demarkation entirely around the finger, indicating a complete separation of the dead from the living tissue. Although there seemed no possibility of saving the finger, as it had actually lost every vestige of vitality, he directed a small rubber band to be tied round the finger, near the metacarpo-phalangeal articulation, sufficiently tight to obstruct the reflux of venous blood without repressing the arterial supply. This was applied for five or ten minutes every hour, and kept up continuously for more than two months. The tissues of the finger gradually yielded to the mechanical pressure of the blood, and the digit resumed its shape and functions, except that it was entirely denuded of integument. The old skin was allowed to remain as a protective, and warm moist poultices, with oil and glycerine, were constantly applied to soften the tissues. The fortunate result of this case is an additional argument in favor of the principle of conservatism in surgery, which should obtain in all similar cases.

THE UNITED STATES MEDICAL INVESTIGATOR

"HOMOEOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, practical articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and close thought (the great sources of medical knowledge), on any subject pertaining to medicine.

MEDICAL MEN AS FINANCIERS do not figure very prominently. They are rated lower than any other class of men with any business pretensions. Said an ex-publisher: "Doctors are a queer set, very little business about them. They will take your journal till dooms day, but if you dun them, they get mad and fly the track." Our publishers tell us that there has not been a year since the panic that from \$6,000 to \$10,000 has been not been due them from delinquent doctors. There are in the ranks many, yes, very many honorable exceptions, physicians who owe no man anything, and always if possible anticipate the date of payment. There are many more who mean to pay, hope to pay, expect to pay, when they can. There are a number of sheer dead beats, who get all they can and *never* pay. They are not always poor men either. But most of the profession do not seem to have a grip on the principles of finance—collect early and promptly, and keep the debt always within the ability to pay.

Perhaps a few suggestions will help some poor collector. Stimulate the desire to pay the doctor promptly. This can be done in many ways. Never complain that people neglect you. If one does another will. How you run up a bill will much affect the collection of it.

When called to a case, learn all about the ability and willingness to settle with you. Of course you are to give the case proper attention. If able to pay, and they insist on great attention, you can go often, but even then it is wise to hint that you do not want to make the expense larger than necessary. That will bring them to make the declaration you want. The tone of their directions to you should have weight with you.

If you practice in a new country or in a section or town where the people change often, have it understood you do a cash business. After the first call, wait until they mention pay. If they do not, you may say in a pleasant way, "now you can prescribe for me," putting your hand into your pocket in a suggestive way. If they are poor and not able to pay a full fee, better make a discount, saying, "My usual charge is \$—, but I will make it \$— to you." Or you may say after the visit: "Let me know how the case gets on, that will save you a dollar," (or more if mileage is charged.) In that way you create an atmosphere of caution, and an impression that you expect your pay promptly.

With salaried men, arrange for them to pay you in installments. They will do it easier and feel better about it. Remember small accounts are easier collected than large ones, even from the wealthy.

Have a regular time for full settlements. In country practice the fall is the best time. In the cities, once a quarter should see the books clear. It is customary in Chicago and other cities to render bills monthly. In the meantime, it is best even in the country, not to let people forget "the doctor." You can take trade or produce, anything to help them settle up. Real business men who buy for cash and sell for cash, prefer to pay the doctor in cash.

It is sometimes a good thing to create emergencies. We knew a physician who every spring was "going to Europe," and of course would need all he could collect; another "had to meet a payment," and would need all he could get. "It would be a great favor if you could help me then," was his plea. Some medicine by express could be used to crowd up some delinquent patients. A little more business tact and business strategy by some of the profession, would save the whole profession from the charge of being "slow pay."

Gynæcological Department.

EXPERIENCE WITH OVARIAN TUMORS.

BY G. M. PEASE, M. D., SAN FRANCISCO.

Read before the California Homœopathic Medical Society.

In a paper presented to the California Homœopathic Medical Society in 1874, I gave brief history of ovarian diseases, a portion of which it will be necessary for me to incorporate in this connection.

There are three forms of ovarian tumors, fluid, solid and composite. To be exact in nomenclature, only those which are strictly within the structure of the ovaries should be classed as fluid tumors, but since it is difficult to always draw the lines of differentiation, it is common to class under that head hydatid cysts, ovarian cysts, and cysts of the broad ligament. Hydatid cysts may develop in the ovary, but so rare are they that it is hardly worth any extended comments. Ovarian cysts are those that develop within the substance of the ovary. It is a mooted point with pathologists as to the origin of these cysts. Every cyst has three coats, one external and serous, made up of the peritoneal lining of the ovary; another, fibrous and vascular consisting of the enveloping stroma much altered; and the third, a thin, shining coat, composed of fibrous structure, epithelial cells, and sometimes a deposit of cholesterine from the contents of the sac.

These cyst-walls may become as thick as an inch or an inch and a half. One case upon which I operated a few years ago, presented a cyst-wall nearly two inches thick; in fact, so thick were the walls that though the whole tumor weighed eleven pounds, only two ounces of fluid was contained within the sac.

These fluid tumors may assume several forms, unilocular, multilocular, multiple. The unilocular is simply a dilation of a Graafian follicle; but it go on to an immense size. The multilocular cyst is one in which smaller cysts develop either upon its internal or external surface. The multiple

cyst is simply the development, side by side, of several Graafian follicle, or of cysts developing independently. They are bound together by one envelope, but are, at the same time, cysts by themselves, and entirely independent of each other, though they are thus bound together by one envelope. Intercommunication *may* take place, but only of an accidental occurrence.

In the multilocular or multiple cysts the fluid contents are usually not as clear as in a unilocular cyst. It is frequently as thick as the white of an egg, or cold molasses, and sometimes cannot be made to run through a large canula.

It is of various colors, sometimes yellow, brown, red or coffee-colored, and in some cases like pus.

A case upon which I operated a few years ago, presented several colors and degrees of consistency. One cyst was of a bright amber color, and would flow through the canula; another was of a dirty-brown and semi-solid; and still another was quite red and bloody; while a fourth contained a mixture of amber colored fluid, with pus, in different degrees of fluidity.

As I have before noted, there is a variety of ovarian tumors called the solid tumor, which is the enlargement, by congestion or otherwise, of the substance of the ovary. A common form of solid tumor is that of the schirrus. Again, we have the composite, which is both solid and fluid. The most common of these is the fluid tumor, next will come the composite, for, although in the cystic formations there is frequently an atrophy of the ovary, yet quite as often is there a considerable degree of hypertrophy. From my own personal observation and research, I am inclined to think that the atrophy of the ovary is more common in the unilocular cystic formation than either of the other two forms of fluid tumors.

As to the cause of this ovarian disease there seems to be no settled opinion, but age seems to have some bearing upon it, and it is undoubtedly owing to excitements of different kinds during the age or duration of the menses, the most common age being between twenty and forty.

In brief, it may be stated that whatever tends to produce congestions is a prime factor in the development of ovarian tumors.

A patient with an ovarian tumor rarely has any evidence of its existence until it has increased to such a size as to make itself felt above the brim of the pelvis, or until the abdomen has increased in size. When the surgeon is consulted, soon after the tumor has left the pelvis, he will find it varying in size from that of a hen's to a goose's egg, and not unlike it in shape. It will be found to occupy a position to one or the other side of the medial line.

The best position for the patient to assume during an examination is probably upon the back, as, if the walls of the abdomen are thin, the shape of the tumor can be seen. But I am not usually content with this position alone, and request the patient to lie upon either side, and also to stand upright. To the touch it will usually be found to be circumscribed, somewhat elastic, unusually movable, and to a considerable degree prominent, and is rarely sensitive. At an early stage the general health may not be essentially affected. As the increase in size takes place it rises above the fundus of the uterus, may take a more central position, and the patient not become aware of its presence, because of having experienced no inconvenience from it, until it occupies the middle of the hypogastric region, and then she notices it only on account of her increased size.

As the tumor increases in size, gradually encroaching upon the abdominal cavity and pressing upon the viscera, it becomes less and less movable. Still it is marked in its shape, is elastic, and decidedly prominent. If the tumor be of the multilocular cystic form, the fluctuation is not so distinct, and ridges may be felt over the walls of the tumor. The presence of an ovarian tumor may be entirely devoid of constitutional symptoms, and the entire freedom from symptomatic derangement is a point of great diagnostic value in simple cystic disease, while if a different state of things exist it points strongly to the existence of malignant disease, or a more solid form of pelvic tumor; still, it is not uncommonly the case that a tumor which has assumed such size as to displace the neighboring viscera and compress them into a narrow compass will, no matter how simple or benign in its character, produce the most distressing symptoms. In the diagnosis, the existence of the menstrual flow is not at all contradictory of the presence of the tumor, since one ovary may be in a healthy condition; or, if both are tumified, there still may be some of the Graafian follicles in a healthy condition. And what is more remarkable as a physiological fact, the removal of both ovaries is sometimes followed by a regular red discharge, even for years, and until it is arrested at the usual climacteric period. Should a patient present herself with an enlarged abdomen, and we suspect an ovarian tumor, it is not always easy to confirm our suspicion, and it is only by differentiation that we may be able to arrive at a diagnosis. Those complaints most liable to be mistaken for ovarian tumors are fecal accumulation, extra uterine pregnancy, normal pregnancy, uterine fibroids, ascites hydatids, distension of uterus by fluid. I will only note the differences between the two most important, those of uterine fibroids and ovarian tumors, since they are often the most easily mistaken the one for the other.

First.—In uterine fibroids there is usually menorrhagia. In ovarian tumors menorrhagia does not exist as a symptom.

Second.—In uterine fibroids the uterus, measured by the sound, is enlarged.

Third.—In uterine fibroids the mass felt per vaginam is irregular, and continuous with the uterus. In ovarian tumors the mass is smooth, and not continuous with the uterus.

Fourth.—There is generally leucorrhœa in uterine fibroids, while in ovarian tumors there is none.

Fifth.—In uterine fibroid the sound placed in the uterus, and made to move the uterus, the tumor, felt by the hand on the abdomen, moves also, whereas, in ovarian tumors the tumor does not move.

Sixth.—In ovarian tumors the uterus is not so markedly displaced as in uterine fibroids.

Seventh.—In uterine fibroid the tumor is always hard, while tumor of the ovary, if fluid, fluctuates.

Having decided the tumor to be ovarian, it is next necessary to know its type, and when doubt exists, an exploratory tapping should be resorted to. If of fluid form, we might like to know whether it is multilocular or not, as a rule, if very large it is multilocular, but our exploratory tap will reveal the character by the appearance of the escaping fluid. To help us in prognosis we desire also to know whether there are adhesions. If it has developed rapidly, there are probably no adhesions, while, if of slow growth,

and there have been pains and inflammation, we can expect to find more or less adhesions.

We see every now and then a case reported as cured by the use of internal remedies, as will appear from the following: Dr. J. G. Gilchrist reports a case* that had previously been punctured by a trocar. The tumor was well defined in the right iliac fossa, about the size of a cocoa-nut. He gave Colocynth 200th, four powders, one to be taken every week. Subsequently a single dose of the 1000th, and later one dose of the 100,000th of the same remedy, the result being a cure.

Dr. G. Maguire says,†. "Palpation revealed a lump of large size in the left ovarian region, extending over the central abdomen. Great sensitiveness to the touch, and symptoms of general debility were present. After using Lach. 3 and Apis 3 with no effect whatever, I cured her entirely with Apis 30."

Dr. W. Tod Helmuth reports a case‡ in 1855, cured with Apis, and another, a patient of Dr. D. A. Baldwin, cured with Iodine; and also, refers to several others.

Dr. Carroll Dunham, in his "Homœopathy, the Science of Therapeutics," on page 488, reports an interesting and remarkable case cured with Colocynth 200.

It has fallen to my lot to have one well marked case yield to Ammon. mur. 200th. The following is the report as made to the Massachusetts Homœopathic Medical Society in 1870: "Miss F., aged twenty, unmarried, consulted me for symptoms which are too numerous to relate, but who had, I found, a tumor in the left ovary of about the size of a goose egg. Constant pain was felt in the region. From all the symptoms of the case, I was led to select Ammon. mur., as the remedy, which was given in the 30th potency. The first dose produced an immediate aggravation of all the symptoms, particularly of the pains in the ovarian region. The 200th potency was then given with a like result, but with less severity. Two doses of the 200th only were given. Within three months the tumor had entirely disappeared and no pain whatever has been experienced since the last dose of medicine was taken. She has been unusually well for the past five or six months."

Notwithstanding we have many authenticated cures with our drug remedies, still I believe it to be very poor policy to promise, or hold out expectation of, a cure by internal medication, because, taken in contrast with the whole number of such tumors, those cured without operation are few, while the many who may be positively injured are or may be many. There are instances in which delays are advantageous, and it is then advisable and highly important to do our best towards bringing about a remedial cure, as by so doing we are at least getting the patient into a better condition to stand an operation which may be finally necessary.

Several times have I noticed under such circumstances that the growth of the tumor has been materially checked and even stopped entirely. Two or three cases have occurred under my observation where the growth was stopped and remained in *statu quo*, the patients never experiencing any special inconvenience afterwards. In one of these cases the tumor was of the unilocular cystic variety, and nearly as large as an adult head.

*Medical Investigator, 1873, p. 632.

†do., 1874, p. 538.

‡do., 1876, p. 558, et seq.

Perhaps one great reason for failure to cure these tumors lies in the fact that the patients are so often unaware of their presence, until they have attained considerable size and have begun to grow rapidly, when there is a consequent breaking down of the general health, leaving less reactive power. I have said that there are cases in which delays is of advantage, but they do not form the rule, it being often better to operate at once, while the system is in its best condition. Hence, it may be stated that there is no efficient treatment for ovarian cysts but that of extirpation. It is the tendency of all these tumors to degenerate into a cancerous condition, or, at best, to form such extensive adhesions as to draw more directly from the life and vitality of the patient. Viewed in this light, it becomes the duty of the medical man to advise the extirpation of the ovarian cyst as soon as it shall have reached a size sufficient to exert any considerable pressure upon the surrounding viscera. Beyond this there is no safety in allowing them to remain, and there is practically no relief in any other direction. The surgeon should even advise against tapping, unless under pressure of circumstances, for temporary relief, because it delays an efficient remedy, and because the operation of tapping is not free from hazard, since out of the recorded cases treated by tapping nearly twenty per cent. died within a few days after the first operation. There may be instances where it is necessary to make an exploratory incision to decide whether ovariectomy is advisable; one such instance I shall refer to in a report of cases.

Consultation Department.

WHAT IS THE REMEDY?

I have a patient, male, seventy-three years old, has had liver complaint for twenty-eight years. Is now very sick, with what counsel and myself call typho-malarial fever, took to his bed nearly four weeks ago, for two weeks has had one prominent symptom continually, viz.: The moment he drops to sleep, respiration ceases for from fifteen to thirty seconds, followed by distress in regaining natural respiration. When he gets to sleep after much effort, he breaths heavy for from thirty to forty seconds, followed by scarcely perceptible breathing for twenty to thirty seconds. To-day for the first, I have seen when he sleeps, he breaths three heavy breaths in ten seconds, then gradually lighter, for thirty to thirty-five seconds, ceasing altogether for fifteen to twenty seconds, and opens again with the heavy breathing, to go through the same routine. His average breathing is sixteen to the minute. Pulse high, temperature below natural. Can you give me the *true similia* to the great symptom? If so you will confer a great favor to me, as well as many friends. I feel that unless the *similia* remedy can be found, the case is hopeless. Lachesis has put him to sleep twice, failed since. Carb. ammon. has no effect low. Spigelia had slight control twice only. Gels., Ac., Nux, Mercurius, etc., does not effect that symptom, have helped much in other directions. Morphine and Chloral, will get him to sleep for an hour, or hour and a half at a time, but are not curative.

C. D. WOODRUFF.

News of the Week.

Dr. T. H. Whiting has returned from his pleasure trip through Wisconsin. He reports the prevailing diseases are, whooping cough, diphtheria, pneumonia, measles, etc.

Medical Society Announcement.—(Secretaries will please keep this list corrected.)

The Chicago Academy meets the first Thursday of every month, at the Grand Pacific Hotel. Visitors welcome.

The Pittsburg Society meets monthly on the second Friday, at the Homœopathic Hospital Building.

The Clinical Society, (Chicago,) meets monthly on the first Tuesday, at the Grand Pacific Hotel.

The Philadelphia Society meets the second Tuesday of every month at the College Building.

The New York (City) Society, meets on the — of each month at the College Building.

The Indiana Institute of Homœopathy meets at Indianapolis, Ind., May 8th and 9th.

Ohio Homœopathic Medical Society meets at Columbus, May 8th and 9th.

The Cincinnati Society meets on the first Monday of the month.

The American Pædiological Society meets at Niagara Falls, June 18th 1883, (the day before the American Institute.) Headquarters at the International Hotel. Letters of inquiry and titles of papers should be sent early to the Secretary.

L. C. GROSVENOR, 185 Lincoln Ave., Chicago Ill.

R. N. TOOKER, Pres.

College of Physicians and Surgeons of Michigan (our Homœopathic society) meets every Monday evening at 174 Randolph street, Detroit.

Homœopathic Medical Society of the State of New York.—Semi-annual meeting at Ithaca, Tompkins county, Sept. 11th and 12th, 1883. Annual meeting in Albany, second Tuesday in February, 1884.

The St. Louis Society of Homœopathic Physicians and Surgeons will meet at 8 P. M., on the 2d and 4th. Monday of each month.

W. B. MORGAN, Secretary.

Illinois, meets in Rock Island, May 15th and 16th.

Michigan, meets in — May 15.

The Cleveland Society meets —

The St. Louis Society meets —

Minnesota, meets in —

Iowa, meets in —

Maine

Massachusetts, meets in Boston, April —

Wisconsin, meets in Milwaukee —

Where and when does your society meet, doctor? Are you on a committee? Is your report nearly ready? Let each member of the profession take deep interest in the societies this year and see if we cannot have rousing meetings all along the line. If you cannot be present, you can at least send in your regrets with the notes of a case. Let every member be represented.

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WHOLE No. 340.

Gynæcological Department.

OVARIAN OPERATION AND CASES,

BY G. M. PEASE, M. D., SAN FRANCISCO.

Read before the California Homœopathic Medical Society.

Operations for the removal of ovarian tumors have saved *thousands* of lives. McDowell removed the first ovarian tumor seventy-three years ago, and a cause of death previously, frequently reported as "dropsy," has now nearly disappeared from our mortuary records.

The method of operation is practically that of cutting through the abdominal walls at the median line, and afterwards taking such steps as the particular case demands. I did, however, once, in 1867, remove a small ovarian tumor of a semi-schirrhous character, by incision through the vaginal walls, but though that particular case resulted well, I would hardly advise such a method, except in rare instances in which the surgeon is absolutely sure of an entire absence of adhesions, except perhaps, at the pendent or vaginal point. Since having more experience in gynæcological operations, I am now rather inclined to think that the operation referred to was a risky one for me to have done. I doubt if, I should attempt it to-day in an identical case, even though it had been done in at least seven other instances.

Dr. T. G. Thomas reports a case in his "Diseases of Women," 1874, p. 733 where the cyst was "equal in size to a large orange * * * and could readily be pushed out of the pelvic cavity." Dr. R. Davis in "Transactions of the Medical Society of Pennsylvania," 1874, reports a case in which he tapped the cyst per vaginam, and afterwards removed it,

Dr. J. T. Gilmore, of Mobile,* Dr. Robt. Battey,† Dr. C. E. Wing,‡ Dr. W. L. Atlee and Dr. Wm. Goodell,|| each report a case all of which resulted favorably. The mortality from ovarian operations, if not too long delayed, may be reduced to a small percentage, and hence ovariectomy, if skillfully practiced, may be resorted to with little hesitation. The differences among surgeons have, in many instances, been as to the method of treating the pedicle after excising the tumor.

As early as 1866 I was led to believe that the use of clamps was an entirely useless proceeding, and in my first operation after that conviction, I made a bold stride toward freedom from their use, and with such success as to demonstrate, beyond cavil in my own mind, that clamps were decidedly injurious. Some of the great objections which have been held out against the return of the pedicle to the abdominal cavity, have always been the fear of hæmorrhage, which, after the closure of the wound, could not be readily arrested; another that ligatures to the severed arteries would cause suppuration, because acting as foreign bodies, and the absorption of the result-

* New Orleans Med. & Surg. Jol., Nov., 1873, p. 241.

† Atlanta Med. and Surg. Jol., 1874, p. 146.

‡ Boston Med. and Surg. Jol. 1876, p. 516.

§ Trans. Am. Gynæcol. Soc., Vol. II., 1877, p. 267.

ing pus would bring about fatal results. All this I believe I obviated by using what is called silkworm gut. This was soaked in carbolized water. Thus far I have pursued this plan, and see no reason for abandoning it. The late Dr. G. D. Beebe, of Chicago, published a report of cases in which he discarded the use of the clamp, some of which he ligatured, but afterwards used torsion only, saying "that torsion of an artery, if it fails at all, will fall upon the operating table, where it can be remedied, and under its use secondary hæmorrhage is unknown."

While I believe that much depends upon the after treatment, and that in this Homœopathy stands pre-eminent, still I am unable to give such statistics as I would desire, owing to the laxity on the part of many to whom I have applied for reports concerning their successes and failures.

I will now give a few cases, reporting only one of them, however in full, and this one is chosen because it presented rather more difficulties than the others. It will also serve to illustrate the method I pursue in the treatment of the pedicle.

About August 1, 1871, was called by Dr. J. A. Gale, of West Medway, Mass., to see Mrs. A., aged sixty-three; nervous temperament; spare habit. Many years ago she had a fall and struck upon a chair, in the region of the right ovary. Since which time has had more or less trouble in that region, but never to give her any serious inconvenience, until within the past two years, when she complained, and has ever since, of pain and soreness, and has felt an increasing tumor. I found her abdomen much distended, some fluctuation over the front of the tumor and upon the left side. At the right side the tumor appeared to be both solid and composed of several cysts, with some adhesions upon the lower border. From the extended fluctuations I diagnosed ascites, in addition to the ovarian dropsy. The patient was very much haggard in expression, had a slight cachectic look, and was greatly troubled with dyspnoea.

The heart was hypertrophied to some extent, and had been so for several years. She was scarcely able to go about the house, and for two or three weeks previously had been rapidly increasing in size, and suffered extreme pain.

She was told that the chances of success, considering her age and the advanced stage of the disease, were very small; but still she consented, and even wished for the operation. On the 17th of August, assisted by Drs. H. C. Clapp, of Boston, J. A. Gale, of West Medway, and Russell, of Melford, I performed the operation. When fully etherized, a small incision was made into the skin, and a trocar introduced, with the intention of first drawing off the supposed abdominal fluid; but, notwithstanding the care that was used in its introduction, the sac of the tumor was punctured. The escaping fluid was quite thin, but afterwards more albuminous, and finally there came out a thick pus, which completely stopped the canula. The incision was then increased in length, and the tumor laid bare. Abdominal dropsy was not found to be present to any great extent. The tumor as it was first seen, consisted of a large sac with irregularly thick walls, they being in some places evidently very thin. After being entirely evacuated of its contents, examination was extended, when the tumor was found to be adherent by small bands along the sacral and lumbar regions, and by firm fibres to the fundus of the uterus and bladder, the ureter upon the

right side was also involved in the attachment. Upon the left side there were slight attachments with the small intestines, which were found in a highly inflamed and ulcerated condition. All the attachments were quite easily broken with the hand, except those to the uterus and bladder, which had to be cut away, leaving a small portion of the attaching fibre, as its growth was so intimately connected with those organs as to preclude their separation by dissection. After all the adhesions were separated, the tumor was lifted out, showing a pedicle about three inches in length, and two and a half in breadth. Torsion was made of all small arteries met with up to this time, which were few. The pedicle was grasped by a pair of forceps, in order to hold it in position, while the tumor was cut away. The pedicle remaining, about an inch and a quarter in length, was ligated with carbolized silk-worm gut, in a stitching manner a double thread of the gut was passed in near one side of the pedicle and one of the threads stitched back again, each of these threads was then tied down; this was continued until the whole breadth of the pedicle was stitched, a knot being made at each stitch, and the gut being cut close to the knot. After being assured that there was no hæmorrhage from the pedicle, it was dropped into the cavity and the external wound closed with silver sutures. Over the external wound was then placed a piece of thin muslin, saturated with collodion, and a thick coating of collodion applied over this. There was during the whole operation no hæmorrhage, beyond the slight oozing of nutrient vessels of the outside. The sponges used in the operation were washed out in carbolized water, and after the wound was closed, a cloth wet with carbolized water was kept constantly upon the abdomen.

The patient came out of the ether easily and quickly, and beyond the feeling of soreness at the point of incision, felt better than before the operation. The pulse was 84 at the beginning and did not change during the whole time of the operation, nor for several days afterwards, and with the exception of a few days did not vary essentially from that rate. The tumor was multilocular, but the smaller cysts were quite small, and were all in immediate connection with the substance of the ovary. The weight with fluid saved was fifteen pounds; much of the fluid had been absorbed by sponges and was not weighed. There was an evident schirrus condition of the ovary. The large cysts had commenced suppurating in the region attached to the intestines, and the intestines partook of the inflamed condition before mentioned.

It was evident that but few days could have elapsed before bursting of the tumor would have taken place, and of course death would have followed the discharge of its contents into the abdominal cavity. The subsequent treatment consisted in meeting symptoms as they became manifest. There was for a time, retention of urine, which necessitated the use of the catheter; constipation was also present. About the latter part of the second week the patient had a diarrhoea, followed by a severe hæmorrhage, or discharge of partly disorganized blood from the bowels. The principal remedies used in the after treatment were: Arnica, Arsen., Bry., Bapt., Canth., Hepar, and Nux v. She also took two drops of Carbolic acid, diluted in water twice a day for fully three months.

The external wound, which was six and a half inches, healed by first intention, except at two places the size of a barley-corn, from which only a

few drops of pus had escaped. For a time the most trouble was experienced in the region of the bowels, at which the tumor had made attachment to the intestines, and it is probable that the hæmorrhage, spoken of, came from the intestines at that point. The diet at first was plain and simple, but gradually the ordinary food was allowed, and she rapidly gained in flesh and strength. The lady remained in good health for several years after.

Mrs. B. This was a case operated upon through the vagina. A hard fibro-schirrus mass weighing sixteen and one-half ounces was slightly adherent to the vaginal walls in the region of Douglas' cul-de-sac. An incision through the vaginal walls allowed the tumor to be brought down, and the long pedicle was ligated and slipped back into the cavity. Sutures were taken in the vaginal walls and a good recovery made.

Mrs. C. Age twenty-nine. General health had been good, but recently had been rapidly failing. A multilocular cystic tumor was removed weighing twenty pounds. There were four cysts, each containing fluids of different colors and compositions (as previously referred to p. 13). Recovery.

Mrs. D. Age forty-seven. The ovary in this case was fibrous nearly solid. In the centre was a small amount of fluid, not more than two ounces, of a dark brown color and having a sickish smell. The whole mass after removal weighed eleven pounds. The recovery in this case was very slow, probably owing to the fact that the patient was in an extremely low condition before operating. She had become mentally morbid and did not care whether she got well or not, and only submitted to the operation because her friends insisted that it was a duty she owed to her children.

Mrs. E. Age fifty. A small tumor of decidedly schirrus character. She had experienced severe pains at intervals, and the skin began to assume a waxy look. During the operation several points of adhesions were discovered, one to the uterus by a slender band about three inches long, and another to the peritoneum. The weight of this tumor was about fifteen ounces. My favorite Carbolic acid after treatment was persisted in for seven or eight months after the operation, and when last heard from (some six years afterwards) the lady was in good health.

Mrs. F. Age thirty-five or thirty-six. A multilocular tumor weighing only three pounds. Scarcely any adhesions, slender and short pedicle. Recovery rapid. Menstruation took place about ten days after operation and appeared perfectly natural.

Mrs. G. This case presented a few unusual symptoms. The lady aged about thirty, first complained of feeling a lump in the groin, which did not inconvenience her beyond giving her the idea that something was wrong. Her family physician at first was inclined to think it only a dislocation of the uterus. This condition, however, did not last long, as the growth increased rapidly. She emaciated in proportion as the tumor grew; albumen in large quantities was found in the scanty urine. A surgeon to whom she first applied advised tapping, as he pronounced it, ascites. The operation was attempted with a small trocar, but there was no flow; a larger trocar being then introduced, a small quantity of thick fluid was discharged. Then followed the diagnosis of cystic tumor of the ovary. Rest was advised, but it soon became evident that unless some radical operation was made, the rest would be eternal.

Being called by the two physicians about a week after the tapping, I advised an *immediate* operation. Ether was administered while I went for my instrument. An incision being made in the median line, the cyst was found to cover or to have misplaced everything in its vicinity. A free opening was made, and we saved two water buckets full of fluid. There was but one cyst of any size, a second one only containing perhaps half an ounce of fluid. The patient rallied slowly, albumen disappeared from the urine, and ultimately she was as well as ever, well enough to give birth to a fat boy two and a half years after the operation.

Miss H. claimed to have had an operation for the destruction of the ovaries, to prevent her having children. The abdomen gave evidence that such an operation might have been attempted. Examination showed both ovaries enlarged and apparently cystic. An operation being made, both were removed, one being found to contain nearly a pint of pus, and the other a sac of fluid in which floated a fetus about two inches long. A tolerably quick recovery took place, when she was free to follow the life voluntarily chosen before her narrow escape from death's door.

Mrs. I. A lady about sixty years of age, had been growing "stout" for a long time. Had been frequently examined by different surgeons, all of whom were of the same opinion, viz: that she had a cystic tumor of the right ovary. Desiring Homœopathic after-treatment, she came to me for operation. Examination revealed as I thought, a large fibroid mass with extensive adhesions, and only a comparatively small amount of fluid. It was my opinion that the tumor could not be removed, but as the patient was evidently near the end, and all were anxious for an operation, I consented to make an exploratory incision and do what I could for their relief.

The patient not living in the city, I took with me two assistants, and found upon my arrival a room full of Allopathic M. D's., one of whom said he had come to help me out, as he did not believe any Homœopath could do any surgical operation. A small opening was made, and revealed a solid mass of fibre extending a little past the median line to the left, and still further to the left, a cyst with thick fibrous walls. It was with the greatest difficulty that the adhesions were overcome enough to allow the cyst to be reached sufficiently to introduce a trocar, through which was drawn about one gallon of fluid. The removal of this fluid caused considerable collapse, but still the adhesions could not be broken down enough to allow of removal of the mass. All present agreed with me that nothing further could be done. The wound was dressed, and the patient had a short period of comparative relief from the pressure hitherto existing, but died shortly after.

The only benefit arising from the partial operation was the temporary relief, and the probable prolongation of her life for a few weeks.

In all of these cases where the tumor was removed, I ligated the pedicle with the silk worm gut, and did not use any clamp; the external wounds were closed as tightly as possible and even made air-tight by a covering of collodion. The utmost care was always taken to have everything used in the operations perfectly clean; the sponges, though chemically cleaned, were rinsed in carbolized water, and no hand was allowed to touch the patient during the operation, unless it had previously been washed in carbolized water. The sponges were not rinsed in carbolic water after the first cleansing.

Listerism.—In this connection, I will refer to the Allopathic furore started by Lister, and the method advised by him, and now generally known as Listerism. In my opinion it has had its day; its devotees have been legions, but the more observing and careful ones are beginning to think for themselves, they having blindly followed their leader—Allopathic like—long enough.

From the *American Journal of Obstetrics*, for July, 1882, I will make a few extracts, bearing upon the subject of Listerism in ovarian operations.

Dr. Edward W. Jenks, of Chicago, Ill, says: "My work in the past year comprises five cases, with three recoveries and two deaths. The two fatal cases were operated on with Listerism, carried out in all its details. One I am convinced died from carbolic acid poisoning, and the other from peritonitis, caused, I thought, by the carbolic acid. In one of the successful cases, the operation was begun under spray; but owing to the failure of the two atomizers early in the operation, I feared disastrous results. But, on the contrary, the patient rapidly recovered. With the remaining two, atomizers were used in the room preceding the operation only. Every precaution was taken to have everything about the patient, operator, assistants, operating table and instruments absolutely clean. No carbolic acid was allowed to touch the peritoneum. The abdominal wound was dressed with oiled silk, gauze, etc., after the usual method. No drainage in any instance."

Dr. A. F. Erich, of Baltimore, Md.: "I am not convinced of the value of Listerism in ovariectomy. I have not observed any especially good results from it. I question the value of the drainage-tube."

Dr. Geo. J. Englemann, of St. Louis, says: "Avoid routine Listerism, and especially the carbolic spray over the hand of the operator, and into the abdominal cavity. Cleanliness, not carbolic acid, is necessary. Keep sponges clean and warm, but not carbolized; avoid carbolic acid about the peritoneum and open surfaces. Ligatures, sutures and instruments should be clean, but not carbolized."

Dr. R. F. Weir, writes; "I am still an advocate of full Listerism in abdominal surgery. Its effects upon the patient is not a serious objection. The spray should be a very fine one, and discretion should be used in keeping it too long in contact with the peritoneum. I have not seen, when properly used, any poisoning from carbolic acid in operations involving the peritoneum, and only a slight elevation of temperature and passing tenderness along or adjacent to the wound afterwards. As to the effects upon the surgeon, other than the annoyance of roughened hands, or from the obscuring of eye-glasses, when required, I have not perceived any in myself or in my colleagues, or assistants. * * * The error made, even by competent surgeons, is in using the carbolic acid too much or too freely."

Dr. J. E. Janvrin says: "I believe that patients have a better chance of recovery under Listerism than without it, other things being equal. Still, I do not think it at all necessary to have the spray directed upon the patient. Only enough in the room to carbolize the air."

Dr. J. Byrne says: "With regard to thorough Listerism, I have never believed in it or practiced it in a single instance. My opinions as to the evil effects of carbolic acid spray on peritoneum surfaces, though in one sense entirely theoretical, are quite in accord with Thomas, Keith, Bantock,

and others of their way of thinking. Nevertheless, while I look upon 'Listerism' as a chiralurgical craze, I cannot but feel that surgery, and consequently humanity, may both gain much by it in the long run. In fact, it is accomplishing for surgery what infinitesimal medication has done for legitimate and rational therapeutics."

Dr. Paul F. Munde writes: "I have never used the spray, believing the wound to be sufficiently disinfected by the precautions mentioned. I am confident that this scrupulous attention to cleanliness by thorough disinfection of *everything* and *everybody* connected, however remotely, with the operation, has enabled me to obtain perfect union with entire absence of febrile reaction in a large number of plastic operations on the cervix, perineum and vagina at times when (as was particularly the case during the past spring) wounds were healing badly, septic infection was exceedingly frequent, both in hospital and private practice, and several hospitals had been entirely closed to any operation."

Dr. Horatio R. Storer says: "As to effect on patient, outside from its alleged specific property, like every other surgeon, I have seen it occasion both local and general disturbance. * * * As to its germicidal power, I used to think it essential." But he says further, that he has lately modified his opinion, and adds: "I now say that, if *properly* used, it should do no harm."

There are others who are still firm believers in Listerism, and who will stick to it to the last, though many of them qualify their remarks and actions when it comes to operations within the abdominal cavity. From the above quotations it will be seen that even those who do apparently uphold the method, have in reality, condemned it, because not one of them professes to believe in or to practice *true* Listerism. It amounts simply to the fact that cleanliness is of advantage in all cases, and I believe it is of particularly imperative importance in ovariectomy, as there is liability to more rapid absorption of impurities here than in any other part of the body, and an inflammation is also more hazardous. While I do not favor Listerism as recommended and applied by Lister and his followers, I still think he has done a good thing in calling attention to the necessity of preventing, as far as possible, the dangerous consequent upon unclean operations; but while the practice of this "ism" is carried out by many in the use of the spray and dressing, it may happen that some things of more real importance may be overlooked. Not an instrument, sponge or hand should touch a patient, being operated upon within the abdominal cavity, that has not been cleaned or rinsed in carbolic water and afterwards in pure water. And I regard it as equally important that not a particle of carbolic acid should be applied, or allowed to come in contact with a wound in this part of the body within twelve hours after operation, or until reaction is fully manifested.

ILIO-LUMBAR NEURALGIA SYMPTOMATIC OF UTERINE DISEASE.

When a woman complains of severe pain in the loins, or the iliac region, one should always look for the neuralgic points. (1, the lumbar, 2, 3, 4, along the course of the ilio-abdominal branch of the lumbar nerve and, 5, the uterine neck.) After recognizing the ilio-lumbar neuralgia, we should

examine the vulva, the vagina, and the uterus and its appendages. If we discover any inflammation, it is evident that the neuralgia is secondary to it. If, on the contrary, as most frequently happens, there are no signs of an acute affection, we must look for metritis, whether catarrhal or parenchymatous, and also for induration in one of the culs-de-sac, for adhesions, displacements, fixity of the womb, and the evidences of a chronic pelvic peritonitis. Ilio-lumbar neuralgia may be exceptionally present during pregnancy, and we must, therefore, be careful not to overlook it, nor to do any harm by our examination. In two-thirds of the cases of this disease, the uterine and vulvo-vaginal hypersecretion is present. The secretion of a liquid of the color and the consistence of the white of an egg will attract attention to the present or the previous existence of ilio-lumbar neuralgia. In four-fifths of the cases, the general predisposing causes of the disease, viz., nervousness, hysteria, a lymphatic tendency and syphilis will be found. Each of these causes will present a different indication, and the general condition of the patient should become the object of a serious study.—*Trans. from the French by Dr. R. Ludlam in Clinique.*

Clinical Medicine.

PREVAILING DISEASES AND REMEDIES.

ONEONTA, N. Y., April 10.—We have just emerged from an epidemic of measles, of which there have been about 1,500 cases since January 1, Acon. and Gels. have been the main remedies. Pneumonia has prevailed quite extensively especially among the children. Homœopathy has proven itself equal to every emergency, and numbers among its adherents here, as elsewhere, the most intelligent and substantial classes.

Your weekly visits are greatly appreciated, and I sincerely trust that the profession will not be slow in recognizing and nobly sustaining you in your enterprising venture, which I hope and believe will prove abundantly successful. I shall esteem it a privilege to urge my co-laborers to become subscribers.

O. E. PRATT.

THE CUMULATIVE TENDENCY OF THE DIPHTHERITIC CONTAGIUM.

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There is a phase in the clinical history of diphtheria, which has impressed itself upon me more and more, during several years past, and which I have not seen commented on nor even mentioned by any of the special writers on the subject. I refer to the cumulation, under certain circumstances, or perhaps I should say, *intensification* of the contagious element in this dread disease, by reason of which, a second case, in an infected family, is pretty sure to be more severe than the primary one.

I do not mean by this that such is *always* the case; nor do I mean to state that the first case in a given family is necessarily mild and the next one necessarily severe or fatal; nor again do I mean to assert that a second case

always or usually occurs in a family where a number of children are exposed to it. On the contrary, in my experience, the rule is that only a single member of a family is affected, however large the family may be, and there is usually a non-extension of the disease to the other members.

But in the exceptional cases, where there is an extension of the disease from one member to another successively, if the first case is a mild one, and especially if the extension be from an older to a younger member of the family, the second case is likely to be a more severe and probably a malignant one.

In order to make this point as clear as possible, and to demonstrate just what is here meant, I have gone over my note books for the past eight years, and noted all of the multiple cases of which I have preserved a record and herewith present them in tabulated form.

Record of twenty families in which more than one case of diphtheria occurred consecutively.

NUMBER IN FAM- OF CASE.	NO. SICK IN FAM- ILY.	CHARACTER OF PRIMARY CASE.	RESULT OF DITTO.	CHARACTER OF SUBSEQUENT CASES.	RESULT OF DITTO.
1	2	Mild.	Recovered.	Malignant.	Died.
2	2	Mild.	Recovered.	do.	do.
3	3	Severe.	Recovered.	do.	One recov'd.
4	2	Severe.	Died.	do.	Died.
5	2	Mild.	Recovered.	do.	Recovered.
6	4	Mild.	Recovered.	do.	Two died.
7	2	Mild.	Recovered.	Mild.	Recovered.
8	3	Severe.	Recovered.	Mild.	Recovered.
9	2	Mild.	Recovered.	Severe.	Recovered.
10	2	Severe.	Recovered.	More severe.	Recovered.
11	2	Severe.	Died.	Malignant.	Died.
12	2	Mild.	Recovered.	Malignant.	Recovered.
13	2	Mild.	Recovered.	Malignant.	Died.
14	2	Mild.	Recovered.	Mild.	Recovered.
15	2	Severe.	Recovered.	Malignant.	Recovered.
16	2	Mild.	Recovered.	do.	Recovered.
17	3	Mild.	Recovered.	do.	Died.
18	2	Mild.	Recovered.	do.	Recovered.
19	2	Mild.	Recovered.	do.	Recovered.
20	2	Mild.	Recovered.	do.	Recovered.

From this table it will be seen that in fourteen of the twenty families, the first case was mild in type. Indeed in several of these primary cases, I was in doubt as to the correctness of my diagnosis, until the second case had developed itself. Again it will be seen that only two of the first cases proved fatal, while seven of the subsequent ones died; while all but two of these latter were either severe or malignant. I use the terms mild, severe and malignant in the sense of positive, comparative, and superlative. In only three out of the twenty multiple cases here recorded was the second case milder than the first one.

This is the more significant and impressive, because it is fair to suppose that the physician in attendance upon a first case in a family, knowing the contagious character of the disease, would naturally be on the alert, and more apt to recognize the initial lesion in a second case, than would a patient or even an experienced physician, dealing with a sporadic or primary one. Seventeen of these tabulated cases occurred in my own

private practice, while in the others, I was called in as consulting physician.

If time and space permitted, it would be interesting to describe and analyze all of these cases in detail, but a brief history of two or three will answer my present purpose equally well.

Case number two in the table was a typical one. Miss Jennie M., living with her married sister, who was the mother of one child, two years old, was taken sick with diphtheria No. 20, 1890.

The case is recorded as "mild," because there was little or no glandular enlargement, and but little evidence of general blood poisoning. The urine was slightly albuminous for a time, and subsequently there was some paralysis of the muscles of phonation. On the tonsils, uvula and fauces, there was considerable tough characteristic membrane, which did not entirely disappear for upwards of three weeks.

The patient occupied a back room on the second floor, while the family, including the baby above referred to, occupied a bedroom off from the parlor below. The child for two weeks had been rigidly excluded from the sick room, and confined to the parlor floor.

During one of my visits, however, the mother having gone to the basement for something, the baby crept up stairs and "peeped" at its aunty through the half open door. It did not enter the room and did not stand by the open door for more than a minute. However it was taken with malignant diphtheria, three days later and died, after a weeks illness.

Case thirteen is equally to the point. The first case in this family was Mr. A., a broker; father of an only child, a boy seven years old. At the time of his sickness, Mr. A., had just returned from an eastern trip, and sent for me in the absence of his family physician, Dr. Ely. He complained of a sore throat, which he attributed to a cold, taken on a Pullman Sleeper. He attached but little importance to it; said he had had dozens of sore throats just like it; but two days later he remarked to me that somehow there was something about this attack which was different from anything he had ever had before. There was more pain on swallowing, more sense of debility; and yet I had hard work to keep him in bed for even a single day. There was but little membrane on the faucial surfaces; he was decidedly better on the third day, and was out of the house in a week. So mild was this case, that while I insisted upon it, that it was a genuine case of diphtheria and treated it as such. I entertained private doubts on the subject. In this case isolation was impracticable, because the family were in a boarding house, occupying the back parlor and bedroom adjoining. However I interdicted kissing and all personal contact between father and child even after the former was up and dressed.

About a week after discharging the case, I met Mr. A., down town, who told me that his little boy had a chill that morning and was not feeling well when he left home. If not better when he returned he said he should bring him to my office for some medicine as he thought he had ague. I heard nothing more of the matter for nearly a week, when I was summoned at midnight, to come as speedily as possible to Mr. A's house to meet Dr. Ely in counsel. On my arrival the most horrible spectacle was presented, that I think I ever witnessed. The child was bloated out of all semblance to the beautiful boy I had seen before. His countenance was livid, his eyes wild and rolling, and he was half audibly importuning his half crazy mother

to put on his clothes, that he might go out and walk. His clothes were not half on when he fell over on the bed a corpse. The duration of his illness was five days, as I learned afterwards from Dr. Ely.

My friend, Dr. L. C. Grosvenor, had a most lamentable illustration of the correctness of the view here taken in his own family, during the past winter, and the history of the case is so full and complete, as to origin, cause and course, that I will briefly narrate the essential facts. A word as to the sanitary condition of the doctor's residence. It stands on high ground; on sandy soil; is a large and commodious frame residence, so isolated from other dwellings, as to have ample light and air on three of its four sides. The basement is high and dry; the yard large and exceptionally clean. The doctor himself is a well known sanitary expert, and is an intelligent and practical rather than merely a theoretical or dogmatic one. In all sanitary matters, he practices what he preaches. The plumbing throughout his home is of the best, and is never allowed to get out of repair. Special ventilating pipes extend from the basement to the chimney tops. In short, a thorough inspection of house and premises convinced me that nothing local could invite the ingress of contagious disease.

This was about the state of affairs on the day before last New Year's, when the youngest child, aged two years, was taken sick with what proved to be diphtheria. Contrary to the usual custom, the child was bathed before breakfast on the morning of the day it was taken sick, in a room which was noticed at the time to be a little too cold. About noon the child began to have fever. In the evening it had seven spasms in the course of four hours. By noon of the next day, or within twenty-four hours of the beginning of the fever, diphtheritic membrane was observed on the tonsils. The true nature of the disease was immediately recognized; the sick child was isolated from the other children; the disease ran a protracted but typical course, and recovery gradually took place.

Before the disease was recognized as malignant, or I should rather say, as contagious, and isolation established, a little sister, nearly two years older was permitted to play with the sick one, and on January 4th, or five days after the beginning of the first case, this second child came down with the same disease and died four days later.

The first case was of the mild or catarrhal form and in my opinion, was the product of cold, *plus* a something else, which as yet we do not understand. The second case was a very malignant one, and was undoubtedly communicated from the first case by direct contagion; and if so, the contagious principle must have been developed, and been transmitted during the first twenty-four hours after the inception of the disorder.

There were two other children in the house at the time, who did not take the disease, but they were considerably older than the ones affected. I should state that Dr. Grosvenor had not attended a case of diphtheria, nor any of the infectious or contagious diseases, for more than a month prior to this sickness in his own family. Furthermore, the child that died, was previous to her sickness, a perfect type and picture of infantile health. Her cheeks were round and ruddy. She was lithe and agile, full of life and spirits. The doctor was in the habit of taking her to drive with him for an hour or so, almost daily when the weather was suitable, and up to this fatal illness she had never been sick a day in her life.

Here then we have an instance of a perfectly healthy child, stricken down even unto death by contagion, arising from, or coming from a case of diphtheria, of so mild a type that ordinarily we should have called it merely a "diphtheritic sore throat."

I am also indebted to Dr. Grosvenor for the history of the following case: In a family of four children, ranging from two to ten years of age, all of them were successively taken down with diphtheria, the date of their manifesting the first symptoms of the disease varying from two to eight days after the first case became clearly pronounced.

The first case was a mild one and recovered. The second and third cases died. The fourth case was removed from the infected house before falling ill, but came down the next day, and although recovery eventually took place, it was far more severe than that of the primary case.

Time and space will permit the mention of but one case more. Mrs. W., a lady past middle life and somewhat broken in general health by child bearing and chronic ailments, was taken sick with diphtheria, Nov. 17, 1882, and after a tedious illness of some three weeks duration, died from exhaustion. A lady friend of hers, living a few blocks away was very attentive, during her whole sickness, visiting her almost daily. On the day of her death this lady stayed longer than usual from home, and her little ten year old daughter, becoming anxious, went to the house to inquire what had become of her mother. She had been rigidly excluded from the house of the sick woman hitherto, but now was admitted to the hall in a room off from which lay the corpse. Here she remained for less than five minutes, when her mother accompanied her home. Within three days she was taken sick with malignant diphtheria, and died two days later.

Similar cases to those already detailed could be multiplied indefinitely, for since the table as given above was prepared, I have heard of numerous other multiple cases in the practice of other physicians of precisely the same character and showing the same tendency of the poison (?) to intensify itself and communicate a malignant malady from one in which the primary contagion was *apparently* sporadic, or autogenetic in its origin and the disease itself as primarily manifested, of the mildest possible type.

In this connection, there is a clinical fact of much significance and having a direct bearing on this subject as herein set forth, namely: in the large majority of cases where the contagium seems to be intensified as it extends from the initial to the subsequent ones, the cumulative potency, or intensification is most marked; *the older in age the person first affected as compared with the second or subsequent ones*. It is needless to specify cases in illustration of this fact, for in those here tabulated there is scarcely an exception to the rule.

I leave others to explain the why and wherefore of this, contenting myself at present with the simple statement of fact.

Is the relationship between mild and malignant diphtheria as herein set forth only apparent, or is it real? Has my experience been peculiar and exceptional or can one case, so mild as to be of doubtful character, give rise to one so malignant as to prove fatal in a few hours or days? It is a well known fact that epidemics of all the contagious diseases present at times, great variances and sometimes anomalies. Physicians of equal candor and equal powers of observation, see cases in the same epidemic and same

locality very differently. It may be that my experience has been unique, and that of others very different, but so often has this feature or phase of the disease come to my notice, that I have come to dread a second case in a family, especially if it occurs in a younger child, far more than I do the first one. If there is any real foundation for this dread; if there is a grain of truth in the deductions which naturally follow this statement of facts as I understand them, then it emphasizes the necessity of strict isolation of every primary case occurring in a family where there are other children, and it materially modifies our prognosis in second and subsequent cases when they occur in such a family.

GASTRALGIA—ARSENICUM.

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

Was called to see a lady suffering from remittent fever. She had been in bed several days, having been treated by an Old School physician. Her stomach was very irritable, and this condition, together with the medicine she had taken rendered it intolerable to all food and even to the slightest particle of fluid substance. I prescribed Arsenicum 3rd, in powder at first and then as the stomach became better, the dilution in water. After she had recovered from this attack, she began to have sharp darting pains in the stomach and glottis, intestinal region, which came suddenly, lasted a few moments, and then disappeared. She then told me that she had had attacks of that kind irregularly for two years. Believing the pains and the attacks of remittent fever do be associated, I gave her Arsenicum 200th. The pains ceased, as also did the fever, while her general health has improved in every way.

Progress of the Medical Sciences.

Scurvy and Fresh Meat.—In commenting upon the report of Dr. W. H. Neal, Medical Officer of the Arctic steamer *Bra*, the *Lancet* says: The most interesting of Mr. Neale's observations, however, is that which relates to the absence of any symptoms of scurvy among the men—a fact which has led him to express the opinion that if men live on the flesh of animals indigenous to the country, even without vegetables, they will run very little risk of scurvy, so that, under such circumstances, lime juice is not of much use. Curiously enough, while Mr. Neale is detailing his experience with regard to the prophylactic value of fresh meat against scurvy in the arctic region, Dr. Lucas write to us from India, stating that the meat eating tribes of the northwest provinces are comparatively free from scurvy, while the vegetable-feeding tribes are not infrequently attacked with the disease. This experience of both arctic and tropical observers, which does not stand alone, is so entirely distinct from European experience, that some solution of the apparent paradox is required. In a letter which we published some time since, a correspondent points out that the statements of Mr. Neale and Dr. Lucas need not be considered as in any way upsetting our established views with regard to the disease, since, as he urges, meat is probably a scorbutic and an anti-scorbutic article of diet, according to the period of time that elapses from time of slaughter to the period of cooking. Fresh muscle

as is well known, has an alkaline reaction, due to the presence of the neutral sodium phosphate; after rigor mortis has passed off the reaction becomes acid, due to the development of lactic acid; the neutral phosphate is thus converted into acid sodium phosphate. In hot countries the meat is eaten so freshly killed that lactic acid is not developed; in arctic regions the cold stops its formation; in European countries, where meat is usually hung, there is ample time for its generation. Thus in tropical and arctic regions the muscle plasma is alkaline when cooked, in European countries acid. If, therefore, it be true that scurvy is produced by a diminution of the alkalinity of the blood—a view originally put forward by Garrod and subsequently confirmed and extended by Dr. Ralfe—then we can conceive how fresh meat may be antiscorbutic, while hungmeat will have an opposite quality. Lastly Mr. Neale is to be thanked for his suggestion of the use of blood as an antiscorbutic. If its employment on future occasions should further prove its prophylactic value with regard to scurvy, we shall expect to see it extensively used by our mercantile marine, while under any circumstances, it introduces to the notice of voyagers and travelers a food at once portable, nutritious, and wholesome.

Hot Water Injections in Obstetrical and Gynecological Practice.—Dr. Lebedeff (*Vratch*, 1882, No 3), gives his experience of six year's use of hot injections, which found in him a very enthusiastic advocate. He says that they are indicated; 1. in cases of uterine hæmorrhage of all kinds; 2. cases of subinvolution of the uterus whenever they are detected in the puerperal period; or later, 3, in chronic metritis; 4. in chronic inflammatory exudations in the neighborhood of the uterus; 5. in acute inflammations of the uterus and the adjacent tissues, excluding the ovaries [According to the author, vaginal injections of hot water are not only entirely useless in cases of acute oophoritis, but they even increase the ovarian pain and swelling.] In cases of *post partum* hæmorrhage, the author generally used vaginal or intra-uterine injections of water, at 35 deg. to 38 deg. Reaumur (110.75 to 117.5 Fahr.) As a rule, one or two Esmarch's cans were sufficient to stop at once even very profuse flooding. Only very stout patients, who were rather insentive to high temperatures, or who previously had been affected with chronic inflammation of the uterus, accompanied with menorrhagia, required the use of water at about 40 deg. Reaumur (122 Fahr.) and the repetition of injections every half-an-hour four or five times successively. In cases of abortion Dr. Lebedeff administered injections every two hours, adding to water some carbolic acid. As a means of exciting uterine contraction after labor, hot injections proved to be the best remedy the author ever knew. They were equally successful in subinvolution of the uterus beyond the puerperal period. After one or two week's use of hot water, two or three times daily, the dragging pelvic and lumbar pains disappeared and then the leucorrhœal discharge and metrorrhagia or menorrhagia gradually diminished, and finally stopped. Less striking results were obtained by the author in cases of chronic metritis, in which he, differing from Dr. E. P. Dudley, saw only slight decrease of the leucorrhœa and pains. Dr. Lebedeff most ardently praises hot vaginal douches as a means of producing rapid absorption of inflammatory products in chronic cases of pelvic cellulitis and in acute cases of peri and parametritis and metritis, in which he used injections as hot as 38 to 40 deg. Reaumur (117.5 to 122 Fahr.), repeating them every two hours for some days.

THE UNITED STATES MEDICAL INVESTIGATOR

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and close thought (the great sources of medical knowledge), on any subject pertaining to medicine.

THE HOMŒOPATHIC MANAGEMENT OF THE INSANE. We have only one insane asylum under Homœopathic control in all of these United States, and that is in New York. Our profession in Massachusetts are making strenuous efforts to secure an asylum in that state, so we learn from news paper reports. It is approved by the Governors and the committee headed by the indefatigable Talbot, are making a very favorable impression on the Board of Commissioners, who have this whole matter in charge in that state. Our Pennsylvania friends have, we believe, also moved in the matter somewhat, but in other states little has been done, except talk. "It should be done, we ought to have an asylum," is the general feeling in all of the states where our members are considerable. How to go about it is the practical problem. This will differ in different states. A special bill must be passed in most of them. "To get this before the legislature and to "press it through," needs united action. Just how to proceed in each state can be easily ascertained by our physicians at each capital city. A consultation with the attorney general, will result in showing the way. If a special bill must be passed, let it be drawn carefully and presented to the House or Senate, or both, if in session. If not in session, have it endorsed by the profession, throughout the state, and petitions signed by thousands of people in the state forwarded to the committee; or better yet, let the people in each state senatorial and representative district send petitions to their representatives. These may be supplemented by delegates waiting on the leading members as well as on the committee of the House or Senate, having the matter in charge. All this may be done very quietly and successfully.

The success of the movement will depend much on the plan proposed. A modest request will be most successful, then appropriations year by year, will give all that may be needed. The Boston folks ask for a building that will accommodate about 200 inmates, a central building with small pavilions. That is the modern approved plan and one that will commend itself to the legislators.

To aid this cause, Dr. Talcott could do yeoman service. He should prepare a brief statement of what Homœopathy has done for the insane in New York, and the project in each state should be endorsed and urged by all the specialists in this branch in our ranks—all "the crazy men" as a friend dubs them. Dr. Worcester is making a good record in the effort in Massachusetts. Why cannot our western physicians who make nervous diseases a

specialty, also move in this matter? Illinois has a very energetic committee on legislation with a wide awake local member at the capital, and the legislation is in session. This committee ought to act *now*. The same is true in other states. What say our readers? Let us all act *now*.

Correspondence.

WHAT I THINK.

EDITOR MEDICAL INVESTIGATOR: I have hitherto received several copies of THE INVESTIGATOR, and confess that I *have had* some thought of subscribing for it, but think I shall not do so now. In fact, I will not support, nor in any way countenance, a medical journal that will publish, without the withering rebuke it deserves, such a thing as that contained in your last issue and styled, "Rocking Rubrum." It should be the high duty of every Homœopathic journal in the land to do its best, at all times and under all circumstances, to purge the school of just such shallow and mendacious wonder-mongers as the author of the above-named article. All of the obloquy that has ever attached to the name Homœopath has been the direct result of the mouthings of such; and I have not the slightest doubt that the development of the therapeutics of our school has been retarded very much by the division created by high men, who, for the most part, have lied like Cretans about their cures, or have been so incompetent in the matter of diagnosis as not to distinguish between ephemera and true pathological conditions.

The short discourse on the "Epidemic Remedy" that occur just below the article referred to should also have received a due notice from you before being submitted to your readers. Yours, etc., JOHN N. TAYLOR.

STICK TO THE TEXT.

EDITOR INVESTIGATOR: Dr. Cushing's champion does not seem to comprehend the nature of his client's case. If I mistake not the *question at issue* was, whether it is a violation of Homœopathy to apply a solution of soda to the destruction of a parasite, and *not* how many cases of "*convulsions and loss of life*" the Allopaths may have caused in times past by their "*pounds of ointments and gallons of washes*," as related by Stretch Dowsie, whoever he may be.

Now let me cite some Homœopathic authority:

"Apply freely a lotion composed of four or six drachms of Hyposulphite of Soda and six ounces of water." A Treatise on Diseases of the Skin, by S. Lilienthal, M. D., p. 178, Article, *Tinea versicolor*.

While I have nothing for which to apologize, and seek no protection from any one, yet I am gratified to find myself in such excellent company as that of the revered Professor Lilienthal.

The "crazy old gun," to which the doctor refers, was charged with nothing but "wind," because it was only loaded for small game, and it struck something smaller than was aimed at.

While the question of drug-attenuation was not in the remotest degree involved in the original controversy, yet since Dr. McNeil has seen fit to

raise this side-issue, I will say that I am very glad to learn of the old soldier's recovery. That is a beautiful instance of success with high attenuations where the low had failed. I can testify that the latter had a faithful trial. I wonder if any one ever heard of the reverse of this happening?

A physician with whom Dr. McNeil is very well acquainted, a teacher of *materia medica* in the Homœopathic Medical College, where the old soldier was cured, and a skillful prescriber, several months ago made a prescription of Eupatorium 200 for a certain patient who was suffering with the ague. After the *high* had had a faithful trial, but without making the slightest impression, the case came into my hands for treatment. I effected a prompt and permanent *cure* with Chinoidin *very low*. Thus do we live and learn.

I mention this not as a reflection on the professor, but simply to remind Dr. McN. that it is a very poor rule that won't work both ways.

CH. GATCHELL.

P. S. The patient to whom the application of soda solution was made had no convulsions, and at present writing he is alive and well. C. G.

FINIS.—In Dr. Cushing's last effort, he contradicts his first, and concedes all that I claimed, in my reply.

My father, to whom he refers in such disrespectful terms, with a palpable effort to misrepresent, is abundantly able to answer for himself.

CH. GATCHELL.

AMERICAN INSTITUTE OF HOMŒOPATHY

DEAR DOCTOR: Agreeably to the request of the General Secretary, the undersigned, chairman of the below named Bureau, respectfully and *urgently* desires, that members forward, on or about the 1st of May, to the above address, the *titles* of papers which they expect to present at the coming session of the Institute.

Papers should be forwarded to the chairman at least *one week* in advance of the session of the Institute.

Hoping that the coming report of our Bureau may prove of more than usual, interest, the chairmain confidently expects that each and every member will assist by furnishing a suitable contribution in behalf of the interests of the Institute.

J. EDWARDS SMITH M. D.,
Chairman Bureau of Histology and Microscopy.

Consultation Department.

FOR LOVETT'S CASE—CUPRUM.

A. A. Lovett's case of dysmenorrhœa is rather meagre in detail, but as it stands would suggest Cuprum.

C. H. EVANS.

ANCHYLOSIS OF THE JOINT.

What shall I give for muscular ankylosis of ankle-joint, after a chronic ulcer, which had opened, though the tendo-achillis has completely healed? The ulcer was healed with Silicea, Lachesis, Calc. carb., and Arsenicum.

Sulph. was given, also Hepar sulph., but the effect was to open the sore afresh and increase suppuration and pain. The muscular ankylosis came on rapidly after the ulcer was healed. The fibres became rigid and fully set within five or six days from the first sign of any stiffness, and is now almost wholly immovable. Still the ankylosis seems not to be in the articulation proper, but in the muscles and ligaments. No pain in the ankle-joint, but a little in the tarsal, when walking. The patient is ten years of age, and apparently healthy; eats, sleeps, and feels well; is rather under size, and thin in flesh. Has had Bry. and Rhus without special benefit. What treatment would you advise?
A. B. K.

CASE FOR COUNSEL—GLOBUS HYSTERICUS.

Miss B., aged nineteen years, complexion fair and eyes dark. Menstruates regularly, bowels and urine in a normal condition, respiration 20, pulse 80, appetite rather poor. Is troubled with leucorrhœa but not very much. She now complains of a sensation in the throat, of something lodged in the throat which is partially relieved by swallowing, but the feeling returns immediately. She has not the sensation all the time, it will leave the throat and locate in the left side in the region of the spleen which is not enlarged, but on pressure is a little tender. She has been under treatment for the last year by a (Regular) for inflammation of the womb, without benefit. If any of my brother M. D's. will suggest a remedy we will be greatly obliged.
A. B. K.

CASE FOR COUNSEL—PERIODICAL DYSPŒA.

Mrs. I., the mother of four children, aged forty-eight years, complexion light, ceased to menstruate at thirty-five. Health has been poor for three or four years but not confined to the house.

December 25th, was taken at 4 o'clock with dyspŒa which was severe and lasted for half an hour, relief was immediate on getting up.

This condition continued for over two months every morning. At the end of that time the paroxysms were so far under control, that the remedies, (Nux, Ars., China,) were discontinued. But over work and a severe cold brought on the dyspŒa again and she is now as bad as ever. The time of paroxysm is 12 o'clock regular.

I should have stated that during the day, she feels well, but a little weak, has no fever, no headache, bowels regular, appetite fair, pulse 50, temperature normal.

If some old or young M. D., will name this disease and name a remedy that will cure, he will confer a favor on the woman at least.
A. B. K.

News of the Week.

Dr. D. Gillard, is chairman of the Board of Health of Port Clinton, Ohio.

Pneumonia.—Dr. Hammond gives as the origin of pneumonia the living in overheated rooms, and Dr. Leaming adds, as a predisposing cause of drinking.

A Trip to the Sea or to Europe.—Mr. Brearley's, of Detroit, Mich., is arranging excursions to the White Mountains for \$22 round trip, and to Europe and return within five months for \$150.

H. C. Jessen, M. D., goes to the Rocky Mountains to spend the summer. His headquarters will be with Mr. A. Jessen, Danish consul in Salt Lake City. We expect the doctor to return to Chicago with—a few wives perhaps.

Eclectic War at Indianapolis.—The trustees of the Eclectic medical college located at Indianapolis have expelled Dr. Smith, professor of surgery, who has straightway organized a college of his own. Dr. Smith is the proprietor and publisher of the *Eclectic Medical Journal* at that place. He swears that he will make it hot for the old college, as it has as yet no organ of its own. It is already hinted that Eclectic doctors will be made to order and at short notice, and greatly reduced prices, at Indianapolis the coming winter.

D. H.

The Chicago Woman's Homœopathic Medical Society, held their regular monthly meeting at the Clifton House on the 11th inst. Dr. Caroline E. Manning presiding; there was a large attendance. After the usual routine business, Dr. H. E. Stanbury read a paper entitled "Professional Courage," which called forth some discussion. The feature of especial interest at this time, was the decided expression of the members in favor of co-education in medicine.

The following resolutions, which were unanimously adopted, will be of interest to all who believe in the advancement of women.

WHEREAS, there are already in existence, most excellent medical schools where co-education of men and women is a guaranteed fact, therefore.

Resolved, that the members of the Woman's Homœopathic Medical Society, entirely disapprove of any effort to establish in this city, a Homœopathic college, for women, exclusively.

Resolved, that the members of this society use their influence to induce women who intend to study medicine, to enter such colleges as are *known* to be *permanently* open to women, and distinctly in favor of co-education.

R. A. UNDERWOOD, Secretary.

The San Francisco Homœopathic Hospital, corner twenty seventh and Valencia streets. Take the Market or Mission street cars. A pleasant home for the sick. Terms, \$10 to \$15 per week. Rates made to benevolent societies. Free beds, \$300 per year. The hospital is attended by the best Homœopathic Physicians and Surgeons in the City. For admission apply to the resident physician, Dr. R. H. Curtis, (late demonstrator of Anatomy in the Chicago Homœopathic College), or to any Homœopathic physician. Admission committee for children's free beds; Mrs. Charles Lux, corner Jackson and Gough, and Mrs. C. E. Gibbs, 833 Post street.

Medical Society Announcement.—(Secretaries will please keep this list corrected.)

Illinois, meets in Rock Island, May 15th and 16th.

The Cincinnati Society meets on the first Monday of the month.

The Indiana Institute of Homœopathy meets at Indianapolis, Ind., May 8th and 9th.

The New York (City) Societies, meets on the——of each month at the College Building.

The Philadelphia Society meets the second Tuesday of every month at the College Building.

The Homœopathic Medical Society of Wisconsin meets at Madison, Wis., Tuesday, June 12, 1883.

JOS. LEWIS, Sec.

Ohio Homœopathic Medical Society meets at Columbus, May 8th and 9th.

The Clinical Society, (Chicago,) meets monthly on the first Tuesdays at the Grand Pacific Hotel.

The Pittsburg Society meets monthly on the second Friday, at the Homœopathic Hospital Building,

The Chicago Academy meets the first Thursday of every month, at the Grand Pacific Hotel. Visitors welcome.

College of Physicians and Surgeons of Michigan (our Homœopathic Society) meets every Monday evening at 174 Randolph street, Detroit.

The St. Louis Society of Homœopathic Physicians and Surgeons meets at 8 P. M., on the 2d and 4th, Monday of each month.

W. B. MORGAN, Secretary

Homœopathic Medical Society of the State of New York.—Semi-annual meeting at Ithaca, Tompkins county, Sept. 11th and 12, 1883. Annual meeting in Albany, second Tuesday in February, 1884.

Kings County Medical Society meets on first Tuesday evening of each month (except May, which is second Monday) at No. 44 Court street, corner Joralemon, Brooklyn.

The American Pædological Society meets at Niagra Falls, June 18th 1883, (the day before the American Institute.) Headquarters at the International Hotel. Letters of inquiry and titles of papers should be sent early to the Secretary.

L. C. GROSVENOR, 185 Lincoln Ave., Chicago Ill.

R. N. TOOKER, Pres.

The Ninth Annual Convention of the Western Academy of Homœopathy will be held at Madison, Wis., June 12, 13, and 14. By order of the Executive Committee.

C. H. GOODMAN, M. D., General Secretary,
2619 Pine st., St. Louis, Mo.

The Homœopathic Medical Society for the State of New York holds its semi-annual meeting at Ithaca, Sept. 11 and 12, 1883, and next annual meeting at Albany on second Tuesday of February, 1884. Will be pleased to see you, or any physician, at these meetings.

E. H.

The Rock River Institute of Homœopathy held their election of officers for the ensuing year as follows: Dr. F. W. Gorden, of Sterling, President. Dr. G. D. Chapman, of Polo, Vice President. Dr. S. S. Keler, of Sterling, Treasurer. W. H. Chappell, of Oregon, Secretary. The Institute will hold its next meeting at Sterling, the 11th day of July, 1883, we would be pleased to meet you there.

W. H. CHAPPELL.

Iowa Valley Homœopathic Medical Association.—The regular quarterly meeting of the Iowa Valley Homœopathic Medical Association will be held at Dr. Williams' office, Marshalltown, Thursday, April 19th commencing at 11 o'clock A. M. It is hoped that all members will be present at this meeting. Physicians addressed who have not identified themselves with this society are earnestly requested to do so. Bring clinical cases, clinical reports or papers.

G. W. WILLIAMS, SEC'y.

Where and when does your Society meet, doctor? Are you on a committee? Is your report nearly ready? Let each member of the profession take deep interest in the societies this year and see if we cannot have rousing meetings all along the line. If you cannot be present, you can at least send in your regrets with the notes of a case. Let every member be represented.

The United States Medical Investigator

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WHOLE No. 341.

Surgical Department.

INJURIES OF THE MOUTH.

BY J. G. GILCHRIST, M. D., DETROIT.

From "Surgical Emergencies."

Injuries of the mouth, whilst of frequent occurrence and of great variety, are for the most part quite without interest, repair being speedy, and serious complications quite rare in individuals in ordinary health, and not subjects of dyscrasia. When a lesion is of such extent that bones are fractured, the injury may be considered as taken out of the category of injuries to the mouth, as the bones, for the most part, are those belonging to the face. I will consider, under this head, injuries of the mouth in general, of the tongue, of the arteries of the region, and of the upper portion of the œsophagus and air passages, which last might with propriety, be deferred until *injuries to the throat* in the next chapter is reached.

WOUNDS OF THE MOUTH.

Wounds of the mouth vary in extent and severity from the terrible disorganization from pistol explosions, or contact with heated bodies, to a puncture with a splinter of bone in the food, or the irritation from a broken tooth. It is quite common, particularly among laboring people, to have cases present themselves in which a pipe held in the mouth has been forcibly driven inwards, the stem lacerating and stripping up the mucous membrane, or even as occurred in one case, penetrating the floor of the antrum and orbit. Portions of clay pipe have in this manner been driven into the posterior wall of the pharynx, and caused secondary conditions which have either resulted in death, or placed life in serious jeopardy. In all cases, as far as records have been kept of what may be generally considered trivial occurrences, the injury either presents the characters of a punctured or lacerated wound, incisions proper being of at least very infrequent occurrence.

The vascularity of the parts provides for a very rapid repair of injury, but the frequent irritation the parts are subjected to in eating and drinking, operates, unless guarded against, to retard or modify the process. The comparatively loose texture of the mucous membrane and the connective tissue, with the abundance of fluid secretion, somewhat predisposes the region to diffused inflammatory action, and suppuration or œdema are not seldom concomitants of what otherwise would be considered very insignificant lesions.

The indications for *treatment*, therefore, are quite important, and must at all times receive due attention.

1. The region must be carefully inspected to observe if any foreign

material is contained in the wound, if any of the cavities have been perforated, and if the bones have otherwise received injury. All foreign material must be removed, and if the antrum is opened, it should be explored for any portion of the instrument inflicting the injury that is missing and cannot be accounted for.

2. Any bleeding vessels, if the hæmorrhage is active, must be secured, as will be shown later in this chapter.

3. Strips or shreds of membrane that are torn off and detached, if retaining the *smallest* attachment, must be carefully smoothed down in position, and retained there, if possible, by compress, or sutures if compresses cannot be employed. Union is so rapid, if it occurs at all, that sutures may be removed at the end of the second day, but care must be taken not to disturb the adhesions for at least four days; for this reason, in cases in which the surface is somewhat extensive, fluid food should be used, and some restraint put upon conversation. If some degree of union has not taken place in twenty-four hours, the part has probably become devitalized, and after an additional space of time may be removed as hopelessly lost.

4. Gargle the mouth with a solution of the tincture of *Hypericum*, in the proportion of ten drops to the ounce of water, at intervals of an hour, for from eight to ten hours, to be followed up after that time, at the same intervals, by a similar solution of *Calendula*. Should the parts assume evidences of inflammation, become puffy and shining, dry and hot, *Aconite* must be given in half-hour doses, and the sutures cut and removed if they appear to be exercising much tension. Should the parts appear puffy, and evidences of suppuration exist, the wound must be opened, and free exit afforded the pus. This is particularly important, as pus is liable to dissect up the tissues, burrowing for long distances, often pointing deep in the pharynx when originating in the palatine arch. The danger from such burrowing is two-fold; viz., great impediment to respiration, even inducing apnoea, and imperiling the life of the delicate and important bones in the neighborhood.

In cases which have unfortunately proceeded to suppuration, or in which the detached strips perish, the denuded bone must be covered as soon as possible. *Calendula*, topically and otherwise must be given, which will greatly hasten repair.

BEE STINGS, from a bee concealed in honey, or otherwise finding entrance into the mouth, have inflicted injuries resulting in death. Very frequently great discomfort, and even danger to life will ensue, the tissues of the region being predisposed to diffuse inflammation with great swelling and œdema. Should the swelling be in the faucial region, or more particularly in or near the glottis, respiration may become so embarrassed that tracheotomy may be called for. In by far the larger number of cases, however, the swelling is as short lived as it is severe, and the properly indicated remedy will soon bring about resolution, unless some constitutional vice interferes.

Apis, despite the isopathic character of the remedy, will usually answer every purpose.

Arsenic, may be employed if the effusion is extreme, and implicates a large surface, with the characteristic thirst and restlessness. Warm water relieves.

Cantharis has done me good service when the swelling is quite firm, the parts dry and hot, and cold water relieves.

A gargle of alcohol and water, or ammonia and water may be used when the indicated remedy is not at hand, but the action is not as prompt and radical.

LACERATION OF THE TONGUE.

The tongue is frequently lacerated by the teeth, either from spasms^d as epilepsy, chorea, or tetanus, or a sudden and forcible closure of the jaws from a blow on the chin, fall on the feet from a height, or a sudden jar. The primary effect of such an accident, is great swelling and inflammation of the organ, pain on motion of the part, as in speaking, and salivation secondarily; in some cases, suppuration or even gangrene may be set up; but in the majority of instances, in those who are in good health, no future difficulty will be experienced. Should the wound be extensive enough, cicatrization may permanently impair freedom of function, either from the stiffness and immobility of the organ, or the contraction of adhesions to near structures.

Unless there is injury done to the blood vessels, the most extensive wounds, so that they do not extend beyond the margin or detach portions, heal readily, leave no secondary trouble, and present but few indications for treatment. Hæmorrhage will be treated of later.

The indications are to subdue pain, prevent or modify inflammation, and promote repair. The first is usually met by the administration of *Hypericum*, both internally and topically. *Aconite*, or *Rhus*, will meet the second, together with warm applications. The last will demand *Calendula*, used either topically or internally, with perhaps a preference for *Arnica*, if there is much bruising.

Some writers have spoken of cases in which tetanus has supervened, and that presented symptoms of an unusually alarming character, owing to the swelling of the tongue opposing an additional impediment to respiration. I have never seen such a case, but would certainly prefer *steam*, to any other remedy known to me.

WOUNDS OF ARTERIES

The vessels in the mouth, properly considered to belong to this region, are not numerous, and excepting under peculiar circumstances their wounding will not furnish hæmorrhage of an alarming character. The ranine artery, which is a continuation of the lingual, and the different palatine branches, mostly derived from the internal maxillary, are the only vessels that may require ligation. The vessels are as follows: Ranine, ascending, descending, inferior or posterior palatine.

Ranine Artery.—This artery is a continuation of the lingual artery, which is the second branch given off by the external carotid. The

artery that takes the name of ranine is contained in the frænum of the tongue, and is really double; the two lingual arteries terminating in the ranine, and inosculating freely. The artery is occasionally injured by the teeth, but rarely; oftener the injury is from some foreign body. In exceptional cases the hæmorrhage may be so free, that the ligature will be called for. If the vessel is injured low down, or divided so that the cardiac end is retracted beyond reach, it may be necessary to tie the lingual. In some instances acupuncture, or inclusion in a wire loop, will answer every purpose; indeed I much prefer this method in all cases when it can be employed, as we thereby avoid secondary trouble from cicatrization. In many cases merely applying styptics will answer every purpose; also, in some rare and anomalous cases, hæmorrhage may not be controlled until the external carotid itself is reached.

It must very rarely occur that other arterial twigs in this region will require ligation, or any mechanical measures to arrest bleeding; should the hæmorrhage be sufficiently free to call for such treatment, the almost completely inaccessible position of the vessels would forbid any attempt at individualization and ligation. In such cases, and care must be had that the diagnosis is accurate, the external carotid must be taken up. The line for incision to expose this vessel has been already given, as an extension upwards, to the desired extent, of the anterior border of the sterno-mastoid muscle.

BURNS AND SCALDS OF THE MOUTH.

Among the poorer classes, particularly children not infrequently sustain serious scalds of the pharynx, from attempts to swallow boiling water. The accident is an exceedingly grave one, and not seldom results fatally. The immediate consequences are, as in the case of scalds elsewhere, dependent upon the degree of heat; the effects vary from simple mild inflammation, to extensive œdema, gangrene sloughing, and possible atresia, if death is averted. Added to the dangerous symptoms that obtain in all cases of severe burns, the region including such important organs as the œsophagus and larynx renders the accident in this instance particularly alarming.

Inflammation, will necessarily be diffuse, and if twelve hours pass without untoward symptoms, no danger need be apprehended. The fact that children of the poorer classes, and living in confined space often in one room, are oftener the sufferers, there is a lowered vitality which predisposes them to severe secondary affections. In the absence of such complications, and in the case of those that are free from any dyscrasia or other morbid influence, *Urtica urens* will usually be the remedy. The most satisfactory method of administration, at least to most patients, is in the form of a gargle, ten drops of the tincture to an ounce of water. *Cantharis*, is to be preferred if the parts assume a dark color, are either very dry, or covered with small vesicles.

Gangrene may follow the inflammation, either from the extent of the lesion, or the condition of the sufferer. *Arsen.*, will be the remedy more frequently called for, particularly when the morbid action is

rapid, the involved surface continuously affected (that is not in spots and there is great prostration. *Lachesis* will be needed should the gangrene appear in spots, giving a mottled appearance of the part.

Edema of the mucous surfaces generally, may be of sufficient extent to impede respiration, and thus become a dangerous condition. In those of a depraved bodily habit it may, also, be the precursor of erysipelas. The greatest danger to the sufferer, however, is when the glottis becomes invaded.

The impediment to respiration is great, and whilst expiration may be fairly effected, inspiration will be labored: dyspnoea gradually increases, and finally apnoea from toxæmia will come on. At this stage nothing but tracheotomy can be practised, and time must not be lost or wasted in waiting for the worst symptoms to declare themselves. As soon as the breathing becomes greatly embarrassed, and the treatment is evidently unable to arrest the extension of œdema, the time for operating has arrived.

Before resorting to tracheotomy, and afterwards as well, the following remedies will prove useful, and frequently curative. After the operation they will hasten a cure, and thus permit an earlier closure of the wound than could be possible without their aid:

Apis, in all uncomplicated cases, with moderate effusion, will be a prominent remedy.

Arsenicum, is to be administered when the œdema rapidly increases, there is great prostration, and a tendency to gangrene.

Rhus tox. would be thought of when the accompanying symptoms are of a typhoid character, the parts are dark colored, and somewhat vesicular.

Urtica urens will be useful in cases in which the œdema is more in the form of blisters, the blisters appearing almost transparent. As it will frequently be given in the commencement of the treatment, in cases of burns, it will usually avert any secondary œdema.

Cantharis will prove servicable when the parts are fiery red, dry, and hot. It is useless to scarify or puncture the parts, as the relief is very slight, and the irritation from the operation materially aggravates the condition. The only operative measure to be entertained is tracheotomy, which whilst held in reserve as a last resort, must not be too long delayed.

ATRESIA of the œsophagus has occurred in a few instances, and until recently was practically incurable. Rapid or gradual dilatation with bougies, as in the case of urethral stricture, alike failed, almost universally, at least afforded merely temporary relief. A case occurring in the practice of my friend PROF. HELMUTH, will at once be an excellent description of the nature of the accident, and an illustration of the proper treatment to be pursued. It is thus reported by DR. JOHN BUTLER, in his recent work on *Electro-Therapeutics*. "CASE LI: on Dec. 2, 1877, I was sent for by a friend, Dr. Helmuth, to see a young lady patient to whom he had just been called, and of whom he gave me the following history: On the twentieth of June, 1877, at Kingston, N. Y., the young lady swallowed a teaspoonful of nitric acid and kresote, a mixture which is properly known as "Palmer's Vegetable(1)

Compound," in mistake for essence of Jamaica Ginger. After the acute symptoms resulting had subsided, she discovered considerable difficulty in swallowing; a certain amount of liquid would apparently be swallowed and almost immediately return, to be ejected either through the mouth or through the nose; there was total inability to swallow anything solid. The case progressed so that finally there was no evidence that any thing whatever passed into the stomach. The girl of course, became emaciated, and at the time of my visit was exceedingly prostrated, could hardly sit up, and could make no attempt to walk without assistance. She subsisted entirely upon injections per rectum since the time of the accident."

"On an examination of the œsophagus I found that even the smallest sized bougie could not be inserted through the stricture, which was situated about four inches above the cardiac orifice of the stomach. Above this point the œsophagus was much dilated and pouched. Dr. Helmuth had tried the ordinary rubber bougie, so had the other physicians who had attended her during her sickness. * * * * * Being urged by Dr. Helmuth to undertake the case, and try what electrolysis would do, I reluctantly consented. I used an instrument made with a long insulated stem, having a naked metallic bulb on the tip about the size of a pea; this I introduced through the œsophagus down to the stricture, connected it with the negative pole of the *Stohrer* battery, forming a circuit by a large sponge rheophore on the pit of the stomach. I allowed a current of about ten volts to flow and after a while the instrument made its way through the obstructed part. About an inch below this I met another resistance; this one was band-like and elastic to the touch, and after a moment or two, yielded to the action of the current. Almost immediately below this I encountered another stoppage, this resisted the action of the current for about fifteen minutes (twenty volts), but finally the electrode passed into the stomach. * * * * * The stricture not being entirely removed" (after four sittings), "I operated as before mentioned on the thirtieth, making in all five electrical applications. After this the patient progressed favorable, and now suffered no inconvenience whatever. In order to prevent a tendency to recurrence, I provided the patient with a full sized bougie, which she introduces herself occasionally. At my first visit her weight was sixty-five pounds. On February, 1st she weighed one hundred and thirty, and is as far as is possible to judge, entirely free from any of the original trouble."

HEREDITARY FISSURE OF THE TONGUE.

Dr. Hack (*Mouats. fur Prakt. Derm.*, April, 1882) relates two series of cases in which several members of the same family suffered from excoriations and fissures of the tongue. There was no history of syphilis. The patches were generally round on the dorsum and oval as the tip and edges, looked red, and the fungiform papillæ were hypertrophied. In one case, the affection dated from early childhood.

NOTES ON SURGERY.

HYPERICUM FOR WOUNDS—A FAVORITE ANÆSTHETIC.

Prof. E. C. Franklin, of the University of Michigan after a surgical operation usually applies a Hypericum lotion to the wound, and administers Aconite 3x to avert inflammation. The doctors favorite anæsthetic consists of alcohol one part, chloroform two parts, ether three parts.—*M. A.*

LITHOTOMY OR LITHOTRITY.

Dr. Walton in an article on vesicle calculi, (*M. A.*) makes two practical deductions.

1. All cases of calculus occurring before puberty, should be lithotomized by supra-pubic operation.
2. All cases in adults with accessible bladders should first be subjected to lithotripsy and then if necessary, lithotomized. The doctor thinks "The operations of the future for the removal of vesical calculi will be *litholapaxy* and *high lithotomy*

STYPTICS IN SURGERY.

In a paper read before the Philadelphia County Medical Society. Dr. Roberts emphatically declared against the use of styptics in surgery. He thinks if the hæmorrhage is sufficient to make its arrest necessary, that styptics are worthless because insufficient, or needless because better means are at hand. By styptics he means Persulphate of Iron, Perchloride of Iron, Alum, Tannic acid, and the like.

His objections are summed up under three heads.

1. Their reputation as hæmostatics is such that doctors rely upon them when better means might be used. When they do act successfully, hæmorrhage is apt to again supervene in the already anæmic patient.
2. If they fail, as they usually do in important cases, they will have caused nasty pasty clots, rendering ligature of the vessels very difficult.
3. Many of the styptics prevent union by first intention, because they irritate the raw surface, causing inflammation and suppuration.

He advocates two scientific and always successful means of stopping hæmorrhage in general surgery:

1. The occlusion of each individual vessel by ligation, torsion, or acupressure. Even this is not necessary in arteries smaller than the facial and only the largest veins.
2. By direct pressure by compresses and bandages. This to be adopted in case there is oozing from small arteries and capillaries.

In bleeding from cavities compressed sponge will often make efficient pressure.

He closes his paper by declaring that "When physicians again treat ague with the bark jacket, it will be time enough for the surgeon to treat hæmorrhage with styptics.—*P. & S. Inve.*

SPONGE GRAFTING.

A year or so ago, Dr. Hamilton, of Edinburgh, advocated the introduction of pieces of sponge in causing large excavations to fill up by granulations. Sponge grafting has been tried since by others and with most happy results.

Dr. Hamilton's method now, in brief, is this: He takes a large Turkey sponge, freezes it, and by the aid of a microtome slices it to any desired

thickness. One layer is placed in the wound so as to fit its irregularities. In a few days it becomes organized, and then a second slice is placed upon this, which in turn becomes organized. This process is repeated until the required amount of tissue is built up.

The advantage of using slices is that no bagging of pus and consequent putrefaction follows. Care must be used to see that where the wound is healing, the edge of the layer of sponge does not come in contact with the pellicle of the young epidermis at the side, otherwise the epidermis will undermine and displace the sponge. Use equable compression until adhesion is secured.—*P. & S. Inves.*

Materia Medica Department.

EXPERIENCE WITH ACTEA RACEMOSA.

Cimicifuga is with me a very useful drug. I always carry it, and in every case of labor that is difficult in pain, and the os undilated and unyielding I give it, and in all cases of abortions. It will increase the contraction and dilate the cervix. In a practice of more than thirty-five years it has seldom disappointed me. I also use it for many other diseases. Infra-mammary pain, lumbago, pleurodynia, etc., but cannot define its use as well as I can, above.

Dose for labor pain, fifteen to twenty drops of 1x, repeat every thirty minutes.

W. E. ROGERS.

EXPERIENCE WITH ACÓNITE.

FACTS BOTH NEW AND OLD.

This is the most frequently abused drug in the Homœopathic materia medica. I have seen physicians, even who consider Aconite the only remedy for fevers and inflammations. Nay, more! Hempel leaves the impression on the mind of the student that it was almost a panacea. Such at least was mine after studying the seven or eight lectures which he devotes to Aconite. Such ideas should be removed, not only from the minds of physicians, but of the laity. In the latter, get a little of Aconite pellets from the drug store and try them in any case of fever, and when it fails as it almost certainly will, they say they have tried Homœopathy and it is a humbug. As this is to be an experience meeting, I will give mine, mostly negative. Aconite has not been the epidemic remedy in the last ten years or more. I have never seen it either in my own hands or others cure croup, nor produce any perceptible benefit. I never saw it shorten the course of pneumonia, pleurisy or the like. But some will say that contradicts Hahnemann, No! not in the least. Let us hear what he did say, "Materia Medica Pura" Vol. I, page 2, *it sequitur*. "I would speak of fevers purely inflammatory; in which the smallest dose of Aconite without recourse to any of the remedies acting in an antipathic manner, causes a prompt removal of the inflammatory action and leaves no consecutive effects behind. In measles, in purpura malaris, in inflammatory fevers with pleurisy, etc., the efficacy of this plant amounts almost to a miracle; provided the patient observes a regimen somewhat cooling, and abstains from all other medicinal substances, as well

as vegetable acids, takes it alone and in the dose of the thousandth part of a drop of the thirtieth dilution. It seldom happens that a second dose appears necessary at the end of thirty-six or forty-eight hours. But to guard our conscientious method from all possibility of influence from the precepts of the common practice, which is but too prone to be governed by names of diseases, often imaginary, it is necessary that the primary morbid affection, to which we would oppose Aconite, should exhibit in the aggregate of its principal symptoms, a striking analogy with those of the remedy. Then we obtain results truly surprising." He also says, "Aconite is equally the first and most powerful of the curative means in croup, in several kinds of angina, as well as the acute local inflammations of other parts of the body, especially when with thirst and a frequent pulse; we meet with great impatience, an agitation which nothing can calm, and a tossing from side to side with great agony."

And again he says: "Every time that Aconite is chosen as a Homœopathic remedy, it is especially necessary to regard the moral symptoms, and be careful that they resemble those which belong to it." I must again quote the master: "Rarely or never expect a quick or lasting effect from Aconite in quick, even-tempered, calm and placid individuals." If Aconite is only given in these cases it will cure, but it will not be given often, perhaps once a month or so. True! the *genus epidemicus* may change, and Aconite again, as Hahnemann saw it be the epidemic remedy.

Guernsey says, in his "Lectures on Materia Medica:" "The pure and fully-developed blood globule, in its most perfect type, when diseased, has a great affinity for it. Hence in typhus [typhoid], or any condition of illness, where the blood globules are disorganized, or the blood is impoverished, Aconite is seldom indicated, such conditions are far removed from this perfection of the blood globule." And again, "In the heat of Aconite there is much agony and tossing; feels very hot and wants a great amount of cold drink."

Boennenhausen also has an important contra-indication for the use of Aconite. "In cerebral diseases, if the urine becomes clear and pale, Aconite is contra-indicated unless the other symptoms point unmistakably to it."

This may not exactly comply with the requirements of "Experience with the remedier." But negative experience may be as important as positive. And what has been said by the masters, I have mentioned should be constantly kept in mind, that we may avoid routinism.

When Aconite is indicated, no remedy new or old can take its place and cure. So that all talk about *Veratrum viride*, *Gelsemium*, etc., being as good or better is absurd. Only a drug having the *same* symptoms, if that were possible, as Aconite, can cure the cases it would have cured and there would be no advantage in leaving the familiar one. A. McNEIL.

BELLADONNA IN HERNIA.

In the *British Medical Journal*, for July, 1882, page 87, Dr. Batten records two cases of hernia treated by large doses of Belladonna. The first was a man, aged seventy-nine, with an old inguinal hernia, who, a week before coming under treatment, while doing some heavy work, felt the hernia suddenly give way. Ordinary means failed to reduce it, and the patient refused either to take Chloroform or undergo an operation. He was ordered

half-drachm doses of the tincture of Belladonna every half hour; in three hours time there were toxic effects, and the rupture passed up easily. The hernia came down again a fortnight afterwards; but, after taking three half-drachm doses, it was easily returned. The second was a youth, aged nineteen, suffering from a hernia, which had existed since childhood. Taxis, in a hot bath, and under Chloroform, being unsuccessful, forty minim doses of tincture of Belladonna were given every hour; after four doses he fell asleep, and, after two hours more, the hernia was found returned. Dr. Batten concludes some remarks on these two cases with the observation that Belladonna contracts the calibre of the congested vessels, and the non-striated muscular walls of the protruded gut, and thus renders reduction into the abdominal cavity more easy.

Obstetrical Department.

REPORT OF LYING-IN DEPARTMENT OF THE CENTRAL HOMŒOPATHIC DISPENSARY.

FOR THE YEAR ENDING APRIL 1, 1883, BY F. A. CHURCHILL, M. D.,
CLINICAL ASSISTANT, CHAIR OF OBSTETRICS.

During the year ending April 1, 1883, the lying-in department of the Central Homœopathic Hospital, has been in a more prosperous condition than in any other year of its existence. It has given shelter, careful attendance and nursing to twenty-five mothers with their offspring, most of the women being in destitute circumstances and sadly in want of such a harbor of refuge; and it has afforded the whole graduating class of the Chicago Homœopathic Medical College of 1882, either single or in pairs, the opportunity of conducting a case of labor from beginning to end, under the personal supervision of Prof. Foster, of the chair of obstetrics, under conditions closely resembling those of private practice. The patients have not been placed in the wards of a hospital and at the proper time chloroformed, the class led in, the forceps applied and the child dragged into the world, giving the students really no practical idea of the natural conduct and progress of a usual or unusual confinement. The patients have one by one been placed in small cottages under the care of faithful and skillful nurses, and when the pains of labor have come on, the student in company with the professor has gone to the bedside, taken his patient's pulse, noted the signs of the times, made manual and digital examinations, watched the gradual and steady progress of events, character of the pains, dilatation of the os, stages of expulsion, after dressings, prescriptions and care, just as though the case were his first one in private practice with the advantage of having his instructor present to guide and direct at every step. In unusual or delayed cases, the professor has put on the forceps and assisted the efforts of the mother. The mothers with their children have been kept under good care and nursing until able to depart in good condition, generally about two weeks.

During the summer when the wards of the dispensary in the college building were comparatively empty, four were confined there.

There have been no cases of puerperal fever or septicæmia, none of milk

fever, nor of mammary abscess. The mothers have all made good and speedy recovery, not one being confined to the bed more than two weeks and with the exception of one deformed, stillborn infant, the children have all been healthy and well formed. There have been but three cases of rupture of the perineum, one of these caused by malformation of the arch of the pubes, which was an acute angle in place of an arch; the forceps were applied to the head, which owing to the conformation of the pubic bones, was forced lower than usual, sacrificing the perineum. Another, a breech presentation, delayed the head at the outlet, and in a hasty effort to save the child's life the integrity of the perineum was destroyed. In the third the three elements producing the laceration were, the exceedingly forcible efforts of the mother, the tenseness of the muscles, and the hardness of the fetal cranium. In these cases the immediate operation was performed, and good union obtained.

Out of the twenty-five who have been cared for, five were married women, who had been deserted by their husbands and had no homes, the remainder were unfortunate girls, chiefly servants. Two of these were married to the fathers of their babes, shortly after leaving us. Two were multiparæ, two secundiparæ and the remainder primiparæ. There was one pair of twins, with two distinct placentæ and membranes, one breech presentation. The remainder were cranial presentations, twelve being in the first position, ten in the second, and one in the third, that is, if the "restitution" can be accepted which is doubtful, as proof of the early position. The forceps were used five times, three times for simple unusual delay, once for deformed pelvis, and once in breech presentation for delayed head. They were put on three times at the brim and twice at the outlet of the pelvis. The labors averaged from ten to fourteen hours in length and were mostly of the usual normal character.

There was sixteen male and nine female infants. The dispensary has paid for the board and nursing of these patients, \$349.35, or an average of \$13.97. It is the general rule to receive the patients as near as possible to the time of confinement, but sometimes this is delayed, or the date is, wilfully or otherwise, misrepresented and thus considerable expense entailed upon us.

One patient, who represented that she was near to full term, and whose appearance indicated the truth of her statement, delayed the denouement for two months.*

There is no lying-in department in connection with any other college in the city which has been able to provide its students with individual cases to anything like the extent in which this has been done at the Chicago Homœopathic Medical College. There is now a fair prospect that the ensuing year will place the lying-in department on a still better foundation, enabling it to do more and if possible better work. The opening of a more commodious building is contemplated, and if the design shall succeed the dispensary will not be compelled for lack of sufficient room, to turn away applicants from this department of its charity.

* In addition to these, there have been fifteen out-patients attended by the students, making a total of forty cases given to the class.

Clinical Medicine.

NOTES FROM PRACTICE.

INSOMNIA—ACONITE.

Dr. Burchfield of Latrobe, Pa., uses Aconite 1x in insomnia; five pellets of No. 40, to be taken at 9 P. M., and repeated every hour until asleep. He has found the Homœopathic remedy a better sleep producer than Chloral, Morphia, or Bromides, even in such severe cases as *delirium tremens*.—*Med. Adv.*

LACHESIS IN COCCYDYNIA.

Dr. Burchard gave Lachesis 200 for coccydynia with marked success. Child three years old; nervous; delicate; never injured; for two years had pain in coccyx and lower part of sacrum. Tried anodynes, plasters, etc., without permanent benefit. Pain neuralgic in character. Child compelled to sit quiet. Pain much aggravated by rising, even the act of changing her position very painful. Can walk about with comfort, but can scarcely lie abed. Lach. 200, every two hours cured.—(*M. A.*)

(In such cases remember Phos. and Rhus tox. 1x. Many times an operation may be rendered unnecessary.—*ED.*)

BERBERIS FOR RENAL COLIC.

Berberis 2x Dr. Burchard finds useful when the attacks are marked by severe tearing stitching pains in both renal regions, with tenderness to pressure over kidneys, and with drawing, colicky pains along the uterus from kidneys to bladder; also down the *outside* of thighs to feet.

The urine passed at such times is dark, mixed with blood, and deposits a copious mucous sediment.—*M. A.*

A RARE CASE.

THE POSTMORTEM EXPLAINS.

Was called on the 9th of March to see Olive, L. aged two years and eight months. A spare slender child, a dark brunette, with large bright hazel eyes and a lively disposition, the child of German parents who have lost six of eight children in early childhood. Dr. O. regular, had prescribed for her the preceding day but his medicine had seemed to produce severe vomiting and the mother thinking it too strong, had stopped giving it. The history of the case was one of fever and vomiting, dating back to two days before I was called. No vomiting till the first medicine had been taken. On examination I found the patient somewhat feverish, the temperature but little elevated, the pulse excited, nausea and loss of appetite, tongue elongated and pointed with reddened tip and edges and a very thin moist, whitish coating. Hydrom-labialis of upper lip extending into both nostrils which were entirely filled with hard dark colored crusts, at which the child was almost constantly picking, exciting in the mothers breast an uneasy concern of worms. Diagnosed masked intermittent, (prevalent,) and prescribed Rhus tox. 12, to be given every two hours, and left an appointment to call on the morrow. The next day my little patient was but little improved, there had been no further vomiting however, the fever less

marked, the tongue as before, no appetite for solid food but is drinking plenty of milk. Continued the treatment. The mother is this morning concerned because the bowels have not moved for two days, but we presume they will move during the day, (in fact we are not at all concerned about their moving whether they do or not.) The next day case about the same, fever, not very high, but has fever, no appetite, some thirst, passed a restless night, especially till midnight, has had no stool, bowels somewhat distended, and she seems to have colicky pains, at intervals. The crusts about the lip and nose growing beautifully less. Continued the Rhus tox. alternating the 6, and 30, every two hours, ordered the bowels to be moved by enema. The next day we are surprised to find no improvement and although four enemas have been given no alvine evacuation has succeeded, but a single *ascaris lumbricoides*, has been dislodged, much to the alarm of the parents who now feel that the child is being eaten up by worms.

A careful physical examination failed to discover anything more than previously described, with the addition of severe paroxysmal pain in the bowels, with *tenesmus*, causing her to cry and desire to go to stool. Ordered hot fomentations to the abdomen, and directed a full dose of oil, to be given, and the enemas to be repeated. The following day was no better, feverish with marked thirst drinking often, but little at a time. Had had a hard night, was very restless desiring to be changed from place to place, from the bed to the crib from the crib to the bed and to be carried doubled over her father's shoulder. Pain severe and recurring at short periods, with cries, moans and tearing at her naked abdomen with her hands. The whole abdomen largely distended. No tenderness over any part of the bowels and percussion note dull. Four enemas have been used but no evacuation of fecal matter. Has vomited up the oil, and on the advice of the usually meddling neighbor, have dosed her liberally with the infusion of Senna leaves, which had been thrown up, this was then followed by several doses of castor oil, with variation of prune juice, etc. I in the meantime was using Arsenicum 3, and hot fomentations to the abdomen. The heat seemed to relieve the pain somewhat, but it would recur. The next day and night were similar, but more so. Symptoms all aggravated, and abdomen larger. I was now really alarmed, and determined to test the virtue of injections by giving one myself, which I did most thoroughly, but the effect was futile as to immediate results but as a large amount of the injected fluid seemed to be retained I hoped a stool would follow. During the night she had stercoraceous vomiting, with a general further aggravation of all the other symptoms, and I gave up the case as hopeless, and ordered Morphia sulph. *ad libitum*, to control the pain. My conviction being that there was an irreducible obstruction of the bowels. I expected dissolution would speedily follow, but really she appeared to improve on the Morphia, and would sit in the bed and play with her doll and playthings, and take a lively interest in what was going on in the room. I watched the progress of the case to the 20th, when I told the parents I would not call again without I was especially sent for. On Wednesday the 21st, she was visited by another regular, who prescribed leeches and poultices to the abdomen, followed by Calomel and free purgatives, which produced protracted and severe stercoraceous vomiting, till the evening of March the 23d, when she died, having been seventeen days without fecal passage.

I was allowed the melancholy privilege of holding an autopsy, in which I was assisted by Dr. O., the first physician in charge, sixteen hours after death. Rigor mortis well marked. Abdomen largely distended. A free incision from the ensiform cartilage to the pubic arch and lateral incisions were necessary to secure an examination of the viscera, and then the convolutions of the distended bowel were so voluminous as to baffle an easy inspection of the deeper viscera. By however lifting upwards and backwards this distended mass, the rectum was reached. This was empty and collapsed. From this point, however, the bowels were traced upward to the transverse colon, the ascending colon, the ilio-cecal valve, the jejunum, and to about the middle of ilium where we found a complete twist of the bowels on its longitudinal axis, producing an obliteration of the intestinal canal as complete as if it had been tightly ligated. From this point upwards, the bowels were enormously distended, congested and near the stricture gangrenous. From this point downward, positively empty, containing neither gas nor liquids. How this strange accident could have occurred we are not prepared to say but leave to the part of those who delight to delve in the deeper depths of physiology and pathology. Without the light of the autopsy this would have been an obscure case and would have been the bone of possible unpleasant contention, but we leave further remarks to the speculative and curious, trusting that the sequence of this sad case may not pass without benefit to the thoughtful and earnest reader.

HATTAN.

CHLORAL ANTIDOTES STRYCHNIA POISONING.

Dr Deetrick in the *Clinical Review* reports the following case: H. aged eighteen. Fainted. After recovery had severe muscular contractions of upper extremities, with complete paralysis of lower extremities.

She denied taking poison, nevertheless I diagnosed Strychnia poisoning. Administered fifty grains Sulph. zinc, and followed it by fifty grains of Chloral. Recovered. In a few days paralysis passed off. Later she admitted suicidal intent, using six grains of Strychnia.

[This is a valuable fact, but it is clouded somewhat by that big dose of Zinc. sulph.—Ed.]

A PECULIAR CASE—IS IT GLANDERS?

BY A. G. ANTHONY M. D. WARNERS N. Y.

Mr. A. aged twenty five healthy and vigorous. About six months ago he dressed the hand of a friend who was poisoned by milking a cow afflicted by some obscure pustular disease of the udder.

There was no positive evidence that the poison was transmitted by the person poisoned to the one in question, as the latter had, no abrasion of the skin, or open sores. Soon after, however, he complained of a violent burning and an intolerable itching on the back of the right shoulder. On examination, I found a surface the size of the palm of the hand roughened by a fine papillary eruption resembling very much the characteristic "goose-flesh."

It felt as though there was a sprinkling of fine sand beneath the skin. The skin retained its natural color. These papillæ enlarged and assumed a vesicular type, the apices of the vesicle being filled with yellow serous fluid.

The intervening portions of derma at this stage of the disease was intensely red, and œdematously swollen. In the course of twenty-four hours a depression appeared on the apex of each vesicle, becoming black after a short time.

Underneath this black scab was a secretion of fœtid pus. The different pustules now coalesced, forming one great scab, each pustule being marked by a black spot above it.

This condition lasted about five days when the scab began drying up, from circumference to center, and finally was removed, exposing a red granular surface which healed over, leaving a contracted and pitted mark, which of course yet remains.

The disease throughout was marked by its typhoid character, the height of the fever being reached when the pustules coalesced.

The patient complained of a heavy drawing pain through the right shoulder and chest, drawing from behind forwards, "as though a heavy weight was crushing the side." The itching and burning at the commencement of the heavy drawing pains, the great restlessness, and the typhoid condition of the patient were the most marked symptoms, aside from the sore. Several smaller patches, similar in appearance and formation formed around the right nipple and sternum.

Treatment seemed of little avail. *Rhus tox.* *Kali bich.* and *Tart. emet.* seemed to be the best indicated. *Rhus* controlled the heavy pain to some extent and quieted the uneasiness.

Since then the patient has been on the decline, complaining of nothing in particular, but yet loses flesh and looks badly. Every little scratch, even the prick of a pin inflames and suppurates, and always presenting the same looking black spot in the center.

At present boils and breaking out on his neck and forehead. They begin with the same burning and itching, a little red pimple appears, it becomes pustular, the pustule is depressed in the center and after a few days the pus is discharged leaving a conical shaped cavity behind.

A SCARLATINOID QUINIA ERUPTION

Miss F., aged eighteen, was sick last fall with malarial fever. During a remission of the fever, ordered quinine to be given. The father protested said that it always caused his daughter to have an eruption like scarlet fever, and to "peel off." Ordered Quinine *ter die* for two days. In two days she was covered with a rash precisely similar to the regular scarlet fever rash. Her throat was sore. Rash stayed out five days, when it subsided, the skin scaling off her hands and feet.—*New England Gazette*

CASE OF CHOREA.

Miss G., fourteen years, Dixon St., had chorea. Was four months under treatment of three regulars, the last Dr. S. declared the case hopeless, nevertheless continued to give heroic doses of Br. potass, etc. Result, exhaustion, melancholy, apathy, could not bear company, constantly crying. I was called, promised to cure her in about six weeks, but she was cured in fourteen days. Was able to write, sew and do general housework. The remedies were *Ignatia 6x* and *Cuprum 12x*. OTTO WEGNER.

THE UNITED STATES MEDICAL INVESTIGATOR

"HOMOEOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and close thought (the great sources of medical knowledge), on any subject pertaining to medicine.

WHAT SHALL I REPORT ON at the coming meeting of our society, is the anxious subject in the minds of many of our readers just now.

Will you allow a suggestion? In most of the larger bodies, the papers or reports are limited to fifteen minutes. That is time enough in a large body, if fairness is consulted. Then you cannot write an essay on some standard topic, neither can you be prolix. Now what do you like best? What would please you if you could tap Dr. Venerable? Why a bit of experience. Perhaps he will write just what you want. He never writes. So if you want his experience you must draw him out. How shall it be done? What point would you like to have discussed? What subject would be most profitable for the whole society? Now then you have your cue. You are one cog in the machine, don't be a cog. Have you had any unusual experience in any subject of general interest? Recall cases that have come under your care during the year, that have been unusually interesting. One brief case clearly reported, to bring out the salient features will be sufficient for your annual dues this year. Of course you will take a hand in the discussions. Don't press the special subject you are interested in too prominently, but help others. You are there to draw out others, and they are there to draw out you. If you have any experience on the subjects discussed, give it at once. You may think: "Oh I will see him after the meeting and tell him what I know of that." In that event you will only have instructed one man, while in the meeting you might have helped several.

Now coming back to the question that is uppermost, have you not already decided what to write up? Study the case thoughtfully from your records, either in book or memory. Try to see how clear you can picture it and then write it out. If you do not occupy more than five minutes in reading your report of it, you will have contributed your mite to the general fund and have added greatly to the interest of the meeting. Perhaps you may not be able to attend. Then send in your case to the secretary or chairman of your bureau. Let it be known that Dr. — is always represented in person or by report, or by both.

Consultation Department.

FOR RHUS POISONING—GRAPHITES.

If Dr. R. W. Carr will give Graphites 30 or higher for "Rhus Poisoning," he will cure. Such is my experience in conformation of Prof. J. C. Morgan's.
A. MCNEIL.

CASE FOR COUNSEL.

Male, aged seventy two. During life been healthy and stout. For one or two years has been troubled with incontinence of urine. Constant dribbling, evidently paralysis of sphincter vesicae. Frequent urging to urinate, greatly aggravated by seeing a body of water or being near water, especially if the hands are wet. What remedy has this peculiar symptom? W. CAPPS.

ANSWER TO CASE FOR COUNSEL.

That case for counsel on page 271 of last INVESTIGATOR, W. L. B. There are three remedies that have the symptoms spoken of. Those are Hepar s., Camphora and Bary. carb., but Hepar covers the case entirely and is the remedy I would rely on as I can vouch for the following symptoms: Great chilliness in open air, must get to the warm stove. Great sensitiveness to open air, chill aggravated by least draft of air, chill at 2 A. M. with febrile shivering and hot dry skin. Nettle rash with violent itching and stinging disappears as heat begins. Look at Hepar s. in H. C. Allen on Intermitent Fever. J. D. G.

News of the Week.

L. S. Ordway, M. D. of Hot Springs is doing a rushing business he has taken *W. J. Hanford, M. D.* of Brooklyn, N. Y., as partner.

E. L. Smith, M. D. has been appointed assistant editor of this journal. He will share the honors—the complaints are the exclusive property of “*yo ancient editor.*”

Removals.—*Dr. H. A. Campbell's* address is Valparaiso, Ind.

O. N. Hoyt, M. D. has removed to Duluth, Minn.

Dr. and Mrs. Dr. Hall have located at Waco, Texas.

Miss Oris Messinger, M. D., has located at Baraboo, Wis.

G. T. Greenleaf, M. D., has removed from Kansas City, Mo., to Normalville Ill.

Dr. M. J. Lincoln from Olean, N. Y., to Morgantown, N. C. *Dr. S. E. Watts* succeeds him at Olean, N. Y.

Died.—*Dr. Richard Lewis*, of Frankford, Pa. He was a Homoeopathic physician of large practice, and a genial and popular gentleman.

It pays to Advertise.—“Please discontinue my order of, practice for sale, as I have already sold.” An argument in favor of advertising. X.

A Mad Allopath.—“I’ve lost a patient,” said a doctor, sitting down to a boarding-house dinner-table, with a frown on his face as dark as a gunpowder-poultice. “I am sorry to hear it. Man or woman?” asked one of the boarders. “Man.” “When did he die?” “Die! hang him, he’s not dead! He stopped taking my medicine, got well, and ran away without paying the bill.”—*Exchange.*

Medical Society Announcement.—(Secretaries will please keep this list corrected.)

Illinois, meets in Rock Island, May 15th and 16th.

The Cincinnati Society meets on the first Monday of the month.

The Indiana Institute of Homœopathy meets at Indianapolis, Ind., May 8th and 9th.

The New York (City) Society, meets on the——of each month at the College Building.

The Philadelphia Society meets the second Tuesday of every month at the College Building.

The Homœopathic Medical Society of Wisconsin meets at Madison, Wis., Tuesday, June 12, 1883. Jos. Lewis, Sec.

Ohio Homœopathic Medical Society meets at Columbus, May 8th and 9th.

The Clinical Society, (Chicago,) meets monthly on the first Tuesdays at the Grand Pacific Hotel.

The Pittsburg Society meets monthly on the second Friday, at the Homœopathic Hospital Building,

The Chicago Academy meets the first Thursday of every month, at the Grand Pacific Hotel. Visitors welcome.

College of Physicians and Surgeons of Michigan (our Homœopathic Society) meets every Monday evening at 174 Randolph street, Detroit.

The St. Louis Society of Homœopathic Physicians and Surgeons meets at 8 P. M., on the 2d and 4th, Monday of each month.

W. B. Morgan, Secretary

Homœopathic Medical Society of the State of New York.—Semi-annual meeting at Ithaca, Tompkins county, Sept. 11th and 12, 1883. Annual meeting in Albany, second Tuesday in February, 1884.

Kings County Medical Society meets on first Tuesday evening of each month (except May, which is second Monday) at No. 44 Court street, corner Joralemon, Brooklyn.

The American Pædological Society meets at Niagra Falls, June 18th 1883, (the day before the American Institute.) Headquarters at the International Hotel. Letters of inquiry and titles of papers should be sent early to the Secretary. L. C. GROSVENOR, 185 Lincoln Ave., Chicago Ill.

R. N. TOOKER, Pres.

The Ninth Annual Convention of the Western Academy of Homœopathy will be held at Madison, Wis., June 12, 13, and 14. By order of the Executive Committee. C. H. GOODMAN, M. D., General Secretary,

2619 Pine st., St. Louis, Mo.

The American Institute of Homœopathy will convene at Niagara Falls, N. Y., June 19th, 1883. Headquarters, International Hotel. We have every indication of a large meeting. Programme will be issued first week in May

Fraternally Yours. J. C. BURGHER.

Come to Madison.—There will be a joint meeting of the Wisconsin Homœopathic Society and the Western Academy of Homœopathy in the Senate Chamber of the State Capital in Madison, Wis., June 12th. We hope to see a large attendance of both societies. HALL & VANCE.

Where and when does your Society meet, doctor? Are you on a committee? Is your report nearly ready? Let each member of the profession take deep interest in the societies this year and see if we cannot have rousing meetings all along the line. If you cannot be present, you can at least send in your regrets with the notes of a case. Let every member be represented.

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WHOLE No. 342-3.

Gynæcological Department.

EXPERIENCE WITH UTERINE TUMORS.

BY G. M. PEASE, M. D., SAN FRANCISCO, CAL

Read before the California Homœopathic Medical Society.

It may be well to look a little into their etiology and the methods of diagnosis of uterine tumors, before going into any details respecting treatment.

A patient presents herself suffering from menorrhagia or metrorrhagia. It has been of longer or shorter duration. There may be many causes for this trouble, perhaps a granular erosion, engorgement of the cervix or fungoid granulations, or if neither of these, possibly it may be due to the presence of a tumor of some kind. If from this latter cause, we will first speak of it under the simple and general term of polypus, and develop our subject until we have reached the higher and more obscure forms of uterine tumors.

Polypi may be described as soft, hard, mucous, granular, cystic, cellular, fibrinous, fibro-cellular, fibro-cystic and fibrous.

All these divisions are correct, pathologically, but they may be much simplified by classing them according to their locality, that is, their point of origin.

- 1st. Those growing from or about the os.
- 2d. Those growing in the canal of the cervix.
- 3d. Those growing within the cavity of the uterus.

The first may be fibro-cellular or mucous; the second, almost always mucous; the third, almost always fibrous. Those growing from the os are of variable size; if of the fibro-cellular variety, they often grow to an immense size, though those of the mucous variety may not be larger than an English walnut.

There is usually very little difficulty in diagnosing a polypus of the os, but when it is located just within the cervix it is not always as easy, since it may be mistaken for an enlargement by congestion, or for fungoid granulations, and instances have been known where it has been mistaken for carcinoma.

Sims mentions a case of mucous polypus which slightly protruded from the cervix, which had been treated for granular erosion, by repeated applications of Nitrate of Silver. By the use of Sims' or Higbee's speculum it is generally easy to bring the whole thing into good view, especially as with the Higbee speculum the external os can be considerably dilated, and to a certain extent even everted; if necessary, the sound can also be employed to make our knowledge of location and size more certain.

Having lightly touched upon the more superficial growths, our third variety brings us within the sanctum, the cavity proper of the uterus.

The fibroids, usually found here, are of all sizes, and they may or may not take the form of polypi, for I understand that to be a true polypus, no matter what the structure, the tumor must have a decided neck, which must be much smaller in size than the body or depending part of the tumor, and the attachment must be circumscribed. Within the uterus, I believe the tumor

to be less of a polypus variety than many writers would lead us to suppose. Sims speaks much of polypi, and yet in the statistics given by him in 119 cases of internal uterine tumors, only fourteen were true polypi.

A fibrous tumor of the uterus, or as we are now in the habit of shortening the term, a uterine fibroid, is a disease more especially occurring during the child-bearing period, and generally during the latter part of the menstrual life, in other words, women are more liable to it between the ages of thirty and forty-five than before or after. It is more likely, also, to affect the fertile than the sterile, but more likely still to affect the unmarried than the sterile married. The percentage, so far as we have knowledge, of women who have uterine fibroids, is in the fruitful, 42.68; in the sterile, 25.7, and in the unmarried, 31.7. And if we will consider the proportion of unmarried to married women, we should state the liability of the unmarried as far greater than the married, whether sterile or fruitful.

I may here digress and say that, according to some writers, there should be a distinction made between a uterine fibroid and a fibrous tumor of the uterus; the term "fibroid" being used to designate the small growths within the walls of the uterus, and which may never amount to very much in size, and perhaps do not give rise to any particularly unpleasant symptoms, or become at all troublesome. It being a theory, I use the word theory because I have not become sufficiently convinced of the truth of the statements to make me accept them as facts, it being a theory that these fibroids often form and might continue to develop, except that a pregnancy prevents, by causing pressure and entire obliteration by absorption. If this "theory" is a fact, then I can accept it only upon the ground that the fibroid is indeed very small.

But to return to the pathology of these abnormalities. The middle layer of the walls of the uterus is the seat of the disease, and as this layer of the uterine wall is composed of unstriped muscular fibre and connective tissue, so these tumors generally consist of both of these structures in various conditions of development. They may, however, consist of one or the other wholly.

The vascularity may be little or great; the venous sinuses may be greatly developed, or the lymph channels large. We may find this kind of tumor wherever there is tissue like that of the middle layer of the uterine wall, as in the round or broad ligament, or the fallopian tube, or even in the vagina. These tumors are given special names, which indicate their exact location and direction of growth. If they grow in the midst of the tissue forming the middle layer of the wall of the uterus, they are called intra-mural; if they grow on the outside of this middle layer, they are called sub-peritoneal; whereas, those that grow upon the inside of the layer, are called sub-mucous.

Not unfrequently these tumors contain large or small chambers or cysts, filled with fluid, which may easily mislead in diagnosis, they are then called fibro-cystic, and it may be difficult to distinguish them from ovarian cystoma. We might almost follow the plan of naming this disease as many others are named, i. e., nosologically, and call it a bleeding disease, or metrorrhagia, but there sometimes is very little hæmorrhage, even amenorrhœa, though this occurs very rarely.

The bleeding is frequently passive, and simply in large quantities, though

often it amounts to a regular flooding, and death may occur from loss of blood or from subsequent anæmia.

This disease is itself subject to disease; inflammation and sloughing, and different forms of degeneration. We have, also, the reflex gastric affections not unfamiliar to us in pregnancy, and very persistent.

Supposing a fibrous growth to have commenced in the uterus, the patient is likely to suffer from irritation of the bladder, a feeling of pressure in the rectum, and the whole pelvic cavity may feel full. She may have irregular menstruation, or the flow will be great.

With such a history before us, we should request an examination, which should be carefully made with the patient upon her back. First using the finger of one hand in the vagina, the other hand being free for use in manipulating the abdomen if desired. We may find the uterus lying low, giving the impression that we have a prolapsus, or misplacement of some kind with which to deal. The free hand now being applied to the abdomen and pressure made, we shall find the uterus larger than its normal size, but most likely not *regularly* enlarged, being rather thicker in proportion to the length, or longer in proportion to the thickness, and we shall also, possibly, find the surface of irregular feel. We may now say we have a uterine tumor, or a flexure of the uterus, but we may not be able to settle this point without using the probe. It should be borne in mind that a uterine fibroid may be mistaken for pregnancy, either natural or extra-uterine, for hæmatocele ovarian tumor or cellulitis. We should not be misled by the history of the case, because we know pregnancy does at times exist without the patient having the least idea of it.

The presence of a uterine fibroid may excite such inflammation that the case becomes complicated with cellulitis, when, of course, we may not be able to know anything further than the presence of such cellulitis for the time.

We *ought* always to detect a hæmatocele or a cellulitis, and we ought always to be on the look out for it, in fact, we should assume its existence until the contrary is proved. In cases of extra uterine pregnancy we usually find the patient has an occasional slight flow or "show," from time to time, and the uterus is always enlarged, but we can usually, by careful examination, detect the existence of an enlargement in the fallopian tube, as separate and distinct from the uterus.

An examination should not be considered complete under ordinary circumstances, unless in addition to a vaginal, a rectal investigation is also made. By the latter means we might be able to detect a cellulitis, which had escaped observation in the vaginal examination, it will also very much aid in discovering extra uterine pregnancy.

The ovary may have a small cyst occupying the cul-de-sac of Douglas, and really be mistaken for a fibroid, but the rectal exploration will set this right.

Supposing we have no cellulitis, we may proceed further, and with a probe examine the uterine canal. Here we may have much difficulty, the canal having become tortuous to some extent, so the probe cannot pass, or if it does the canal is made to conform to the probe, and we have not learned all we desire, or, at least, our information is of a very negative character. Sims has an instrument which he calls an elevator, with a uterine strait stem,

which has some advantages over the ordinary sound, in that it can be introduced and fixed at any desired angle, thus allowing a certain movement of the uterus by its aid, which will enable us to get the surface surroundings of the uterus. Emmet has a modification of this elevator, in which the intra-uterine stem is jointed like the joints of the finger, thereby making the introduction and withdrawal much easier. The use of the sound excites more or less inflammation, and of course is not always painless, but if we have succeeded in introducing it for a certain number of inches are we sure that we have the exact measure of the uterine cavity? If the sound shall have met with a tumor extending into the cavity, it only tells how far it is to the lower edge of the tumor, therefore, it is frequently best to use an elastic gum-catheter, stiffened with a wire, and with steady and gentle pressure it will worm its way through the canal, and is less likely to do any damage to the uterine walls.

All this even may not give us the full information desired, and we must resort to the use of the finger, perhaps even the whole hand; but as this requires that the os and cervix should be dilated, and we do not find it already naturally so, it is necessary to resort to sponge tents. After this dilatation it is advised by some writers to hook a strong tenaculum deeply into the canal, just within the os, and steadily draw it down, at the same time pressure is being applied over the fundus by the hand of an assistant, when the finger can be advanced until the tumor is fairly made out, unless it should be a very large one and its attachment be at the fundus, in which case it will become necessary to pass the whole hand into the vagina.

Before attempting this the hand should be well softened in hot water and thoroughly oiled, and pressure gradually applied to the perineum, pushing it back, the tips of the fingers being brought together, making the hand into the shape of a cone. A steady pressure should be kept up, and the hand given a rotary motion, still pressing the perineum backward. Usually there will be no laceration or injury to the parts by this procedure. It may hardly be necessary to say that such an extended examination ought to be conducted with the patient under the influence of an anæsthetic.

If we have dragged the uterus from its position, as described above, we should, before leaving the patient, restore it to its proper place, otherwise we may have a severe inflammation follow. A free vaginal injection of hot water will be useful in checking hæmorrhage, and causing the proper contraction of the vagina, thereby assisting the uterus to retain its position.

A short period of rest on the part of the patient is also necessary after such an examination.

If the uterus has become enlarged to the extent of one in the later months of pregnancy, a mistake may be made in a careless examination as between pregnancy, fibrous or an ovarian tumor. But it would be only the grossest carelessness that would make a mistake in a pregnancy, since there are such almost certain signs for detecting advanced pregnancy, among which may be noted especially the fetal heart-beat.

Since so many pregnancies may be unsuspected, it is safe to be always on the alert for that condition.

If the uterus has become considerably enlarged from a tumor, its surface will feel uneven, as a result of the different growths, a condition we will not find in simple pregnancy.

Having found from careful examination that we have a uterine tumor to deal with, we must decide what course it is best to pursue.

If it is a small one of the fibro-cellular or mucous-polypus variety, and is located on the external os, or just within the cervix, it is a comparatively easy matter to remove it, either with the *ecraseur* or scissors, but if the scissors are used the surgeon should be prepared for considerable hæmorrhage, to check which the persulphate of iron is the best application. It may be used in the liquid form, a little cotton being saturated with a diluted solution, or, as I am most in the habit of doing, applying the salt, known as Monsel's, in the powdered form, filling a bit of cotton with the powder, holding it firmly for a short time against the bleeding surface. Under ordinary circumstances, the use of the *ecraseur* is, however, much the better practice, being altogether safer and giving equally good results.

The small tumors within the cervix, being generally mucous, may often be destroyed by pressure, and to accomplish this, a sponge tent may be worn for twenty-four hours, or they may be pulled off with forceps, or cut with the scissors. It was formerly a frequent practice to apply a ligature to a polypus, and gradually to tighten it, until the tumor should slough away; but owing to the possibility of absorption of pus, that method has become nearly obsolete. It is better, when possible, to make a finished job at once.

Unless the tumor has existed for a sufficient length of time for nature to cause it to take a polypoid form, we may find it within the walls of the cervix, or just emerging into the cavity as a submucous. Until it has become a true polypus, that is, having a neck or pedicle smaller than the bulk of the tumor, we should, if about to remove it, proceed in the same manner as will be described further on as advisable for the removal of true uterine fibroids.

The detection of a tumor or polypus on the os, or within the cervix, may be a very simple thing, but if within the cervix, and it has not assumed the polypoid form, it becomes necessary to introduce the finger to judge rightly of its character as to size, structure and location. If the os is already much dilated, as frequently happens, we will have no special trouble in doing this, but if not, the os and cervix must be dilated artificially, and this is usually best accomplished, as already stated, by the use of sponge tents. It will be necessary to begin this dilation from twenty-four to thirty-six hours beforehand, changing the tents once in about twelve hours.

The use of the sound alone, unaided by the finger, in cases where the os is closed, gives but very unsatisfactory information, and a positive opinion or diagnosis should not be rendered upon such an examination.

In judging of the size of a tumor, the sound may first strike the lower border; noting this as a starting point, further insertion will show the distance to the fundus, and as these tumors usually extend to the fundus, the size can thus be estimated by taking the distance from the lower border of the tumor to the fundus as the diameter.

If we have found after examination, that the tumor is still intra-mural, it may be necessary to wait for a time, that it may become sub-mucous. To aid nature in her attempt at thus expelling it, we may frequently find a strong and willing servant in Ergot, which if given in small doses, for not too long a time, assists the uterus to contraction, and also aids much in controlling hæmorrhage.

But as I have said, the use of this drug must not be long continued with out careful watching, as the Homeopathicity may be lost, and instead of good, we may have bad results, such as an increased disposition to hæmorrhage and loss of tone, which will defeat the object we desire to gain. Some cases suffer considerable pain, and we may be tempted often to administer some kind of an opiate, and perhaps may, by straining a point, be perfectly excusable for our departure from true Homeopathy in adopting this expedient for palliation, but the use of Ergot will frequently obviate the necessity for any other drug.

In all operations within the uterus, we must begin by making a thorough dilation, and this is accomplished with greater or less ease according to the size and location of the tumor, being easier usually in proportion as it is larger. The os and cervix in a patient who has borne children, will dilate more fully and easily than in one who has been sterile.

The dilation being completed, and the tumor within easy reach, if it has a good pedicle, we may pass up the loop of an ecraseur, and when in position, gradually tighten it until the pedicle is thus bruised or torn through.

Should any portion possibly remain after the ecraseur has removed the largest part of the mass, that portion remaining should be carefully removed by the finger, or an instrument known as a scoop or curette.

Another method is to tear the capsule enveloping the pedicle at its attachment to the walls of the uterus, with an instrument not unlike a section of a saw, and which may be placed over the end of the finger, but ordinarily the ecraseur is much the better instrument for use in these cases.

Should the tumor have a broad base, it may be advisable to enucleate by cutting through the capsule, and then tearing the tumor from its bed. In such cases the cavity should be carefully scraped to remove all the fibrous formation, lest in the effort of nature to discharge it by suppuration, a sufficient quantity of pus becomes absorbed to produce inflammation and pyæmia.

To a certain extent, the ease with which a fibroid can be removed, depends upon its location and size.

A perfect polypus of the os, or just within the cervix, presents the easiest form, while a long pedicled tumor in any other portion of the uterus may come next in order, and third in difficulty is the fibroid whose base is as large as, or larger than, the projecting portion.

It has been my experience that the larger the tumor, within certain limits, the easier it is removed; *i. e.*, one weighing a pound or even two pounds, is often more readily removed than one the size of an English walnut; but it does not follow that the larger is less dangerous than the smaller. It may be that the large tumors by their weight, have so weakened the contractile power of the os as to allow of greater and easier dilation, and consequently more room in which to use the hand and the necessary instruments.

Illustrative of this point, I will report two cases:

CASE I. A fleshy lady aged about thirty-five, was found to have a fibroid; the whole hand was without much difficulty introduced within the vagina; the os was considerably dilated, and by a very little manipulation, was further enlarged until I could easily introduce nearly the whole hand into the uterus. The tumor did not present any pedicle, but was attached laterally. Finding a portion of the capsule somewhat weakened, I cut a

notch in the nail of the index finger, and without an instrument of any kind, succeeded in enucleating a large fibrous mass, which weighed a little over one pound. After being torn from its bed and as it was being withdrawn by the help of the other hand, the uterus contracted quickly and finely. Sweeping the hand, which still remained within the cavity, over the internal surface of the uterus, there was every evidence of a complete operation, and as the tumor itself appeared as if perfectly peeled, it was presumed the whole had been removed. The patient, who had been unwilling to take a sufficient amount of Ether to render her totally unconscious, got along very well, the hæmorrhage ceased, and there was every prospect of recovery. But in about a week the hæmorrhage returned. Examination revealed another fibroid mass above the point from which the first had been removed. The first mass removed was all of the contents of that peculiar capsule, and the second was entirely independent of the first, except that the lower part of the capsule in the latter case was in reality the dividing membrane, or upper part of the capsule of the first. Consequently there had been two distinct tumors that had become adherent at their approximating surfaces.

The same method of enucleation answered in this as in the first instance, though the tumor was not as readily peeled out, and consequently was not removed without tearing. Every portion was however removed, and this time a more careful exploration was made of the cavity.

Theoretically, the whole mass should have been removed the first time. But the extreme rarity of such a combination of circumstances; the smoothness of the internal uterus after the first was removed, the perfect condition and size of the tumor, and the natural and apparently perfect contraction, *practically* removed all suspicion of the possibility of the existence of any additional growth. The mass removed the second time, though, as I have said, in pieces, weighed a trifle more than the first. The patient made a good recovery, and has continued well.

CASE II. Was a lady forty-two years of age, with a fibroid as large as a small hen's egg. The location was antero-lateral and near the fundus. She had given birth to a child five years previously, and had had several miscarriages since. Had been a great sufferer for a number of years with rheumatism, affecting the heart. She was a very large, fleshy woman, and of an exceedingly nervous temperament, and altogether not a particularly promising subject for operation. Preparations were made for full examination and operation if advisable. The os dilated only reasonably well under the use of sponge tents.

Operation being decided upon, the uterus was drawn down by means of a tenaculum forceps, and pressure made upon the abdomen by an assistant. The capsule was then divided, and with the finger, aided by a curette, the tumor was scraped away. The os began to contract as soon as the operation was fairly under way, and it was with considerable difficulty that finally two fingers could be introduced. Add to which the fact of there being a large pelvis, and that no sooner was a little pressure made in a lateral direction than the uterus would slip from under the hand of the assistant, and you can conceive the difficulty of the operation. However, by the exercise of patience the tumor was finally removed, except a small portion about the size of half a hazel nut, and this little bit evaded all efforts towards

removal, much as a drop of quicksilver will elude the grasp of one trying to pick it up. The capsule being entirely broken up and this piece only not being taken away, I considered the risk of allowing it to remain much less than would be the prolonged efforts for its removal, judging that with the contractions of the uterus it would soon be thrown off. Following the operation there were scarcely any untoward symptoms, except such as had existed before, the heart giving the most trouble, but it was kept in working order under the use of Cactus.

These cases are compared, as I have said, for the purpose of showing that often the smaller tumors may give more trouble to the operator than the larger. A large proportion of these cases are so nearly alike in their general description and methods of operation that I will not occupy your time with the monotonous recital of a long list, but will present only one more on account of its peculiarity.

CASE III. The patient was a medical graduate of a German university, and had been engaged in practice (Allopathic) for a number of years. Her age was forty-seven. For four years she had had severe flowing spells, upon one occasion the flow lasting eight months. Clots often formed a large part of the bloody discharges, and in their passage were accompanied with severe contracting pains.

When I was first consulted, it was on account of a peculiar nervous condition, which manifested itself in the shape of twitching and jerking of the legs and arms, which began as soon as she fell asleep, and would be upon different sides of the body on alternate nights. The jerking of late had become so bad as to draw the legs up almost to the body, and then with great force cause it to straighten out again.

She had upon one side a luxation of the hip, existing since childhood, and when that side was affected, she experienced great pain. Allopathic medication had been of no use in her case, except that she could get a little temporary relief from hypodermic injections of Morphia, but she said she objected to this treatment, as she feared she should contract the opium habit. The jerking was worse whenever the flowing came on. Learning that she had never given birth to a child, though there had been several miscarriages at early term, and from other symptoms, I judged she might have a tumor in the uterus, and so informed her. Others had told her the same thing, and she believed it to be true. As soon as the flow, which existed at this time, could be checked, and a little time for recuperation had elapsed, I etherized her and found the os much contracted. However, the sound was introduced and verified the existence of a tumor, but its exact size and location could not be accurately determined. A sponge tent was then introduced, followed, the next day by another, when the os was dilated enough to admit the point of one finger. The fibroid could be felt just within the internal os, but as a hæmorrhage had been provoked and coagulation were remaining within the uterus, it was thought best to go no further, but to wait, and when the hæmorrhage had ceased, to etherize and resort to rapid dilation and remove the tumor.

With the assistance of Drs. Bœricke, Ledyard and Martin and a trained nurse, ether was again given and dilation commenced. After two hours of steady attempts at dilation, with all the means at command, including Emmet's and Barnes' dilators, but little gain had been made, when I cut

the cervix from the external os up to its junction with the vagina. Being still unable to get more room than would allow of a free introduction of one finger, the incision was extended through the internal os just far enough not to cut through the entire uterine wall. This gave a slight increase of diameter, but not enough to allow two fingers to pass. The whole canal and os seemed as rigid as if made of iron. Notwithstanding this difficulty, I was enabled to tear away the capsule and separate the lobulations of the tumor, and, also, to bring away a small portion. The size of the tumor was about that of a large orange. In the light of subsequent events, I will say that I had, unfortunately, promised the patient that I would not take any risks, consequently, I did not make as complete incision of the uterus as I am satisfied I should have been obliged to do had I reached the tumor sufficiently to make complete enucleation.

I, therefore, had to content myself with beaking up the tumor, and trusting to the contractile power of the uterus for its later expulsion.

This has been the first and only experience I have had in which the os could not be dilated, especially after incision. There was but little loss of blood during the operation, and no hæmorrhage followed, but a serous discharge set up and was looked upon as favorable.

For the first few days the pulse did not vary much from 90 to 96, and she experienced very little pain from the operation. The prolonged use of ether produced some bronchial irritation and unsettled her stomach. I learned now, for the first time, that it usually required very little to derange her stomach, and the fact that she was unable to take much nourishment gave rise to anxiety on my part, since success greatly depends upon keeping up her strength, after the loss of so much blood on numerous occasions. She was greatly troubled with acidity of the stomach, and would persist in using her own remedies as palliatives, and though a remarkably uncomplaining patient, was still very determined in having her own way, often in things which were unwise.

After a few days, evidence of contraction of the uterus began, and on the eleventh day after operation a large piece of the tumor was discharged. The following day there was evidently some more about to come away, when suddenly the previously existing discharge ceased. I feared that a mass of the tumor had engaged the os, and being too large to pass, was acting as a plug, and I desired to render some assistance, by grasping it with the fingers or forceps, but she positively refused to allow me to do so, as she said she was too sore, and she could not take ether again.

This supposed plugging was followed by great increase in the rapidity of the pulse, and severe pain, indicative of metritis and pelvic peritonitis, and soon there was evidence of pyæmia. During all these days she had frequently resorted to the use of Morphine injections, administered by herself and without my knowledge, probably masking her real condition to some extent. Sixteen days after the operation she died, the blood being as thoroughly poisoned as one could conceive.

This is the only case that has ever come under my surgical care in which, I am convinced, it could be fairly stated that death occurred as a consequence of operation, for though I believe she could not have long survived the frequent and excessive hæmorrhages, still she might have lived much longer had the operation not been performed. The real cause of death was

pyæmia, undoubtedly arising from the plugging of the os and the consequent retention of purulent matter within the uterus, and I am satisfied might have been prevented had the plug been removed.

CANCER OF THE BREAST.

On the eighth of May I was consulted by Miss K., from Chicago, aged thirty-five, single, sallow complexion, considerably emaciated, naturally of a retired and rather timid disposition. Had been under my care many years ago. She complained of occasional pains in her right breast, which on examination was found to be flabby and very much enlarged, the surface of the gland was hard and uneven, and was slightly discolored—had a bluish tint. The appearance of the breast and the countenance of the patient were similar to the general appearance of persons suffering from cancer of the breast. Her menstruation came too frequent—every twenty-one days—and lasted seven days. During menstruation the soreness and pain in the breast were much more marked than during the intervals. Her digestion was much impaired. After eating but little she suffered from sour risings, and for hours rising and tasting of the food taken. Constipated.

On the 8th of May she received, in the evening before retiring, one single dose of *Calcarea carbonica* c. m. (Fincke). She reported herself better on the 12th of July. Again, on the 14th of August and on the 20th of September, she reports herself well. Menstruates now every twenty-eight days, less profuse, and her breast is *well*, and her appetite good. She has taken only one dose of *Calc c.* Her breast had been rubbed every evening with hot lard, till the swelling of the mammary gland perceptibly decreased.

ABNORMAL GESTATION.

March 28th, at 5, P. M., was called to see Mrs. J., aged twenty-eight, complexion fair, firm fiber, stout built, well developed, and general health good. She had borne two children, and had one miscarriage before, at one month. When I arrived, found patient suffering with short, sharp and quick labor pains, yet not of an expulsive nature, but suffering twelve or fourteen hours. The pains were not to exceed five minutes apart, and some times still more frequent, would not last more than a minute. She had suffered from ever since conception, frequent hæmorrhages, which was near four months. The size of the fœtus warranted the allotted time, for it was about six inches long. She would not go longer than two weeks without "flooding," and most of the time more frequently. At the time I was called, the hæmorrhage had checked up some. The pains had increased gradually from the start, which was about 4 o'clock in the morning. On examination, I found considerable anteversion, but not enough to produce the trouble that had existed from the first of impregnation, os rigid, the fundus was felt high above the os pubis, had some fever. Gave her Gels. Visited her next morning they said the pains had nearly ceased through the night, until about the time they came on the morning before. The hæmorrhage was slight after another thorough examination, became satisfied that I had some morbid growth to deal with, gave her Fl. Ex. Ergot, and used hot water locally to the os, in order to "free" the uterus. I succeeded in getting the os dilated, but could

not get up the expulsion pains—having no instruments at hand that suited the peculiar case, I used my hand, inserting it into the external organs, and partly into the uterus; found a villous growth adhering closely all around the inner surface of the womb, extending up to the fundus, detached it with some difficulty and good deal of pain.

On examination the fœtus was found well developed, the cord formed, and the amnion smooth and shining inside, but instead of a placenta the cord united to this villous, placental like mass that enveloped the fœtus. This mass was an inch thick and in place of being the thickest at the fundus, or where the cord was attached, was the thickest at the opposite point, or near the os internum. It adhered more closely to the amnion than to the internal surface of the uterus.

I am young in the practice of medicine, and although I have attended several cases of abortion at different stages, I never saw anything like this, and the only plausible conclusion that I can assign for this extra development, is that when the allantois reached the chorion and made its reflexion over the internal surface, instead of its capillaries becoming atrophied other than at site of where the placenta should naturally form, there vascularity increased into the villous mass that enlarged the womb which could be felt above the pubes shortly after the second month of gestation. This would also explain the hæmorrhage. The patient made a good recovery in one week. Would like to hear through THE INVESTIGATOR from any one experienced in obstetrical practice, if they entertain a different idea, and if medical treatment could have averted it or done it any good.

W. F. BAYLESS,

Clinical Medicine.

A MEDICAL CLINIC.

HELD IN THE CHICAGO HOMŒOPATHIC MEDICAL COLLEGE, BY PROF. A. W. WOODWARD, M. D.

Reported by Wm. B. Clarke, April 14th.

As many of you are not familiar with our method of prescribing in this clinic, it is proper that I should say a few words prefatory. In prescribing for the sick, every Homœopathist strives to give a remedy which will produce similar symptoms in the healthy, while in theory this is easy; in practice we find it very difficult, owing to the fact that instead of *one* symptom to be dealt with, we have *many*, all of which must be considered. Now it is found in practice that the curative remedy, is one that cures *all* the symptoms present in the case, while there may be many similars for the main complaint—there is only one perfectly adapted to all the complaints, local lesion included, and the greatest difficulty we have to contend with in practice is to find *this simillimum*.

During the past few years the members of the class in this college have been striving to find a new method of applying the law of similars through new and original provings, these have yielded very satisfactory results in showing that every drug has an individual and characteristic method of affecting the human organism, seen in the succession of organic derange-

ments produced thereby. To illustrate, we have found that Arsenic disturbs first the stomach, second the lungs or heart, third the spine, fourth the skin, fifth the lungs, etc., and it disturbs these more than any other organs. Now when we find a case in which these particular organs *taken together* are deranged by the disease, we apply this remedy with confidence, quite regardless of the special symptoms that may be present, being governed by this *fatal resemblance* rather than by symptomatology.

By our scheme the human organism is divided physiologically into nine groups or systems, viz: cerebral, spinal, respiratory, gastric, enteric, urinary, sexual, cutaneous, circulatory. Now if we know what particular combination of three, or four, or five, systems are particularly deranged by a remedy and see the same combination in disease, we are enabled to draw extremely fine lines of differentiation between similarly acting drugs, and can thereby use a higher potency, and work more rapid cures.

There are several important points concerning the application of this method, of which I shall speak as occasion requires. As each case is analyzed, I shall expect those of you who are familiar with these combinations, to make a selection of the remedy for the case, for by this method when correctly applied, a difference of opinion is impossible.

As a majority of the cases we find here are chronic, we shall find they often originate in remote causes, hence to get a correct idea of the cause, we must have a full history, this will often furnish us, in the succession of serious ailments experienced, a key to the present simillimum, and in that history we can trace the succession of organic derangements peculiar to a particular remedy, while we may be at a loss to choose by the complaints before us.

Our first case number, 17225, man aged forty-five, *chronic bronchitis*, looks strong, and in fair health, has had a painful dry hard cough for two months, thinks his general health has been good until he took this cold; but we find he has had pain in left side for several years, (chronic pleurisy,) bowels constipated much of the time, when so, there is much disturbance of digestion; by closer questioning we find he has a scaly eruption on elbows and knees. that he thinks followed vaccination while in the army, pulse 84. As we cannot learn of any sickness before vaccination and as we find this skin disease has been better and worse ever since, we may conclude the primary lesion to have been in the skin, and so we need a remedy whose first effect is cutaneous, the pleuritic lesion seems to be second in order of occurrence, with gastric and enteric following, and present in the case before us.

The remedy for this case is, *Silicea*, which produces symptoms in like order, we will give it in the 30th four times a day, well assured that rapid and lasting benefit will attend its administration.

CASE NO. 17069. This man, aged fifty-six, *contracted liver*, was first before us one month ago. Our meagre history of his case is as follows: Was always physically strong, and self-willed, a hard drinker, and used tobacco freely. Emerged from the Washingtonian Home three years ago cured of his drinking habit, and by the exercise of his will power has remained so, and has recently abandoned the use of tobacco. His complaints are of troubled dreams and despondency, obstinate constipation (every four or five days,) can sleep only three hours at night, and never dreams anything pleasant, knees get

cold, is weak sexually, has not had an erection for three years, has general weakness, easily tired. Examination shows cirrhosis of liver, the result of gin-drinking, pulse 90. The condition of this liver and the obstinate constipation we must regard as our starting point in the selection of the remedy. Then the sexual element in the case must be recognized. The spinal indications are well marked in debility, and then came the skin (as shown by his appearance), and the pulse of 90 gives us the febrile key. To resume, our remedy here must be—one having this succession of action: Liver and bowels, sexual, spinal, skin, febrile (the head symptoms here are secondary, and should not be considered). The remedy is Conium, which we gave 30th, four times per day. He came again in two weeks and reported that bowels were all right, feeling a little more vigor, and sleeps a little better. We continued the Conium, but gave it three times a day. To-day he says he is better than at any time for three years past, and bowels act regularly, he gets around better, and is feeling stronger physically, but has not improved so much in the matter of sleep, sleeps more than he did, but is not satisfied yet. Continue Conium two times per day, giving 200th.

CASE NO. 17140. This lady, aged fifty years, came in March 24, saying that a physician had diagnosed her case as Bright's Disease, but had failed to help her. She complained much of eructations and bloating around stomach, oedema of ankles; also especially of pain in small of back and headaches, sleeps poorly, easily disturbed, heart palpitates on awakening, and gets tired on slight exertion; had considerable derangement following change of life, bowels from one extreme to another, no record of pulse, or of the actual urinary symptoms, but the diagnosis is undoubtedly correct. The weakness and pain, the oedema and easy sweats, the irregular heart, the urinary trouble, and headache, in this succession point directly to Merc. cor., viz: Spine, skin, respiratory and heart, urinary and head. We gave it in the 30th, four times per day. One week later the record says "decided improvement." To day she says she is "so much better;" kidneys feel easier, feet do not swell, no bloating now; the chief complaint, now is rheumatism in wrist, but has thirst, poor appetite, and heart flutters, head aches considerably, bowels much constipated, urine feels hot, pulse 84. Continue Merc. cor. 30. We must not promise too much in a case of long continued organic lesion.

CASE NO. 17003. Woman aged forty-six years, *reflex neuralgia*, housekeeper, first came March 10th, complaining of flatulent stomach and bowels, obstinate constipation, deep, burning, stinging pain about the shoulders, which makes her dizzy and tremble; much pain in small of back, excitement brings on pains and completely prostrates her, sickly countenance, occasional sweats, rapid pulse, feels heated, but temperature is not above normal, been steadily losing flesh for three years. We here have a beautiful picture of the effects of the *climacteric*, and unerring indications for Conium, the succession of which we have just had. This remedy given in the 30th, four times per day will make a new woman of her. The record a week later simply says: "Decidedly improved every way," and the remedy was continued three times per day. A week later it says, "Continued improvement, but reports return of once dried-up chronic catarrh." We frequently notice similar occurrences, and thus know that the remedy is at work on every organ, and will do its work

thoroughly. Remedy continued two times per day. To-day she says she is well, and is about leaving the city. We will give her Conium 200, two times per day, and predict that hereafter nothing but "Homœopathic medicine" will satisfy her.

RABIES CURED.

I read a sample copy of your paper and noticed among its contents an article on hydrophobia. There are parties now living in this town who were bitten by mad dogs when children and are living now. I have a brother in Saratoga of this state also cured from this disease. I say this for the benefit of any of your readers who may be so unfortunate as to be bitten by rabid dogs.

HIRAM BROWN.

PRACTICAL OBSERVATIONS.

I wish to tell your readers of a little experience I had a short time since illustrating how easy it is for us in a busy practice to be too careless in our examination of our cases.

A farmer came to me with his eye badly congested and swollen. A careless examination led me to diagnose catarrhal conjunctivitis, and I so treated it. At the end of two weeks but little improvement. A careful examination revealed a bit of straw one-fourth of an inch long and three-thirty-second of an inch broad lying as far back as possible on the upper surface of the eyeball. It was partly imbedded and covered with mucus. Its removal and an eye wash composed of laudanum five grs to the ounce of water, with a little glycerine gave a speedy recovery. On the first examination I enquired if he felt any foreign body in the eye, and he said not, but on my removing the straw he remembered very distinctly when he met with the accident.

J. R. Q.

CEPHALALGIA.—ITS MANY KINDS AND CAUSES.

MR. PRESIDENT AND GENTLEMEN: In choosing a subject for my essay, I have selected that affection, which, in my practice, has given me the most trouble to treat successfully, not that I might thereby instruct you, who are supposed to know the causes, forms and cures of all ailments, but that by especial study, and by listening to your criticisms, I might benefit my patients.

Headaches originated sometime ago, and have ever since afflicted the human race. There has been considerable written, much more said upon the subject, and my originality will be mainly found in several standard works. On Diagnosis, DaCosta, Peters, Ranney, Dunglison and Jones have anticipated what I wanted to say. Behr, Jahr, Johnson, Hering and Lillienthal have expressed the therapeutical ideas of the Homœopathic world, and mine as well.

Headaches are of many varieties, and the causes from which they arise are extremely diverse. There are but few diseases in fact, in which painful sensations about the head do not occur more or less frequently! For the sake therefore of accuracy in prescribing remedies we must pay careful attention to the diagnosis and pathology.

We may classify cephalalgia in two ways. 1st, according to the structure

involved. 2nd, according to the nature and cause of the pain, *i. e.*, some headaches are due to a local lesion, others are sympathetic.

A. 1st, then, the structures involved are the scalp, nerves, periosteum, bone, meninges, brain, eye and ear. The diseases of these organs and their diagnosis are as follows:

(a.) *Rheumatism of the scalp*.—The pains are “continuous, dull and superficial, augmented by moving the affected muscle, and relieved by warmth.”²

(b.) *Inflammation of the periosteum*.—Occurs in syphilitic patients. “There is extreme tenderness on pressure, the parts are swollen and less elastic than the surrounding healthy portions, and the pain is especially severe at night.”³

(c.) “In *Ostitis* the pain which exists is *deep* and diffused throughout. The bone undergoes a uniform enlargement; it is moderately, (not excessively) sensitive to pressure.”⁴

(d.) *Neuralgias* are characterized by “acute lancinating pains, returning at intervals, and following the course of a nervous branch.”⁵

(e.) *Inflammation of the meninges* if acute is manifest by an intense headache; the pains are sharp, occasionally become even more severe. There are a very high fever, great restlessness, vomiting, injected eyes, and later delirium with convulsions.⁶ In chronic meningitis, the pain is more constant and fixed, and the fever is less high.

(f.) Headache is a general accompaniment of all diseases of the brain.

I. In *inflammation*, besides the symptoms of meningitis, we notice that the sense of vision or of hearing becomes suddenly perverted; agitation of the limbs and tremor are marked and occur chiefly on one side. Soon there is coma.⁷

II. In *softening* of the brain, there is headache with gradual impairment of the intelligence, weakening of the memory, muscular debility, cutaneous hyperæsthesia or anæsthesia, and great irritability of the temper.⁸

III. When *tumors* are present, we notice “headache, violent, but paroxysmal and neuralgic, impairment of vision or of any of the special senses also epileptiform convulsions not followed by deterioration of health.”⁹

VI. Diseases of the *cerebellum* are accompanied by “severe headache, occipital or frontal, *worse* when the head is bent;” vertigo, especially when the eyes are open. At the outset there is vomiting, and soon the patient walks as if drunk.¹⁰

V. Headaches may be caused by *optical defects*, especially astigmatism. The pain is “increased by near use of the eyes; it is accompanied by abnormal sensations in the scalp and at times by vertigo.”¹¹

VI. *Otitis* may give rise to headaches by the extension of the inflammation to the meninges.

1 Peters' on Headache, VI.

2 DaCosta, p. 173.

3 *Ib.*, p. 172.

4 Ranney's Diag., p. 121.

5 Dunglison's Dict., p. 698.

6 DaCosta, p. 113.

7 DaCosta, p. 115.

8 *Ib.*, 187.

9 *Ib.*, p. 169.

10 DaCosta, p. 105.

B. Under the second division of the subject we may classify congestive, rheumatic, nervous and sympathetic headaches.

(a.) Of general *congestive headaches* there are two varieties. I. Active or arterial: This is caused by a too rapid flow of blood to the head. It is often brought on by violent exercise, by exposure to the sun, and by a great mental strain. It is accompanied by excessive action of the heart, strong beating of the carotids, and flushed face, and is increased by stooping. II. Passive or venous congestion: This is caused by a too slow return of blood from the head. It may depend upon suppression of hæmorrhoidal flow, and congestion of the liver, upon the menstrual irregularities, catarrh, etc. It is marked by a dull pain with a sense of heaviness extending over the whole head. There is a general disquiet and confusion, rather than severe pain; inability to think, dimness of sight, dullness of hearing, and vacancy of memory.

Menstrual congestive headaches, are frequently accompanied by "stiffness of the neck, a dull aching from there up into the occiput, roaring noises in the ears and momentary loss of consciousness."¹²

(b.) "*Rheumatic headache* is described by some as a chronic headache with violent pain, but especially characterized by a sense of *tension* of the whole head, as if the membranes were contracted, the pain intermits, and there is intolerance of motion."¹³ "It is principally caused," says Fricke, "by the action of cold upon the skin, by which its exhalations are retained. * * * And the lactic acid remaining in the blood takes the Oxygen from the uric acid, which thus is not eliminated but acts as the poison."¹⁴ "The delirium marked by great talkativeness, or on the other hand the patient may be extremely taciturn."¹⁵

(c.) The so-called *nervous headache*, is an idiopathic affection. "It cannot be accounted for by any anatomical lesion, although it sometimes accompanies other ailments."¹⁶ As for instance diseases of the liver, heart and sexual organs. The pain is paroxysmal with perfect relief in the interval; it is generally limited to one side, and occurs in the supra-orbital or temporal regions. "It is extremely severe yet of short duration, and after it is over there is great lassitude, and even some local soreness."¹⁷ "There is no elevation of the general temperature, although it is generally attended with more or less local congestion. Often there is present hyperæsthesia of the special senses, and nausea.

Its exciting causes are anything which irritates the nervous system; great mental exertion, loss of sleep, excessive use of the eyes, affections of the ears, menstrual irregularities. It may be brought on by an anæmic condition, sedentary habits, and the immoderate use of coffee.

Nervous "sick headache is characterized by spasmodic pains, often shifting from one part of the head to another, chiefly commencing in the morning with sickness and faintness."¹⁹ It is apt to be periodical, returning

¹² Peter's p. xxvi.

¹³ Peter's p. xxvii.

¹⁴ Ib., p.—.

¹⁵ DaCosta, p. 688.

¹⁶ Baehr, vol. i., p. 221

¹⁷ DaCosta, p. 62.

every seven, eight, or fifteen days, and is said to be "due to an irritation of the corpus striatum."²⁰

The substances vomited in an attack of true nervous headache are generally destitute of acid, bile, or any acrid property, while in gastric-sick headache, previous derangement of the stomach is evident, and the vomited matter always consists of bile, undigested food or some other offending substance.²¹

Again, it is noticed that vomiting occurs early if the headache arises from gastric derangement; late if from nervous irritation.

The great sympathetic nervous system, connecting as it does the abdominal and pelvic viscera with the brain, allows each to react upon the other, "thus," says Peters, "irritation of the brain may be propagated down along the sympathetic nerve to the stomach, and *vice versa* irritation of the stomach may travel up along the nerve to the head, producing the so-called dyspeptic or *gastric headache*. Hence, we often have the phenomena of a true nervous headache, arising from extreme acidity of the stomach, or of the cæcum, due to suppression of the discharge of bile.

This sympathetic nerve also sends branches to the internal ear and to the retina of the eye, which fact explains the hyperæsthesia of these organs during headache.

There are other sympathetic headaches also, arising from disorders of the kidneys and uterus. That which precedes the menstrual flow is congestive; the equilibrium of the circulation is disturbed and the blood rushes to the head. That which occurs after menstruation is not congestive, but is due to debility, and hence is generally nervous.

Prognosis.—Acute headache can generally be cured very soon. Chronic headache of years standing cannot reasonably be expected to yield inside of several months.

The treatment of headache should be both regiminal and therapeutic. Regiminally, the diet, clothing and habits of the patient must be regulated according to the case. The cause of the trouble must be searched out and avoided; if this be not done medicine will be of little avail. External applications are sometimes of benefit, and because we are Homœopaths there is no need of letting our patients suffer until the medicine takes effect. Hot applications frequently give relief. Ginger and mustard poultices, Aconite and Chloroform, and even Morphine sometimes are blessings.

In Rheumatic headaches frequent bathings with friction are beneficial, and the hair should be allowed to grow long. Linnæus cured himself by drinking a draught of cold water early in the morning and then walking himself into a glowing heat.²³

In congestive and nervous headaches a hot soapstone placed upon the abdomen or between the thighs will often put the sufferer to sleep at once.

In gastric headache, when caused by excessive acidity of the stomach, Carb. of Soda in water gives immediate relief. If undigestible substances have been taken an emetic helps. These of course can be followed by the appropriate remedy.

¹⁹ Dunglison's Diet. ²⁰ Peters, P. xiv. ²¹ Ib. P. xii.

²² Peters, P* xxi.

²³ Peters,

To make an accurate prescription it is extremely necessary to have the distinction between the different kinds of headache clearly made out. We should notice the location of the pain, and its aggravating and ameliorating circumstances; also, its nature, for to a certain extent the character of the pain varies with the nature and seat of the disease.²⁴ Distinctions, however, between "pressing," "squeezing" "drawing," and "screwing" pains matter little. Mere symptom hunters generally neglect the most significant physical signs. There is seldom need of searching the *materia medica* through to find the remedy, because drugs have each their own peculiar spheres of action. One causes congestion, another its opposite extreme, anæmia, and to prescribe Homœopathically it is of course necessary to select for a congestive headache from the list of those remedies which produce a congestive headache.

If the headache be rheumatic there are medicines whose grand sphere of curative action is rheumatism. Nervous headaches are, perhaps, the hardest of all to treat; here, especially, the remedy must cover the totality of the symptoms.—*Dr. Allen, in Med. Adv.*

²⁴ Peters, P. viii.

NÆVUS.

C. G. Wilson, M. D., St Clair, Mich. reports the following case of Nævus: October 7, 1882. Baby S., female aged five months. Good health since birth. There is a telangiectasia, bright red, compressible, oval in shape, about one by one inch in diameter on *right temporal region*. (See Hering's *Condensed Materia Medica*. p. 395). There being no other symptoms present, *Flour. ac.* 200 (Dunham) one powder a day for three days is given.

December 15. Nævus has decreased to size of a dime. Wished to give more powders, but baby was teething and parents thought anything strong enough to remove the mark would be injurious to a baby at that period, so no more medicine was given.

January 12, 1883. Discoloration gone; only a slight elevation is present; hair growing over it nicely; think nævus cured.

ÆTIOLOGY AND THERAPEUTICS OF CHRONIC NASAL CATARRH.

First, atmospheric changes, frequent acute attacks which are allowed to run their course without treatment.

Second, any thing that will have a tendency to keep up a hyperæmic condition of the mucus membranes, such as smoking, or snuffing, etc.

Third, children whose parents are syphilitic are very prone to this disease in its worst form,

Fourth, self-abuse, excessive sexual indulgence, etc.

These named are the leading causes, and the treatment should be directed accordingly. I will not give any special remedies to be used in treatment, but will group them according to causes. If of syphilitic origin, I have used the following with success: *Arum. met.*, *Asafe.*, *Kali. carb.*, *Kali. hyd.*, *Nitric acid* and *Nux. v.* If self-abuse is suspected, *Phos. acid.*, *Sepia Hydras.*, *Kali. carb.*, *Aurum. met.*, and *Hepar. s.* Excessive sexual indulgence, *Hydrast.*, *Conium. mac.*, *Phos. ac.*, *Nux. v.*, *Nit. ac.*, *Aurum.* If

from excessive use of tobacco, Nux v., Ars., Ipec., Sepia, Lycop., Hydr. If from neglect or bad treatment we have Bry., Phos., Kali. b., and c., Merc. pro. Hydras., Asafos., Aurum., Nit. ac., Nux. v., etc. To prevent the bad smell and taste in the mouth and throat, I have usually recommended the patient to draw or snuff about four ounces of water containing a small quantity of salt, and five to ten drops of Kreasotum 2x up the nostrils every morning.—*Dr. Grabill in M. A.*

PETROLEUM IN DIARRHŒA.

Dr. Watson, of Greggsville, Ill., reports the following case: Mrs. D. aged ninety-two, diarrhœa. commencing with frequent, painful large dark-colored, watery discharges. After three days' unsuccessful attempt to check it with domestic remedies, they sent for me to take charge of the case. I found my patient to be a feeble but headstrong old lady, who having been all her life a hearty eater, was now suffering from the effects of over-eating and a severe cold. She was of a peculiarly nervous and irascible disposition, and had been accustomed for many years to use opiates to enable her to sleep. Her discharges were now more variable than at first, part of the time being of greenish, slimy mucus, streaked with blood, with severe pain and soreness in the region over the colon and much tenderness and desire to remain long at stool. At other times the stools were mainly of a watery character, brownish in color, more frequent in the morning and from movement. Under *Bry.* the stools changed in character but not in frequency. Still worse in the early morning, light, yellowish, watery, sometimes with mealy sediment with great rumbling in abdomen, sudden in their expulsion, worse after eating or drinking, at times involuntary. During this time there were evidences of inflammation of the mucus membrane of the whole digestive track; redness of the tongue, increase of the pulse, tenderness on pressure, intense thirst, but the greatest pain and distress after drinking. During the whole time she complained of hunger, and said they were starving her; but even the simplest diet caused great suffering after eating and was followed by an alvine evacuation in which the food was passed undigested. The symptoms seemed to indicate in turn *Pod.*, *China*, *Crot. tig.*, *Gummi gut.*, *Arsen.* and *Sulph.* These and other remedies, as they seem indicated, were prescribed in various potencies during a period of ten days without material benefit. The gastric and intestinal inflammation showed no abatement and her bowels now moved from twenty-four to thirty times daily. This was very discouraging for my first experience with the lady, and I told them they might expect her early demise unless the disease was speedily conquered. At this seemingly hopeless stage my attention was called to a mental symptom which had been present several times but which they regarded as simply crazy talk, not of sufficient importance to tell me: *She imagined another person was sick in the same bed with her.*

This symptom immediately suggested *Petrol.* A comparison with its pathogenesis showed its entire similarity to the case, and it was prescribed in the 200th attenuation, to be repeated as often as the bowels moved until the evacuations showed decided improvement, then to stop its administration. *No repetition of the dose was necessary for twelve hours,* and her recovery was prompt and steady from the first dose. Upon this seemingly insig-

nificant symptom this woman's life undoubtedly hung, and its discovery brought about an entire revolution in the case.

During the whole treatment she had persisted in taking her opiates as usual despite my remonstrance; but this case, as many others I have observed, teach me that neither opium, tobacco, coffee, tea, salt, or other medicinal agent, when its use has become a regular habit, will antagonize even an attempted remedy.

Correspondence.

HONOR TO WHOM HONOR IS DUE.

SOME RECENT NEW DISCOVERIES (?) BY THE ALLOPATHS.

In "A Lecture on the frequent repetition of doses," delivered at the Bellevue Hospital Medical College, by Prof. A. A. Smith, and published in the *New York Medical Journal* we see signs, certainly, of an attempted display of "genius" which as we read, leads us to stop and enquire "Has the Millennium dawned? a little reflection however, will give the key to the situation. Under the guise of "Frequent repetition of doses," The lecturer proceeds to give them a lecture on Homœopathic therapeutics, of course he would not dare to publish that as his theme, because if he did he would sin against the Goddess of "Contraria contrarius curantur" and be certain to offend some of the master workmen, and thereby be unseated from his chair as professor, as our Philadelphia friend did, not long since. But if he can display cheek, (sometimes defined "genius") enough to claim it as his own discovery or that of some of the professor's of Bellevue Hospital Medical College, he is permitted to go on his way rejoicing. He certainly shows genius in demonstrating to his class, how utterly devoid of reasoning power he was, for he is frequently heard to say in the course of his "lecture." "I will not attempt to explain to you how it cures or why it cures. I only know from my own experience and that of my colleagues that these *small* doses do cure." Notice, it is not the repetition, so much as it is the size of the dose he is now talking about.

As investigation will show further on; in his hypothetical cases cited, and the remedies prescribed, he cuts entirely loose from all the precedents in the Allopathic school and its *dogma*, and gives the remedies according to the law of similars entirely, and proclaims that he and his colleagues had made great discoveries; when the truth is, that every fact stated, as to the positive, curative action of the remedies, has been known and taught in the Homœopathic school from Hahnemann down to the present time. The mere tyro in Homœopathic therapeutics knows all of them, these very truths had been taught before Prof. A. A. Smith was born.

It would be just as plausible for me to go before an audience, and with much flourish of trumpets, claim that I had discovered that Strychnia would kill a dog. "I know it, because I have tried it." I might not have known it before I accidentally tried it, but it was none the less a fact known for centuries and if I did not know it, it was *my own* fault.

"Professor" comes out saying: "I have discovered that one grain of Tarter emetic put into one quart of water, teaspoonful doses of this solution

every half hour will prove effectual for the relief (? only) of the wheezing and cough accompanying slight bronchitis in children.

I don't just know where he puts the dividing line, but in my experience, the worse the case the better the remedy. But again: "It is well known that Cantharides when given in large doses, is liable to produce inflammation of the urinary tract, but *it has been found* that a single drop of the tincture every hour will, in many cases, relieve vesical catarrh." Here he comes very near explaining its action; but, being too bigoted to own that it is the Homœopathic action, he would rather proclaim his ignorance than to own the truth. Again: "One sixtieth of a grain of Calomel taken every hour for ten or twelve hours will relieve the headache of syphilis at night." This taken in connection with the teachings of Prof. Ringer, "Page 200" he says: "It is singular how similar the phenomena produced by Mercury are to those which result from syphilis. The author thinks it fairly shown, that the serious secondary and tertiary symptoms laid to the charge of Mercury, can undoubtedly be produced by it and by syphilis; so that these salts if given too freely, for too long a time or under improper circumstances, inflict great harm by aggravating the disease they were intended to cure," shows pretty conclusively, taking their own authority for it, saying nothing of the positiveness of Homœopathic teaching on the subject, that his prescription is truly and entirely Homœopathic, and can, on no other grounds, be explained; and as I said before under the guise of "Frequent Repetition of Doses." Prof. Smith plagiarized his entire lecture, and this may serve to explain to a certain extent his extreme ignorance as depicted heretofore, of course he wouldn't tell where he got his information, he would convict himself, but audaciously claims to have discovered it himself or some one of his colleagues, in one instance he cites Trousseau, of course his auditors, as a rule, being too prejudiced to even look at a Homœopathic materia medica, will believe they are having a rich treat of "new discoveries" not yet recorded by reason of their recent arrival.

I might cite other instances as: "Ipecac for the cure of nausea and vomiting in children, subacute gastritis and pregnancy, etc.

"Chamomilla for children of a nervous, excitable form of mind, sensitive temperament, with bowel difficulty while teething, and sleeplessness, etc. Nux vom. for the relief of sick headache not of neurotic origin.

"Castor oil, in five drop doses for diarrhœa of children accompanied with slight inflammation, straining and the passage of jelly-looking matter, but not true dysentery." If it were true dysentery, Ringer would say, put one grain of Corrosive sub. into a quart of water and give a teaspoonful every one, two or three hours.

"Pulsatilla in two drop doses every hour is the *sina que non*, for orchitis and epididymitis; has given greater relief than any other remedy ever used."

"Tr. Hamamelis, in two minim doses every half hour has worked well in hæmorrhage from the nose, uterus and hæmorrhage, etc."

"Aconite for dry, hot skin, a quick full pulse, the mucus membrane of the throat dry and red, nose dry, in one third to one sixth of a drop at a dose has done wonders for him, visiting his patient a few hours after commencing this treatment he found the patient in a gentle perspiration and the

symptoms all mitigated; the remedy similarly administered is also useful in cases of commencing so-called cold in the head."

I might go on with the quotations but this is sufficient to substantiate the charge of appropriating the teachings of Homœopathy in spirit and essence and vaunting them on the class and world as his own discoveries, and not manly enough to acknowledge it. All we want is "Honor to whom Honor is due."
X. Y. Z.

ILLINOIS STATE BOARD OF HEALTH.

The regular quarterly meeting of the Board of Health was held at the Grand Pacific Hotel, Chicago, April, 12 to 14.

Action was taken on charges against six colleges and seven individuals.

There were eighteen candidates for examination; five withdrew before completing the examination. None of the other thirteen attaining the requisite average of 80 per. cent.—no certificates on examination, were issued.

Dr. Clark asked for the opinion of the Board upon the feasibility of having one common examining board on preliminary education for the six medical colleges of Chicago. The Board were unanimously in favor of it and so instructed the secretary to report.

Progress of the Medical Sciences.

The Cure of Epilepsy by Ligation of the Vertebrals.—In the *Med. Times and Gaz.*, March 1882, p. 250, Dr. Wm. Alexander reports fifteen more cases, in which he has ligatured one or both vertebral arteries with great advantage.

The Physiological effects of Boldo.—During the last few years several articles have appeared in relation to boldo, an ever-green shrub from Chili, the leaves of which contain a volatile oil. A tincture and extract of the drug have been used in general debility and weak heart; the oil has been recommended for its influence on the mucous membranes, and especially in inflammation of the genito-urinary tract. Verne, who directed attention to it in 1874, has recently made some physiological experiments to determine its effects in man upon the circulation, temperature, quantity of urine, and excretion of urea. (*Bull. Gen. de Therapeut.*, April 15.) He concludes that the "aromatic substances and boldine are eliminated by the urine. Boldo has no effect on the circulation temperature, or upon the quantity of urine, but it sensibly augments the elimination of urea." In this respect it resembles Coca, as it does also in a slight exhilarating effect.

The Influence of Tobacco on Menstruation and Pregnancy.—Dr. Piasecki draws the following conclusions from an examination of 540 women employed in tobacco-manufacture at Havre, with reference to the influence of tobacco on their generative functions. 1. Tobacco cannot be regarded as an emmenagogue. 2. The various labours to which the fabrication of cigars, etc., give rise, produce no unfavorable influence on the workwomen. 3. It has no injurious influence on pregnancy. 4. Abortions are not more common among the working-girls of the manufactory of tobacco at Havre than among other women in the town. The cigar-girls who are more sedentary in their habits, are those chiefly effected by miscarriages. 5. The

mortality among the new-born children was considerable, 233 deaths in 376 births. These deaths did not depend, however, upon the employment of the mothers, but on general unsanitary conditions by which they were surrounded.

On Bone-setting.—There is a paper, by Dr. Howard Marsh, in the *Brit. Med. Jour.* for Oct., p. 663, giving an insight into the proceedings of the class of practitioners commonly called bone-setters, and pointing out that, in nine cases out of ten, it is the surgeon's own fault that his patients fall into their hands. Bone-setters owe their reputation chiefly to cases in which joints, that are themselves healthy, are stiffened and painful from surrounding adhesions, or from the rigidity of muscles that have either been fixed by too long position, or left contracted after reflex irritation has subsided. In this class, the surgeon should not only move the limbs before they are stiff, but should guard against adhesions by passive motions. Every case is treated in exactly the same way; the joint is made to go through all its normal movements; the patient is always told 'a bone is out'. A common remark is that, though surgeons know all about the large bones, they pay very little attention to the little ones. If we substitute the term 'lesser ailments' for small bones, the assertion rests, perhaps, on some foundation in fact.

Treatment of Club-Foot.—Dr. Reynolds (*Trans. of Michigan Med. Soc.*) urges the treatment of club-foot at birth. His method is as follows: He first surrounds the extremity with batting or wool, and never applies splint over the side of relaxation, because hard unyielding pressure tends much more to enfeeble muscles than an elastic one, such as bandage alone over wool. For the contracted side, he bends a soft splint well in an opposite direction from the contraction, and especially well around the toes; or, if they be bent well over by the splint, the long tendons of the weak side have at once greater leverage, and soon become active in moulding the foot. He dries the splint till hard before applying it, and then bandages not lower down than the metatarsus, for the purpose of allowing some motion to the toes; for alternating contractions and relaxation are almost constant in the tendons of the young child's foot, and those that are weak, being left somewhat free, will soon equal in strength their stronger antagonists under the splint. The dressing should be removed daily at first, to allow bathing and friction, and to avoid injury from pressure.

The Process of Digestion in the Stomach under various influences.—A few healthy persons can drink as much as two and one-half liters of water during and shortly after a meal without even producing thereby retardation in the digestive process. In most persons a half liter is without influence, a second half calls forth a slight retardation, while a third half causes a marked sluggishness in the action of the stomach ferments.

Exercise during the time of digestion is a fruitful source of slow assimilation and digestion. During sickness water exercises a peculiarly marked influence in retarding digestion. Bran poultices applied hot and allowed to remain two-thirds hours on the stomach, hastens digestion in an unmistakable manner; ice-bags, on the other hand, are without any influence. The addition of Pepsine and Hydrochloric acid to a healthy stomach has no effect, while the digestion of an anemic person by this addition is rapidly

increased. In cases of dilatation and catarrh of the stomach, any use of acids and pepsin is followed only by a negative result. During menstruation digestion is slower.—R. FLEISCHER, *Berlin Klin. Wochenschr.*, 1882.

New Method of Reducing Dislocations of the Femur.—The following method of reduction of the femur, after every recognized means at reduction proves ineffectual, was put into practice by Dr. J. E. Kelly, of Jervis Street Hospital, and quoted by the *Medical Advance*. The patient, a powerful man, styled "King of the Quay Porters," is placed upon his back and firmly fixed to the floor. "Three strong screw-hooks" are inserted into the floor close to the perineum and each ilium of the patient, and to these hooks he is secured by a strong bandage of rope. The injured thigh is flexed at right angles to patient's body; the foot and lower extremity of tibia are placed against the perineum of the surgeon, who bending forward with his knees slightly flexed, passes his forearms behind the patient's knee and grasps his own elbows. He is now in the best position to accomplish the reduction. With this object he employs his strength to lift the thigh upwards and if necessary to use circumduction at the same time by the swaying to and fro of his body from side to side, then forwards and outwards, and stepping backwards lays with a sweep the dislocated limb by its fellows. This is the most practical method employed, and exceeds the "flexion," abduction and rotation principle in ordinary use by the older surgeons, the patient being placed on a bed or table. The extension and counter extension method by pulleys, etc., is an awkward and unreliable means of overcoming dislocations of the hip, and should be in all cases superseded by the more scientific and reliable means of reduction by elevation, circumduction and rotation.

Albuminuria.—Dr. Arthur V. Meigs read a paper before the College of Physicians of Philadelphia (*Medical News*, Oct. 21st, 1882), based on sixty-two cases of albuminuria, of which he had notes. Three of these cases, still alive, were found more than eight years ago to have albumen and casts in their urine. A careful study of his cases had led him to the following conclusions: 1. In no ordinary uncomplicated case of Bright's disease should a prognosis of speedy death, or even of incurable disease, be given; for he has related cases in which the disease was chronic, lasting more than two years, and which ended in complete recovery, and others, in which the person affected lived nearly nine years. 2. Dyspnoea, usually taking the form of renal asthma, is much more common than is usually supposed, and, when properly appreciated, is a valuable diagnostic sign of the disease; also severe coryza is a complication or accompaniment, and has a diagnostic value. 3. Bright's disease, as a cause of death, is on the increase. 4. It is a very common cause of the deaths of old people, probably being the direct cause in many deaths reported as of old age. 5. The passage of gravel, even when microscopic in size, but particularly if large enough to cause nephritic colic, is a prolific cause of the disease. 6. The occurrence of the tube-casts in the urine, without, or in advance of, the presence of albumen, is very common, and, *vice versa*, persons may die of Bright's disease, and the most careful examination fail to show any tube-casts, although there may be albumen constantly present in the urine. 7. The abuse of alcohol is certainly a cause of kidney-disease, as proved by a case related by Dr. Meigs, in which it again and again caused hemorrhage from the kidney, with the temporary

presence of albumen and tube-casts in the urine, disappearing again with the cessation of its consumption. In the discussion that followed, Dr. M. P. Harris drew attention to the diagnostic importance of vomiting. Dr. H. C. Wood thought there might be Bright's disease without either albumen or casts in the urine. Dr. Tyson would not deny that there might be such cases, but he had never met with one. He considered uræmic convulsions of very bad prognosis in contracting kidney. He could not think persistent albuminuria consistent with a healthy state of the kidney.

Vital statistics and Compensation.—Dr. H. M. Lyman of Chicago, sensibly argues as follows: At the conference on Vital Statistics, held in Washington, D. C., May 6, 1880, it was clearly stated by Dr. Billings (supplement No. 5, National Board of Health Bulletin), that the legal obligation to make returns of births and deaths without compensation does not exist. The following are his words: "First, does the legal obligation rest upon him (the physician) to make out and present such return irrespective of compensation of any kind? I am of the opinion that it does not, and that any physician who chooses to push the question to the extreme in the courts will always conquer, for the reason that you cannot by law require a man to do a thing without giving him some sufficient inducement, some *quid pro quo*. It is not the physician who is to be benefitted by this certificate; it is the community, or it is the individual householder." That there are no insuperable difficulties attending a proper recognition of the services rendered by physicians to the common wealth, is abundantly proved by the fact that in several states of the union the physician is honestly paid for every birth or death that he registers in his practice. In this connection physicians should be reminded of the answer by the municipal council of the city of Paris to certain dentists who had offered gratuitous service in the municipal hospital (*Le Progres Medical*, June 17, 1882, p. 162.) Politely refusing their over-liberal offer, the council took occasion to remind these gentlemen that it was a *principle of true democracy that every man should be paid for his work*. It is greatly to be regretted that our State Board of Health cannot rise to the level of this doctrine, instead of persistently stooping to the work of educating the public in the belief that doctors have no rights which the community is bound to respect, when it chooses to demand the unpaid services of the medical profession. Unpaid compulsory service in this, and in all similar cases, can only be justly required of the individual householder. Otherwise it becomes a special tax, levied upon a particular class of citizens—an act of oppression which a healthy professional sentiment should never tolerate. A Board which, after the natural conclusion of an epidemic, can quietly go on spending thousands of dollars for the inspection of immigrants on account of a disease against which every one can protect himself, should not grudge any outlay necessary to the honest and honorable acquisition of vital statistics."

A Medical Monument.—"Well," remarked a young M. D., just out from college. "I suppose the next thing will be to hunt a good location, and then wait for something to do, like 'Patience on a monument.'" "Yes," said a bystander; "and it won't be long after you begin before the monuments will be on the patients."

THE UNITED STATES MEDICAL INVESTIGATOR

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCLAIOR."

Communications are invited from all parts of the world. Concise, pointed, practical articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and close thought (the great sources of medical knowledge), on any subject pertaining to medicine.

THE RALLY AT LINCOLN.—The physicians west of the Mississippi and visiting brethren from the east, should remember the joint convention of the Northwestern Academy and the Nebraska State Society at Lincoln, Neb., May 24 and 25. A large attendance and a good time is expected. The local Homœopathic physicians of Lincoln are making extra efforts to welcome delegates and to get out a large attendance at the public meeting. Homœopathy should get a boom from this convention. The profession and people need such encouragement as would result from words of cheer from prominent members of our profession throughout the country. Let the strong support the weak.

FAITHFUL SECRETARIES.—It is the general impression that the success of a medical meeting depends upon the zeal of the officers and particularly the secretary. That is true to a certain extent but when a society looks to the secretary for their inspiration, that society is in the sear and yellow leaf of decay. The success of any body depends upon the zeal of the whole membership. We have known secretaries, the most faithful, spend much time and money in ineffectually stirring up those who should be alive to their own interest. How often has such a faithful officer heard this statement when Dr. X. Y. Z., was called on for a report: "I did not know I was on the committee, or I did not know until it was too late." All eyes turn to the secretary for an explanation, who perhaps rises in disgust and indignation to remark: "I sent Dr. — a notice three months before the meeting, besides a year ago he was put on that committee at his own request." He sits down muttering to himself: "Didn't know; that is a bright excuse. No thanks for my work. Catch me being secretary again." Common courtesy demands that the secretaries' notices should be acknowledged. He needs encouragement. He needs the help of every member. Let the secretary or chairman or both know that you hope to be present and expect to have a short report anyway. They can arrange the programme better and besides use your faithfulness to drum up some dilatory member. A little thoughtful courtesy here will add greatly to the success of the medical gathering in which you should be deeply interested. "Dinna ye hear the slogan?"

OUR NEW STORE.—Our readers have noticed that we were to move about May 1st. We have moved and any little irregularities we hope will be overlooked until we get settled. Those who live in large cities know what "moving day" means. It took us a whole week to move. Said the teamster

on the third day: "I believe we have moved five tons of books and we ain't through yet." "What is in those little boxes that makes them so awful heavy?" inquired a helper. "Plates, what kind?" He was shown one. "And you print books from them! How much do they cost. A dollar a piece! fifty dollars a box! There is about \$1,000 worth in my wagon now, and there are lots more. It must cost lots of money to print books." "What a lot of things you have got. Bottles! no end of them." Well "the things," as the men called them, are all moved into the large double store, 133 & 135 Wabash Ave., the future retail street of Chicago. As we stand in the door we see three long row of shelves of books on the left, while on the right are shelves and drawers filled with bottles of medicine and show cases with instruments, etc. About the center of the store is the office. Back of that are the laboratory and manufacturing rooms. On going up stairs into the second story we find the composing and press rooms. Here we find the presses groaning with impressing the thoughts and facts on these sheets and on those that make up books. In the basement are the packing and storing rooms. In the great vault we find corded boxes of plates safe from the "fire fiend" should he visit the city as he did in 1871, when the plates of the first edition of Ludlam's Diseases of Women, were melted to ashes.

Returning to the place of starting and looking over the vast store, we are impressed as never before with the substantial progress of Homœopathy. Part of this immense double store, (40x150 feet) is occupied by The Colegrove Book Co., but the arrangement of shelves and counters are such that it compares favorably with the largest book store in this city, while at the same time the impression remains with the visitor that it is the largest Homœopathic Pharmacy in this city, or the West. A friend styles it, The Central Homœopathic Pharmacy, and we rather like the name. We extend a cordial invitation to all of our readers to "Come and see."

DOUBLED UP.—Our readers will notice that we have doubled up this number, to get out henceforth on time. The disarrangements incident to moving are well known to most of our readers. We hope hereafter to give a steady weekly dose of medical good things. We need your active co-operation to push the good work forward. Let us hear from you please.

Society Department.

MINUTES OF THE CINCINNATI HOMŒOPATHIC MEDICAL SOCIETY.

The society was called to order by vice president, Dr. Mary Howells, the president being absent. The minutes were read and adopted and after the routine business, Dr. S. A. Hageman read a paper on The Philosophy of the Homœopathic Action of Medicine. The doctor instanced the dual, the

primary and secondary effects of all drugs, that the secondary effect was as strong and more durable than the primary, that the physician who limits his doses of the crude drug by what is termed official often caused morbid conditions, which are as difficult to eradicate from the system as the natural one, that all naturally diseased conditions tend to cure and the office of medicine should be to assist nature only in proportion to the amount necessary to overcome the disease germs, that the germs of many diseases are so small as to escape the most powerful magnifier, that it is unphilosophical to use such powerful agents to destroy such minute germs or miasmatic influences. The effects, or manifestations of disease are too often taken for the disease itself, and that in treating disease the healing art should be invoked to eliminate that which causes the peculiar train of symptoms expressed and recognized by it. The philosophic use of drugs is in keeping with nature's plan of righting itself; a sharpened steel draws the lightning from the clouds harmlessly to the earth. Sorrow for a lost relative is driven away or lessened by calls for charity, while pity instead of relieving, deepens it. Heat "draws out the fire" from an accidental burn, and snow "draws out the frost" from a frozen limb. The evils in a community where law is disregarded are often corrected by lynch law. The doctor may yet hand in his paper for publication.

CLINICAL CASES.

Dr. Quirrell, Case I. An infant, indigestion, diarrhoea and bad medicine, was called in haste as family physician, (Allopathic) could not be found, found the child comatose, respiration feeble, face palid, unable to cry, moaned complainingly, feet cold, nose and ears cold. Its wrinkled face looked old and cadaverous. The family physician came attended by another of the same school, and not being desirous of signing a death certificate said: "Let Dr. Q., have the case and we will retire." Gave Opium 3x, and went away, returned found child still alive, gave Opium 3x five days, child is now well.

Dr. Eaton feared that an aggravation might occur from such a low potency for an infant and thought the 6x would have been preferable.

Dr. Howells, Case II. Reported a case of long standing constipation cured with Ver. alb. 200. Other remedies and also Ver. alb. low had failed. The doctor considers this a fair test of medicine in a highly attenuated form.

Dr. Eaton.—There is a great difference between the 200th potency and the 2nd dilution. Believe the doctor had failed to say which she used in the case.

Dr. Howells.—I fail to get the doctors meaning. Would he please explain.

Dr. Eaton.—I thought my statement was sufficiently explicit, but will add that, by referring to Hahnemann's Chronic Diseases, Book I, you will find his mode of preparing and marking medicines, by triturating ninety-nine parts of Sac lac with one part of the drug he made the first dilution. He also called it the 100th potency. By triturating one part of this 1st dilution with ninety-nine parts of Sac lac he made the second dilution. He also named it the 10,000th potency, etc. To settle this matter for myself, I sent to Bœricke & Tafel, for the 200th potency of Sulphur, and asked them to explain how they prepared it. The medicine came but not the explanations asked for.

In 1880 I made the above statements before the Western Academy of Medicine in open session and challenged the pharmacists present (there being several) as to the facts in the case. One of their number said that his medicine was prepared and marked just as I had indicated as the Hahnemannian method, and the others agreed one after another that they did the same. So that whenever any one reports a cure by the 200th potency it is *prima facie* evidence that he means the second centesimal dilution.

Dr. French, Case III. Was called to a case of labor, it being her sixth confinement. Previous cases lasting from four to seven days. Under Allopathic treatment her physicians had used the hypodermic freely. Found the os dilated to the size of a half dollar with pains every ten minutes, gave the indicated remedy and pretended to go to sleep in adjoining room. Examined three hours later and found no dilation whatever, even during a pain. Looked wise and gave a few drops of Ergot in water, examined again after two hours and found another half dollar dilation, looked blank but held my finger against the child's head, which receded but did not reappear with next pain, nor with the next, nor the next, but with the fourth one it reappeared and the os dilated to its usual half dollar size. I did not remove my fingers again, but kept dilating from side to side, and directing the patient where to assist. The child was born after a few pains more. I think now her sufferings might have been abridged had I done first what I did at last. As it was however, the labor occupied only about eight hours, whereas her former confinement lasted as above stated.

Dr. Quirrell called the attention of the society to a catalogue of the Medical Department of the University of Uruguay, in which Homœopathy is being taught by a physician of our school. It seems that the Allopathic brethren of the Republic had arranged themselves against the new school, hoping to crush it thereby. The trustees of the University were thus lead to create a chair devoted to a discussion of Homœopathy. The doctor will soon give the profession the benefit of the facts contained in it.

BENJ. F. FRENCH, Secretary.

Consultation Department.

WHAT IS THE REMEDY?

For Dr. C. D. Woodruff's case on page 291 of THE UNITED STATES MEDICAL INVESTIGATOR, I would recommend *Picric acid* 3 or 6 and a highly nutritious diet, combined with a judicious use of alcoholic stimulants.

G. M. O.

IF R. WILSON CARR

will give his case of Rhus Poisoning the following prescription, he may expect a permanent cure: R. Tinct. Belladonna, Tinct. Rhus tox., a a. gtt. x. $\frac{3}{4}$ iv. Mix. Sig. A small teaspoonfull four times per day for one month then twice per day for another month, and afterwards once per day for the third month.

J. D. CRUM.

WHAT IS GLANDERS?

I see that an epidemic of glanders has broken out among the horses in Whiteside, DeKalb, and Perry counties, Ill., and two men have taken the

disease and died. The State Veterinarian, Dr. Parn has ordered all the affected horses killed. What is this disease and can it be cured by Homœopathic remedies? Have any of the readers of THE UNITED STATES MEDICAL INVESTIGATOR had any experience with this disease? J. G.

ANSWER TO CASES.

For C. D. Woodruff's case in THE INVESTIGATOR of April 14th, Allen's Symp. Regs. gives under "arrested breathing when falling asleep." *Grindelia squar.* "Suffocation at night when lying down." Merc. p. r. "Suffocation during sleep." Am. caust., Op., Tab. Perhaps the doctor's patient is getting the pathogenetic effects of tobacco.

A case similar to A. A. Lovett's in THE INVESTIGATOR April 7th, was speedily relieved by *Viburnum op.* tincture, one drop in two-thirds glass water. Teaspoonful every five minutes. O. W. S.

FOR THAT CASE OF DYSMENORRHOEA.

For the case of dysmenorrhœa which has so troubled Dr. A. A. Lovett, in number for April 7th, *Viburnum* will probably give relief and perhaps eventually cure. In my practice I have found the Elixir *Viburnum* compound a very valuable remedy for those obstinate cases of dysmenorrhœa which nothing seems to relieve. I give a teaspoonful in hot water as soon as pain is felt coming on and repeat every two hours until relieved, then give less often as needed to keep pain relieved. This preparation has cured many cases entirely and will give prompt relief in the large majority. Will Dr. Lovett please report result and oblige. J. N. T.

HYDROCYANIC ACID VS. LAUROCERASUS.

I wish you or your readers would decide as to Hydrocyanic acid and Laurocerasus. Bell and Laird make them identical. Lippe distinct, and also Allen, Guernsey, Dunham, Hering. What does the Pharmacopœia say? A. MCNEIL.

It would be hardly right to make a part equal to the whole. Because Laurocerasus and *Amygdalla amara* both contain hydrocyanic acid, still they contain much besides. Practically there may be little difference, but a close study of the three remedies leads us to favor the separation of them as is done by all good authorities.

Laurocerasus contains some sugar, tannin, wax, fat, and according to Stange (1823) an acid allied to, if not identical with malic acid. The same author recognized also the production of Benzoic acid from the volatile oil in the presence of oxygen.

In pharmacy they are as distinct as Carbolic acid and Belladonna notwithstanding the Allopaths consider that they may be dispensed indiscriminately, but they also consider the action and uses of *Ignatia* identical with those of *Nux vomica*. The new Pharmacopœia will keep them distinct. If the profession order them indiscriminately the pharmacies will supply them as ordered.

ANSWERS TO CASES FOR COUNSEL WITH NOTES.

The single remedy.—I note, on p. 47, January 13th number your remarks on scarlet fever. Let me take exception to the use of *Kali with Lach.*—you know why. Besides no other drug is more important than *Kali*—the old fashioned *Kali carb.* in renal dropsy, especially if there be puffy upper lids, and the patient lies on the left side.

Between Rhus and Bry.—Again, you inquire “if there be not a drug between *Rhus* and *Bry*”? There are three drugs which may be here thought of, viz: *Ferrum*, *Gels.* *Puls.* *Ferrum*, like *Rhus*, is better by changing position, and walking, yet, often like *Bry*, motion aggravates. *Ferrum phos.* is Schussler’s fever remedy, and is, in many cases, far better indicated than *Acon.* In scarlatina, I nearly always give it, in the 30th centes., as the only remedy, from first to last, with the happiest effect, and almost wholly without sequelæ. I, however, invariably require the patient to remain in the one room, well guarded, until the 22d day. Thus, my success has been all I could desire! *Gels.* has more drowsiness, and extensive, dark flushing, with catarrhal rheumatic symptoms, and clean or but slightly furred tongue. *Pulsat.* has rheumatic pains, worse by motion, going hither and thither, and shifting from the side laid on, to the other.

Why use the cum-drugs? why not give *Carbo. veg.* when indicated, and *Sulphur* when indicated, according to the predominance of characteristic symptoms; and why prefer the “shot-gun policy”? The same, as to *Merc. iod. cum Kali jod.*

B. C.’s case, page 129. Is the lady a tea-toper? Occipital coldness is a symptom of *Thea.* Also—has she optical defects? If so, they must be met by glasses.

On Page 145, Dr. Boutelle asks advice for a negro woman. *Rhus tox.* is her remedy.

On page 153, February 24th, W. S. G. asks for the remedy for the symptom “desires to be rocked hard.” *Aconite*, above all, wants to be vigorously dealt with, in many cases, must be rocked, or carried, energetically—even more so than *Cham.* Is more frantic than *Cham.*, also.

Compare Ova testa with *Fluoric acid*, for that pain in the back; also, *Podoph.*; in uterine prolapsus, etc.

The new points for Rhus, colic, intussusception, and croup, and even gonorrhœa, are new indeed, and will surely be very useful, and the writers are entitled to thanks. By the way, these gems usually originate with men not bound by nosological names, i. e. with the Hahnemannians, who, of course, first introduced, yes, discovered, the now “usual remedies;” e. g. *Aconite* in fever, *Hepar* in suppuration, etc. Let me add, as to colic, that *Colocynth* has disappointed me, but *Bryonia* 200 does the work in most cases; particularly if better by lying on the abdomen.

Causes and prevention of abortion.—I will call attention to two cases viz: constitutional syphilis, and lacerated cervix uteri. Correct the causes and prevent abortion.

C. L.’s case, page 164, suggests *Thuja* and *Graphites.* For a pathological differentiation, more information is needed. (See, also, Bonninghausen’s Repertory.) under “worse by rubbing.” Cotton, saturated with dilute glycerine, lodged in the vagina through a speculum, is the best palliative for itching of the vulva. A napkin is required, to absorb the resulting serous discharge.

Occipital headaches, especially if they involve the cervical region, often depend upon optical defects (errors of refraction and accommodation); markedly in persons of middle age, with supposed “brain-fag.” *China* 200 *Silic.* 200 are the most important remedies. (See page 190). “Cylindrical” glasses are essential to cure.

G.'s cough case.—Study *Chelidonium* and *Merc. iod.*, also *Lyc.*

M. B. C's case of Cystitis.—Do not forget the excellent advice of the lady physician who has just called attention to the necessity of keeping the feet protected. Also examine for vesical calculus; and (in the standing posture) of uterine displacement, cystocele, etc. Study *Rhus aromatica*, *Eupatorium purpureum*, and *Spiritus nitri dulcis*. Infusion of flaxseed is a valuable palliative; sitz-baths, cold (or hot, if preferred by the patient), may be added.

Dr. U. V. R. Cutlin's case being a surgeon dentist, may be suffering from the traumatic effects of a habit of his profession, viz: the constant support of his weight upon the arm of the operating chair. *Arnica* and latter *Cuprum*, *Merc.*, and *Cina*, may be profitably studied. A thorough physical examination should be made of the epigastric region.

A new remedy. Jamaica Dogwood.—(*Piscida erythrina*), of which I have recently made a proving, produces and cures *sciatica*.

Your County Hospital and the clinics of Profs., Adams, Mitchell and Gatchell, are most creditable to Chicago; and *not least*, the way you "helped yourselves," by political forces, in retaining your hold upon that great institution. "Homœopathy in politics" is now to be our motto—if we are to win.

J. C. MORGAN.

Book Department.

DISEASES OF CHILDREN WITH THERAPUTIC INDICATIONS. By Prof. B. F. Underwood M. D., of Brooklyn. New York: A. L. Chatterton, Publishing Co. Chicago: Duncan Bros. 8vo pp. 216. Price \$2.00

This is a small work and is composed of the notes of lectures, delivered by Dr. Underwood in the United States Medical College, on the diseases of children. How this author has succeeded in compressing the many diseases of infants and children into such small space, can be understood when we know that he gives only the briefest descriptions of the diseases, and concise therapeutic indications of the remedies. Under such circumstances, it is not surprising that things are sometimes mixed up *e. g.* spasmodic croup and spasm of the glottis, bronchitis and broncho-pneumonia, gastritis and gastric catarrh, cholera infantum and entero-colitis, etc.

The indications for the remedies are in the main, well given. The number of remedies are often profusely enumerated, thirty six remedies for cholera infantum when the effective ones can be counted on one hand. The same may be said of bronchitis where fifty-three remedies are enumerated. As to the proper care and hygienic management of children either in health or disease, the work is silent. The diet question is dismissed with two pages. Possibly if the author allows himself more space, he can make a better work in the next edition. As a text book, it is hardly complete enough, still it will prove a very convenient hand book. The publishers part of the work is excellent.

REPERTORY TO THE SYMPTOMS OF INTERMITTENT FEVER. By W. A. Allen, M. D., Philadelphia: F. E. Boericke. Chicago: Duncan Bros. Price \$1.00.

This is an excellent little work of 107 p. The contents are classed under five heads, viz.: chill, heat, sweat, remedies, and symptoms during apyrexia.

The symptoms of the first are classified under: aggravated, ameliorated, caused by, character of, commences, followed by, location of, preceded by, symptoms during, time of, wanting.

Those of heat under: aggravated, ameliorated, character, time, location followed by, preceded by, symptoms during, wanting.

Those of sweat under: aggravated, ameliorated, character and time of, followed by, location of, preceded by, symptoms during, wanting.

Under remedies we have: a list, special indications for, season and weather. The "symptoms during apyrexia," are arranged in alphabetic order, and are very complete.

In using the book, the author suggests that the practitioner first, get all the symptoms of his case, write them down, compare with the repertory, and then administer that drug which most nearly corresponds to his case.

The book is most admirable, both as to contents and make. To the busy practitioner it is almost a necessity.

MANUAL OF HISTOLOGY. By Thomas E. Satterthwaite, M. D., assisted by Drs. Dwight, Warren, Whitney, Blake and Williams, of Boston; Dr. Simes, of Philadelphia; Dr. Westbrook of Brooklyn; and Drs. Wendt, Mayer, Amidon, Robinson, Birdsall, Delevan, Dana, and Porter, of New York City. New York: W. Wood, & Co. Chicago: Duncan Bros.

This is the second edition of this excellent work. The rapid sale of the first edition is a sufficient recommendation. There have been no extensive alterations in the text matter, other than to correct errors that crept into the first edition.

An appendix has been added, treating of The Lymphatic System, and The Salivary Glands. The work is divided into three parts. Part one, written wholly by Dr. Satterthwaite, consists of nine chapters, and treats of (1.) Materials requisite for Histological Work. How to use the Microscope. Testing the Microscope. Its uses. (2.) Methods for preparing Microscopic objects. (3.) The Blood. (4.) Epithelium. (5.) The connective substance group. Mucous or gelatinous tissue. Adenoid tissue. Neuroglia. Fat tissue. Fibrous tissue proper. Corneal tissue. Intermuscular tissue. Tendon tissue. Elastic tissue. (6.) Cartilage. (7.) Bone. (8.) Teeth. (9.) General Histology of the Nervous System.

Part two consists of twelve chapters. (10.) Muscular Fibre, by Dr. Dwight. (11.) The Blood vessels, by Dr. Wendt. (12.) The Lymphatic system, by Dr. Birdsall. (13.) The Liver and Biliary apparatus, by Dr. Mayer. (14.) The Kidney, by Dr. Mayer. (15.) Male external and internal organs of generation, with their glandular appendages, by Dr. Simes. (16.) Female external and internal organs of generation, with their glandular appendages, Placenta, by Dr. Simes. (17.) The Respiratory tract, by Dr. Westbrook. (18.) The Skin, by Dr. Robinson. (19.) The central nervous system, by Dr. Amidon. (20.) The Eye, by Dr. Williams. (21.) The Ear, by Drs. Whitney and Blake.

Part three consists of seven chapters. (22.) The Nasal Fossae, pharynx, and tonsils, by Dr. Delevan. (23.) The Mouth and Tongue, by Dr. Delevan. (24.) The Alimentary canal, by Dr. Wendt. (25.) The spleen, pancreas, thymus, thyroid, and pineal gland, and pituitary body, by Dr. Dana. (26.) The thick Cutis Vera, by Dr. Warren. (27.) Urinary excretory passages, supra-

renal capsules, by Dr. Wendt. (28.) Mammary gland, by Drs. Porter and Wendt.

There is no superfluous matter in this book, and yet is very complete. We consider it the best histology published for the practical student.

News of the Week.

W. W. Wilson, M. D. of Alpena, Mich., has been elected Health physician of the city.

M. S. Carr, M. D., has returned to Galesburg. His health so improved during his residence in Chicago that his old friends insisted on his return.

Removals.—*A. G. Beebe, M. D.*, has discontinued his office at 90 Washington street, and hereafter will be found only at his residence, 81 Park ave., Chicago.

We fill orders from Great Britain, France, India, Australia, South America and other distant points. So we advertise "goods delivered to all parts of the world."

Dr. R. L. Hill, of California made us a pleasant call on his way to Dubuque. The doctor reports his health very much improved. He says California is a fine state. Homœopathy is well represented, in fact the coast is over stocked.

Natrum mur. in Pertussis.—*Dr. Burnett* in the *Homœopathic World* gives us a never-to-be-forgotten symptom for *Nat. mur.* in pertussis. "Watering from the eyes, particularly when the tears stream down his face whenever he coughs."

Joint Annual Meeting.—Nebraska state Homœopathic medical society and the Northwestern Academy of Medicine, at Lincoln, Nebraska, Wednesday, Thursday and Friday, May 23d, 24th and 25th, 1883. All are cordially invited to attend this meeting.

J. G. Langguth, the popular optician and dealer in microscopes occupies space in our store, that, with our large stock of medical works and The Colegrove Book Co.'s stock of miscellaneous books, we are now able to supply any book, instrument, or medicine at short notice. Send in your orders, brethren and sisters.

Correction.—Communication, "Internal vs. External Treatment." If you will ask your readers to read in line thirteen Jenner instead of Jermer; line sixteen Laurie, instead of Lourie; line seventeen Marcy, instead of Morey; nineteen Burt, instead of But; line twenty-three, kill him, kill him! instead of kill him. Kill him! line twenty-five Danvers, instead of Denver. Will try to write better hereafter.

A. M. CUSHING.

The Garfield Memorial Hospital, Washington.—The Trustees of the Garfield Memorial Hospital fund have at last purchased a site. It is a tract consisting of several acres on the ridges north of the city. It is very near to that portion of the ridge which the Senator Sherman syndicate is now improving. A building is already on the property, which by reconstruction, can be made available for a temporary hospital. The trustees will have a sufficient fund to erect a good building, as the Government gave to the fund the property of the Union Soldiers' and Sailors' Orphan Asylum inside the city which will realize a considerable sum.

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WHOLE No. 344-5.

Consultation Department.

ANSWER TO CASE.

Let A. R. K. prescribe Asaf. 200 for the globus hystericus case; and Lach. 200 for the dyspnœa case.

R. T. H.

ANSWER TO CASE.

For Dr. C. D. Woodruff: "Respiration arrested on falling asleep," Grindelia. See April 14th number, page 291.

J. C. M.

GALL STONES.

Will some one give me the best line of treatment for gall stones? Have tried China high and low. Am now using Podo. followed by sweet oil.

G. F.

ANSWER TO "A. R. K."

Give Asaf, or as "the lump returns after swallowing" is found in Lach. and Rumex a further study may justify the selection of either of these.

G.

FOR C. D. WOODRUFF'S CASE.

I think Lupulin tincture, about two grains every two or three hours will meet his case; it is a perfectly safe remedy to give in such doses and I think will help.

R. W. NELSON.

SOME RESPIRATORY SYMPTOMS.

Grindelia squarrosa. Respiration ceases as soon as the patient falls asleep.

Carbo veg. Respiration stopped entirely on falling asleep.

Borax. Arrest of the breath when lying in bed.

S. SWAN.

FOR DR. WOODRUFF'S CASE.

Tell C. D. Woodruff that Sambucus nig. or Kali carb. will relieve his patient reported in last INVESTIGATOR, and in typho-malarial fever if he will use Bell., Bry., and Merc. dulc., as they are indicated, he will have no such trouble following.

R. W. NELSON.

ANSWER TO CASE.

That case for counsel on page 329 (INVESTIGATOR) of Dr. W. Copps, can, I think, be cured by the use of Sulphur or Cantharis 30x or 200x. I have seen excellent results from above treatment, where the key-note was "aggravation from seeing a body of water, or water murmuring from a hydrant.

G. R. ANDREWS.

CHLORAL VS. STRYCHNIA.

If you refer to page 124 Clinical Assistant, 2d edition, you will find a better way of administering Chloral in cases of poisoning by Strychnine. You will also find several excellent remedies for poisoning by Rhus tox. In fact all the articles on *Poisoning* are reliable and worth recollecting; when I first tried the antidote for Arsenic, thirty-five years since, the

remedy acted so quickly and perfectly I thought I was fooled, that the patient had not taken any poison.

R. W. NELSON.

DR. WOODRUFF'S CASE.

Dr. Woodruff's case may demand Tartar emetic, which has "Loss of breath as soon as he falls asleep; would awake gasping for breath." Spongia, "Suffocation on the moment of falling asleep." Grindelia robusta, "On going to sleep breath stops;" besides Amm. carb. and Lach. which he has used. He does not give the concomitants well enough to enable me to decide between them. These are all characteristics.

A. MCNEIL.

CASE FOR COUNSEL.

Mrs. H. aged twenty-two, in seven months of pregnancy has constant desire to urinate, a tenesmus which is very annoying; there is no pain in passing water, and urine is not red, but sometimes ammoniacal and offensive in smell. The only comfortable position she can take is to sit on the chamber. She is also costive with desire for stool; when bowels are open the urinary difficulty is better. I have prescribed all the usual remedies for tenesmus without effect. Will some friend suggest a remedy?

R. T. H.

FOR THE "DYSPNŒA."

Give Spig. The "Returning at the same hour" should suggest Cedron or Sabadilla.

What will cure a case of Menstrual Epilepsy? Spasms occur during the flow or about a week afterward. No Aura except momentary dizziness. Spasms always come on *after sleep*. No history of nervous troubles in the family. The patient, a girl of sixteen, is apparently well otherwise. Has been under Bromidia in Old School hands.

I should state that she has but one spasm during the month. Have given Lach., Caul., Actea rac., Hyos., and CEnan. croc.

G.

ANSWER TO CASE.

Case for counsel p. 429, let Dr. Copps study carefully Grauvogl's hydrogenoid remedies and he will find the similimum. We need more thorough proof of the Araceæ diadema, which I would certainly try in this case. Another valuable remedy is Argentum nitr., which has incontinent urine, decrease and nocturnal from paralytic debility of the lumbar region and kidneys. (Compare Hering's Guiding Symptoms.) Your old man may have passed through some youthful indiscretions for which he has to suffer in his old age, and Thuya occidentalis would then deserve study. I repeat again you must find the remedy among those for hydrogenoid constitution.

S. L.

CASE FOR COUNSEL.

Male, aged thirty-five, light complexion, well built, medium size. Was called six weeks ago and found he had been under Old School treatment. Had taken "salts" three times a day for two weeks; was suffering much pain in bowels all the time and occasionally very severe, griping him up like colic.

Had a loose cough, mostly in day time, raised a thick muco-purulent

mass. Lungs seemed filled with it and rattled somewhat. The left lung was the worst. Whole chest sore and at times painful. Night sweat, great prostration and emaciation. No appetite. Temperature, 102. Pulse, 120. Respiration 30. Still he was up around the house and walked out a little ways.

At this writing the pain has left, night sweats not so bad, coughed not quite so much. Lungs and whole body very sore and lame. Temperature 101.2. Pulse 120. Appetite a little better. Sweats much day time; not night. Coughs and raises by spells. Urine heavy with urates. Don't seem to get any strength. Bell. and Phos. ac. stopped the pains and China and Calc. hypophos. 1x the sweats and helped the cough. A dose of Sulph. 30x relieved his hot head and hot flashes. Now will some one give line of treatment to be followed. He worked in a manufactory where they use oil of vitrol and lead. For a week remains at a standstill.

YOUNG PRACTITIONER.

Clinical Medicine.

OBSERVATIONS.

MACON CITY, Mo., May 14, 1883.—A cyclone passed over our town last night. Churches, school houses, dwellings, etc., blown down. None killed, but some wounded.

Wm. C. P. BUTMAN.

GRUNDY CENTER, Iowa, May 4.—We are having an epidemic of cough, closely resembling whooping-cough, the spasmodic symptoms and the "whoop" are absent. Marked nervous symptoms are present in all cases. Cough dry and in many cases croupy when there is slight fever, have used Acon. Spong. Hyos Drosera. Ipec. with a balance in favor of Hyos, and Drosera.

J. D. BURNS

GEORGE LAKE, MAY 15.—There has been considerable sickness here. Chiefly pneumonia and rheumatism, few cases of rheumatic fevers. Remedies used are. (1.) Sanguine Phos., Ars., Chelid., Tart. em. (2.) Bry., Rhus., Pulsat., Verat., vir. (3.) Rhus., Verat., vir., Pulsat. No deaths. No cases of rheumatics. Fevers run with me not over ten days, but from four to six weeks with the Regulars.

L. C. WARREN.

RHUS IN COLIC

EDITOR INVESTIGATOR: When I wrote my article upon Rhus in Colic, I did so believing the medical profession should use their journals for mutual information.

Dr. McNeil gave us valuable information upon the "epidemic remedy," for which I feel grateful. It shows that the doctor's experiences were similar to mine, and that he got out of it, like myself, by the use of the "epidemic remedy." Now Dr. Price, knowing nothing of my case, quotes several authorities, as Cowperthwaite, Hering, etc., who say "Colic, must walk bent." But, doctor, my patients had to lie still upon their backs. There was no walking about it; no relief from motion. So nearly as I could make out, the Similimum was Colocynth. The cases quoted by me had some peculiar contradictions, e. g. one case had a pulse of over 130,

while in four other cases there was no acceleration of pulse, nor elevation of temperature.

Perhaps I have been guilty of an oversight in saying "None of our provers," etc., for some of them mention it, but in a manner that cannot apply to the case mentioned in my previous article. When we take the peculiar characteristics of each drug, its sphere of action is more limited. I believe similia is certainly our best guide, but like myself, I believe many have at times been unable to find the true similia, or else our drugs are not as yet satisfactorily understood in their whole sphere of action. At such time, an "epidemic remedy" is a welcome aid. J. A. CARLSTEIN.

CASE FROM PRACTICE.

While sitting alone in my sanctuary this afternoon, I thought I would send you a case from practice. Mrs. G. aged forty-four, had been flowing for twenty-two days, found her very weak, no color in lips, could not speak above a whisper. Flowing worse morning and evening. Had been treated by Allopaths for three weeks with no effect, flow bright red, "was given up." Ipecac 3x cured. "R."

CASES FROM PRACTICE.

CASE I. Annie B—, four years old, complains by spells through the day that the house is falling down; after being put to bed wakes up frightened and crying because she is falling.

This occurs very frequently and sometimes continues all night. Her appetite is poor, and she has failed in flesh and manner. Dr. B— of this place diagnosed serious brain trouble, and treated her six months, with no improvement. I gave her *Stram.*, two drops morning and night. She took the medicine one week with complete subsidence of the symptoms, which had not returned at the end of one year.

NITRIC ACID IN ACUTE DYSENTERY.

CASE II. Mrs. C—, after a severe attack of dysentery, had nightly, toward morning, severe colicky pain, followed by one or two mucous and somewhat bloody discharges. During the day there was no vestige of the disturbance left, and a natural action of the bowels usually took place. *Nitric ac.* proved to be the remedy.

PERIOSTITIS.

CASE III. Charles T—, aged eleven, had been sick five or six days with pain in the right leg from the knee to the hip. There was considerable hard swelling in the region of the bone, and the pain was deep-seated, and excruciatingly intense, so much so that the boy had not slept for three nights, and was somewhat delirious. The cause was, undoubtedly, a blow on the leg, and subsequent standing in the water until chilled. I diagnosed periostitis. I was especially interested in this case as according to my remembrance, it exactly resembled the case of a brother of mine, who was treated by an Allopath, in which the result was suppuration and complete necrosis of the shaft of the femur, I treated the case with *Hecla lava* and *Silicea*. I was too anxious about the result to trust to *Lava* alone. The case began gradually to improve in about three days. The pain was then relieved

so the patient slept some and the delirium had disappeared. From that time there was a steady improvement to complete recovery. It was upwards of two months before the limb had returned to its natural size, and the knee had acquired its previous facilities of motion.—*Dr. Shaw, in N. Eng. Gaz.*

LENGTH OF LIFE IN MICHIGAN.

Some interesting facts are gained from an analysis of the vital statistics of Michigan. The following is the average age of all decedents, over twenty years of age, for a period of five years. For all classes and occupations the average age is 51.15 years. Divided into twelve classes the average age is : cultivators of the earth, 57.15 ; active mechanics abroad, 49.65 ; inactive mechanics in shops, 51.34 ; laborers, or those having no special trades, 43.54 ; agents, laborers abroad, and persons of like occupation, 44.64 ; Seafaring men, 40.88 ; soldiers, 52.65 ; business men, 50.60. (This is not a fair average, as in the year 1874 there were, for some unexplained cause, an unusually high average. Although there was 122 deaths among business men in that year the average age was 66.42, which is nearly twenty years above the average for the remaining four years, which is 46.76. No such variations occurs in any other class, and it may possibly be due to some error in the official returns.) Professional men, 52.95 ; unemployed, 58.19 ; females, 48.31. From this it will be seen that the greatest age is attained by the unemployed, owing to a great extent men who have been successful in early life and have retired from active pursuits and are living on their income. Next to this are cultivators of the earth, farmers, gardeners, etc. The fact of their life being mainly out doors, and a part of the year inactive during which they may recuperate to a large extent their lost vitality accounts for their longevity. The third is professional men. Although they do not enjoy periods of annual rest like the farmer, still they are longer lived than the mechanic, probably due to the fact that their surroundings are less injurious to health. Fourth is soldiers whose vocation in time of peace to a great extent is inactive. Fifth is the inactive mechanics in shops. These are all who attain and exceed the average length of life. The class that nearest attained it, is business men. Their surroundings are good, but their time is actively employed from morn until late at night, the entire year. Following is the active mechanics abroad and active mechanics in shops, with no material difference in favor of the first. Next in order is females, which is followed by a drop of nearly four years in the class of agents laboring abroad, etc., which is, in time, followed by common laborers and those having no special trades, while the last and lowest average is that of seafaring men.

Taking the class, females, and subdividing, an analysis of the principal vocations show the following : The average age was 48.31. Those who soonest succumb are teachers at the early age of 29.72, and still the universal cry is heard that they live an easy life, and fail to earn the miserable pittance usually allowed them. Next in order is dressmakers at 32.14. Milliners, 33.92. Seamstresses, 37. Thus the average age of the educated and skilled labor does not extend over only a little more than half a score years after a woman has reached her majority. Poor consolation indeed ! The sooner they change their vocation the better. Better be a domestic for they

are entitled to 41.30 years. Of the married women and those who are engaged in nearly the same occupations as heads of household work, the following divisions are made: Wives, 42.52; housewives, 46.99; farmers wives, 47.54; houseworkers, 47.81; and housekeepers, 48.14. All of whom are below the average. In marked contrast are those that fill the remaining three principal subdivisions. Farmers, presumably farmers widows, 52.73; unemployed, 52.85; while those classed as farmers widows reach the ripe age of an even four score years. From these facts every one can draw their own conclusions and comments are unnecessary. Each one of the primary divisions might be subdivided into many classes and comparison made thereby, but such is out of the sphere of an ordinary newspaper article. Suffice it to say that of business men those who are most closely confined are shortest lived. The book keeper is usually called for by the grim messenger much sooner than the proprietor, or even the salesman. Among professional men the ministers are allotted the greatest number of years in which to accomplish their work and their life is much longer than the average. While the active physicians, lawyers and editors are capable of accomplishing so much more work in a short time that they command. "Enough, come up higher," come, to them much sooner.

C. DEMUTH.

CONGENITAL DEFORMITY.

ANOTHER CASE—COMMENTS ON THE CAUSE.

The article in THE INVESTIGATOR of March 31st, "Congenital Deformity," by Columbus, calls to mind a case I had in 1879, viz.: Mrs. —, a primipara, called at my office to consult me in regard to birth mark and to see what I thought about them. She had been pregnant about three months and the day before while sitting in her room reading she was startled by loud screams from her little brother about seven years of age. Running out in the yard she found he had been bitten by a dog through the ear and lower lip and his face was covered with blood. Under the impulse of the moment she picked him up and carried him into the house, and washed the blood from his face. While doing so her mother came in and said "you should not have troubled your brother for now your child will be marked." After the excitement was over, she was so faint as to be unable to stand and felt sure that the baby would be marked.

I laughed at her fear and told her that in one of the London Hospitals they had questioned all cases *before* confinement in regard to any event that had happened while carrying the child that would have a tendency to cause it being marked, and in several thousand (I think it was 10,000) cases they had not found a well authenticated case. Also that the nervous system of fathers and mothers were entirely separate, and I could not see how an impression made on her mind could affect the fœtus. Although she felt much easier, still at times she was very despondent. Six months after that I attended her during confinement and the baby a well formed boy showed no signs of marks on his ear or lip, and to-day he is living and strong and healthy. Have also attended other similar cases and so far have never seen a well authenticated case. If a child is marked, there is no trouble in finding a cause which would have never been thought of again if there had been no work. How few women while carrying a child, have not received a fright

or seem some deformed person which has made an impression on their mind and if this theory were correct then there would be very few children that would carry a birth mark.

But if we wish to get at the truth of this theory, the only way is to take note on all cases of confinement and we will be surprised to find how little grounds there is for any faith in it.

EUGENE CAMPBELL.

LOS ANGELES, Cal.

EFFICACY OF HIGH POTENCIES WITH CASES.

BY JOHN K. MULHOLLAND, M. D., GOSHEN, IND.

Read at the Seventeenth Annual Session of the Indiana Institute of Homœopathy,
May 9th, 1883.

MR. PRESIDENT, AND GENTLEMEN OF THE INDIANA INSTITUTE OF HOMŒOPATHY: Being unable to meet with you as I expected I beg leave to offer the following paper containing three cases, verifying the peculiar coming and going of the pains of Stannum, and two on the efficacy of high potencies.

CASE I. Mr. —, aged seventy-six years. For over twenty-five years has been afflicted with, cervico-occipital neuralgia, occurring about every two weeks. Symptoms were as follows: Pain commencing over left eye about 8 A. M., and gradually extending over superior and posterior portion of the cranium, and down the cervical spine, growing more painful every moment until about noon. The pain was so severe that (to use his own words) it felt as if the back of the head was being pounded by a number of hammers. The pain gradually lessened in severity until at 2 P. M., it was entirely gone, leaving the parts extremely tender and sore to the touch, and his strength completely exhausted. He had not been able to look upward for twenty years, (the head being drawn forward and downward,) nor turn the head to right or left without turning the whole body. Was also much troubled winter and summer with extreme heat and tenderness of the soles of the feet. Had to wear slippers constantly; had no other symptoms. Thinking of the characteristic coming and going of the pains of Stannum, I gave him eight two grain powders of Stannum 30, fifteen hours before an expected attack to be taken every four hours. He had no pains next day nor since, now two years past. Head, neck, and feet, being entirely cured while taking that one prescription, no other remedy being used.

CASE II. Young miss, thirteen years of age; complained of pain in the left side immediately above the crest of the ileum, of a boring character, coming on gradually for a day or two and increasing in intensity, extending down the left limb to the knee. Headache, fever and thirst. No appetite. Bowels constipated. Nervous and fearful. The mother informed me that the child had had four such paroxysms, about a month apart generally lasting about four days; the third day (as at this time) the pain in the side being intense, the fourth day and night the pain with the other symptoms passing off gradually as they came, leaving her weak and nervous for several days afterwards.

I saw her on the third day of her illness and believing that she would recover on the fourth day anyhow, I thought it a good opportunity to again test the above characteristic symptom of Stannum. I dissolved about two

or three grains of Stannum 30x in half a glass of water, a teaspoonful to be taken every hour until better, then every three hours. I called the morning of the fourth day, and learned that after the second dose the pain in the side and head ceased suddenly, was feeling cheerful, and had eaten some breakfast. Eight months have now elapsed without return of the trouble.

CASE III. Mr. — aged forty-five years. Complained of pain in the head, commencing through forehead and extending over the whole head. Is of a stunning aching character. Upon questioning him I found that he was subject to such attacks every time he would take cold, and at all times had a dull uneasy feeling in the forehead, yellow coated tongue with red edges, feeling of anguish after meals, fulness and distress at the pit of the stomach. Sour belching and bloated abdomen tender to pressure; gurgling of wind and passage of offensive flatus; constipation and capricious appetite. I prescribed Lyc. 200x four pellets every two hours. Called two days later to find head symptoms much worse, stomach and abdomen some better. He asked for Morphine, saying he knew it would soon pass off, because it was always worse the day before leaving him altogether. Inquiring more particularly about its coming and going, I learned that he always knew by a slight aching in his head that he was to have one of his severe attacks. That when the pain was *very severe* he knew it would soon pass off. I left twelve powders of Stannum 30x one to be taken every hour until better. Relief followed the first powder; after taking the third, the pain left, leaving the scalp sore to the touch. I told him to take one powder every day until the remaining nine were all taken. He reported later as being quite well. Has had no return of the trouble since, now fifteen months.

CASE IV. In view of the difference of opinion now existing as to the efficacy of high potencies, the following cases may be of some interest. I have selected them from a number of such cases because *one remedy* only, was used in each case. Mr. — aged thirty years, farmer, living fifteen miles from town. Came to my office, said he had never heard of Homœopathy, but came in compliance with a promise made to his neighbor that he would try my treatment. He had been literally drenched with strong drugs for ten years for the cure of an ulcerated lower lip which at this time was two or three times larger than the upper, turned outward and downward, exposing the mucous membrane of the entire lip, which was thickly dotted with ulcers having a yellowish base with slightly inflamed and everted edges, there was copious and constant flow of saliva running from each side down over the chin, leaving the parts red and excoriated, there were no other symptoms. I handed him a one drachm vial of No. 50 pellets medicated with Proto. iodide of Mercury, labeled one M. He handed it back saying the other doctors always gave him a large bottle full, and that he thought that little vial of sugar pills could not do him any good his case being too serious to trifle with, but when I told him that four pellets was a dose to be taken morning and night, he walked out of the office saying he would call again. Remembering his promise to his neighbor he did call again, saying he had waited ten years for a cure, he would wait one week longer, and took the medicine promising to follow instructions and take no other medicine of any kind. He returned in ten days smiling and said as he entered, "I am better," asking him how he knew he said, "The drooling is better." The lip was no smaller, but improved in appearance. Said he

felt better generally. Gave him Sac lac. with instructions to take it as before. He returned in about ten or twelve days very much improved. Ulcers had nearly all disappeared, the lip much reduced in size. Sac lac. continued. Ten days later the lip presented a normal appearance. He thought the saliva more copious but the ulcers had all disappeared. This time prescribed Proto. iod. of Merc. as before, four pellets once a day for ten days, at the expiration of which time he was *quite well*. Gave him Sac lac. to take for four weeks. Have seen him frequently since and know there has been no return of the disease.

CASE V. Mr. — aged twenty-eight. Had complete paralysis, without loss of sensibility to touch or pain. Respiration, deglutition, and digestion normal. Had been so afflicted for eighteen months. About two years previously while engaged at his business as spinner in a woolen mill, was taken with what the Dr. (Regular) called typhoid fever, and was treated accordingly. After the fever had left, paralysis of the upper and lower extremities remained. After some unsuccessful treatment by the attending physician, another (Regular) was called in who took the case in hand and after one year's unsuccessful treatment, another and the best in our town was called in consultation. They concluded that as muscular atrophy was now a prominent feature of the case that cure was out of the question and so left it. I was then called and prescribed Rhus tox. 200x. In four weeks from that time he was able with some help to mount a three wheel velocipede and ride unattended for an hour or two each day, when the weather permitted. In three months he was able to get around on crutches which he laid aside for a cane, in six months from the time of beginning Homœopathic treatment, at which time he went east to visit his friends and has not since returned. I had a letter from him six months after leaving, saying he was quite well, and employed as book-keeper. There was no other remedy used in his case. These and other remarkable cures of which *I have no doubt*, has made me a thorough convert to the use of high potencies.

HOW TO EXPEL A TAPE WORM.

A BIT OF EXPERIENCE.

A writer, who served for a number of years as demonstrator of anatomy, says that he noticed a great variation in the location of the head of the tape worm, ranging all the way from the duodenum to the ileo-cæcal valve. Often the head was covered by a little pouch or fold of mucus membrane; sometimes the head was imbedded in a nidus, apparently formed from mucus. He reasons that these different conditions of the head accounts for the varying success of different cases treated.

He had one of "the critters" himself, and relieved a large number of other sufferers. He thinks pumpkin seed and the oleoresin of male-fern are the two best agents; although kouso, bark of pomegranate root, turpentine, etc., are also used. The writers plan of treatment is this:

After a light dinner, the patient should fast. Water may be taken freely. At bed-time, one or two Seidlitz powders should be taken. The advantages of a saline aperient is that it causes a copious effusion of serous fluid detaching the mucus covering of the head, thus baring it to the action of the parasiticide. Repeat the aperient the following morning whether the

first acted or not. After this has operated, or say about ten o'clock, the medicine should be taken.

Four ounces of pumpkin seed are well beaten in a mortar, half an ounce at a time. Add a few drops of water from time to time while beating until a paste is formed. Do not reject the shells; they are rather useful than hurtful. Continue to triturate and add water until an emulsion of about one pint is formed. This may be flavored and iced, and should be divided into three doses, to be given at intervals of two hours, commencing at about ten o'clock, or after the second aperient has operated. During this time the patient should be quiet, avoid all cause of nausea or vomiting. Should vomiting persistently set in, the treatment will generally be futile for that time. One hour after the last dose give an ounce of castor oil. Receive the discharges in a vessel partly filled with water in order that his "wormship" may be easily and thoroughly examined to make sure that the head has passed.

The oleoresin of male fern may be used where the patient cannot retain the pumpkin seed, though it is probably a less active poison to the head than the seed.

C. R.

HOMŒOPATHY VS. ALLOPATHY.—WHAT SHALL WE BE CALLED?

BY J. D. GEORGE M. D., FRANKLIN, IND.

Read at the Seventeenth Annual Session of the Indiana Institute of Homœopathy, May 8th, 1883.

Being on the bureau of clinical medicine I have chosen the above subject in order to show some of the advantages of *Homœopathy* over *Allopathy*; in order to show some of the miserable malpractice of to-day by the self-styled regulars, for I am positive nothing could be more irregular and unscientific than their treatment of disease in general at the present time. However, they claim to have *reformed* and repented. Every Homœopathic physician present will testify to the fact that almost invariably in getting cases from the hands of our Allopathic brethren we find that the dose has been increased until in many cases the patient is unable to bear more and often we find them permanently injured by such a procedure. Calomel pushed to salivation, teeth loose, gums receding, dark and shriveled, chronic enlargement of the liver, ruined digestive powers, etc.

Such cases are seen almost every day. Morphine for almost every pain, I call to mind several cases of fever that were said to be doing well with a supposed probability of recovery, which were dosed with Morphine to cause sleep and sleep was obtained from which they were never roused.

Morphine eaters nearly always give as an excuse Dr. So and So said it was the only remedy to ease my brain. I have now under my care a confirmed Morphine eater who first took it by the advice of her physician for rheumatism.

The murder of Walter Davis by Congressman Phil Thompson and the ruin of Mrs. Thompson, who was a Morphine eater, could no doubt be attributed or traced to a physicians prescription and after all the blame may rest on one ignorant physician.

Not long since a young man came to my office with his left thigh one mass of boils with numerous other boils over his body. He had been

troubled with *itch* and treated by a scientific doctor who gave teaspoonful doses of Sulphur until he was poisoned with the above result.

A DRUNKEN DOCTOR'S MISTAKE.

The following is a sample of what is seen almost every day in our paper.

Chicago, Ill., March 25.—A Shelbyville, Ill., dispatch says that two children, aged five and eleven years, were yesterday killed by an over dose of Morphine, given by mistake for quinine by Dr. J. A. Brant, a prominent physician, while under the influence of liquor.

It needs no comment. The physician had no business to drink and should not have given the Morphine in even minute doses. If he had been a Homœopath he would have relieved the pain by the indicated Homœopathic scientific common sense remedy and saved two lives.

The following is an extract from a report of a relief committee for Ohio river sufferers :

During the trip the following amounts of medicine were distributed: One hundred and fifty ounces Cinchonidia, twenty-six drachms of Sulphate morphia, nine bottles powdered Opium, one quarter pound each; fourteen bottles Dover's Powders, one quarter pound each; fifteen bottles Chlorate of Potash, one-half pound each; 12,500 compound cathartic pills, eighteen bottles tincture Aconite, one-quarter pound each; eighteen bottles tincture of Opium and Camphor, one quarter pound each; 144 bottles Laudanum, 144 bottles Paregoric; 144 bottles Castor Oil; sixteen bottles Subnitrate bismuth, one quarter pound each; 144 bottles Brown's Expectorant, 1,574 pounds Copperas, seventeen nests pill boxes, one gross corks, one gross vials

Having the honor to submit this report, I remain, yours truly,

E. S. ELDER, M. D.

To debilitate the system and destroy the digestive powers, 12,500 compound cathartic pills and nearly all the remainder Opium or Morphine in some form to ease pain and stop and disorganize the proper function of the nervous system and let them get well if they can.

Of course there is good in both systems but the nearer the Allopath physician gets to the law of Similars the more of his patients he cures.

The Homœopathic physician does not destroy life and souls by making morphine eaters, drunkards and nondebilitate and weaken the patient with Cathartic medicines permanently injuring digestion upon the normal action of which depends good health. Don't send patients off in a stupor and suppose it was a natural death.

We meet symptoms and pathological conditions as they are by the remedy which acts directly on the affected part and restores it to a normal condition and in the shortest possible time and without making the patient more sick.

The public is fast learning the above facts and those who do not know will learn many of them by bitter experience as I did by having two brothers dosed almost to death, one of whom was reduced to almost a skeleton and had eaten nothing for two weeks when I first saw him and yet the "Regular" said his only salvation depended on calomel to keep his bowels open and Opium to quiet him which while yet a student I refused to let him have and described the case by letter to Dr. O. S. and M. T. Run-

nels of Indianapolis a hundred miles away, who sent me the Homœopathic remedies that were pleasant to take and saved his life.

Having had the above experience and being surrounded as I am by twelve to fifteen Thunder and Lightning M. D's who will not consult with me may explain why I write as I do. Now while the advanced Allopathic physicians in New York are determined to consult with us and truly say that the majority of Homœopathic physicians are scientifically educated and they must do so for the good of their patients (which means they must do so or their patients will get into the hands of a Homœopath and be cured and lost to them) and the old foggy stubborn ones are determined to run on, the "old narrow gauge" track of their fathers, we stand off and look on and smile and care not whether they consult or not.

We only have to say we are willing to compare results with them any day and our work will show for itself. We say give us "wagon room" or we will make it.

The question now comes shall we be called Homœopaths. For my part I glory in the appellation, because it designates me from the "expectant" way of treatment because it means scientific, because it means a "law of cure." While we are Homœopaths let the people know that we are not tied to any dogma but are free to use any and every means known to us and work only for the good of our patients.

SCARLET FEVER

BY A. A. WHIPPLE, M. D., QUINCY, ILL.

Read before the Illinois Homœopathic Medical Association.

This paper is only intended to give a few thoughts on the treatment of scarlet fever and its complications or sequelæ. I will briefly mention a few points in its etiology and shall say nothing of symptomatology pathology or diagnosis.

Scarlet fever is essentially a disease of childhood, and few persons will take it after the age of twenty. Unlike measles it is milder as the patient is older. It is generally considered a contagious disease and may be communicated, not only by contact and immediate exhalation, but also by transmission through persons who are not themselves affected, yet from my own personal experience I am inclined to believe that it is not very often communicated in this way. I have always been on the lookout for such cases, and have never yet seen one.

The nature of the poison is not known, and what contains it cannot be determined; but many circumstances argue in favor of the doctrine that it is transmitted through the air. It sometimes breaks out spontaneously and sporadically without any infectious contagium, and likewise epidemically in which category in my opinion belong the cases where scarlatina is said to have been transmitted indirectly through the agency of non-affected individuals.

So far as I am able to judge, this feature of the disease (its spontaneous origin) has been quite marked here this winter. I have not met with a single case (the first in a family) that I could trace to its source. I also call to mind an epidemic in western New York in the winter and spring of 1874, when scarlet fever prevailed extensively over a large section of country. During that time I saw many cases that could not be traced to direct communication.

Almost every year I have had one or more cases which seemed to come sporadically.

From September 1882 to the present time May 12, 1883, there has been in this city quite a large number of cases, I have no means of knowing the exact number. The records of the board of health show forty (40) deaths in that period of time. It was generally considered by physicians as being unusually malignant in the early part of the winter. One answering me thus, when asked if he had treated any cases of post-scarlatinal dropsy. No, sir, he replied, they all die before they come to that.

It has been my good fortune to have a fair share of practice the past year, and I believe there are only two physicians in the city who have had a greater number of scarlet fever patients to treat during this epidemic than the writer, and one of those reports twelve and the other five deaths. So far I have been uniformly successful, having no fatal cases to report.

From the period of invasion, to the commencement of desquamation, I have used Bell. in probably nine-tenths of the cases. In one case I used Acon. one day just previous to the appearance of this eruption. Bry. was used in two cases and for a day only when the eruption was slow in coming out. In one case I used Bap., one day, and the reason why was better impressed upon my mind at the time than I shall be able to convey to your understanding in this paper. There is a certain fetid odor from the mouth, a tendency to putridity, the tongue had a brown coating with dark red point and edges. The palate, uvula and tonsils have the same dark red appearance. The case looks bad and yet the child does not complain of pain.

In one case where the eruption was well out, but the throat symptoms were becoming worse instead of better as they should have done or as I wished them to, Merc. sol., was given with quick change for the better. I was led to its use by the excessive discharges of mucus from the fauces and nostrils, with profuse salivation which kept the child constantly spitting.

It is not my intention to give you the symptomatology of all the remedies that are or may be indicated in this disease, but to give a brief history of my experience for the winter, with one or another of the remedies before mentioned viz., Acon., Bell., Bry., Bap., and Merc. sol. I have treated all uncomplicated cases. Those having complications or sequelæ, may require different remedies. In several cases where one or both ears were affected Bell., or Merc. sol., was given during the inflammatory period, but in the second stage that of otorrhœa., Hepar. sulph., has usually been the remedy. I have had a few cases of inflammatory swelling of the glands or cellular tissue about the neck, but all have terminated in resolution.

Renal dropsy is a common and generally considered a very fatal sequelæ. As a precautionary measure I generally keep scarlet fever patients in bed at least three weeks although they are often feeling well enough at the end of the first week to be around the room. I also make frequent tests of urine for albumen, during the period of desquamation. This I believe to be an important matter, not only for the welfare of our little patient, but for the doctor's reputation as well. Notwithstanding all these precautions I have had eight cases of post-scarlatinal dropsy since last September. It seems just as likely to follow a mild case as a severe one, and sometimes I think a little more so.

In one family of four small girls, who were all sick, one of them being much worse than the others during the eruption period, yet had no sequelæ whatever, while the other three had albuminuria followed by dropsical swellings. In this condition which is acute parenchymatous nephritis, and usually sets in with renewed chilly sensations, which are followed by fever, nausea, vomiting, pain in the region of the kidneys extending along the course of the ureters, the urine is passed more frequently, is scanty, of a dirty brownish color, and sometimes a deeper red if there is considerable blood. By testing the urine daily I have usually been able to detect the wrong before dropsical symptoms set in. Our books give us a large number of remedies for this condition, any one of which may be indicated, but *Apis* is the only remedy I have had occasion to use during the winter for this condition, and I have watched carefully its action by daily testing the urine. In this way I can say to the parents the child will show dropsical symptoms to-morrow or the child will be better as the case may be.

The practice of rubbing the patient all over two or three times a day with bacon, lard or oil, I believe to be useless. Water will allay the itching equally as well, and, cleanliness being next to godliness, it certainly promotes that, which is more than can be said of the oiling process. I direct the nurse to sponge the child frequently with tepid water. Keep the room well ventilated, change the bedding every day, let them take water *ad-libitum* and a glass of milk three times a day as food, during the fever, and when that and the eruption passes away, a more generous diet. With good nursing and well selected remedies (not too low in the scale of attenuations) let the physician keep his presence of mind, and not change remedies at every visit, nor give them in rapid alternation. and the treatment of scarlatina becomes a pleasure and not a dread. The remedies used have all been in the 30x except *Bapt.*, which was 3x. *Bell.* 30x or two hundredth has also been used as a prophylactic, and I believe it sometimes prevents and always modifies or moderates the disease.

HAND PRESSURE OF BOWELS FOR COLIC.

A young lady found that to relieve colic pains after eating that steady firm pressure on the abdomen would cause the flatus to escape in large mouthfulls. Several physicians to whom she imparted her discovery found it to work admirably. These were evidently *Colocynth* cases. For the instant relief of distressing *gastralgia* or *enteralgia* it is well to bear this little expedient in mind. We have tried and can report success.

HOMŒOPATHY AT THE FRONT.

The progress of Homœopathy is wonderful and the recent effort of the regular profession to disperse with their code of ethics so as to consult with the educated Homœopathic physician has attracted public attention to this new system and given it a decided "boom" so to speak. As an evidence of the growth of this new system in this city, we notice the opening of the Central Homœopathic Pharmacy in the large double store, 133 & 135 Wabash Ave. The array of Homœopathic medicines, cases and books, not only for the profession but also for the people is an evidence that Homœopathy is at the front.

THE UNITED STATES MEDICAL INVESTIGATOR

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and close thought (the great sources of medical knowledge), on any subject pertaining to medicine.

PUGNACIOUS PHYSICIANS.—We have had an experience to-day that vividly recalls a scene enacted nearly a score of years ago. It was at the first medical meeting we attended. Some subject was being discussed—diphtheria if we remember rightly. It was a genuine love feast. All were deeply absorbed and evidently edified. Finally a knowing Egotist offered a caustic criticism on the views of a member. Immediately the interest abated, a spell of silence fell upon the assembly. A storm was brewing, fire was in the air, and a motion to adjourn the session was a relief to all.

We have witnessed a repetition of this scene in nearly every medical gathering we have attended. We are surprised at the large number of evidently otherwise sensible men who precipitate a row by taking offense at some unimportant remark that some inoffensive member may have uttered. The real cause is some fancied slight, some pique, some college quarrel, some office competitions or some prejudice. Possibly a rival whom some one is using as a cat's-paw. The result is the same, the personal matter real or fancied is allowed to mar the pleasure and profit of the whole assembly. We meet these pugnacious ones in every state society and especially in the institute. In the east it is one class of cranks, while in the west it is likely another crowd. If there is a college row anywhere, it will crop out sure. The potency problem is usually the red flag that starts the fight. Sometimes it is a parliamentary point. The object of the pugnacious physician is to hit and publicly disgrace if possible, some real or supposed enemy. So medical societies must be run to please Dr. A. or Dr. B. "Oh let him manage it or there will be trouble," is the general feeling. Free speech and general discussion are suppressed, and the sessions are chiefly routine or run in a particular groove.

You meet this same class in medical literature. If they attempt to edit a journal they get into a quarrel all round. They go up like a rocket and come down like a stick. They write with a purposely personal pugnacity. They snarl and find fault and if any one answers or attempts to controvert their opinions or assertions, their resort is disgusting if not disgracing. Their apparent purpose is medical reform, their real object is to get a drive at some one. They descend to personalities on the slightest provocation. They cannot take a joke. Woe to the luckless editor who refuses to allow his journal an avenue for their saber thrusts or dirt throwing. We could produce quite a museum of loving (?) epistles from these pugnacious men and women! Their usual recourse is to order the journal stopped. Sometimes

they pour their vials of wrath upon the editor and sometimes they overstep the bounds of decency and threaten personal violence. The profession will have to bear with this class of medical "cranks," but we often think that if they could all be muzzled, and free, fair and full discussion of medical topics encouraged in our societies and journals, the whole profession would be benefitted more in one year than it is now in five. "To err is human; to forgive divine."

THE MEDICAL CONVENTION AT MADISON.—The meeting of the Western Academy with the Wisconsin society will be an event in the west deserving more than a passing thought. The annual meeting of the Western Academy is a veritable convention, a gathering of earnest enthusiastic physicians, bent on having a good time and gathering much practical information. It is usually a free and easy convention with plenty of latitude for volunteer papers and free discussions. "It pays to attend the meetings of the Academy" is the verdict of all. Madison is a central point and the local physicians are doing all in their power to make it pleasant for all who may attend. Mine host—the Wisconsin profession will of course all be there—while a good delegation from Michigan, Ohio, Indiana, Missouri, Kansas, Nebraska and Minnesota, will swell the crowd from Iowa and Illinois. Look over the programme and prepare a five minutes talk on every subject to be presented or put a brief volunteer paper in your grip sack and start in time for the meeting in the beautiful city of Madison, June 12, 13 and 14.]

Hospital Department.

SATURDAY CLINIC.

SERVICE OF PROF. A. W. WOODWARD, M. D., CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

Reported by Wm. B. Clarke.

April 28. CASE No. 17321. Woman aged forty-six, "*Reflex cephalalgia.*" Has had headache fifteen years, aggravated in cold air, it is always worse when she neglects her bowels, was costive long before headaches began, menstruation has always been scant (one day) except during lactation, then it was regular and continued four days, at present it has been quite regular, feet always cold and damp, hands and feet often "like sticks" weak and numb, very easily fatigued, appetite fair, no cough or urinary trouble, face sallow and some moth spots, pulse 86. That the headache in this case is reflex, we know from the history, constipation and scant menses preceded the headaches. Doubtless they are aggravated now by the "change of life" with these conditions we find she complains of cold hands and feet, and exhibits a dirty complexion, these point to the cutaneous disturbance, then we find weakness and numbness of extremities, pointing to the spinal

nervous system, with these conditions a pulse of 86. Now what is the remedy? Sepia and Conium are mentioned, and either are good. Sepia requires the patient to exhibit respiratory disturbances, which this woman does not exhibit. Conium requires symptoms of the spine, which are complained of, but Conium does not produce such a complexion as this, hence we give Sepia 30, four times daily, if no better next week we will change to Conium.

May 5th this patient reported "not much improved," less headache, bowels act easier but not without help, debility and numbness increasing. Conium 30th four times daily.

CASE No. 17253, man aged thirty-six. "*Chronic bronchitis.*" Cough easier than last week, can expectorate easily, bowels much relieved. "I have natural movements every day, it has been months since I could say that," his urine is passed too often and he feels the same restlessness and burning heat in feet at night, pulse 80, appetite good, head clear, strength gaining. Alumina 30, continued.

CASE No. 17353. Boy aged thirteen "*Innutation.*" Appears under size emaciated, listless, stupid, has always had voracious appetite, yet is not nourished, is subject to occasional night sweats, has evidently inherited struma, has no desire to play, is always tired, has frequent headaches, urinates very often day and night, occasionally "wets the bed," gives no evidence "of worms," bowels are regular, and his lungs sound, pulse 96.

This case is a difficult and contradictory one. Some of the symptoms, languor, stupidity, and voracious appetite point to masturbation as a cause, but his eyes say no as well as his tongue, and we must conclude these suggestive symptoms are forewarnings of a serious future for the little fellow. The combined indications in this case are, scrofula, attended by gastric, spinal, urinary, head, and fever symptoms. Calcarea carb. 3x trit. four times daily.

May 5th, mother reports child in bed, he was much improved in every way for three days, showed more interest in his play and seemed more active. Since then he is worse than ever, has lost his appetite entirely, has sweats every night now, and is feverish mornings, is too tired to get up." This shows aggravation from the low potency. Calcarea carb. 30th four times daily.

CASE No. 17112. Woman aged forty-five, first visit March 10th. "*Cardialgia,*" one year duration, has much pain about the heart, sour eructations, flatulency, frequent calls to urinate, constipation, and headache. Lycopodium 30th, every three hours.

The next two weeks she reported steady improvement under the same remedy. April 14th record says cardiac and gastric symptoms removed, but now suffers with sharp pains through temples, excoriating discharges from nose, very offensive taste in mouth, toothache and thirst, bone pains and debility, face flushed and swollen, inspection shows a syphilitic ulcer on border of nostril. Patient says her husband was diseased two years ago, was well over it long ago. She never thought she had the disease before now, is exceedingly despondent about it. Merc. sol. 3x, four times daily.

April 28th, ulcers healed, free from pain, seems cheerful and hopeful, no backache or any complaints except catarrh, that is copious and offensive, pulse 90. Kali bich. 6x four times daily.

CASE 17305. Woman aged sixty-three, "*Chronic headache.*" Has suffered for twelve years at short intervals; lost her husband about that time, weeps when alluding to him, has frequent fainting turns especially after excitement of any kind, appetite fair but can't eat meat, is very easily exhausted, can't do her own work as she used to, urinates frequently night and day. Pulse 60, weak. Ignatia 30th four times daily.

CASE 17275. Woman aged fifty "*Dyspepsia.*" Has had it five years, (during climacteric,) had typhoid fever two months before last confinement six years ago, has always been costive since she became a woman, menstruation was always too frequent and profuse, has had catarrh many years (usually dry) has had headache since menstruation ceased, is still subject to flushings. Here we find the dyspepsia is a comparatively recent complaint and to cure we must give a remedy adapted to conditions preceeding. R. Sepia 30th four times daily. The next week the record says, feel a great deal better, stomach gives less pain, more appetite, no headache, sleeps better, bowels act naturally, but she don't gain strength. R. Sepia 30th continued.

CASE NO. 17315. Woman aged twenty-six. "*Chronic catarrh,*" involving head and throat, had diphtheria and scarlet fever last fall, this has continued since, discharges copious and painless, tongue coated yellow, eating causes nausea and pain, bowels constipated, urinates every two or three hours, day and night, pulse 88. Kali bich. 30th four times daily.

The next week she reports considerably better, less discharge from head and throat, less dyspepsia, bowels regular, urinates less often, has some rheumatic symptoms in right arm and thigh, pulse 80. Kali bich. 30th four times daily.

May 5th, this patient reports very little catarrh until menses appeared on Thursday, since then it has returned pretty badly. Kali bich. 30 continued.

Correspondence.

A MEDICAL MEDLEY

DEAR DUNCAN: In a recent issue of your valuable journal, I saw the report of a case which in many respects, is so similar to one that occurred in my extensive practice a short time ago, that I am constrained to put them side by side for the benefit of my less favored professional brethern, and for the advancement of medical science.

The report referred to was entitled "*Rocking Rubrum,*" and ran as follows:

ROCKING RUBRUM.

"Mrs B., light complexion intensely nervous, found her working as rapidly as possible and knitting as if life depended on finishing the work, said she could not keep still, "seemed as if she would fly out of her skin." Time seemed so short was afraid she could not finish her work in time. Gave powder of Rubrum iridis, (the red ray of the spectrum) cm. dry on the tongue; in five minutes by the watch she was lying on the lounge and had no returns of the nervousness."

S. SWAN.

LOCKING LUBRUM.

Mrs. X., sallow complexion, highly organized, found her talking as rapidly as possible, as though her life depended on her getting through; said she could not stop, "seems as if she would talk her jaw off." Time seemed so short was afraid she could not say it in all eternity, gave powder of Lubrum elbonis (odor of elbow grease) C. M., dry on the tongue, in two seconds and a half by the town clock she had shut up and had no return of the tomfoolery.

G. GOOSE.

[As this communication is addressed to the editor, some comments may not be out of place.

In the first case whether Rubrum alone should be credited with the cure or whether Croton water and psychological influences help to solve the problem others can also judge.

The second case seems lacking in important particulars. It seems absurd to credit the cure to the elbow when nothing is said about the hand. What important pathological points did the hand cover? More DAY-light is needed there.

For the Indiana friend who in a former issue gives the editor a regular caudle lecture we have only the warmest sympathies. We are surprised that he should be so blinded by a flash or supposed flash of light as to overlook the many good things said by our sensible contributors. Are high potencies so effectual after all? A friend suggests Stram. and a steady diet of a dilute quarterly. Possibly a dose of goose oil might "move" things, but a favorite Allopathic remedy (twenty grains of Quinine frequently repeated) might tone up the system to the point of digestion of solid substantial medical articles, dose once a week.

Seriously we crave the indulgence of our readers with such contributions. Fortunately you are not obliged to believe all you read. We hope all will simply charge such effusions up to—well remember the old couplet,

A little nonsense now and then
Is relished by the best of men.—ED.]

Gynæcological Department.

CASE ILLUSTRATING THE NECESSITY OF LOCAL EXAMINATION IN DISEASES OF WOMAN.

BY E. Z. COLE, M. D., MICHIGAN CITY, IND.

Read at the Seventeenth annual session of the Indiana Institute of Homœopathy, Indianapolis, May 8, 1883.

Case. In the month of April, 1881, Mrs. W. consulted me for relief from the following symptoms: Frequent urination, with severe pain and strangury. The pain was felt slightly during the flow of urine but came on with great severity, after the bladder was completely emptied. The severe pain and strangury would last for nearly an hour after urination, which would occur about every three hours through both day and night. Accompanying these symptoms, was pain through the whole pelvic viscera, sharp at times, at others dull and heavy. These pains were constant while sitting or standing but were not so severe in the recumbent position. At

times sharp pains would extend from the ovarian region down the anterior and inner aspect of the thigh to the knee, while sitting and standing there was a constant feeling as if the womb and pelvic contents would be forced from the body. This symptom was more marked while sitting than when standing and disappeared almost entirely when lying. Stretching out the legs when sitting would relieve, somewhat, the pain. Bowels slightly constipated, sharp paroxysmal pains in head and nape of neck, changing position constantly. Had become despondent and melancholy over her trouble which had existed about five years, and had been treated by several physicians of different schools, the diagnosis varying from chronic cystitis to uterine and ovarian diseases with each change of physician. I learned her age to be sixty-two, mother of several children, the youngest child being twenty-nine years of age. An examination being refused I had only the bare symptoms to guide in prescribing. The case was regarded as one of chronic cystitis with perhaps some uterine complication. Various remedies were used, including *Cantharis*, *Belladonna*, *Pulsatilla*, *Nux vomica*, *Sepia*, *Cannabis*, etc. In addition to the medicines, hot vaginal injections were used every night and morning. At times it seemed as if there was some slight improvement, but in a few days the symptoms would again become as severe as ever. The urine contained at all times an excess of mucus and varied from moderately dark to a perfectly clear water. There was no apparent change of symptoms accompanying these variations in the excretion. In this way my case continued about the same for one year, when becoming disgusted with such unsatisfactory work, further treatment was refused unless the privilege of a thorough examination was granted. After a few days of severe suffering, consent was given and an examination made which showed the presence of a raspberry looking crimson tumor about the size of a large white bean, springing from a broad base about half an inch within the meatus. The diagnosis being communicated she readily consented to the removal of the tumor. At her request Chloroform was administered, an urethral dilator and speculum improved by bending the looped end of two hair pins so as to make a miniature elevator of them with which the tumor was exposed. Seizing the tumor with a pair of delicate forceps so as to draw it down and steady it, I cut it away being careful to remove the whole growth and a portion of mucous membrane around the whole base of the caruncle. The hæmorrhage was very profuse for so trivial a cut, and showing no disposition to be controlled by ordinary means, the whole of the raw surface was cauterized with a large knitting needle heated in a spirit lamp. Twice afterward the raw surface from which the tumor had been cut away was touched freely with pure Carbolic acid. The result was perfect in every respect, with complete relief of all symptoms from the date of the operation in April 1882, till now. This case is reported to show how deceptive are the symptoms in diseases of the female pelvic organs, and how, from the urethral irritation of this caruncle mental and head symptoms, uterine and ovarian pains as well as the vague symptoms of bearing down, were all produced. It also illustrates the necessity of a careful and thorough examination in all diseases of this nature, for in no department of medicine does a correct diagnosis render such positive aid to a cure as in gynecology. This case might have been treated on indefinitely for years and without benefit, had it not been for the happy discovery of that

little innocent offender which seems almost too insignificant to be responsible for so much general and local disturbance. It may be possible that some remedy may be found that will remove these growths without any local application or operation but a correct diagnosis cannot be made without such an examination and when once found it is better to wage an immediate war of extermination than to trust to means which must ever be very doubtful and uncertain.

Society Department.

CALIFORNIA HOMŒOPATHIC MEDICAL SOCIETY.

The "California State Homœopathic Medical Society" have just held an annual meeting. Quite a number of interesting papers were presented and the retiring President Dr. J. M. Selfridge delivered a somewhat lengthy address which was listened to with interest. By vote of the society it was ordered printed. The election of officers for the ensuing year resulted as follows:

PRESIDENT.—Dr. G. M. Pease of San Francisco.

FIRST VICE PRESIDENT.—Dr. W. A. Hughson of Sacramento.

SECOND VICE PRESIDENT.—Dr. S. G. Tucker of Oakland.

SECRETARY.—Dr. A. C. Peterson of San Francisco.

TREASURER.—Dr. G. E. Davis of San Francisco.

CENSORS.—Dr. J. C. Raymond, of Oakland; Dr. L. A. Ballard, of San Francisco; Dr. C. E. Pinkham of Sacramento; Dr. G. H. Palmer of San Francisco; Dr. H. P. Wall, of Berkley.

BOARD OF DIRECTORS.—Dr. J. N. Eckel, of San Francisco; Dr. C. B. Currier, of San Francisco; Dr. H. H. Ingerson, of San Francisco; Dr. T. C. Coxhead, of Oakland; Dr. C. A. Goss, of Sacramento.

BOARD OF EXAMINERS.—Dr. G. E. Davis, of San Francisco; Dr. Wm. Boericke, of San Francisco; Dr. Sidney Worth, of San Francisco; Dr. G. M. Pease, of San Francisco; Dr. E. S. Breyfogle, of San Francisco; Dr. Max Werder, of San Francisco; Dr. J. W. Moliere.

ALTERNATFS.—Dr. C. E. Pinkham, of Sacramento; Dr. W. H. Loomis, of Alameda.

THE ACADEMY OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

The body met at the Grand Pacific Hotel on the evening of April 12. There was a good attendance. The first paper read was by Dr. R. N. Foster. His subject was "Presentation, Position, Attitude, and Pulsatilla.

The definitions of presentation and position as given by different authors were criticised. The doctor's definitions are: Presentation is literally the act of presenting or, the manner in which the fœtus enters the pelvic canal. Position is the situation of a part of the fœtus at any given stage of labor.

He thinks there is just as much sense in giving Puls. or any other remedy to correct a mal-presentation as there is in the old Chinese idea of delivery. John reasoned that the child came away from the mother because it was hungry, therefore at the time they starved the mother, and placed food

within tempting reach of the vulva. The child generally came, therefore they reasoned "Did the food do it?"

After the reading of the paper, several of the physicians present expressed concurrence with the doctor's views.

Dr. Grosvenor related a case in which by actual measurement there was five and one-half quarts of amniotic liquor discharged. The fetus was acephalus. Dr. Foster cited a case in which there was three gallons. The next paper was by Dr. Tooker. Subject, "The Cumulative Power of the Poison of Diphtheria." See U. S. Med. Inves. April 15 number. The doctor gave his experience in twenty cases of diphtheria sustaining his views.

In the remarks upon the paper, Dr. Talcott said his experience was the same as Dr. Tooker's.

Dr. Grosvenor agreed with the views.

Dr. Foster's experience was if anything, just the reverse.

Dr. Duncan had not noticed that such had been markedly the case in his experience. With him, Mercurius biniodide had been very effective. The doctor suggested in regard to the second inference, that perhaps it was because of children being more susceptible to the poison than adults, and therefore the case would naturally be more severe.

The following were elected to membership of the Academy: Drs. H. S. Seymour, Chas. Koier, E. L. Smith and T. H. Whiting.

Psychological Department.

BRAIN FAG—ITS TREATMENT BY AUXILLIARY MEASURES.

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

Presented to the Missouri Institute of Homœopathy in session at St. Louis, March 1883.

MEMBERS OF THE INSTITUTE: I purpose in this paper to speak of the general auxilliary measures to be used in the treatment of cerebral exhaustion apart altogether from the administration of drug remedies. I am convinced, from some little experience in the treatment of this class of cases, that removal of the cause is of the utmost importance, and should be accomplished in the majority of cases, before actual drug treatment is begun. Having removed, as far as possible, the causes of the trouble, the patient, should be instructed to try

Walking.—This should be commenced gradually, in those not used to this exercise, and kept up persistently. Each day the subject should walk a few yards farther, until finally, each walk shall consist of several miles. A walk should be made morning and evening, but should always be followed by sleep, certainly by rest in the recumbent posture. The rest and sleep should be taken immediately after the exercise; the patient generally wants it most at this time, and, taken at once, it will do him incalculable good. In bad cases walking cannot be resorted to as some patients are too weak, and the physical exhaustion too great to permit of exercise even to a mod-

erate degree. In women uterine difficulties will prevent our resorting to this exercise as a means of cure.

Horse-back riding.—A ride on a good, high-strung nervous horse down to business, up to dinner and back, and out home in the evening again, will warm the feet and cool the head of many an active over-worked business man. The horse should not be too well gaited. A good hard trot will stir up his liver, shake up his stomach, and warm his legs, better than the rack or gentle fox-trot. Our idea, in recommending horse-back riding is, by this means, to get the blood out of the habit of flowing in excessive quantities to the brain, and of sending it to the body instead; in other words to establish a balance between the brain and body.

Gymnastics.—In incipient, or simple developing cases, gymnastics may be employed with benefits. The horizontal bar, the swing, the progressive and backward movements by means of the ladder, the horse and other apparatus, by means of these—many cases of progressive disease may be stopped, and others slowly but surely progressive, held in check.

Bathing.—Sea-bathing is generally helpful in moderately bad cases; salt-water baths taken at home, taken quickly with vigorous rubbing of the skin is usually beneficial; hot baths are soothing to most cases, especially if associated with neuralgia, but general physical exhaustion will follow if taken too frequently or if the patient stays in the bath beyond a few minutes. The same may be said of the turkish bath. The cold shower-bath helps some cases wonderfully, especially if followed by friction of the skin by means of a coarse towel, and exercise. I think all cases should sleep immediately after bathing. The real rest and comfort they get from such sleep is an inestimable benefit.

Shampooing.—Frequent cleansing of the head, using hot water, and rubbing and manipulating the scalp gently is of more service in the treatment of this trouble than would be imagined at first sight. It is helpful in sick headache, and it is likewise beneficial in this affection.

Electricity.—Electricity, especially in the form of galvanism, will exert an influence for good in most cases of brain fag. As most cases are ones of spinal as well as cerebral exhaustion, the agent just mentioned should be applied to the spine as well as to the brain. Too light a current should be used rather than too strong a one. As already over sensitive, impressible subjects will certainly be made more irritable, and his case aggravated if care is not experienced in the application of electricity. A subject to brain-fag should never be shocked.

Massage.—Brain workers, whether fagged or not, are helped by massage, and I think I am safe in saying that the proper application of massage will do as much, if not more than any other procedure or remedy in bringing about a cure of brain-fag. It must however, be done properly, persistently and regularly. Every muscle and group of muscles must be exercised. The patient must not be hurt nor bruised, but soothed and quieted by the operation.

Rest.—Innumerable exhausted cases need rest, complete mental and physical rest. Perfect quiet in bed, with milk diet, and massage is the treatment in the very serious and obstinate cases. The eyes and ears should be rested too, as irritability of these organs frequently aggravates the gen-

eral trouble. A sojourn in the country, and the getting away from noise and close objects, is for this reason frequently of service in the treatment of this affection. I present these ideas, gentlemen, with the view simply, of calling attention to a means of treating a very prevalent trouble in a natural, and, as it seems to me, very rational manner.

Materia Medica Department.

RHUS TOXICODENDRON.—WHEN AND WHERE MOST RELIABLE.

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

Read at the 17th Annual Session of the Indiana Institute of Homeopathy, Indianapolis, Ind., May 8, 1883

It is of value to a business man to have a friend that is responsible, and ready to go on paper or help tide over the ebb and meet bank accounts. To a physician, it is equally of value to know when and where confidence can be reposed in a medicine for an emergency. In the one case, there is commercial character and credit, and in the other, reputation and perhaps a life at stake.

It shall be my pleasure to endeavor to point out the time and place, when a call can be made in the most perfect confidence for help from *Rhus tox.*, and not be disappointed in our appeal. First, and of all places where its best aid is oftenest exerted, are the results of congealation or freezing, (which is simply the rapid extraction of caloric at some part or place,) there if judiciously given internally will restore to perfect normality the part that has been impaired, if not entirely lost to redemption. It matters not how many long years of suffering may have intervened since the occurrence, its beneficial effect will almost date from the inception of the first dose. All you have to do is to tenaciously adhere to it, and a cure will be effected.

A case in point may not be out of place as illustrative of its action. Mrs. S., a lady now about thirty-five, had her feet badly frozen over twenty years ago, and has never been able to wear shoes in winter since, but has suffered so much that life to her has become almost a burden. Three (and only three) prescriptions of *Rhus tox.* has, and did restore her feet to perfect health, in less than two months, last fall. She has been the happiest woman all last winter I ever saw, for her feet have given her no trouble in the least, even by her wearing shoes. Burns, (the rapid introduction of caloric at some place or part,) are almost as easily cured, and the ill effects of former ones can be repaired by the internal administration of *Rhus tox.* Even if the dermal tissues have been destroyed, and the surfaces extensively ulcerated, this remedy will repair the injury and restore the parts, leaving only the slightest trace of the results visible.

In recent burns, an application of a dilution will generally prevent ulceration from taking place. In fact, no cook or household should be without this invaluable remedy at hand, to apply at once in all cases of burning.

For the sting of bees, mosquitoes and the bites of spiders, nothing except *Ledum* can compare with it in its promptness and efficacy of action.

In erysipelas it is rare that any other remedy will be needed. This, and

this alone will cure permanently and effectually nearly all cases in from seven to nine days, provided that no external applications are allowed, and certainly none are needed. Give it internally frequently and persistently, and no uneasiness need be felt or feared for it will generally prove to be master of the situation.

It should matter not, what Mrs. Blank says about application of cranberries, Iodine, Nitrate of Silver, or anything else, you should not consent to this application, but might ask her, if she ever knew a person to live and not have it again after such treatment. To back it all, give your *Rhus tox.* internally.

Hives. It makes no difference what prefix they may have, (bold or timid) simply give this remedy, and continue it for at least a week after your patient is *apparently* well, and their next visitation will probably be after you are out of the field as a practitioner of medicine.

Rheumatism is not always ended by this remedy, but if it is below the belt, in the lower extremities, it will generally be the best medicine that can be given. It need not make any special difference what, when or where the pains are, if you are morally certain it is rheumatics, and in that part of the anatomy, give this remedy, and you will restore lost health to your patient, and sometimes, the vigor of youth to an old man. It will act best, quickest, and its effects will be longer lasting, if given in a low attenuation especially, in Indiana where malaria is a constant factor in facilitating its production.

Typhoidal conditions require some capacity for comprehension, and recognition; this, the members of this institute are supposed to possess.

When this state of affairs are found to exist, this remedy will be needed and should be administered regardless of any peculiarity of pains, or time of accession of fever. These are minor points that I have always found best to ignore, but perhaps it may be found necessary to have collateral assistance from *Bryonia* to enable you to place your patient on his feet by the tenth day. This can be done *provided* no liquors have been allowed, and *good coffee* has been given as the main article of diet.

The prophylactic properties of *Rhus tox.* has not been fully comprehended. It stands at the head of all other remedies in preventing the development and dissemination of this enervating disease. I have found from ample experience that it makes little difference what the sanitary condition of the house or place may be, it will, if given prevent others in the same room and house from contracting the infection, and thereby causing its diffusion.

The only condition to impose is the total *avoidance of fruit in every shape and form*, and keep out of a hot or close room.

Having treated many cases of typhoid fever, some even not seeing, I have come to the conclusion it is a simple affair, where *Rhus tox.* and *Bryonia* are entirely depended upon as *the* medicine.

According to the Phrenological Journal, the artificial flowers exhibited in store windows and that vary in color according to the atmospheric changes are colored with a material composed of Chloride of cobalt. In dry air these are blue, and when the atmosphere is saturated with moisture, pink.

Medico-Legal Department.

THE CHICAGO HOMŒOPATHIC COLLEGE.—ITS RELATION TO CO-EDUCATION.

Read before the Illinois State Medical Association and Published by Request of the Faculty, May 18. 1883.

The Chicago Homœopathic Medical College having by the unanimous vote of its faculty decided not to matriculate women as students in the future, it has been thought proper that the reasons for such action should be clearly stated before the State Society, not only to forestall criticism and misrepresentation, but as an exhibition of loyalty and fraternal feeling, which the college has ever been proud to feel have been reciprocal, between the two medical bodies.

It should be stated clearly and emphatically in the first place, that there is not and has not been, the slightest feeling of antagonism in the minds of the faculty of this college toward women practitioners of medicine in general; nor is the college less proud of the women, than it is of the men among its alumni. The college has no feeling of regret, nor dissatisfaction, as it looks over the entire list of its graduates.

Nor has the question of co-education in general or as related specifically to medicine, entered as a factor in deciding its future policy in the exclusion of women from its benefits.

The college believes fully in the aptitude of women for the study and practice of the medical art; and it is fully cognizant of the fact, that already many noble women, some of them its own graduates, have achieved an enviable reputation for the prompt and skillful relief of human suffering.

In taking this action it was careful to protect the women it has graduated, in all their rights and privileges and it will always be glad to welcome them back to their old home regardless of sex.

The reasons which impelled the college to take this step were wholly local and special in their nature and scarcely touch the general question of co-education at all. Let me state these reasons as briefly as I can.

First then, the location of the college is such that for the proper utilization of the clinical advantages open to it, its students are compelled to come into contact with from five hundred to seven hundred students of other colleges whose students are exclusively males.

It should be understood that grouped around the great Cook County Hospital are the two leading Allopathic colleges of the west, and the amphitheatre of the hospital where all the clinics are held is open to their students as well as to ours. When clinics are held here by the professors of these colleges no discrimination is made nor can be made in the selection of clinical material out of respect to the women who come alone from our college; and the five hundred to seven hundred students from these colleges cannot, or at least do not, understand that our women students *are not there* more out of curiosity than otherwise.

Hence our women students are placed in an embarrassing position which would not be the case if the hospital was under our exclusive control; and yet the clinics which are held here daily are so attractive and advantageous that the students are drawn to them until nearly every seat in the vast amphitheatre is filled.

More than this, it has been found that a by no means inconsiderable number of the women who make up the gynecological clinic in our own college building where our private clinics are held, strenuously object to a local examination before a mixed class, thus curtailing to an important extent the advantages to be derived by the male members of the class, who have always been in the majority:

When the Chicago Homœopathic Medical College was founded, its projectors (incorporators) believed that it had a mission to fulfill, and its motto was "A higher medical education."

For seven years past it has labored honestly and faithfully to fulfill this mission and secure to its students and graduates the best practical education afforded by any medical college in the country. For this reason two years ago it erected the present magnificent college building directly opposite the Cook County Hospital in order to supplement its large dispensary clinics with the larger ones of this immense hospital; and it has now found after two years of trial that its male students cannot derive *all* of the benefits they ought to, so long as the two sexes are commingled. Finally, at the time this action was taken, there was not a single Homœopathic college in the west in which the two sexes were not admitted on an equality and as a consequence of this, many western students passed by our western colleges and went east where they could find no better facilities for learning nor better teaching, but where they could pursue their studies untrammelled and unembarrassed by the presence of the opposite sex.

It seemed best therefore that there should be at least one western Homœopathic medical college confining its course of instruction to the male sex solely, and it felt that in taking the action it did, it was doing no wrong nor injustice to the women who would naturally knock at its doors, by refusing them admission; since there are numerous other colleges willing and glad to receive them.

These then are briefly the reasons actuating the faculty of this college in refusing in the future to matriculate other than male students.

We believe that the step is a wise one; that it is not a step backward but a step forward and we believe that time will demonstrate its wisdom.

The college is still determined to do all and everything in its power to advance the status of medical education and to improve the character and acquirements of its graduates from year to year. To this end it seeks rather than fears just criticism, but it is solicitous to retain and add to, rather than alienate, that large body of the western profession which it is proud to call its friends.

R. N. TOOKER.

Book Department.

A MANUAL OF AUSCULTATION AND PERCUSSION. By A. Flint, M. D. Philadelphia: Henry C. Lea's son & Co.; Chicago: Duncan Bros. 12 p. 242.

This is a third edition of Flint's little work that embraces the physical diagnosis of diseases of the lungs and heart and of thoracic aneurism. It is a concise and practical manual.

STUDENTS GUIDE TO DISEASES OF THE EYE. By E. Nettleship, Phil.: Henry C. Lea's Son & Co.; Chicago: Duncan Bros. 12 mo. p. 416.

This is a second edition of this valuable work. Dr. Thompson, the

American editor has added a chapter on cooler perception, which enhances its value. This edition has been improved in many ways.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By J. N. Hyde, M. D., Philadelphia: Henry C. Lea's Son & Co. p. 572.

This is a voluminous work written in rather a verbose style by one recognized as authority in Chicago, being professor of this branch in Rush Medical College. There is much that will repay perusal, for "in science consult the latest works." To the practitioner the amount of detail here will be annoying, but to the specialist or one interested in the cure of a given disease of the skin the part that will appear most meagre will be the therapeutics, which is decidedly Allopathic. This work is thoroughly scientific as it reflects the latest views of the Vienna school. The general get up of the work is in Lea's best. We can commend it to our readers.

THE SYSTEMATIC TREATMENT OF NERVE PROSTRATION AND HYSTERIA. By W. S. Playfair, M. D.. Philadelphia: Henry C. Lea's Son & Co.; Chicago: Duncan Bros. 12 mo. 111 pages. \$1.00.

This is a series of articles written to the *London Lancet* to confirm the good work of Dr. Mitchells on Fat and Blood, which is but a slight modification of How to be Plump. The singular part of this book is that it treats symptoms only and is as much an admirer of an American as Hyde's book is of an European author.

Nerve prostration is a singularly indefinite term. "In the vast majority of them some temporary draw or shock has upset a feeble nervous organization, sounds very indefinite for a professor of midwifery to write. If spinal congestion was the result of the strain, then we might understand more of the good effect of rest, isolation, passive exercise and forced nutrition. The work is a practical one.

GELSEMIUM SEMPERVIRENS. A monograph by the Hughes Medical Club of Mass. Boston: Otis Clapp & Son. Chicago: Duncan Bros. \$1.00.

This excellent little work of 105 pp. is a most complete and systematic proving of Gels. as the introduction says, "It has been our aim to present this study of the drug in a form at once free from all doubtful and unreliable symptoms, interpreted according to the present pathological views, and at the same time easily available for use in the treatment of disease symptoms appearing in the sick."

Query: Could "disease symptoms" appear in the well? The contents are arranged under: Botanical Description, Chemical Constituents, Pharmacy, Experiments on Animals, Experiments on Man, Pathological Appearances, Bibliography and Sources, Pathogenesis and Commentary.

Progress of the Medical Sciences.

An English "Sure cure for the Opium habit," has been analyzed and found to contain two grains of Morphine to the dose divided, to be taken three times a day.

A paper read by Dr. J. H. Sewell, before the surgical society of Ireland, details a case of poisoning with Opium that was antidoted by rectal injections of green tea.

A *New Metal* has been added to the laboratory and in honor of Sir Humphrey Davy has been named Davyum. It is obtained from platinum ore, and is hard, malleable with heat, soluble in aqua regia, slightly so in Sulphuric acid is white, silver colored and has a specific gravity of 9.385.

Dr. Price's Golden Medical Discovery, according to a German chemist consists of 15 parts clarified honey; 1 part extract of lettuce; 2 parts laudanum; 100 parts alcohol and 105 parts water.

[The "Favorite prescription" is made from *Cimicifuga*.—Ed.]

The Medical and Surgical Journal of New Orleans relates an outbreak of lead poisoning that occurred in that city in which sixty-five persons were attacked. It was finally traced to a bakers oven from which all these persons were supplied with bread. The wood used to bake this was old and heavily coated with paint. During the combustion of the wood the lead was oxidized and deposited on the bread and over floor.

Vertigo as a Reflex Symptom in Hypertrophy of the Tonsils.—Dr. Weiss (*Memorabilien*) relates the case of a boy twelve years of age, who had suffered from vertigo for three years. The attacks were induced by stooping, and were sometimes accompanied with vomiting. Nothing abnormal could be discovered in any of the organs except an enlargement of both tonsils. As pressure upon the carotids and vagi might account for the vertigo, in the absence of any other apparent cause, Dr. Weiss amputated the tonsils. The attacks at once ceased.—*Manual Record*.

Operations on the heart.—BLOCK, of Dantzic (quoted in *Annals of Anatomy and Surgery*), has been experimenting with a view to ascertaining the feasibility of operative surgery upon the thoracic viscera, and reports that he has a number of times opened the thorax in dogs and sewed up purposely made rents in the heart muscle, after laying the pericardium freely open; in a considerable number of cases the animals survived this operation. He also resected the lungs in a large number of dogs, removing from one to four lobes; and several of the largest animals lived for months.

A case of Arsenical poisoning is reported in the *Canada Lancet*, where half a teaspoonful spread upon bread to destroy rats was eaten by a char-woman employed in the house. An emetic was promptly administered and vomiting promoted with warm water. When the stomach had been washed out, a tablespoonful of dialysed iron was given diluted with water. This was rejected. The same remedy was then administered in thirty-drop doses every few minutes for two hours, and afterward at longer intervals. Symptoms of collapse made their appearance, but on the application of hot bottles, friction, brandy, etc., the patient rallied, and finally recovered.

Increased Longevity.—In a paper recently read before the Statistical Society of London, it was shown that since 1872, when the first public health act was passed, the longevity of the English people has sensibly increased. A table, which has been carefully prepared, shows that men live two years longer than they did thirty years ago, and women three years and four months longer—an improvement which, taking forty years, roughly speaking, as the usual term of life, amounts to six per cent, and would leave a country of thirty million with two million, more people in it than it otherwise would have had.

News of the Week.

Removal.—Dr. S. H. Colburn has removed from Athol to Worcester, Mass.

Dr. C. Hutchinson, has removed from Champaign, Ill., to Cherryville Kansas.

Dr. C. Lockrow has removed from Oak Park to 182 West Madison Street, Chicago.

Mrs. Emma J. Light M. D., has located at 117 Erie street Chicago, and makes women and children's diseases a specialty.

Dr. W. S. and Mrs. Bell Shotwell, of Homœopathic Medical College of Missouri have located in Peoria, Ill., office at 114 South Adams street.

Maine Homœopathic Medical Society.—The seventeenth annual meeting will be held in Granite Hall, Augusta, Tuesday June 5, 1883, at 10 o'clock, A. M.

How to reach Madison.—Madison is a railroad centre and easily reached by the C. & N. W. or M. & St. Paul railway. As to fares, routes and rates write any of our Madison physicians, Dr. Hall or Vance.

An explosive kiss.—A Boston journal tells of a girl who had her membrana tympani ruptured by her ardent truly kissing her on the ear. Our girl is all right. That isn't where we kiss in Chicago.

G. P. Ruby M. D., of Martinsville, Ill., who made us a pleasant call recently writes: "I am doing more business than I did before I went to Chicago, think I will go again." A vacation now and then wakes up business.

A Number of specimens taken from a subject injected with a solution of Hydrate of Chloral five years before, have just been exhibited by M. Perronne before the French Academy they were quite perfect.—*Louisville Medical News.*

To Students.—If you do not receive THE INVESTIGATOR do not blame us if we do not know your present address. You are entitled to it from January 1883 to July 1883 free if you send us your address after that, \$1.50 will secure the rest of the year.

New York Northern Asylum.—The attempts to secure the new northern insane asylum in New York, for the Homœopaths has received a temporary set back. In the senate the bill for that purpose was indefinitely postponed. Keep at it brothers, until you do succeed.

The Pacific Medical and Surgical Journal publishes an account of a supernumerary mammary gland upon a woman attended in confinement by Dr. S. C. Smith. The gland was situated a few inches below the left normal one, and was about the natural size. It secreted milk freely.

Married.—At the residence of the brides parents, Delavan, Ill., May 3, Henry Sherry to Lillie Briggs.

On Sunday, March 25 1883, at the residence of the brides parents in Chicago, Frederick A. Churchill to Maria M. Blanke. Dr. Churchill has located at 661 W. Jackson St., Chicago, Ill.

J. H. Carmichael M. D., Boston, Mass., is another surgeon who has cut his way to glory. He performed ovariectomy upon a lady seventy-four years old. A very large multilocular cyst was removed, the operation lasting only fifteen minutes. The patient rallied well, and with the exception of a slight attack of cystitis during the second week, nothing occurred to prevent her perfect recovery.

Correction.—It is evident you had "hideous copy" for the report of clinic in your May 5th number. In the introductory remarks, speaking of the successive action of Arsenicum., it should read, "it first affects the stomach, second the head, third the spine, fourth the skin, fifth the lungs and heart, etc. Again at the close of the same paragraph it should read, *total resemblance*, instead of *fatal resemblance*, unless you correct this, I am afraid it will be "*fatal*" to the reputation of both yourself. and Yours Truly

A. W. WOODWARD.

The Massachusetts Hospital has a boom.—A reception and reunion of the friends of the Massachusetts Homœopathic Hospital was held at the Vendome in Boston, on March 16, (*Medical Gazette*). Over three hundred ladies and gentlemen were present, among whom were many of the tried friends of the hospital when it was first started. Elegant vocal and instrumental music was furnished. During the evening it was announced that a "*Friend of the Hospital*" had donated \$40,000, to its building fund. This with the \$10,000, already on hand will make the \$50,000, required to build the proposed addition.

This improvement will more than double the capacity of the present building, thus enabling the authorities to give proper classification and private rooms to the patients. Besides the social pleasure given by the reception, some \$500, was added to the hospital funds, still there is more to follow.

Medical Society Announcements.—(Secretaries will please keep this list corrected.)

Hahnemann Medical Association of Iowa.—The annual session of the association will be held at Dubuque, Iowa, June 27, 28 and 29. The session will be held in Kassideon Hall, corner Ninth and Locust streets. The hour of opening being 10 A. M., Wednesday, June 27. The Hotel headquarters will be at Lorimer House, at which a rebate will be given on the usual rates

Dr. A. E. Rocky, will give a microscopical exhibition, having some very fine specimens. Efforts will be made to secure a reduction of railroad fares.

As this session is to be held at the home of our president, it is to be hoped, that all interested in the success of Homœopathy in Iowa, and our State Society will make every effort to attend, and be prepared with papers and items of information for the good of the society. Members wishing, can take passage at Keokuk, Burlington and Davenport for Dubuque, upon the steamboat, and enjoy the beauties of a ride upon the father of waters.

H. G. GRIFFITH, Sec'y.

The Nineteenth Annual Session of the Homœopathic Medical Society of the state of Wisconsin, will be held in the capital at Madison in joint session with the Western Academy of Homœopathy, Tuesday, Wednesday and Thursday, June 12, 13 and 14, 1883. Hotel rates: Park Hotel, \$2.50 per day; Capital Hotel, \$1.00 to \$1.50 per day. The C. M. & St. P. Ry. and the C. &

N. W. Ry. will carry delegates at one full fare going and one-fifth fare returning. Certificate of attendance at the meeting, will be furnished by the secretary, to be given to the agent of the company at Madison. Return tickets must be purchased before leaving Madison, otherwise full fare will be collected. All are invited to come.

JOSEPH LEWIS, Jr. 328 Hanover St, Milwaukee.

The Cincinnati Society meets on the first Monday of the month.

The New York (City) Society, meets on the——of each month at the College Building.

The Philadelphia Society meets the second Tuesday of every month at the College Building.

The Homœopathic Medical Society of Wisconsin meets at Madison, Wis., Tuesday, June 12, 1883. JOS. LEWIS, Sec.

The Clinical Society, (Chicago,) meets monthly on the first Tuesdays at the Grand Pacific Hotel.

The Pittsburg Society meets monthly on the second Friday, at the Homœopathic Hospital Building.

The Chicago Academy meets the first Thursday of every month, at the Grand Pacific Hotel. Visitors welcome.

College of Physicians and Surgeons of Michigan (our Homœopathic Society) meets every Monday evening at 174 Randolph street, Detroit.

The St. Louis Society of Homœopathic Physicians and Surgeons meets at 8 P. M., on the 2d and 4th, Monday of each month.

W. B. Morgan, Secretary

Kings County Medical Society meets on first Tuesday evening of each month (except May, which is second Monday) at No. 44 Court street, corner Joralemon, Brooklyn.

The American Institute of Homœopathy will convene at Niagara Falls, N. Y., June 19th, 1883. Headquarters, International Hotel. We have every indication of a large meeting. Programme will be issued *first week* in May
Fraternally Yours. J. C. BURGHER.

The Homœopathic Medical Society for the State of New York holds its semi-annual meeting at Ithaca, Sept. 11 and 12, 1883, and next annual meeting at Albany on second Tuesday of February, 1884. Will be pleased to see you, or any physician, at these meetings.
E. H.

The Rock River Institute of Homœopathy held their election of officers for the ensuing year as follows: Dr. F. W. Gorden, of Sterling, President. Dr. G. D. Chapman, of Polo, Vice President. Dr. S. S. Keler, of Sterling, Treasurer. W. H. Chappell, of Oregon, Secretary. The Institute will hold its next meeting at Sterling, the 11th day of July, 1883, we would be pleased to meet you there.
W. H. CHAPPELL.

Where and when does your Society meet, doctor? Are you on a committee? Is your report nearly ready? Let each member of the profession take deep interest in the societies this year and see if we cannot have rousing meetings all along the line. If you cannot be present, you can at least send in your regrets with the notes of a case. Let every member be represented.

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Materia Medica Department.

REMARKABLE PROVING OF NUX MOSCHATA.

BY M. M. DOWLER, M. D., BEARDSTOWN, ILL.

Read before the Illinois Homœopathic Medical Association.

Age twenty-five; nervous temperament; health and appetite good; sedentary employment; pulse normal;

Prover.—About nine o'clock P. M., ate two nutmegs, and fifteen minutes thereafter was asleep. Slept profoundly. In the morning was several times called to breakfast. Went to bed feeling perfectly well, but *could not account for my strange feelings on awakening.* Was painfully conscious, however, of some powerful influence exerting itself upon my system, but as to cause could get no intelligible clue.

Great languor and drowsiness, with no desire to move; felt unwieldy as a mass of metal; arms and legs felt sore, large and heavy; eyelids drooped and could only open fully with use of hands; enlargement of eyes, with intolerance of light, while objects seemed to float before the vision; intense frontal headache, with tense and painful sensation in scalp; head seemed bulky and rolled round almost uncontrollably, being obliged to bring to its support one or both hands while setting at a table; chilliness; nape of neck tremendously constricted, all bodily energy lapsing into passive suppleness in the clutch of the unseen giant; paralysis of the organs of deglutition, making it difficult to swallow saliva; nausea, with shuddering aversion to food; vomiting; foul taste in mouth; buzzing in ears; pressure in pit of stomach; a most distressing, urgent want of breath, and painful feeling of oppression upon the chest; to relieve which, would straighten up, when other distressing effects would ensue; a rush of blood to the head, obscuring the sight; quivering of the heart, violent palpitation, the great central organ laboring under fearful embarrassment; pulse intermitting, the intervals between the pulsations being so protracted as to excite fears of impending dissolution; the hands would be placed upon the sides, the constriction about the waist and the abdomen being so persistent and so oppressive as instinctively to welcome any, even the slightest palliation.

Started across the public park *en route* for office, but to retain footing found myself obliged to catch hold of trees and fence.

Although almost a decade has already (1867) elapsed since the enactment of this history, it must nevertheless very conclusively appear that the effect of two nutmegs in inducing vertigo, and impeding active locomotion together with those other diversified effects herein sketched, furnishes a sufficient *proving*, if any were wanting, of the narcotic properties possessed by this drug, as well as the toxic symptoms which it bequeaths when taken in aggravated or heroic doses.

We now quote from Hering the effects of this drug upon the body.

Mind.—Stupor insensibility; unconquerable sleep. Irresistibly drowsy; sleepy, muddled, as if intoxicated; * * * lies silent, unmovable.

Sensorium.—Vertigo; as if drunk, staggering; reeling when in open air.

Inner head.—Pulsation of the arteries. * * * Throbbing, pressing pain, confined to small spots. Head feels full as if expanding. Severe tearing (aching) in occiput, towards nape of neck.

Outer head.—Head drops forward, while sitting.

Eyes.—Motes before eyes. Worse from light, from exerting vision; better in dark. Momentary blindness; grasps the head, it feels so strangely. Lids heavy, stiff; feels sick, faint.

Ears.—Buzzing in ears.

Nose.—Stopped up, must breath with mouth.

Throat.—Difficult swallowing, from muscles of deglutition.

Desires, Aversions.—Loss of appetite.

Stomach.—Fullness in stomach, impeding breathing.

Breathing.—Dyspncea, with feeling of weight in chest.

Lungs.—Full feeling in upper part of chest, preventing a deep breath.

Heart.—Violent action of heart. Palpitation.

Pulse.—Small, weak; intermits, the intervals so prolonged that they excite fears of death.

Neck, Back.—Drawing in muscles of neck, from draft of damp air. Pains now in back, now in sacrum, knees very tired; worse during rest; lumbago. Pains along the spine. Pain in small of back and weakness of legs, as from a blow. Small of back and knees feel weak. Tabes dorsalis.—*S. Lilienthal.* Myelites from exposure to cold. According to location. Myelitis dorsalis.

QUERY: So strikingly analagous with those found developed by this medicine, are the symptoms of neuralgia of the spinal cord, as declared through the different organs in relation with the affected parts of that great nerve, whether in its upper and lower cervical, upper and lower dorsal, or lumbar portions, that I am led to ask whether it is or could be in therapeutic adaptation with that most distressing affection?*

PHYSOSTIGMATIS FABÆ (CALABAR BEAN).

A STUDY OF ITS CLINICAL RANGE.

In some forms of paralysis, United States Dispensatory, Dr. Fraser found it "produced temporary paralysis, of the extremities, without loss of consciousness." Dr. Christison "took about twelve grains of the kernal, which in fifteen minutes produced giddiness, and a feeling of torpidity, followed by great weakness and faintness, paleness of the surface, extreme weakness, and irregularity of the pulse, and indisposition or inability to make voluntary muscular effort. *The intellect was normal.*" "It would appear that the calabar bean is a direct sedative to the spinal marrow, thus producing muscular debility or relaxation, and when largely given causing even palsy, and in poisonous doses acting by paralyzing the heart and respiratory muscles. *It produces no loss of consciousness, or stupor.*" Dr. Robertson found the eye in its normal state become near-sighted under the influence of the bean." "Calabar bean is exactly antagonistic to *Belladonna.*" So much for the United States Dispensatory. Now let us look at Da Costa under the head of locomotor ataxia page 77. "If we admit the identity of tabes dorsalis, and of progressive muscular ataxia, and do not even view the latter as a distinct variety of the former, we must also admit in accordance with other observations than those of Duchenne, that the first symptom of the affection often consists of a sense of weakness, and

weariness in both legs, or only in one, and that the darting pains in the lower extremities are not constant.

The dwindling of the muscles, which Romberg notices may be due to co-existing chronic myelitis. The peculiar symptoms of locomotor ataxia *all coexisting with undisordered mental faculties*, with well nourished, vigorously contracting muscles, and with an absence of tremor or spasm. This curious affection is probably due to a peculiar degeneration and atrophy of the posterior column of the cord, beginning or having its chief seat in the lumbar region. Yet it is not certain that this is the invariable anatomical change, or that the group of symptoms constituting muscular ataxia may not be linked to various diseases of the chord and brain."

Dr. Fraser recommends Calabar bean as an antidote to tetanus, of course in so-called sedative doses. But it is not in the congested or inflamed condition of the spinal nerves, that I would suggest its use, but in the anæmic condition of the nerves. Belladonna would be the remedy in the first condition, as "one is the antagonistic of the other." We know that this is so as regards the eye, why not of the whole body system. I think Calabar bean will be a good remedy in near-sightedness; and in some stages of locomotor ataxia, and in partial paralysis of the lower extremities; but in all cases, the *mind must be clear*. There is no stupor in the poisonous action of Calabar bean. Perhaps it may do good in irregular action of the heart, in paralysis of diphtheria, and other depressing diseases. I found Calabar bean valuable in colic, when there was squirming during nursing, as recommended by Dr. Guernsey. If any one wishes to try Calabar bean as above suggested, I would advise them to commence with the thirtieth potency, and go down to the third dil. if they found no good results from the higher attenuations. I have never seen or heard of its being given as above suggested, but I think my conclusions legitimate from its crude provings.

You remember that I wrote some years since, a similar article that was published in THE INVESTIGATOR, namely Nitrate of Amyl, an antidote to Chloroform, which has been substantiated since in both schools of medicine.

J. C. CUMMINGS.

MONOTROPA IN CONVULSIONS OF CHILDREN.

BY E. W. WOOD, M. D. OF OAK PARK, ILL.

The value of this remedy to avert spasms, especially in teething children is worthy of attention. It not only controls the spasms of children from nervousness, but seems to sooth the nervous system quite as effectually as does Morphine and without the dangerous results that often attend the use or abuse of that drug. It of course will not cure the convulsions that usher in the closing scene of hydrocephalus, chronic or tubercular, nor do I know of any agent that will. Morphine will not do it, Chloroform will help to modify them. But for spasms due to teething or indigestion so-called worm fits, I know of no remedy so effective as Monotropa, either the 1x or tincture, according to the severity of the case.

A New Vegetable Styptic.—A recent number of the *Neue Freie Presse* states that during the French expedition to Mexico a plant was discovered, called by the natives by a name which may be rendered as "folwort" (*Trades-*

cantia erecta, Facq.), which has the property, when chewed or crushed, of stopping any hæmorrhage. A specimen, planted in 1867 by the discoverer in his garden at Versailles, has not only flourished, but flowered and fruited without having its peculiar properties as yet appreciably diminished. Although no exotic, or remarkable for particular beauty of bloom, it nevertheless deserves a wider extension on account of its valuable properties, especially as its acclimatization may be regarded as having been fully established. Its action exceeds that of all styptics as yet known, as, for example, perchloride of iron, and it can, moreover, be very cheaply prepared.

Clinical Medicine.

QUASSIA FOR ENURESIS.

The crystalline quassine is the most active form of this drug and should always be employed. From a careful study of the drug we get many valuable points, viz. : Diuresis pronounced constant, urging increased tenesmus, contractions in both lower extremities, nephritic colic. As soon as he feels the desire to urinate, he wets himself before he can unbutton his clothing ; during the night child wakens to urinate and the bed is already soaked.

Its Homœopathicity to enuresis is strongly marked.—*North Amer. Review.*

ANTIMONIUM CARBONICUM FOR BRONCHIAL CATARRH.

Recommended in chronic bronchial catarrh and bronchorrhœa of senile persons.—*L'Art Méd.*

SULPHUR PREVENTING INTERMITTENT FEVER.

In Ethiopia, when the inhabitants are obliged to go down into the low hot countries where malaria prevails, they keep off the fever by fumigating themselves with Sulphur. Most sulphur mines in Sicily are exempt from fever.

Catania, a marshy tract, is noted for the virulence of its fever. On its western border is a village, which, a year ago, was abandoned on account of intermittent fevers. Subsequently a Sulphur mine was opened, since which time the place is quite habitable.—*L'Arte Medicale.*

KALI HYPERMANGANICUM AN ANTIDOTE TO SERPENT POISON.

Dr. Lacerda, of Rio, has discovered that serpent poison emulsifies fats and digests albumen exactly as the pancreatic secretions. Permanganate of potash as is well known is a strong anti-preventative. The doctor introduced the poison directly into the veins and cellular tissue, and one minute later a centimeter of one per cent solution of permanganate of potash, and in forty cases the poison was not only neutralized, but in a few minutes were restored to their normal state.

As the drug when injected into the veins in moderate doses does not produce change in the organism, it must act directly on the poison and neutralize it.—*B. K. W. in the North American Journal of Homœopathy.*

Society Department.

PROCEEDINGS OF THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

The twenty-eighth annual session of the Illinois Homœopathic Medical Association was held at Rock Island, in the hall of the United Workmen, May 15-17, 1883.

At 10:30 o'clock A. M. the Association was called to order by the President, Dr. S. P. Hedges, of Chicago. The president then delivered a valuable address. Subject: "Plan for more Systematic Method for Work in Bureaus and in Discussions."

Moved, a vote of thanks be extended to the president for his able address and that Dr. T. C. Duncan, Dr. A. A. Whipple and Dr. E. H. Pratt be a committee on the president's address. Carried.

Later, the committee reported as follows:

MR. PRESIDENT AND MEMBERS OF THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION:

The committee, appointed to consider the address of our president, report as follows: The address is replete with good suggestions, the following of which we recommend for adoption.

1. That the committee of arrangements be given full power to arrange the social programme of the session, and that the members of the society be in honor bound to carry out the same. We also recommend that the office of secretary extend for a period of five years; also that he be empowered to employ clerical assistance, if necessary, at the expense of the society so that the subjects of individual papers can be known before hand by members of the bureaus, so as to secure thorough and interesting discussion of papers. We also recommend that the chairman of each bureau be held responsible for full reports from the members of his bureau, and interesting discussions thereon. That our delegates to the American Institute be instructed to recommend that the voting power of the American Institute belong to delegates from state societies.

Resolved That we admire the progress of the Allopathic physicians towards Homœopathy, but lament the lack of honesty in failing to acknowledge the origin of the ideas that are now moulding the medical thought of their school.

T. C. DUNCAN,
A. A. WHIPPLE,
E. H. PRATT.

On motion the report was adopted section by section. Committee.

Report of committee on organization, G. W. Foote, M. D., chairman, was as follows, and on motion was adopted:

Your committee to whom was referred the matter of incorporation of this society, under the state law for the incorporation of societies, would respectfully recommend that we adopt the articles of incorporation secured by members of this society, and read at the last meeting of the association, and recommended further that the incorporators present elect the active members of the society members of the incorporation; and, after this year, three members of the Board of Directors be elected annually.

G. W. FOOTE, Chairman.

Recess was ordered for fifteen minutes to allow a meeting of incorporators. After recess Dr. H. M. Hobart, reported as follows, which report was on motion adopted:

The incorporators have held a meeting, as directed, and have cast a unanimous ballot in favor of receiving all regular members of the old Illinois Homœopathic Medical Association according to the treasurer's books up to date as members of the incorporated Illinois Homœopathic Medical Association.

Signed

T. C. DUNCAN,
A. A. WHIPPLE,
H. M. HOBART,
Board of Incorporators.

It was moved that the constitution and by-laws of the old Illinois Homœopathic Medical Association be adopted as the constitution and by-laws of the incorporated Illinois Homœopathic Medical Association. Carried.

Report of committee of arrangements, Dr. C. B. Kinyon, chairman extending an invitation from Mrs. C. B. Kenyon to the Association to attend a reception to be held at their house Wednesday evening May 16th.

Report of Dr. W. A. Paul extending an invitation to the Association from Col. —. —. Flagler to visit the government island, and that carriages would be in waiting at the Harper House Thursday at one o'clock P. M. to convey the members over the island, government works, Moline, through Davenport and Rock Island.

The convention accepted these invitations with hearty thanks.

The Board of Censors during the session reported favorably on the following candidates for membership who were received. Curtis M. Beebe, M. D. Chicago; J. C. Fate, M. D., Warren.

Anna M. Pelham, Rock Island; Jane H. Miller, Moline; C. C. Pillsbury Atkinson; W. A. Paul, Rock Island; P. H. Wessel, Moline; J. W. Coyner Peoria; B. P. Wales, Lanark; J. H. Grey, Mt. Carroll; W. T. Hocking, Joliet; F. W. Gordon, Sterling; J. J. Reiter, Rock Island.

Moved by Dr. E. H. Pratt that Drs. John Bell, G. W. Foote, and J. A. Vincent be appointed to secure the introduction of Homœopathy into one of the State Asylums. Carried.

Drs. E. H. Pratt, T. C. Duncan and C. B. Kenyon were appointed Auditing Committee.

Bureau of Medical Legislation, Jurisprudence and Education. None present with a report.

Bureau of Obstetrics. None present.

Bureau of Ophthalmology and Otology. None present.

Bureau of Materia Medica. In the absence of Dr. T. M. Watson, Dr. H. M. Hobart was appointed chairman. Dr. M. M. Dowler, Beardstown, read an interesting paper giving a proving of *Nux moschata*. Discussed by Drs. T. C. Duncan and E. H. Pratt.

Adjourned to two o'clock P. M.

AFTERNOON SESSION.

Association called to order by the President, Dr. S. P. Hedges. Bureau of Materia Medica continued.

Dr. W. H. Hall, Aledo, read a paper; subject: 'Verification of symptoms by clinical cases. A paper was then read by Dr. H. M. Hobart from Prof. A. W. Woodward, Chicago, giving a report from his medical clinic in which prescriptions are made according to the succession of functional disturbances. Discussed by Drs. E. H. Pratt and T. C. Duncan, who were much pleased with the paper.

Dr. M. M. Dowler read a paper by Dr. R. Fletcher Grey, Beardstown, giving a proving of *Rhus toxicodendron* from external contact.

Dr. H. M. Hobart read a paper upon "The need of more carefully conducted provings."

Dr. E. H. Pratt reported a case of post scarlatinal dropsy cured by Merc. sol. 2x., where higher attenuations had failed; and a case of puerperal convulsions cured with *Secale corn.*, 1x. Discussed by Dr. S. P. Hedges.

Bureau of Pathology, Physiology and Histology. None present.

Bureau of Clinical Medicine. The Secretary read a paper by Dr. Willis Danforth of Milwaukee, Wis., on the therapeutic value of "*Carbolic Acid*." Dr. Danforth thought it of no value in medicine.

Dr. E. M. McAfee had used *Phenic acid* with success.

Dr. E. H. Pratt had also used *Phenic acid* with some good effects.

Dr. G. W. Foote had used *Phenic acid* in membranous croup and other diseases with good results.

Dr. E. M. McAfee reported a case of membranous croup which he had pronounced as incurable cured by *Phenic acid* used externally and given internally.

Dr. S. P. Hedges reported a case of cancer under treatment with *Phenic acid*. He thought its great benefit came from its power to prevent the formation of pus.

Dr. T. C. Duncan reported that in his opinion *Arsenicum* was a much more valuable remedy in the prevention of the formation of pus. He also stated that *Calc iod.*, (N.) 2x trit., had cured all his cases of membranous croup.

Dr. C. B. Kinyon spoke in regard to its mode of action.

Dr. Duncan said that *Kali bich.*, 1x had been reported to cure cases of membranous croup. Adjourned.

SECOND DAY.—MORNING SESSION.

The society was called to order by the President Dr. S. P. Hedges.

Bureau of Medical Legislation, Jurisprudence and Education: Prof. Robert N. Tooker read a paper stating the reasons why women have been excluded in the future from the Chicago Homœopathic Medical College.

Discussed by Dr. E. A. Small who moved that the communication be received. Carried.

Dr. R. N. Foster read a report of the Hospital and Dispensary work done at the Chicago Homœopathic Medical College. Received

Dr. M. B. Campbell, physician in charge, read a report on the surgical and medical work in the Joliet State Penitentiary. The report was discussed by Drs. T. C. Duncan and E. H. Pratt, and Dr. Campbell was praised and commended for the very favorably report gives.

Moved that the report be presented to the American Institute of Homœopathy,—to meet at Niagara Falls in June,—by Dr. Campbell, in such a form as he may think best. Carried.

Dr. R. F. Baker being absent, Dr. R. N. Foster was appointed chairman of the Bureau of Diseases of Women.

A paper had been received from Dr. W. Danforth, Milwaukee, "The Earth Treatment of Uterine Fibroid Tumors," which the secretary was called upon to read.

Paper discussed by Drs. E. H. Pratt and A. G. Hall, who objected strongly to the paper and the manner of presentation.

Dr. M. B. Campbell reported a case where Dr. W. Danforth operated on a patient for ovarian tumor. The earth treatment was used and the patient died. Dr. C. also reported a case of uterine tumor cured by aspiration and the use of *Apis* 3x to 6x and *Conium*.

Case reported by Dr. S. P. Hedges of a uterine fibroid, in which an elastic bandage and *Merc. cor.* 3x to 12x were used. After six months a decrease commenced and continued for twelve months longer, at which time the patient was dismissed cured. Moved that the paper be laid upon the table. Carried.

Dr. E. H. Pratt made a verbal report upon the operation for lacerated perineum.

Moved by Dr. Duncan that Dr. Pratt be requested to reduce his report to writing. Carried.

Prof. R. N. Foster read a very able paper upon the "Homœopathic Treatment of Dysmenorrhœa. Paper discussed by Drs. Geo. A. Hall and A. E. Small, Dr. Small commended the paper and reported a case cured by *Merc. cor.* 3x and another cured by *Actea rac. tinct.*, also a case of fibroid tumor cured by *Conium* 6x to 200x, and Swedish movement and baths. Cured in two years.

Dr. J. H. Miller reported a case of fibroid tumor cured. *Secale corn.*, principally used.

Dr. F's paper also discussed by Drs. E. H. Pratt, Foster and Hedges, who also praised the paper. Adjourned till afternoon.

SECOND DAY—AFTERNOON SESSION.

The Association called to order by President Hedges.

Bureau of Clinical Medicine: Report of H. M. Bascom of a case of poisoning with *Opium*, treated with hypodermic injections of *Atropine*. Discussed by Drs. T. C. Duncan, M. M. Dowler, N. B. Delamater and S. Bishop.

A paper sent by Dr. Davis Henry, Ill., upon "Hydrophobia," was read by Dr. J. D. Dickinson chairman.

Dr. C. C. Pillsbury read a paper; subject: "Senile Gangrene" sent by Dr. Schenk, Princeton. Discussed by Dr. E. H. Pratt, who praised the use of *Secale corn.*

Dr. G. A. Hall advocated amputating high up and not near the point of gangrene.

Dr. J. D. Dickinson, chairman of the bureau, read an interesting paper reporting cases of scarlet fever. Discussion deferred until after the Bureau of Diseases of Children had reported.

Dr. J. H. Miller reported verbally a case of spinal bifida. Discussion deferred to Bureau of Surgery. Bureau of Neurology, Psychology and Electrology: Prof. N. B. Delamater read a paper; subject:

Bureau of Surgery called. Dr. G. A. Hall acted as chairman. Dr. E. H. Pratt made a verbal report, relating three cases from practice.

Dr. J. D. Dickinson read a paper reporting a case of spinal bifida. Discussed by Drs. R. N. Foster and G. A. Hall. Dr. Hall advocated aspirating gradually and the use of medicines.

Dr. C. B. Kinyon read a paper showing the successful treatment of nasal catarrh by making an incision and removing a long hard weed stalk three inches in length. Dr. Kinyon also reported a case of tumor resulting from an accident.

Prof. G. A. Hall read a paper upon "Carcinomatous Tumors."

On motion the discussion upon the papers presented in the Bureau of Surgery was continued. Discussed by Drs. N. B. Delamater, J. H. Miller, R. F. Hayes, G. A. Hall and A. E. Small. Adjourned.

THIRD DAY.—MORNING SESSION

Association called to order by President Hedges.

Moved by Dr. R. N. Foster that the secretary be a committee of one to prepare a certificate of membership to be drafted and lithographed and ready for distribution at the next regular meeting. Carried.

Dr. R. N. Foster offered the following, which was adopted:

Resolved, That while the Illinois Homœopathic Medical Association is unalterable opposed to all sectarian legislation in medicine, we nevertheless endorse every sincere effort on the part of the State Board of Health to elevate impartially and uniformly the standard of medical education in this state. That a copy of this resolution be transmitted by the secretary to the secretary of the State Board of Health as soon as possible.

Bureau of diseases of children. Dr. C. B. Kinyon, chairman; Dr. T. C. Duncan read a valuable paper on "The use of *Veratrum vir.* in the second and third stage of broncho-pneumonia, and the use of *Carbo. ligni. cum.*

Sulph. Discussed by Dr. A. A. Whipple, J. H. Miller, A. E. Small and R. N. Foster. Dr. Foster thought the key-note for *Veratrum vir.* was infiltration of serous membranes, and that *Calc. phos.*, was the best remedy to cause eructation upwards.

Dr. M. B. Campbell praised the use of *Verat. vir.*

Dr. W. H. Hall spoke of indications for *Verat. vir.*

Drs. J. H. Miller, R. N. Foster and H. M. Hobart spoke upon the distinctions between *Calc. phos.* and *Lycopodium.*

Dr. Robert N. Tooker read a paper on "Epilepsy." Discussed by Drs. A. E. Small, T. C. Duncan, E. H. Pratt, R. N. Foster and N. B. Delamater.

Dr. A. A. Whipple. Quincy, read an interesting paper upon "Scarlet fever." Discussed by Dr. Duncan.

Dr. C. B. Kinyon, chairman, read a paper that he had received upon the use of *Monotropia* in convulsions of children.

Dr. Kinyon then read a paper on the removal of cervical glands.

Bureau of Anatomy: Dr. E. H. Pratt, chairman, read a report upon "Injuries of the Nerves and their Treatment," and recommended the study of "Rest and Pain," by Hilton; "Applied Anatomy of the Nervous System," by Ranney; "Injuries of the Nerves," by Mitchell.

Bureau of Sanitary Science and Hygiene. No paper presented at the time Bureau closed.

Moved and voted that Dr. W. H. Hall be requested to hand his paper to the secretary, on account of the lateness of the hour.

Bureau of Pharmacy. No report.

Bureau of Necrology and Statistics. In the absence of Dr. J. S. Mitchell, Dr. Geo. A. Hall reported the details of the last illness of Dr. J. H. Beaumont, Freeport.

Dr. A. E. Small spoke in praise of the late Dr. J. H. Beaumont.

Moved by Dr. M. B. Campbell that Dr. G. A. Hall be a committee to draft articles of respect and appreciation and that a copy be sent to Mrs. Beaumont.

Report of the treasurer *pro tem.*, Dr. A. A. Whipple, viz: Cash on hand at the last meeting \$411.40; received during this session, \$43.00. Total receipts \$454.40. Secretary's bill, 1882, \$18.35; Secretary's bill, 1883, \$21.85; C. B. Kinyon for printing, \$2.25. Total disbursements, \$42.45. Balance on hand \$411.95.

Auditing committee approved the report of the treasurer, and made an order on the treasurer to pay bills amounting to \$42.45. Report received and adopted.

Dr. R. N. Tooker offered the following resolution, which was unanimously adopted:

Resolved, That the Illinois Homœopathic Medical Association return their sincere thanks to the efficient and thoughtful committee of arrangements, who have rendered our stay in Rock Island so pleasant; to Dr. and Mrs. C. B. Kinyon for their elegant and beautiful hospitality; to the press of Rock Island and Davenport for their excellent reports of our sessions; to Mr. Harper for his hospitality at his hotel, and for the generous use of his elegant Opera House; to the various railroads who have reduced their rates of fare; and finally to the four lodges of United Workmen whose rooms we have occupied during our meeting.

Moved and carried that we proceed to the election of officers.

Drs. C. N. Hazelton and J. D. Dickinson appointed tellers.

Drs. M. B. Campbell and J. H. Miller nominated for president. Dr. Campbell received twenty votes and Dr. Miller five votes. On motion Dr. Campbell's election was made unanimous.

Moved that the secretary be instructed to cast the unanimous ballot for Dr. J. Harts Miller for first vice president. Elected.

Secretary instructed to cast the ballot for Dr. R. F. Hayes for second vice president. Elected.

Secretary was instructed to cast the ballot for Dr. Lelia G. Bedell for third vice president. Elected.

Moved by Dr. N. B. Delamater that the president elect, Dr. Campbell, and the ex-president and the present secretary be a committee to draft necessary changes in the constitution and by-laws. Carried.

Moved and carried that one of the tellers be instructed to cast the ballot of the association for the re-election of the present secretary.

Dr. H. M. Hobart was re-elected secretary and Dr. A. G. Beebe was re-elected treasurer.

The following were elected as Board of Censors; Dr. D. S. Smith, Chicago; Dr. F. H. Vau Lieu, Hinsdale; Dr. L. Pratt, Wheaton; Dr. A. E. Small, Chicago; Dr. G. W. Foote, Galesburg.

Moved and carried that the secretary be instructed to cast the ballot for the present officers as directors for the ensuing year. Elected.

Dr. T. C. Duncan was appointed chairman of committee of arrangements for the next meeting which will be held in Chicago, May 16, 1884, with power to appoint four members to assist him.

Appointment of Bureau for the ensuing year were made as follows: Bureau of Medical Legislation, Jurisprudence and Education. Dr. D. S. Smith, chairman, Chicago. Drs. G. W. Foote, Galesburg; J. Reiter, Rock Island; J. A. Vincent, Springfield; J. S. Mitchell, Chicago; J. A. Bell, Naperville; A. H. Potter, Maquon.

Bureau of Obstetrics; Dr. R. N. Foster, chairman, Chicago; Drs. M. J. Chase, Gallsburg; E. M. Hale, Chicago; Julia Holmes Smith, Chicago; L. C. Grosvenor, Chicago; F. L. Bartlett, Aurora; S. Leavitt, Chicago; J. N. Wilkins, Chicago.

Bureau of Ophthalmology and Otolaryngology: Dr. F. H. Foster, chairman, Chicago; Drs. J. H. Buffum, Chicago; C. H. Vilas, Chicago.

Bureau of Materia Medica: Dr. H. M. Hobart, chairman, Chicago; Drs. M. M. Dowler, Beardstown; T. M. Watson, Griggsville; W. H. Hall, Aledo; A. W. Woodward, Chicago; T. Backmeister, Toulon; W. J. Hawkes, Chicago; W. H. Burt, Chicago; E. M. Hale, Chicago; F. W. Gordon, Sterling; A. L. Van Patton, Mt. Carroll.

Bureau of Pathology, Physiology and Histology: Dr. R. F. Hayes, chairman, Freeport; Drs. E. S. Bailey, Chicago; W. F. Knoll, Chicago; C. B. Pillsbury, Atkinson; J. P. Mills, Chicago; T. J. Merryman, Champaign; M. Ayers, Rushville.

Bureau of Diseases of Women: Dr. R. Ludlam, chairman, Chicago; Drs. J. C. Burbank, Freeport; J. W. Streeter, Chicago; Geo. F. Roberts, Chicago; S. P. Hedges, Chicago; M. C. Sturtevant, Morris; W. Danforth, Milwaukee; J. B. Vivian, Galesburg; R. F. Baker, Davenport; L. Pratt Wheaton, Julia Holmes Smith, Chicago; Mary E. Farnham, Chicago; Jane H. Miller, Moline.

Bureau of Clinical Medicine: Dr. J. Harts Miller, chairman, Abingdon; Drs. A. E. Small, Chicago; H. M. Bascom, Ottawa; J. S. Mitchell, Chicago; R. P. Wales, Lanark; J. B. Kippax, Chicago; W. J. Hawkes, Chicago; L. Pratt, Wheaton; R. B. McCleary, Monmouth; C. N. Hazelton, Morrison; H. N. Keener, Princeton; E. M. McAfee, Clinton; W. D. McAfee, Rockford; J. D. Dickinson, Galva; S. Bishop, Bloomington.

Bureau of Neurology, Psychology and Electrology: Dr. N. B. Delamater, chairman, Chicago; Drs. H. B. Fellows, Chicago; W. F. Knoll, Chicago.

Bureau of Surgery; Dr. E. H. Pratt, chairman, Chicago; Drs. G. A. Hall, Chicago; A. G. Beebe, Chicago; C. B. Kinyon, Rock Island; Chas. Adams, Chicago; F. H. Newman, Chicago; H. W. Wales, Lanark; J. A. Vincent, Springfield; S. E. Trott, Wilmington; W. A. Paul, Rock Island; M. B. Campbell, Joliet.

Bureau of Diseases of Children: Dr. A. A. Whipple, chairman, Quincy. Drs. O. H. Crandall, Quincy; J. J. Lobaugh, Elmwood; R. N. Tooker, Chicago; M. J. Hill, Sterling; J. W. Coyner, Peoria; T. C. Duncan, Chicago; C. B. Kinyon, Rock Island; W. H. Buck, Woodstock; W. H. Goodrich, Jacksonville; A. M. Pelham, Rock Island.

Bureau of Anatomy: Dr. C. C. Pillsbury, chairman, Atkinson; Drs. Curtis M. Beebe, Chicago; J. P. Willard, Jacksonville.

Bureau of Sanitary Science and Hygiene: Drs. G. W. Foote, chairman, Galesburg; C. B. Kinyon, Rock Island; W. H. Hall, Aledo; R. Harris, Macomb; H. P. Stipp, Lewiston.

Bureau of Pharmacy: Dr. T. C. Duncan, chairman, Chicago; Drs. J. E. Gross, Chicago; E. Perkins, Aurora; C. Mitchell, Chicago.

Bureau of Medical Literature: Dr. O. H. Crandall, Quincy.

Bureau of Necrology and Statistics: Dr. J. S. Mitchell, Chicago.

Appointment of delegates, viz: To American Institute of Homœopathy; Drs. D. S. Smith, Chicago; J. S. Mitchell, Chicago; R. Ludlam, Chicago; G. A. Hall, Chicago; M. B. Campbell, Joliet; A. E. Small, Chicago;

To Western Academy of Medicine: Drs. N. B. Delamater, Chicago; C. H. Vilas, Chicago; T. C. Duncan, Chicago.

To Pædological Society: Drs. R. N. Tooker, Chicago; T. C. Duncan, Chicago; E. Perkins, Peoria; L. C. Grosvenor, Chicago.

To State Societies: Indiana, Drs. R. N. Foster, Chicago; Ohio, A. W. Hall, Aledo; Michigan, R. F. Hayes, Freeport; Wisconsin, J. W. Coyner, Peoria; Iowa, C. B. Kinyon, Rock Island; Nebraska, A. A. Whipple, Quincy; Missouri, M. Ayers, Rushville; Pennsylvania, C. Mitchell, Chicago; New York, G. A. Hall, Chicago; New Jersey, B. F. Baker, Davenport; Massachusetts, E. M. Hale, Chicago; Connecticut, J. Harts Miller, Abingdon; New Hampshire, C. Dickinson, Galva; Vermont, H. M. Hobart, Chicago; Maine, A. W. Paul, Rock Island; Kentucky, Dr. Reiter, Rock Island; Tennessee, A. A. Whipple, Quincy; California, J. P. Willard, Jacksonville.

Moved that the secretary be instructed to notify members of their appointments as announced within three months. Carried.

Association adjourned to meet in Chicago, May 16, 1884.

H. M. HOBART, Secretary.

HAHNEMANN MEDICAL ASSOCIATION OF LOUISIANA.

The annual meeting of the Hahnemann Medical Association of Louisiana was held Friday evening, February 9, and the following officers were duly elected to serve for the ensuing year: President, J. G. Belden, M. D.; Vice President, Walter Bailey, Jr. M. D.; Recording Secretary, Mrs. Harriet C. Keating, M. D.; Corresponding Secretary, Chas. J. Lopez, M. D.; Treasurer, Christian Sanders.

THE THIRD ANNUAL MEETING OF THE PÆDOLOGICAL SOCIETY.

The third annual meeting of the pædological society will be held at Niagara Falls on Monday June 18th, 1883, the day preceeding the meeting of the American Institute of Homœopathy.

The following is the order of business: Call to order at 2 o'clock, P. M. Report of secretary. Reading of Correspondence. Address of President Robert N. Tooker, M. D.

Reading of papers on special topic for discussion, viz.: Diseases incidental to the "Second summer." Discussion of same. Reading of papers on other subjects relating to diseases of children.

DISCUSSION.

Papers are promised by Dr. J. Cresswell Lewis, Philadelphia; Dr. T. C. Duncan, Chicago; Dr. T. Franklin Smith, New York; Dr. L. G. Bedell, Chicago; Dr. L. C. Grosvenor, Chicago; Dr. N. B. Delamater, Chicago; Dr. Julia Holmes Smith, Chicago; Dr. H. M. Hobart, Chicago.

Ample time and opportunity will be had for volunteer papers from those interested in pædology, and a large and profitable meeting is confidently expected. The session will be held at the International Hotel.

L. C. GROSVENOR, M. D., Secretary, 185 Lincoln Ave., Chicago.

Neurological Department.

MALARIAL INSANITY.

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

I speak of the following case as one of "malarial insanity," because the mental difficulty was developed with the onset of a remittent fever, continued during the entire period the fever existed, and disappeared when the latter trouble was cured. Most cases of insanity have had (as a careful investigation will show), a predisposition to, certainly a marked leaning to, the direction of mental trouble; and some exciting cause (such as severe mental shock, or exhaustion from acute disease) is only necessary to develop into active life, the real unstable mental condition which existed in an individual, who was perhaps apparently in good physical health. My patient was a young man of studious habits, whose business kept him closely confined in a down-town office, from early in the morning until late at night. Some few weeks before I was called to see him, he began to have fever every afternoon, which lasted until about daylight the next day, when it declined somewhat, only to increase again in the evening. About this time he began to turn his mind upon the subject of bicycles, and conceived the idea that a machine made with five wheels would prove far superior to one with only two. He procured several buggy wheels, and spread them out in his back yard; and, with a multitude of curious children to watch him, labored industriously for several weeks, in the vain endeavor to make a five-wheeled machine that would work with less friction than the well-known bicycle which has but two. His skin was hot; his bowels costive. He had but little sleep, and was very restless. Every afternoon his symptoms were aggravated. I omitted to say that he gave up business entirely, having abruptly informed his employers that he had not time for business, as his entire attention was to be devoted to his inventions.

On making my first visit, he assured me that he was perfectly well, and needed no medicine. I finally persuaded him to take a little Gelsemium, which was administered for several days. He became somewhat better, but did not improve as I thought he should, and I then gave him Arsenicum 6, and had him take it regularly four times a day. He was also advised to go out into the country, and finally to take a trip. He did so; his fever left, and so did his mental trouble; and he is now with the same business house, in excellent health, and has been so for nearly a year.

THE UNITED STATES MEDICAL INVESTIGATOR

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and close thought (the great sources of medical knowledge), on any subject pertaining to medicine.

THE MEETING AT LINCOLN, (NEB.,) was one worthy of more than a passing notice. The program was for a three days session with a public meeting, one evening at which "ye ancient editor" was to give an address, while on the next a banquet was to be given. On the way we learned that the "regulars" and the dentists were both to hold their state meetings at the same time and place. We feared that the Homœopaths would be overshadowed or forgotten, but what was our surprise to find that the first day the Homœopathic society opened with thirty-five and the Allopaths with very few more. The attendance of the Homœopaths was about one-half their number in Nebraska, while the regulars did not get out only about one-fifth of their members.

The first days session opened with interesting papers and discussions. The morning papers next day gave a full report of the meeting with a fair and full synopsis of the addresses. Not a word was said about the regular's doings, much to their disgust.

A law has been attempted to be passed in Nebraska, similar to that of the Illinois Board of Health. The Homœopaths have been on the guard insisting on a representation being specified in the bill. This has not been acceptable so the bill has failed. Understanding that one of the purposes of the Allopaths in meeting at Lincoln at the same time was for the purpose of conference on this subject, the Homœopaths appointed a committee to meet a similar committee should the Allopaths appoint one, but their purpose was entirely different. It seems that the regents of the State university have decided to add a medical department. The Homœopaths insist on a representation. This the regulars do not want. But our friends are wide awake and under the leadership of President Dinsmoor have circulated a petition all over the state and secured thousands of signatures to present to the regents to appoint Homœopaths in this new medical department. They insist on three chairs and the society selected B. J. Paine for the chair of Homœopathic practice, C. L. Hart for materia medica, and F. B. Righter for obstetrics, diseases of women and children. The regents are kindly disposed towards our cause and it is believed that the prayer of the petitioners will be granted at their meeting in June. It is claimed with justice that there is no necessity for this medical department, but if the Allopaths are given a representation the Homœopaths also demand their rights. Our cause is well represented in Nebraska with wide awake intelligent successful practitioners. There are many good points still vacant. Nebraska is

filled with eastern people and Homœopathy has a strong hold in this growing, flourishing state. Dr. C. M. Dinsmoor, of Omaha, will gladly give any one the necessary information as to good locations.

The sessions were full of interest, the papers and practical, and the discussions made up of extracts from experience of the greatest value. The local physicians, Drs. Simmons, Paine, Righter, Sabin and Cooley, did their utmost to make our stay pleasant.

News of the Week.

C. Starr, M. D., of Beatrice, Neb., sends the following vacant places in his state. Crete, 3,000; Willbur, 2,000; Dewitt, 1,200; Fairbury, 2,000.

The Iowa Society meets in Dubuque, June 27th, under the leadership of president Guilbert. They will doubtless have a large and profitable meeting.

The Fifth Annual Meeting of the Sanitary council of the Mississippi Valley was held at Jackson, Miss., April 3d and 4th, 1883. This council is a sort of supplementary to the National Board of Health.

Removals.—Dr. D. Clapper has removed to Moorland, Ind.

Dr. S. H. Colburn has moved to Worcester, Mass.

Dr. W. O. Kenyon has moved to Tomah, Wisconsin.

Dr. Chas. M. Koier has removed to 407 W. Chicago Ave. City.

Dr. A. W. Hinman has removed to Dundee, Ill., where he will succeed Dr. W. A. Sheppard.

Dr. Lentz of Indiana, made us a pleasant call last week, he will locate at Monomonee, Wis.

Consulting Surgeon Elected.—At a recent meeting of the ladies of the Homœopathic Hospital, Dr. G. M. Pease, of 125 Turk street, San Francisco, was appointed gynœcologist and consulting surgeon, and in a communication received from him in regard to the matter, he thanks the ladies and accepts the appointment. Dr. Pease is a physician and surgeon of extensive practice and large experience. He has recently returned from the east, where he has given time to the study of his profession in all of the prominent cities. He has also had the added advantage of study in the Polyclinic of New York City, an institution conducted on the same basis and affording the same advantages as similar colleges in Europe. The acceptance of Dr. Pease cannot fail to be a matter of congratulation to the ladies, assuring them as it does of the recognition of their labors by the best exponents of Homœopathy on the coast. MRS. L. W. COFFIN, Secretary.

OAKLAND, Cal. March 10, 1883.

American Institute of Homœopathy.—Niagara Falls session of 1883. The members and their friends attending the coming session of the institute are entitled to tickets good until 23 inst. only, as follows, viz.: To Goat Island, for the week, 50 cents; Prospect Park including electric light exhibition, 50 cents; Inclined railway and ferry for each trip over and return, 25 cents; Suspension bridge, (upper) for each trip over and return, 25 cents; Suspension bridge (lower) for each trip over and return, 15 cents; Inclined Railway to whirlpool Rapids each visit 25 cents. Admission tickets as above, (which are one-half the usual rates) will be given by the committee of

arrangements. On presentation of the committee card at the respective gates members will be admitted on payment as above. One carriage holding five persons, per hour \$1.00. One carriage holding five persons, per day \$5.00, can be procured at the hotel. As the meeting is likely to be largely attended, members should order their rooms early. A. R. Wright, M. D., of Buffalo, chairman of the committee of arrangements will furnish any further local information the members or visitors need.

The Hahnemann Medical Association of Iowa.—The annual session of the association will be held at Dubuque, Iowa, June 27, 28 and 29. The session will be held in Kassideon Hall, corner Ninth and Locust streets. The hour of opening being 10 A. M., Wednesday, June 27. The hotel headquarters will be at Lorimer House, at which a rebate will be given on the usual rates. Dr. A. E. Rockey, will give a microscopical exhibition, having some very fine specimens. Efforts will be made to secure a reduction of railroad fares. As this session is to be held at the home of our president, it is to be hoped, that all interested in the success of Homœopathy in Iowa, and our state society will make every effort to attend, and be prepared with papers and items of information for the good of the society. Members wishing, can take passage at Keokuk, Burlington and Davenport for Dubuque, upon the steamboat, and enjoy the beauties of a ride upon the father of waters.

The bureaus are as follows : 1. *Materia Medica and Provings.*—B. Banton, chairman; W. D. Stillman, W. H. Dickinson, E. Cartwright, R. H. Hulburt, G. H. Patchen, P. J. Montgomery. 2. *Clinical Experience.*—F. B. Home, Chairman; J. E. King, R. F. Baker, F. Becker, W. A. Mellen, G. G. Bickley, B. Banton, J. D. Burns, G. W. Williams, T. G. Roberts, W. H. Pettet, J. E. Caldwell, A. J. Meyers, H. G. Anderson, F. W. Flower, W. F. Grubb, P. W. Poulson. 3. *Obstetrics and Diseases of Women.*—E. A. Guilbert, Chairman; W. T. Virgin, J. H. Crippen, J. E. King, W. D. Stillman, B. Banton, J. D. Burns, A. E. Rockey, W. H. Pettet, Mrs. Clara A. Yeomans, Mrs. R. H. Harris, Mrs. C. Hickox, D. H. W. Carley, Frank Duncan, E. P. Macomber, S. R. Bebout, R. C. Newell, A. Whitlock, Johanna Disbo. 4. *Surgery and Surgical Diseases.*—P. J. Montgomery, Chairman; A. E. Rockey, W. H. Pettet, P. W. Poulson, W. H. Hanchett, A. H. Hanchett, J. A. Drake, J. H. Crippen, A. K. Johnson, S. B. Olney, L. McAllister, C. M. Schwartz, A. H. Van Vorhees. 5. *Medical Education.*—B. Banton, Chairman; W. D. Stillman, W. H. Dickinson, G. H. Patchen, P. J. Montgomery, E. R. Jackson. 6. *Anatomy, Physiology, Pathology and Hygiene.*—A. E. Rockey, Chairman; W. Bancroft, Wm. Erwin, A. K. Johnson, H. F. Dunlavy, H. C. Suess, Frank Duncan, A. Whitlock, E. R. Jackson, J. G. Rishel, R. C. Newell, J. D. Burns, T. C. Maughlin. 7. *Medical Electricity.*—J. E. King, Chairman; W. Bancroft, G. H. Patchen, W. W. Souster, L. E. Potter, E. H. King, Mrs. C. Hickox, W. H. Parsons, Mrs. M. W. Porter. 8. *Diseases of the Eye and Ear.*—S. E. Nixon, Chairman; W. Bancroft, H. G. Griffith, J. H. Drake, W. H. Pettet, W. T. Edgar. 9. *Diseases of Children.*—T. G. Roberts, Chairman; R. Cartwright, A. C. Cowperthwaite, W. H. Dickinson, R. M. Huntington, H. S. Knowles, H. C. McAllister, V. M. Law, J. A. Printy, F. B. Olney. 10. *Sanitary Science.*—R. F. Baker, Chairman; E. A. Guilbert, W. H. Dickinson.

H. G. GRIFFITH, Secretary, BURLINGTON, Iowa.

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WHOLE No. 347.

Clinical Medicine.

PERTUSSIS CONVULSIONS.

In an article upon this subject (*Clinique*) Dr. Länig mentions the following remedies and indications:

Cuprum acet., paroxysms violent; face, dark, purplish tint; eyes bloodshot and protruding; cough, accompanied or followed by vomiting. Special stress is given to the last symptom.

Ant. tart., during the cough which is violent, gets blue in the face, bronchial rales prominent; after almost every spell, vomits contents of stomach, together with much phlegm.

Ipecac., symptoms much the same as in *Ant. tart.*, save that we have *nausea* prominent.

Remedies in violent and spasmodic coughs: *Bell.*, *Cina*, *Cup. met.*, *Cup. acet.*, *Corallium rub.*, *Iga.*, *Hyos.*, *Ipecac.*, *Ant. tart.*

Remedies in deep/hoarse coughs: *Puls.*, *Sulph.*, *Ant. crud.*, *Lach.*, *Phos.*; when we have thickening and relaxation of the vocal chords, *Drosera*. When in addition to this we also have much phlegm in air passages which it is almost impossible to dislodge, *Hepar sulph.*

Under *Hepar*, *Ipecac.*, and *Ant. tart.*, we have at some point paralysis of the nerves controlling expectoration. In *Hepar*, notice the analogy between the difficulty of expectoration and that of evacuating the bowels and bladder.

BAPTISIA TINCTORIA.

The old saying, "Honor to whom Honor is due," is worthy of more attention and deeper respect than is often allotted to it. This is most pointedly illustrated in an article that appeared in **THE UNITED STATES MEDICAL INVESTIGATOR** a short time since from the pen of Dr. J. Daily. And also illustrates how ready some men are to appropriate honors to themselves that belong to another. It seems from this article that one Prof. S. R. Beckwith is trying, or has been trying, to impress his class that he was the first to bring *Baptisia tinct.* to the notice of the Homœopathic profession.

This is the most wholesale plagiarism it has been my lot to notice for many a day. By referring to the *North American Journal of Homœopathy*, vol. 9, p. 128, and also to Prof. Hale's *New Remedies*, second edition, 1867, page 126, you will learn who was first to bring *Baptisia* to the notice of the profession. Dr. Beckwith was a practitioner in Norwalk, O., and, together with that noble convert from Allopathy to Homœopathy, Dr. John Tift, was treating a severe case of typhus fever. The writer was a great friend of the patient, and when the doctors told him that the patient (Wm. Angel) would die, he asked permission of the doctors (I was at the time a student of medicine in their office) to go myself and try the efficacy of *Baptisia*. I did so with their consent. It was given empirically as I had learned its use from one of the first settlers of

the county, and who showed me the plant growing in the woods, and by the road side. I began giving the remedy about seven o'clock P. M. The result was, that before morning the fever was broken and the patient rational. This was the first Dr. Beckwith ever knew of the workings of *Bap.* I made over a quart of tincture, shortly afterwards, with which the fragmentary provings were made, as reported and published in the *North American Journal of Homœopathy.*

These are the facts, every one of which can be verified. I think I justly may feel proud of having the honor of bringing to the notice of the profession so valuable a remedy as *Baptisia*, has proven itself to be, and also all honor is due to those noble workers who have brought out the many valuable additions to our first feeble effort to call attention to its valuable properties. Once more I say "Honor to whom Honor is due."

P. B. HOYT.

ACCIDENTAL PROVING OF TRILL. PEND. (BATH ROOT).

Mrs. R. commenced menstruating when her baby was eight weeks old. Paid no attention until the next month, when my attention was called to it. I gave three drops tincture in one half cup of water, teaspoonful every fifteen minutes until she could feel the effects of it, then prolong the time to one hour or more as the symptoms occurred. She, thinking if a little would do good, more might do better, poured out one-fourth dram of strong tincture in one-half cup of water and took a teaspoonful; in one half hour feeling no inconvenience she took another spoonful, and in ten minutes became numb all over, grew cold, with roaring in the ears, and was sure she would die if she should cease to move. I was summoned in a hurry. When I reached there, I found them walking her around; had administered lard, vinegar, boneset, etc. I told them to let her sit down and all would soon be well. I gave her *Aconite* and *Bell.* in alternation. In one hour bowels moved off a large but natural stool, and I left her quite comfortable.

C. M. L.

CLINICAL ITEMS.

Jaborandi, besides *Nux* and *Pulsat.*, produces, and therefore cures semi-lateral sweatings. Left half of body was covered with a cold perspiration.

Salicylic acid in corns and bunions is highly recommended. It may be dissolved in Collodion and applied on raw cotton, or applied by a camel's hair brush once a day for a week or more.

Kali phos. is valuable in suppurative otitis.

Badiaga.—Hering says that this remedy is useful in the complaints of adults who had manifestations of scrofula in their youth. In Russia it has a reputation for the cure of piles.

Dr. Oehme finds *Staphisagria*, two drops, night and morning, of immediate and lasting benefit in many cases of constipation.

Antimon. crud. is a grand remedy for rheumatism in the feet, when the soles are so sensitive that patient can hardly step on them.

Baptisia 12 has been used successfully by Dr. Scherzer for convulsive contraction of the œsophagus and cardiac orifice.

Dr. Hale has used Oxalic acid 6 in nervous aphonia, with cardiac derange-

ment. The only other remedies which appear to have these two conditions combined or alternating are Hydrocy. acid and Coca.

Pain in upper part of abdomen, in region of navel, coming on two hours after eating with much flatulence, and bitter and sour eructations; worse at night; is aroused about 3 A. M. and kept awake by it. Burning sensation from throat down. Oxalic acid 3, an hour after meals.

Dr. Cate finds Arnica of great service in a violent spasmodic cough, attended with herpes of the face. In neuralgias that have their origin in disturbance of the par vagum, Arnica is an important remedy.

Iris.—Deficient appetite. Will promote secretions and aid digestion better than Pepsin.

Chronic bronchitis, with nasal catarrh and chronic laryngitis; voice altered—deep, hoarse; severe pressure from behind the sternum. Nitrate of Sanguinaria 2x. "This is the best remedy I have ever met with."—Dr. Nelson. (See Clinical Assistant.)

Diaphragmitis, with great difficulty of breathing. Cactus 3.

Dyspepsia; stomach frightfully distended from putrefactive fermentation, characterized by sour stomach, belching hot, sour substances. Salicylic acid 2x.

Ova Testa.—The new remedy for leucorrhœa—"broken back" symptom.

Petroleum.—Patient imagines another sick in the same bed (verified).

Gelsem.—Thinks some one else is sick; not himself. (Compare Petroleum.)
—*Cal. Hom*.

ACTION OF THE MINERAL ACID ON THE MOUTH.

In common they cause a violent inflammation of the parts they touch, destroying epithelium, coagulating the tissues, and producing ulcers, even gangrene. All cause an inflammatory swelling of the tongue, and increase and alter the saliva. All induce debility, which is not a functional weakness, but more like that arising from impoverished blood from severe and malignant diseases. Therefore here is their grandest Homœopathic use.

In the mouth this debility is shown in one of two ways: (a.) The tongue is red, dry, smooth, raw, or (b.) is pale, flabby, denuded. Aphthæ may be present in either class, but more especially in the first.

Phosphoric acid, central red streak on tongue, widening as approaches tip. Anæmia greater than inflammation. Tongue either pale and dry or pale smooth and coated with sticky mucus. Saliva frothy, sour. Gums swollen, bleed when touched. (It is claimed lemonade contains Phos. ac.)

Nitric acid, has a special affinity for junction of mucus membrane and skin; attacks margins and borders; ulcers with hard everted edges, pains like splinters sticking.

Saliva ropy fetid, most closely resembles the action of Mercury, hence its antidotal value in mercurilization and in secondary and tertiary syphilis.

Muriatic acid, debility due to atony of the stomach, prolonged refusal of food, or vomiting of what is taken.

Muscular exhaustion: Vitality so reduced the sphincters relax. Mouth filled with fetid bluish-white aphthæ and occasionally deep dark ulcers. Hardening of the tongue either with or without ulcers, therefore Hahnemann used it in cancer.

Sulphuric acid, gastric debility, persistent vomiting of all substances, brandy alone is retained; a general tremor which may be either objective or subjective, whitish or yellowish apthæ, especially latter (like characteristic yellow slimy stools). Deep ulcers. Saltish saliva with frothy mucus.
—*Dr. Farrington in H. M.*

PRACTICAL HINTS ABOUT GLASSES.

When, during reading, the eyes become dry, and when it is necessary to place an object nearer than fourteen inches from the face, glasses are needed. Persons under forty years of age should not wear glasses, until the accommodating power of the eyes has been suspended, and the exact state of refraction determined by a competent ophthalmic surgeon.

Spectacle-glasses sold by peddlers and by jewellers generally, are hurtful to the eyes of those who read much, as the lenses are made of inferior sheet-glass, and are not symmetrically ground.

No matter how perfectly the lenses may be made, unless they are mounted in a suitable frame, and properly placed before the eye, discomfort will arise from their prolonged use.

Persons holding objects too near the face endanger the safety of their eyes, and are in danger of becoming nearsighted.

The nearsighted eye is unsound, and should be fully corrected by a glass, notwithstanding the fact that it may need no aid for reading.

The proper time to begin to wear glasses is just as soon as the eyes tire on being subjected to prolonged use.

Avoid all dealers who advertise testimonials of skill.—*Medical Herald.*

INFANTILE INCUBATOR.

Last summer an article appeared in *THE INVESTIGATOR*, saying, that by certain manipulations and by the administration of certain drugs, a Frenchman had succeeded in causing a flow of milk in men sufficient to nurse babies, and that an infant so sustained was stronger, etc., than when fed *a la Eve*.

We showed the article to a married lady. After reading it she looked up and said: "Well! I want that man to make *one more* discovery and then get a free ticket to heaven!" By a recent exchange we see another French scientist and physician, Dr. Tavernier, who has charge of a Foundling's Hospital, has taken one-half of the coveted step. The doctor constructed an incubator after the chicken incubator plan, and selected for his first victim a puny, sickly, premature baby, that cried with true French persistency and volubility. The incubator was a box, lined with soft woollens, divided into two compartments, the lower one being used as a reservoir for hot water, while the infant is placed in the upper one, which is well stuffed at the sides and fitted with a sliding glass cover. The temperature is maintained at 86° Fabr. Here it rested undisturbed save to receive its nursing bottle. It ceased crying on the second day and for the next eight weeks did nothing but eat and sleep. On removal it appeared as an infant one year old, in perfect health. After an equally successful experiment with a six months' baby, the doctor, through the authorities, had erected an incubator, with a capacity of four hundred infants. Three hundred and

sixty infants were placed in incubators and remained there continuously for six months, when all were removed. The day in which all were placed in the incubator, the average age was eight months and three days—the youngest less than twelve hours old—the oldest not over eleven months. The average weight was sixteen pounds; the heaviest weighing thirty-two pounds. At the end of six months the average weight was twenty-four pounds. They were large, strong and healthy; most of them walked within a week and soon talked. The doctor's most sanguine expectations were more than realized.

Exit cradle—enter incubator.

EXPERIENCE WITH SCHUSSLER'S REMEDIES.

A GOOD WORD FOR ABRIDGED THERAPEUTICS.

Schussler claims to have demonstrated, by careful observation and experience, that from the disturbance of the proper balance of the molecules of any of the tissue cells, clearly defined pathological conditions arise, peculiar to the disturbed cell. For instance, chemistry has demonstrated that iron is a constituent of the muscle cell, and in a fixed proportion in the normal condition. It has also demonstrated that in the condition of any part of the organism denominated hyperæmic, or in the first stage of so-called inflammation, in which the circular muscular fibres of the blood-vessels are relaxed, the normal proportion of the iron molecules in the muscular tissue cells is reduced. Schussler, guided by rational, because natural principles for restoration of function by means of nutrition, administers molecules of Ferrum phosphoricum, and as a result, the pathological disturbance is allayed, functions are restored to a normal condition.

Fever.—Since having my attention called to this method of treatment, I have, during the last two years, repeatedly demonstrated its efficacy by administering Ferri phosph., 6th trituration, in the hyperæmic stage of inflammation, indifferent as to the organ involved and regardless of cause, and always with satisfactory results. I am in the habit of giving it after parturition, with marked relief of after-pains and preventive of the fever of lactation. I have also observed most beneficial results from its use in the prevention of traumatic fever.

In the second stage of inflammation (the stage of exudation), we have, according to Schussler, a loss of potassium chloride molecules, from the tissue cells chiefly, although there may be evidences of a disturbance in the balance of other inorganic tissue cell-salts. Hence, the chief remedy for that condition is Potassium chloride. In the third stage, or that of resolution, he tells us that there is a disturbance in the equilibrium of the calcium sulphate molecules, and administers that salt accordingly. During the past six months I have given the three remedies named, according to the particular stage of inflammation, with entirely satisfactory results.

It will be noted by those who have examined this system of therapeutics, that the objective symptoms, the character of the products of the retrograde metamorphosis, not only determine the nature of the disturbance, but are the chief guide in device of remedy, although the subjective symptoms would not be ignored by the painstaking physician. With this brief statement of its principles, I will give some of the most satisfactory experiences

I have had in treatment of the more severe forms of disease by this system.

Diphtheria.—About four months ago, I was called to attend a child aged six years, and found a fully developed case of that fearful scourge of childhood, diphtheria. There was the characteristic glandular enlargement, the tonsils, uvula and entire soft palate, were covered with a thick, diphtheritic exudation. Deglutition was attended with great pain, and accompanied with the utmost effort, and there was exceeding prostration. I was startled at discovering that I had not a grain of my favorite remedy for such a condition: Potas. bichrom. Recollecting that Schussler advises the use of Potas. chloride in such cases, I gave a powder of the sixth trituration every two hours. The following day all conditions were improved, and after continuing the use of the remedy exclusively for four days, every vestige of the throat trouble disappeared, and the child made a happy recovery under the use of Calc. phosph. Recently, I had a similar case, excepting that I saw the child in the first stage of the attack, and gave Ferri phosph. till exudation appeared, when Potas. chloride was administered with like happy results.

Mucous Croup.—I have given Potas. chloride in cases of severe mucous croup with speedy relief.

Scarlatinal dropsy.—I beg to relate a case of scarlatinal dropsy in a child aged four years, that I treated about eight months ago. Apis, Arsenicum, Apocynum and Digitalis, as they appeared to be indicated, failed me entirely. The quantity of urine voided for a week was very scanty, and during the last forty-eight hours had ceased entirely. The patient was in a fearfully anasarcaous condition. The reclining position was impossible. I was in despair. In looking over Schussler's Therapeutics, I read his statement that Sodium sulphate quickly cures scarlatinal dropsy. I dissolved about twenty grains of the sixth trituration in a gill of water, gave teaspoonful doses every two hours. In twenty-four hours the child voided two quarts of urine, made a quick recovery with that remedy alone.

Dysmenorrhœa.—Among the first prescriptions I made with these remedies, was one for my daughter, aged fifteen years, who was suffering from dysmenorrhœa. Menses too late and scanty. Administered half a dozen powders of Potas. sulph., one every four hours, with complete and permanent relief.

Colic.—I have had most satisfactory results from the administration of Magnesium phosphate in all affections of a spasmodic character, and especially in the flatulent colic of children.

Diabetes.—During the past six weeks, I have been treating a lady who, so far as I am able to learn, has had diabetes mellitus for six months. From three to four quarts of urine were voided each twenty-four hours, heavily charged with sugar. There was considerable loss in bodily weight and strength, and consequent general debility. For a marked acidity of the contents of the prima viæ I gave Sodium phosphate, sixth trituration, with entire relief at the end of two weeks; and during the past four weeks have only given Calc. phosph., 6th trituration, ten grains night and morning. As a result, the quantity of urine is reduced one half, and Fehling's test shows a great diminution in quantity of sugar. Her condition is much improved in every way. It ought to be stated, perhaps, that she is restricted to the diabetic diet in a modified form. I shall watch the outcome of this case

with no little interest, and if successful, will serve to strengthen my confidence in the principles that are the foundation of this system.

In conclusion, the sum of the whole matter appears to be this: Do the principles upon which the system is based, merit the confidence of the medical profession? Are they sufficiently reasonable to entitle them to a fair, candid experiment—the crucial test of all kindred sciences?

Schussler expresses it as his conviction, gained by a large practice, during a long period of time, in which he has only used these twelve remedies, that they are sufficient to cure in the shortest way all diseases that are curable. He reasons, that since the number of tissues in the animal organism is very small, and as a small number of inorganic substances promote the functions of the healthy tissue cells, therefore, these few substances suffice as remedies of diseased tissue cells.—*Dr. W. M. Pratt, in N. A. J. of Hom.* [For further information see "Abridged Therapeutics."]

Consultation Department.

FOR MORNING SICKNESS.

Indian corn, parched and slightly salted is recommended for the vomiting of pregnancy.

REPORTER

FOR THE MASTURBATION CASE.

Surely the writer must have tried China and Selenium. How about Papaya? But if the patient in question does not thoroughly abstain from the unhappy habit, no human skill can cure.

E. E. REINKE.

Jamaica, W. I.

WHAT IS MALIGNANT JAUNDICE?

Will some one explain in THE INVESTIGATOR what "malignant jaundice" is, and its cause and effects, its first case and the number of cases known, and full history, with treatment and everything interesting about it? There was a very sudden case of death in Troy, N. Y., and the "Old" fellows called it "malignant jaundice," and say there is no one in the United States, save Austin Flint, Jr., of New York, who knows anything about the disease, and that there has never been but 200 cases. I am anxious to know of the truth of such broad statements.

W. W. FRENCH.

FOR DR. COPP'S CASE.

In answer to Dr. Copp's case, number 17, Volume 17, would advise a trial of Merc. protii., if he has not found a remedy that he would deem more suitable. I recommend it because I cured a case very much similar with the above mentioned drug. Desire was sudden and irresistible, greatly aggravated on seeing water or hearing it flow, and not infrequently was this desire brought about by washing any part of his person. I am only a young Homœopath and feel that I am better prepared to receive counsel than to give it. Will cheerfully report anything of interest that may occur in my field. [Old enough, doctor, to "observe, reflect, compare, and record."]

I have been chosen Health Officer for the Town of Lake and earnestly solicit assistance from *yourself* and *contributors* through your excellent journal, THE INVESTIGATOR.

A. A. GOLDSMITH.

Medico-Legal Department.

A LAWYER ON THE MEDICAL SITUATION.

AN ADDRESS OF WELCOME, BY JUDGE SWEENEY, OF ROCK ISLAND, ILL.

GENTLEMEN OF THE ILLINOIS STATE HOMOEOPATHIC MEDICAL ASSOCIATION: In the name and by the authority of the Mayor and City Council of Rock Island, I give you a cordial welcome to our city. I welcome you to our hospitalities and to all that we have that is enjoyable. We think that the lines have fallen to us, in Rock Island, in pleasant places.

The location of our city is half way on the great stream of commerce of the Northwest, carried on the greatest river of the continent and which has for its termini St. Louis and St. Paul; half-way of the great agricultural plains and valleys lying between the great lakes and the Missouri river. Its location makes it of necessity a railroad center, with as many roads as the fingers on your hand, which cross the river with their burdens on a bridge second only to that of St. Louis. It is also the terminus of the long looked for and yet hopeful Hennepin canal. It is within a mile of the junction of the Mississippi and Rock Rivers and has the advantages and benefits of both.

You can take a car, in the center of our city, and after a twenty minutes ride, over a nice little railroad, behind the nicest little dummy in the West, find yourself at Milan, the city of mills, not only in name but in fact. You will find there three flouring mills, two paper mills, a cotton factory, a wagon factory and other industries, with enough surplus water power, to turn all the wheels of Lowell.

In taking this ride permit me to remind you that you will skirt along through what was once the cornfields of the Sac and Foxes, where the squaw and the papposes planted and cultivated the Indian maize, from generation to generation in the same hills, many of which still remain, and where you will also see the site of the wigwam of Black Hawk, who was the last good warrior and chief who made a stand for the red man against the "pale face" on this side of the "Father of waters."

To the east of us, is the proud city of Moline, which has made more plows than any other city in the world, and is now becoming as equally renowned in the manufacture of wagons, corn planters and wooden ware. Here you will see the great government dam which harnesses to the wheel of industry nearly one-third of the great river. In Moline you will find more beautiful and comfortable homes than in any other city of its size in the West, built from the savings of industrious and intelligent mechanics.

You will see here how that one man can by his industry and perseverance stamp upon the whole city the noble traits of his own character. I refer to John Deere, the great plow maker of the west. A visit to Moline you cannot afford to omit. Across our beautiful harbor, three-eighths of a mile in width, is the flourishing and prosperous city of Davenport, with its 25,000 people, where you will find busy marts of trade, a great glucose factory and saw mills which have an output of millions of feet of lumber every year.

You will also find there the Academy of Sciences, an institution which is the pride of Iowa, and which will repay a visit from you.

But surpassing all in the mention of our surroundings is the island of Rock Island, which has been designated, on account of its unparalleled beauty and inestimable value, the Koh-i-nor of the Mississippi valley. It is beautifully located, parting the great river in twain. The government in obedience to the maxim, "in time of peace prepare for war," is spending millions in fitting it up as the great work shop of the nation. Here you will find acres of buildings prepared for the manufacture of arms. A drive along its great avenues, equal to the boulevards of Chicago, and along and through its beautiful drives, almost as charming as you will find in Central Park, New York, will amply compensate you for a visit to the Island.

I would not fail to mention our own plow factory, glass and stove factories, our great lumber manufactures and our water works, of which we are proud and in which we know that you will be interested.

I might be excused from further remark but for the first time in my life, I find myself addressing an audience of physicians and as one of the laity, I may be excused in saying a word that your presence as physicians suggests. As I understand the object of your society, you are here for the mutual exchange of thought and experience as physicians and to learn from such intercourse lessons which will enable you to better practice your profession. This object is certainly a worthy one and commends you to the favorable consideration of all. It appears to me the incentive, that a physician has to become proficient in his profession is not excelled, if equalled, by the incentive which addresses itself to the membership of any other of the learned professions. The priceless jewel of life is placed in your keeping. Upon the proper exercise of this trust depends every interest of right and property, every relation of business and family, the enjoyment of the accumulations of the past and hopes of the future, the continuance of every enterprise, the carrying out of every plan, the fulfilment of every promise and engagement, all depends upon it. Life is every thing, as the good book has in the new version, "For what is a man profited if he shall gain the whole world and lose his own life or what shall a man give in exchange for his life?"

It appears to me that as no men could have a higher trust, none ought to be more diligent in the discharge of their duties. The inducements for exertion and effort are of the highest possible character. The husband comes to you with all he has and pleads for the life of his wife. His pleading reminds you that a failure on your part will leave him a widower, his children motherless, and his home a desolation; that if you fail, instead of happiness and joy there will be sadness and sorrow; there will be broken ties that never can be restored; hearts that will always bleed and eyes that will always weep. The wife comes to you in her helplessness and in her tears and pleads for the life of the husband, the father of her children, the stay and support of the household. The parents plead for the lives of their children, the precious ties of love which bless the married life, and the children for the lives of their parents. Every treasure of the family is placed in your hands and every household god bows in your presence. When pestilence and contagion come, whole communities attend your every step, with prayers for blessings on your efforts and as happened in the cases of

the illustrious Garfield and the great Lord Beaconsfield, a whole nation, yea the whole world, bowed in prayer that the hand of the physician might be endowed with cunning, and his head with wisdom, and that his remedies be blessed with the powers of life. A man who would omit any effort, a man who would neglect an exertion in your profession in the face of the stern realities of life and death, it appears to me would be the unworthiest of his kind.

In addition to these solemn calls for effort are the constant successes which attend the practice of your profession. The healing of the sick, the restoration of health, the defeat of the ravages of disease, the relief of pain and suffering, the seizing, as it were, the bridle of the pale horse with his rider and setting him back on his haunches with the command, "hitherto shalt thou come but no further," it appears to me are successes which in their grandeur and sublimity measure up to the divine. Certainly, to no other profession do the opportunities of doing something for mankind so constantly occur. Like the Great Healer, in your hourly visitations, you can go about doing good, and like him, if you are men who have profited by the great lessons you have an opportunity to learn, you can help poor humanity bear its sorrows and carry its griefs. The popular mention of the great triumphs of the world at large are spoken of in connection with the application and use of steam, the steamboat, the railroad and the thousand other ways in which this power is made to serve mankind, and the application and use of electricity, in the telegraph which has made all the world neighbors, and the telephone which has put all these neighbors on speaking terms with each other.

Great and glorious indeed are these triumphs which make the nineteenth century the golden age of the world's civilization. But in my opinion the nineteenth century can boast of no grander, no nobler discovery, than the use of anæsthetics. Properly is it inscribed upon the tomb of Dr. Morton, its great discoverer, "Before whom in all time surgery was agony; since whom science has control of pain." By the use of this great agent the medical profession is able to do to-day that which for 6,000 years of the world's history it never entered into the heart of man to conceive it possible to be done. Through its vivisection has been robbed of its cruelties, the knowledge of the anatomy of the human organism increased and mankind blessed as by a revelation from heaven! To the profession at large there is a compensation for all its arduous labors, in the successes which are the proud results of the years as they go by.

Not more than a century since the ravages of small-pox came like a besom of destruction to whole communities, and those who escaped death from this terrible scourge were mutilated with blind eyes and hideously scarred features. But now, thanks to the doctors, small-pox will no more afflict a prudent people. Plagues, scurvy and spotted fever, each of which within the memory of man claimed regularly their yearly tribute of victims, are becoming diseases of the past and hopes are cherished that the skill of your profession will soon make cholera, scarlatina, diphtheria and diseases of like character live only in recollection.

From the progress of the past few years it needs no prophet's imagination to foresee a time when preventive medicine shall have reached such a degree of perfection, through your profession, that the occurrence of epidemic

diseases will be felt as a gross reproach to any community and the time is coming, and not far distant, when the world will be able to give affirmative answer to the inquiry applied to the disease of the body, "Is there no balm in Gilead? Is there no physician there?"

I am reminded that you gentlemen belong to the Homœopathic school of medicine, a school having its origin within the present century, and which has for its founder the celebrated Hahnemann, who brought forward prominently the principle that "like cures like." Whether this principle is of universal application, or whether it is entitled to the prominence given it by your school, I am not here to affirm or discuss. I assume that you gentlemen in choosing your life occupation have done so intelligently and conscientiously. Your duty is a plain one, to heal the sick, relieve suffering and to save life, and to do this in the surest, quickest and simplest mode possible. If the Homœopathic system reaches this end the best, then you are right in belonging to that school of medicine.

The wonderful favor into which your system of medicine has grown with the people, the large number of your colleges and medical schools, the multitudes of graduates which they are annually sending forth, the great number of your medical publications and the intelligence of the rank and file of your profession are guarantees that there is merit in your system.

I think that I am safe in saying for your system, that it is a progressive one. I am informed that the world is indebted to you for the discovery of some of the greatest remedies now in use. Whether the other systems or schools concede this, or concede that any good thing can come out of Nazareth, I do not know. One thing I do know and the world knows it; that your system has forced upon the others the use of smaller doses of medicine.

This itself is certainly a great blessing, for there is no sick man who has to take medicine, and no well man who has to pay for it, but is grateful to you for this, if nothing more.

It is a fact known to every reader of the public journals of the day that there is a discussion going on among medical men of the country concerning the ethics of your profession and one of the questions discussed is whether men of your school should be recognized by what is known as the "regular" profession—that is, will they concede to meet you on equal terms in the consultation room and recognize you, as physicians, entitled to the same consideration as members of their own system? I am informed that there is a growing sentiment among the better class of physicians of the old school to concede this to you, but that the large majority persist in its denial and your exclusion. Exclusiveness of any kind is always odious and sooner or later must yield. I believe that you are fighting a winning battle and I predict that this barrier now in your path will ere long be swept away, and that your system will soon stand upon an equal footing with all others.

Gentlemen, you belong to a noble profession. Go on with your efforts to be competent in your calling and proficient in all that makes a successful physician. The whole world will applaud your labors, the stars in their courses will aid you, and generations yet unborn will rise up to call you blessed. (Loud applause.)

THE UNITED STATES MEDICAL INVESTIGATOR

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCLUSION."

Communications are invited from all parts of the world. Concise, pointed, practical articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and close thought (the great sources of medical knowledge), on any subject pertaining to medicine.

THE SURGICAL CORNER.—The Allopaths have for years had a corner on surgery and they propose to hold it. At a recent meeting of the American Surgical Society (membership limited to 100) they resolved that the secretary be directed to send a note to each member "asking him if he subscribes to the code of ethics of the American Medical Association and if not asking him to resign." That will prevent any regular surgeon of the American Surgical Society from consulting with a surgeon or physician who prescribes little pills. He must have the entire charge of the case or withdraw. We hope this action will arouse all our physicians to call only Homœopathic surgeons of whom we are proud. It should stimulate every one of our readers to do all the surgery he can. If not posted, buy surgical works or attend surgical lectures and get well up in all the details of the surgical act and let us be independent of these "exclusive."

THE AMERICAN INSTITUTE MEETING at Niagara Falls, June 19-22, this year promises to call out a crowd, whether they go to see the Falls or attend the sessions. Niagara is a central eastern point, and New England, New York, Canada and Pennsylvania particularly ought to be well represented. Delegates from all the states will, doubtless, be in attendance—for this is essentially a delegated body.

The sessions are to be held in the International Hotel from 10 to 1, 3 to 6 and 8 to 10. One hour and a half is to be given to each bureau. The statistical bureau leads off. If you have any facts showing the progress of Homœopathy, send them to Dr. Talbot, Boston, at once. The Bureau of *Materia Medica* follows with papers on "Model for *Materia Medica*," or rather a model text book on *Materia Medica* for the use of students and practitioners. With the strong bias of the members of the bureau, a lively time is expected. The Bureau of Pharmacy will follow. The report will doubtless show up more of the unreliable nature of Homœopathic pharmacies. An expose of Allopathic stealings would make racy reading. "Malaria Fevers" is the subject for discussion by the Bureau of Clinical Medicine. We expect to learn all about malaria: what it is, its pathology and the many fevers caused by it. "Quinine in Malarial Fevers" will arouse a lively discussion if fair play is allowed. "The Complications of Gestation" should call out a very profitable discussion by the obstetricians. The Bureau of Histology will show us some "Homœopathic Preparations," "Cancer," "Solubility of Glass," and "more Bacteria." The Bureau of

Eyes and Ears promise a pleasant feast of medical (musical) facts. The "Gynæcs" offer a bill of fare enough for a grand feast alone. The surgeons have gone wild over antiseptic methods and results. Sixteen papers are promised—enough to kill it, as was done at the International Medical Congress held in London two years ago. The "Pæds" will discuss "Infantile Digestion and Cerebral Disturbances." Looked at either way some things of interest and profit should be developed. The discussion of the sympathetic nerves will follow. Then will come the reports on medical legislation and literature. The Nervous Bureau will discuss sleep and how to induce it. The sanitarians will discuss "Social Hygiene." This is a brief view of the regular bill of fare. The side dishes will be many. Among them we may mention the meeting of the American Pædological Society, the American Ophthalmological and Otological Society, Veteran's Sectional meetings, etc. The object of the first two is to discuss subjects of interest to specialists.

An interesting time to all who may attend may be anticipated.

OUR POLICY.—A recent number of *The California Homœopath* has an article upon the above topic written by C. W. Breyfogle, in which he counsels a peaceful policy. We are surprised at this. Because friend B. has a lucrative practice (and we venture he got it because his friends are staunch Homœopaths) he now counsels quiet. If there ever was a time when the people should know what Homœopathy is it is *now*. We do not advise nor countenance personal advertisement, but believe that the grandest philanthropic system of practice should be known to all people of this great country. There are hundreds of people who never heard of Homœopathy and many many more who do not know the difference between it and Allopathic treatment. Give the people this information. They demand it, they need it and should have it. As a result of this process we quote the following from a Milwaukee correspondent of the *Chicago Inter Ocean*, one of our leading dailies:

"The Eclectic association of Wisconsin is not a very strong one, and for good reasons, it would seem. Outside of the profession there are probably not a hundred people in the city who know that there is such an individual as an Eclectic physician in Milwaukee. It is evident that the physicians of this school here—there are five or six—are either ashamed of their school, or fear the possible prejudice which might be aroused by the announcement that they were not of the "regulars." The Homœopathic physicians, to a man advertise their practice, and to this as much as to anything else may be ascribed the fact that the Homœopathic is to-day recognized in Milwaukee as the leading practice. It is not because the Eclectic physicians who are here lack ability—they have plenty of that, comparing favorably with those of any of the other schools—but they lack respect for their school

of practice, or they would have made its influence felt in this city ere this. The physicians of the Homœopathic school have had to run the gauntlet of ridicule here as elsewhere, but they have outlived the prejudice on the part of the public, and have reached a point where the ridicule of the "regulars" benefits rather than injures them. This latter fact was illustrated forcibly over a year ago, when the name of Dr. Martin was up for appointment to the office of Health Commissioner. Dr. Martin, a physician of the Homœopathic school, had filled acceptably the position of assistant to Dr. Wright, the Health Commissioner, and when the latter resigned to accept a similar position in Detroit, Martin was proposed for the place. At once there was a great hubbub among the physicians, and, from the noise made, it appeared as if all the physicians of the city had conspired against Martin. In order to discover what the objection to Martin's appointment was, a reporter of a morning paper was sent to interview the physicians. In all, probably not less than twenty-five or thirty were interviewed, among what might be termed the representative physicians. The interviews, as published, were a curiosity. Not one of those seen knew what any of the others had said on the subject until all were published, yet the Old School physicians, to a man, appeared as apposing Martin because he was not a "regular," while those of other schools knew no objection to his appointment and thought he would fill the position as well as any one that could be chosen. So ridiculous did the opposition of the "regulars" appear that it made hosts of friends for Martin, and he received the appointment and was confirmed by an almost unanimous vote of the council. And it may be added he has performed the duties of the office in a manner which reflects credit upon the city, as well as upon himself."

To give more force and point to this quotation, we might state that our representatives in Milwaukee are all first class men and women, that the Institute met in that city just before the struggle referred to, and that the fact is well known to all Milwaukee people, that from the mayor down the best people believe in Homœopathy.

News of the Week.

Dr. S. Noble, of Stillman Valley, Ill., made us a pleasant call last week.

Removals.—*Dr. E. E. Sill* has taken the Dakota fever and removed to Hurley, D. T.

E. P. Wallace, M. D., was elected health officer and physician for the town of Clear Lake, Wis., over the Allopathic predecessor.

G. H. Simmons, M. D., of Lincoln, Neb., sails for Europe shortly to attend some of the medical schools of London and Edinburg.

American Institute of Homœopathy.—Those wishing to attend can get certificates for reduced rates at our store.

DUNCAN BROS.

133 & 135 Wabash Ave.

Love and Medicine Mixed.—At a medical examination a young aspirant for a physician's diploma was asked: "When does mortification ensue?" "When you propose and are rejected," was the reply.

Ashland, Mich. (2,000 inhabitants) needs a good Homœopathic physician. This is a summer resort, and the local people are first-class.

H. P. Cole, M. D., of Bridgeport, Ct., is in the city on a visit. He has been making some new achievements in the management of club feet, bow legs, and pædal deformities generally. He promises our readers the details shortly.

Prof. G. F. Roberts has returned from a trip to Dakota. He agrees with us that there are some fine openings for physicians in that state. The people are intelligent, wide awake, and the towns are all growing rapidly. Some of them double in size every year.

Cook County Hospital Changes.—Dr. Ch. Catchell has resigned from the staff, and Dr. T. S. Hoyne was elected to his place but he declined and Dr. S. P. Hedges was elected. Dr. F. R. Day, interne, also resigned. The two new pavillions are nearly completed, while the administrative building is well under way.

Help for Dr. Reed.—I saw a copy of the Dr. Reed appeal and noticed that you had the address wrongly stated. Dr. Reed is at 792 LaFayette Ave. Brooklyn. David Stone is treasurer of *permanent* fund, and his address is (care *Jouraal Commerce*, New York.) Mr. S. is probably a resident of Brooklyn. Please make correction so that no moneys will miscarry.

N. A. PENNOYER.

College Changes.—In the Chicago Homœopathic Medical College, Profs. Duncan, Adams and Newman have resigned. Prof. Pratt takes part of surgery and Dr. C. M. Beebe part of Anatomy. Prof. C. Mitchell has been elected to the chair of Chemistry. Prof. Foster was elected president. In Hahnemann College Prof. Hoyne retires from the position of registrar. Dr. Bailey takes that office.

Dr. D. B. Tuttle, of Severance, Kansas, has not lost a case of dropsy. He has a great reputation in his section for curing dropsy. His treatment is first to mix Jalap twenty grains, Squilla twenty grains, and Eleterium ten grains into twenty pills. He gives one pill every four hours. The water usually starts in eight hours. Before seventy-two hours the water flows freely, and to prevent collapse he puts ten drops (Arsenicum 1x trituration ten grains and Cinchona 1x) into half a glass of water, and gives a dose once in two hours. The Eleterium is a great diuretic and doubtless does the work here.

A. L. Macomber, M. D., of Norfolk, Neb. sends us the following as good points for Homœopathic physicians. Pierce, Pierce county, county seat, 300 inhabitants. Plainview, Pierce county, 100 inhabitants. Creighton and Bazill Mills, three miles apart, Knox county 400 and 200 inhabitants. Madison, Madison county, county seat, 700 inhabitants. Wayne Wayne county, county seat, 400 inhabitants. Battle Creek, Madison county. Oakdale, Antelope county, 500 inhabitants. Neligh Antelope county, 550 inhabitants. Wirner, Cuming county, 550 inhabitants. West Point, Cumings county seat, 900 inhabitants. Oneal City, Holt county 400 inhabitants.

A Deserving Compliment.—At the June meeting of the faculty of the Chicago Homœopathic Medical College the following beautifully engrossed upon parchment was presented with appropriate remarks to ex-president J. S. Mitchell, "at the eighth annual meeting of the board of directors of

the Chicago Homœopathic Medical College, held May 5, 1883. Prof. J. S. Mitchell having positively declined a re-election to the presidency a position which he had held since the establishment of the college the following preamble and resolutions were unanimously adopted.

WHEREAS, the Chicago Homœopathic Medical College has during its brief career achieved a success almost if not quite unprecedented in the history of educational institutions and

WHEREAS, We feel that much of this success has been due to the unselfish and untiring zeal of its retiring president therefore,

Resolved, that the thanks of the faculty of this college be unanimously tendered to Prof. Mitchell, as a deserving and fitting testimonial of our appreciation of his labors in its behalf and as an assurance of our continued confidence in him and our respect and affection for him as a man, a physician and a teacher of medicine."

"ROBERT N. TOOKER, M. D.

ALBERT G. BEEBE, M. D.
Committee of the Faculty."

The above was ordered published by vote of the faculty.

American Homœopathic Ophthalmological and Otological Society.—The seventh annual session will be held in the parlors of the International Hotel, Niagara Falls, beginning Thursday, June 21st, at 9 A. M. Order of business: Opening address by the President, C. H. Vilas, M. D. Report of the Secretary, Treasurer and Board of Censors. Presentation and discussion of the following papers: *Ophthalmology.*—Retinitis Albuminurica—Cases, Jas. A. Campbell, M. D.; Detachment of Retina Associated with Albuminuria, Alfred Wanstall, M. D.; Removal of Foreign Bodies from the Interior of the Eye-ball, W. A. Phillips, M. D.; Choroidal Tumors, C. H. Vilas, M. D.; Extracts from Case Book—(1) Catarrhal Distension of Frontal Sinus; (2) Partial Opacity of Lens, E. H. Linnell, M. D.; A Peculiar Case, Chas. Deady, M. D.; Spongy Iritis, J. H. Buffum, M. D.; The Use of Ice in Ophthalmic Disease, Geo. S. Norton, M. D.; Field of Vision, John L. Moffatt, M. D.; Remarks on the Diagnosis of Cataract, C. H. Vilas, M. D.; Essential Phthisis Bulbi, Cured, Charles Deady, M. D.; The Value of Absorbent Cotton in Ophthalmological and Otological Practice, E. W. Beebe, M. D.; Clinical Cases, D. J. McGuire, M. D.; Retinoscopy, F. Park Lewis, M. D. Subject for special discussion, The Value of Remedies in Asthenopia. *Otology.*—Boracic acid in Otitis Med. Sup. Chr., J. F. Brown, M. D.; Apoplexy of Tympanum, W. H. Winslow, M. D.; Auditory Vertigo, E. H. Linnell, M. D.; A New Instrument for the Removal of Foreign Bodies from the Auditory Canal, L. B. Couch, M. D. Subject for special discussion, Treatment of Chronic Non-Suppurative Inflammation of Middle Ear. Other papers of interest will doubtless be read. Physicians, whether members of the society or not, if interested in the study of diseases of the eye and ear, are cordially invited to be present at the meeting. Graduates of any reputable medical college may be elected to membership in the society at the annual meeting. The names of those wishing to unite with the society must be submitted in writing, with the endorsement of three members in good standing. If favorably reported by the board of censors they may be elected. The initiation fee is two dollars.

F. PARK LEWIS, M. D., Sec'y, 188 Franklin St., Buffalo.

At the request of a number of the members of the society, the executive committee have deemed it best to change the date of meeting from Monday, June 18th, to Tuesday, June 21st, at 9 A. M. The place of meeting to be as advertised.

F. PARK LEWIS, Sec'y.

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WHOLE No. 347.

Clinical Medicine.

LITHIUM LACTICUM A REMEDY FOR RHEUMATISM.

BY A. BERGHAUS, M. D.

Read before the New York Homœopathic County Society.

MR. PRESIDENT, MEMBERS OF THE NEW YORK COUNTY SOCIETY: I shall confine myself to a *new remedy*, which, although our materia medica is so rich, that it is hardly possible *now* to master it in its full extent, may be of some interest, as it has proven by clinical experience in some sphere of action to be very efficacious. It is the Lactate of lithium, which by its accidental proving and subsequent clinical verification came to the knowledge of a member of our profession, who very kindly furnished me with the facts. A chemist, who was experimenting with the composition of different chemicals, was preparing a combination of lactic acid and carbonate of lithium. At different times, when making and working with this compound, and *only then*, he experienced decided rheumatic pains in the small joints, although not being subject to rheumatism himself. As he was familiar with the principles of Homœopathy, he gave to his mother, who was suffering from pains, similar to those he traced in his own case to the action of the Lactate of lithium, some of his preparation, and to his and her great delight relieved the lady very speedily. Encouraged by this experience he gave some of this drug to Dr. H. D. Paine, one of the oldest members of this society, who had in Dr. D. Smith's Pharmacy the 3x trituration prepared, and kindly gave some to those of his friends, who were anxious to use the medicine. The doctor himself has given it to several of his patients in case of subacute rheumatism with satisfactory results. I have used it in the case of a fleshy middle aged lady, who complained of drawing pains and stiffness in the ankle joints, relieved by moving about, but getting worse again soon after resting, and for which I had prescribed Rhus tox. in various potencies without result. After using a solution of about three grains in half a tumbler of water, every three hours a teaspoonfull, the pain and stiffness had left in less than twenty-four hours, and has not, after four weeks, returned yet. In the case of a man of about thirty years of age, who had just got over an attack of acute muscular rheumatism which left him with a great deal of stiffness about the knee and ankle joints, which generally after an acute attack had annoyed him for several weeks, I gave the drug in powder form and in three days every trace of the trouble had disappeared. Other physicians, who received some of this preparation from Dr. Paine, have reported favorably to this gentleman, but having no particulars of their cases I will leave it to them and to a future time to give their experience to the society. In the proving of Lithium carbonium (the basis of this compound), Hale in his *New Remedies* gives the following symptoms, which somewhat correspond with those of the new drug: Upper extremities Itching, throbbing very sensitive pains in all the fingers, especially in the second and third fingers of the left hand, as if it were in and upon the bones

extending from the hand to the end of the finger. only *during repose*; it ceases upon pressure, when grasping, and *during motion*. Lower extremities: Occasional rheumatic pains in the lower extremities. Great weakness of the knees, with pain, especially on going up stairs. Ankle joints pain, when walking, first the right then the left. Over the whole body as if beaten, stiff and sore in all the joints, bones, and muscles.

Now it might appear that the symptoms produced and cured by the Lithium carbonium are alone due to the basis which I think can only be determined by an exact proving of the compound. Perhaps some of the younger and more active members of the society may feel inclined to make some proving. I myself shall, when my time permits me, make the attempt.—*N. A. J. of Hom.*

THE SATURDAY CLINIC.

SERVICE OF PROF. A. W. WOODWARD, M. D., CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

Reported by Wm. B. Clarke.

May 26th. Case number 17281. Woman aged thirty six. "*Chronic ozæna*," first visit April 14th. Copious discharges from nose and throat; odor offensive, has had it nearly eight years. Besides this affliction, complains chiefly of *frequent* and prostrating *headaches* to which she has been subject since childhood. About the age of fourteen was troubled for nearly a year with *large boils* one after another. When about seventeen years of age was very ill with typhoid fever during which she was badly salivated, following the fever she had a *chronic cough* so severe, her friends thought she had consumption. She says also, that ever since the fever she has had *urinary disorders*, must urinate frequently and as soon as the desire comes, or she suffers pain. Since the fever she has also been troubled with *indigestion constipation* and occasionally hæmorrhoids. Her menstruation has always been scant, besides she is easily fatigued and has little endurance.

This case serves to illustrate the truth that chronic diseases never become established without constitutional derangements of one kind or another attending, and it is to be remarked that these constitutional symptoms *often precede* the establishment of a local lesion. Hence to cure such cases it is essential we learn by their history, whether the local lesion is the original cause of disease, or whether it is second, or third, or fourth removed from the original derangement. Looking again at the record, we find that this woman was a chronic invalid long before the ozæna developed, hence we cannot expect a remedy like Kali bich., (which *begins* its action at the respiratory organs) to be curative here. We must find a drug whose action begins and develops, in one organ after another, as this case has done. The record says, first occurred headaches from childhood, then followed furunculi for a year, (since then cold extremities and anæmic pallor), then, (after a fever), occurs chronic cough, and urinary disorder, besides indigestion, constipation, etc., in less degree, the menstrual derangement does not appear to have had any decided influence upon the case. That this history is in the main correct, is corroborated by the present concomitants, as the same organs are now involved, only we find the ozæna substituted for the cough.

The remedy for this woman is undoubtedly Nitric acid, you will give 30th every four hours. A steady improvement followed the use of this remedy and on May 12th she reported entire relief of hæmorrhoids, bowels regular, digestion improved, is not so much annoyed by calls to urinate, she shows a better color and is less anæmic, thinks the ozæna is less offensive and discharges less copious, the headaches continue about the same. Under Nitric acid, 30th, night and morning, a radical cure may be confidently expected, for the reason that the symptoms are disappearing in the reverse order of their development.

Case number 17853, (see INVESTIGATOR May 19—26). Scrofulous boy aged thirteen, first visit April 28th. He was *emaciated, stupid*, listless and *always tired*, always had a *voracious appetite*, and was subject to occasional *night sweats*, besides having frequent headaches, and an *irritable bladder* with incontinence of urine. Calcarea carb. 3x trit. was given. The report on May 5th, was rapid improvement for three days, then total loss of appetite, great prostration, sweats every night followed by fever in the morning. We considered this a medicinal aggravation, and continued the same remedy giving the 30th. To-day he reports in person, appears bright and playful, his cheeks begin to show color, the fever and sweats have ceased, the appetite is now normal and the urinary symptoms have nearly disappeared. His mother says he has not appeared so well in a year. It looks as though this case was really made worse temporarily by the medicine, even though "medicinal aggravations" are a myth (?) to many in the profession.

Case number 17139, woman aged thirty-seven, first visit April 28th. "*Chronic sick headache*," recurring often and lasting two or three days, the headaches are attended by *vomiting, vertigo* and *faintness* that keeps her in bed. During the interval has little appetite but *much thirst*, feels much *exhausted* all the time, has just weaned child, the *skin was cold* and *clammy* she looks anæmic, pulse 72 weak, has violent palpitation of heart on slight exertion.

This case looks like Arsenicum, the thirst, headache, exhaustion, pallor, palpitation of heart, all point strongly toward that remedy, but upon close enquiry we find the gastric complications are of comparatively recent origin has only had this about four years, previous to that time, since girlhood was subject to *nervous headaches* without nausea or vomiting, we learn further, that she had inflammation of kidneys and bladder seven years ago, and *ever since* has had an abnormal *frequency of urination*. She cannot tell how long she has been troubled with palpitation and faintness, thinks ten years or more, certainly ever since the urinary complications occurred.

With this history before us, Arsenicum is ruled out because it begins its action at the stomach, and this woman's troubles began at the head, hence we must have a drug beginning its action at the head, afterwards involving the heart, skin, kidneys, and stomach last of all, assuming this to be the order of occurrence, Ignatia 30th should be a better remedy. On May 12th, this woman reported "uncommonly well for four days after taking medicine, feeling so much stronger she undertook some washing. the first time for several months, this resulted in a chill and return of vertigo and faintness from over fatigue, but she has escaped her headaches, says her hearing which was much impaired is now improving, also her appetite is better and

thirst abated, while her circulation is more natural, the renal symptoms remain about the same. Ignatia 30th will be continued.

Case number 17461. Corpulent woman, aged fifty-three, "*Chronic facial erysipelas*," first visit May 5th, has suffered with it off and on since puberty, has had *catarrh* since childhood, the attacks of erysipelas seem to begin with acute rhinitis, has always had an *irritable stomach*, changeable appetite and abnormal thirst, *bowels never regular* occasionally has prolapsus of rectum, at intervals find her *hands and abdomen* as well as face, much swollen, has *frequent urination* day and night, menses ceased without trouble. Of late, has been troubled with rheumatic pains wandering about her limbs. The history here indicates the cutaneous affection is secondary to the catarrhal, and the treatment must be modified accordingly, these concomitants lead us to Kali carb. 30th every four hours.

May 12th she reported much improved, swelling and redness of face reduced, less trouble with her stomach, bowels and kidneys, is suffering, past two days from severe congestive headaches. Belladonna 30th every three hours. May 26th she reports headaches removed, but the erysipelas has returned, and the urinary and rheumatic symptoms are as bad as ever. We have lost ground by giving Belladonna, the disease is returning at every point. This teaches us never to change a remedy that is working well, even though we find new and severe symptoms that seem to require attention, if such symptoms arise in a case already improving in the main, these new symptoms will be of short duration, and the remedy should not be suspended for these transient conditions, we will return to Kali carb. 30th every four hours.

Case number 17112, woman with syphilitic ulcer on face, (See INVESTIGATOR May 19,—28.) ulcer healed, catarrh much better, odor removed, but feverish symptoms are returning, with headache thirst and nausea, pains in bones and dysuria. Again we see the folly of changing a remedy that is doing its work well, before that work is completed, even though the symptoms calling for Mercury were apparently removed, and new symptoms had appeared calling for Kali, yet our pathological knowledge should have prevented a change of remedy too soon. Evidently the disease was only suppressed, not eradicated. We will return to Merc. sol. 6x trit., three times daily.

Case number 17450. Woman aged twenty six "*reflex gastralgia*." Has not been well since last confinement two years ago. Of late complains most of constant *pains in stomach*, loss of appetite, salty vomiting, this has continued about six months. Since confinement has had *leucorrhœa* constantly with bearing down pains, *backache* and dysmenorrhœa, has also had for sometime "*smothering spells*" with palpitation of heart, and *frequent headaches*, her hands and feet are always clammy, her pulse is 96, bowels and kidneys normal. Cimicifuga 30th every four hours.

Small-Pox in Minnesota.—A St. Michaels (Minn.) special says that there are twenty-five cases of small-pox here. Several deaths have already occurred. There is great indignation among the neighboring towns over the negligence of the authorities in providing means to prevent the spread of the disease.

Chemistry Department.

RESORCIN A NEW REMEDY OF PROMISE.

BY CLIFFORD MITCHELL, M. D., PROFESSOR OF CHEMISTRY, CHICAGO
HOMOEOPATHIC COLLEGE.

The attention of the medical world—to use a hackneyed phrase—was drawn to the subject of Resorcin, in the year 1880, when Dr. Justus Andeer published at Wurtzburg his monograph on this drug. The aforesaid “attention,” if any was not so earnest however, as to cause any increase of pay to the journeyman printer in “setting up” paragraphs on Resorcin in new editions of medical works, and you may look in vain for mention of it in many. Moreover those modern volumes of prehistoric tendencies, called by courtesy “medical” chemistries, have not as yet vied with each other in eagerness to present to their readers information concerning anything so crude and new as investigations pursued three years ago!

In answer to numerous inquiries concerning Resorcin the writer has prepared the following article; he is greatly indebted to the German and French investigators, and to Dr. J. H. Buffum, of this city whose successful treatment of macula of the cornea with Resorcin, has aroused considerable interest in the drug.

CHEMISTRY.

The name Resorcin is derived from two words, “resin,” and “orcin,” inasmuch as Resorcin may be distilled from resin and resembles orcin, the latter being a substance derived from lichens. In studying the chemistry of a substance comparatively new to medicine it is always well to connect it in the mind with some familiar drug which it may happen to resemble. The chemical near relative of Resorcin is Carboic acid. The formula for Carboic acid, it will be remembered, is $C_6H_5(OH)$ which may be regarded as benzol, (C_6H_6) in which one atom of hydrogen has been replaced by one part of hydroxyl ($H O$); hence Carboic acid is often termed a *mon*-hydroxyl of benzol.

The formula for Resorcin is $C_6H_4(OH)_2$ which may be regarded as benzol C_6H_6 , in which *two* atoms of hydrogen have been replaced by *two* of hydroxyl, $H O$; hence Resorcin is called a dihydroxyl of benzol. It has the same formula as hydroquinon and brencatechin, hence is called isomeric with them. It was formerly supposed to belong to the para- series of phenol derivatives, but later investigators think it a member of the meta-, rather than the para-.

PREPARATION.

Resorcin may be prepared from various resins such as galbanum or gum ammoniac by the action of a melted caustic alkali upon them. It may also readily be prepared by the dry distillation of the extract of Brazil wood. The method of preparation from this latter substance is as follows: Mix the washings and mother waters obtained in the manufacture of brazillin from Brazil wood, extract with chalk, evaporate to dryness and subject residue to dry distillation. The method of preparation from gum ammoniac is as

follows: The gum is extracted with alcohol, the residue obtained on evaporation melted with three parts of caustic soda until foaming ceases, the melted mass dissolved in water and neutralized with Sulphuric acid, and the Resorcin shaken up with Ether and drawn off in it. Certain impurities taken up by the Ether are separated by addition of caustic lime or Baryta, and the Resorcin isolated by sublimation or distillation managed in such a way that the vapor has not high to rise. Further separation may be affected by taking up the sublimate or distillate with alcohol.

Resorcin may also be prepared from Benzol disulphonic* acid which latter substance is made by passing Benzol vapor into concentrated Sulphuric acid heated to 240° C. The Benzol disulphonic acid thus made is neutralized with lime, the resulting salt of lime decomposed by soda and the salt of soda melted in iron vessels with five times its quantity of caustic soda by which Resorcin and Sulphite of Soda are formed. The melted mass is dissolved in water, neutralized with Sulphuric acid, crystallized, and the Resorcin extracted with Ether.

PROPERTIES.

Resorcin occurs in colorless, or white, prismatic crystals or in plates. Its taste is sweetish, becoming slightly bitter, and its odor extremely faint and peculiar to itself. It is exceedingly soluble in water (100 parts of which dissolve eighty of Resorcin,) alcohol, Ether, but slightly soluble in Chloroform and Benzol. It melts at 104° C. begins to sublime if heated higher than this temperature and boils at 201° C. Its solutions are turned violet by Chloride of calcium and ferrous chloride, the color produced by the latter reagent being the darker and vanishing gradually on addition of ammonia. An ammoniacal solution of it becomes rose-red, then brown, green if warmed, and lastly dark blue. It reduces several salts of silver. An aqueous solution to which Sulphate of copper and ammonia have been added acquires a black tint known as Resorcin black.

Resorcin has the same antizymotic, antiseptic and preservative properties as its near relative, Carboic acid. Moreover it coagulates albumin and may therefore be used as a test for this substance and as an escharotic. The blue coloration found in many pathological conditions of the body is supposed to be akin to a coloration formed by the action of alkalies on albuminate of Resorcin.

TESTS.

Resorcin may be detected by adding to a small quantity of the powder a little fuming Sulphuric acid, which will dissolve it with an orange yellow coloration which darkens and changes in twenty or thirty minutes to greenish-blue, becoming finally pure blue; on warming the liquid, this blue becomes a fine purple red.

A fresh quantity of the powder cautiously heated should volatilize completely. A portion of the powder, the size of a pea heated in a test tube over a naked flame melts to a clear colorless fluid, with development of white fumes, and lines the cold part of the tube with a sublimate.

THERAPEUTIC USES, ETC.

Resorcin causes poisonous symptoms if taken in doses of more than six

*Also called Benzenedi sulphonic acid.

grams. Even in smaller doses it produces decidedly unpleasant symptoms, one of from two to three grams being followed by giddiness, roaring in the ears, accelerated breathing, redness of the face, sweat, and a temporary fall of temperature with decrease in the frequency of the pulse of more than one-third. These effects last from two to three hours. The urine becomes colored, on exposure to the air, a dark brownish black.

Dr. Murrell, of Westminster Hospital, London, has published an account of an almost fatal case of poisoning by Resorcin (given as a remedy for spasmodic asthma,) in which the symptoms seem to have greatly resembled those of poisoning by Carbolie acid. The dose had been increased from one drachm to two drachms when the symptoms of poisoning set in. Contamination of the drug with Carbolie acid was inferred. The patient's life was saved by emetics and use of the stomach pump.

According to Dujardin Beaumetz and Callias, Resorcin has the following properties :

1. It shares with Salicylic acid, Carbolie acid and other substances belonging to the aromatic series, the property of being an anti-ferment (in the proportion of 1 in 100.) and an antiseptic (1.5 in 100.)

2. It has a toxic power inferior to that of Carbolie acid as may be observed from the following :

(a.) If taken in doses of from five to ten grains for each two and one-fifth pounds of body weight, it produces trembling and tonic convulsions, and accelerates respiration and circulation, all of which symptoms disappear in one hour. Sensibility and consciousness are unimpaired.

(b.) If taken in doses of ten grains for every two and one-fifth pounds of body weight, it causes intense vertigo and loss of consciousness; the sensibility is blunted. Clonic convulsions are violent and frequent, and affect the anterior middle of the body of the animal. The pupils are dilated and respiration and circulation excessively accelerated. Temperature but little affected. All symptoms disappear in from one to two hours.

(c.) If taken in doses of from fourteen and one-half to fifteen grains for every two and one-fifth pounds of body weight, death comes on in about thirty minutes preceded by similar symptoms which are, however, not so violent in the limbs. There appear tetanic contractions of the muscles of the neck. The temperature rises gradually and without exception, up to 105.8° F. at the moment of death. There is no tetanus; rigor mortis sets in about fifteen minutes after death, showing that Resorcin is an excitant of the central nervous system.

3. Resorcin has no influence upon the morphological state of the blood, except when it is brought in direct and actual contact with the liquid blood.

4. Resorcin is a remedy which may be used externally and internally, in all diseases due to contagious germs or in diseases which favor their development and in which other Benzol derivatives have been used. The anti-rheumatic, febrifuge and anti-pyretic power of Resorcin is not well yet well defined and requires further study.

5. The authors express the wish that Resorcin, owing to its extreme solubility, almost total freedom from odor, lesser toxic power and want of causticity may be experimented with in surgical cases in the same manner as Carbolie acid is used.

The testimony of Andeer, in regard to Resorcin is as follows: Sublimed Resorcin has much less toxic powers than the ordinary substance. It is not merely an antiseptic, but has also a slightly caustic action on mucous membranes, the epithelium of which becomes regenerated in two or three days. He has used it with advantage for the purpose of washing out the stomach in gastric catarrh and dilatation. It seems to have certain hemostatic actions, chiefly efficacious in capillary hæmorrhages. A very important use of it is found in bladder troubles, especially in catarrh of that organ; 158 cases of catarrh of the bladder were successfully treated with 5 per cent. solutions of Resorcin, two or three injections being generally sufficient in acute cases to effect a cure. Chronic cases require a stronger solution, one from 5 to 10 per cent. in strength being desirable.

Soltmann has administered Resorcin internally, with excellent results in cholera infantum. Out of ninety-one cases thus treated seventy-four recovered reducing the mortality in his practice from 34 to 15 per cent. It quickly arrests the vomiting even in small doses and restrains the diarrhœa without causing collapse with toxic symptoms which may result from even small doses of Carbolic acid. He gave it to children under a year in doses of from one to three grams (fifteen to forty-five grains) in sixty grams of infusion of Chamomile. He had previously used Benzoate of soda in treating this disease with a mortality, as had been said, of 34 per cent.

Haab uses a 2 per cent. solution of Resorcin as a prophylactic against blenorrhœa neonatorum. One or two drops in the eye once or twice a day.

Lebland and Fessiaux report six cases of soft chancre in women treated locally by Resorcin in powder or in a solution of seventy-five grains to five ounces of water. Recovery is more rapid than from use of Iodoform, there is but slight pain and *no odor*.

I have testimony as to the value of Resorcin in eye and ear troubles from Dr. J. H. Buffum, of this city. He uses it topically (!) in suppurative inflammation of the middle ear (!!) in maculæ of the cornea. He has had most brilliant results follow the treatment of maculæ with this agent. The method of application used by him is as follows: The end of a fine cotton swab is moistened in water, dipped in powdered Resorcin, and the macula dextrously touched with it.

Some time ago complaints were made of the poor quality of the Resorcin supplied by manufacturers. It was said to be contaminated with Carbolic acid, and when given internally was not attended with good results. The quality now furnished by manufacturers is unexceptionable the drug, both crystalline and sublimed, being of dazzling whiteness and great purity. For cauterizing purposes it is sold in cones of a yellowish-red color.

SUMMARY.

Chemistry.—Formula for Resorcin $C_6H_4(OH)_2$, regarded as a dihydroxyl of benzol and as belonging to the meta-, series of phenol derivatives.

Properties.—Resorcin occurs in colorless or white prismatic crystals, or in plates. Very soluble in water, sublimes when heated beyond $104^{\circ}C$. Has antizymotic, antiseptic and preservative properties. If a little fuming Sulphuric acid be added to a small quantity of it in powdered form, it dissolves with an orange yellow coloration which darkens and changes in twenty or thirty minutes to greenish-blue.

Pathogenesis.—Doses of from two to three grams* are followed by giddiness, roaring in the ears, accelerated breathing, redness of the face, sweat, and temporary fall of temperature with decreased frequency of pulse of more than one-third. These effects last two or three hours. Its effect is marked on mucous membrane having a slightly caustic action.

Therapeutic uses.—Soltman, ninety-one cases cholera infantum treated with one to three grain doses, 15 per cent. mortality. Andeer, one hundred and fifty-six cases catarrh of the bladder treated successfully with 5 per cent solutions in acute cases, 5 to 10 per cent. in chronic; two to three injections enough to cure acute cases.

Lebland and Fessiaux. Six cases of soft chancre in women treated successfully by local applications of Resorcin in powder or solution of seventy-five grains to five ounces of water. Recovery more rapid than from use of Iodoform; no odor.

J. H. Buffum. Thirty-two cases macula of the cornea treated locally by application of Resorcin in powdered form. Remarkably successful in all cases.

*30 to 45 grains.

Progress of the Medical Sciences.

Prof. Selmi has succeeded in extracting by means of alcohol from four corpses which had been buried from one to six months, an alkaloid, to which he has given the name of Potomin.—*Chemist and Druggist.*

Preventing Malaria.—The planting 100,000 eucalyptus trees on the Romana Campagna has counteracted the effect of the malaria to such an extent that the Tre Fontaine, the abbey of the Trappist Monks, is rendered habitable through the entire year.

A. Doctor in the *Popular Science Monthly* discusses at length the physical culture of the ancient Greeks and believes that human longevity in our time has decreased mainly from the lack of a liberal physical education. National and individual degeneracy he attributes to the enervating effects of advanced civilization with its luxurious accompaniments all of which require athletic exercises as a counteracting influence. The prodigies of strength, endurance and length of life witnessed in the Grecian republic have no counterpart at the present day, and, the relaxation from routine is sought for in the saloon instead of the gymnasium.

Homœopathy in Austria is not in so bad a condition as its enemies would have us think. One hospital in the suburbs of Vienna was lost, but a much larger one was gained, viz., the children's hospital in Vienna. In addition there are two other Homœopathic hospitals in Vienna. The Sisters of Mercy have one at Baden. There is a famous one at Linz, the capital of Upper Austria. Another is located at Brun, in Bohemia. In Hungary there are three Homœopathic hospitals, at Buda-Pesth, the royal capital.

Another fact is worthy of note; the number of Homœopathic physicians locating at cities where there formerly were none, is rapidly on the increase.

"*The need of France is Mothers.*"—Six per cent of the total population (37,503,000) of the country is concentrated in the capital. The inhabitants

of Paris marry least, die the quickest, and have the fewest children, as compared with the country at large. Did they prove only relatively fruitful, they ought to show an augmentation annually of forty thousand souls. However the increase in the population of Paris is due, not to a surplus of births over deaths, but to immigration from the provinces, and above all from foreign countries. There are more women (1007) than men (993) in France. Of every 1,000 inhabitants of Paris, 358 are single; while in the provinces the number is 229. Every 1,000 married couples throughout France have 174 children; in the capital but 120.

The Atmosphere in Mexico.—The strangest feature of monteray to northern eyes is the clearness of the air, such as that which made me, as I stood on the Mount of Olives, think the Dead Sea within an hour's walk, though I found it a day's ride. Among the strange ærial phenomena here I class the foot-hills standing out so prominently that you think you can see round their corners and into the interspaces between them and the secondary ranges. The most distant peaks, too, seem pressing forward to peep over the shoulders of those nearer. Everywhere the lights and shades contrast no less than those of electric illuminators. On the whole, the atmospheric brilliancy surpasses whatever is known in the north as much as our northern sky surpasses the London fogs, where men are forever doubtful whether their celestial luminary is the sun or the moon.—*Cor. New York Post.*

Patent Medicines in Japan.—The Japanese have established a public laboratory for the analysis of chemicals and patent medicines. The proprietors of patent medicines are bound to present a sample, with the names and proportion of the ingredients, directions for its use, and explanations of its supposed efficacy. During the year there were no fewer than 11,904 applicants for license to prepare and sell 148,091 patent and secret medicines. Permission for the preparation and sale of 58,638 different kinds was granted, 8,592 were prohibited, 9,918 were ordered to be discountenanced, and 70,943 remained still to be reported on. The majority of those which are authorized to be sold were of no efficacy, and but few were really remedial agents. But the sale of these was not prohibited, as they were not dangerous to the health of the people. If similar regulations were put in force in this country, it is probable that the sale of several patent medicines would stop.—*Pharmaceutical Gazette.*

100,000,000 Tons of Gas in the Air.—A recent writer in *Nature* called attention to the pollution of the air by the burning of coal, and calculated that in the year 1900 all animal life will cease to exist on the globe, from the amount of carbonic oxide thus produced. But another correspondent points out that the most of the gas is washed out of the air, by the rain. There were, however, some products of combustion, as hydrogen and the hydrocarbons, which are not removed by the rain. Of these unburned gases it is estimated that 100,000,000 tons have escaped in the air during the last thirty years. What will be the result of this accumulation. We may conclude that the increasing pollution of the atmosphere will have a marked influence on the climate of the world. The mountainous regions will be colder, the Arctic regions will be colder, the tropics will be warmer, and throughout the world the nights will be colder, and the days warmer. In the temperate zone winter will be colder, and generally differences will be greater—winds, storms, rainfall greater.

THE UNITED STATES MEDICAL INVESTIGATOR

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and close thought (the great sources of medical knowledge), on any subject pertaining to medicine.

THE CODITES carried the day at the National Convention of Regulars at Cleveland. In two instances the new code men appeared. Dr. Gihon, of the Navy, went for the codites, demanding more attention be given to education as the standard. The St. Louis delegation squarely petitioned for a revision of the code. This was tabled for a year. In the list of nominations the codites were honored, Dr. Austin Flint, Sr., being made president. Dr. Gihon, it is said, crawfished to get the position of third vice president. The new code men accomplished more than we expected they would. It was asking a great deal of the old Homœopathic haters to revise their code—confessing to the whole world the power of Homœopathy! They will take this humiliation in small doses year by year.

THE WEATHER AND DISEASE.—“A Watertown, N. Y., man, who has kept an account of the weather, claims that it invariably repeats itself, and gives the following as the result of his observations, viz: All years ending in 9, 0, or 1 are extremely dry; those ending in 2, 3, 4, 5, or 6, are extremely wet; those ending in 7 or 8 are ordinarily well balanced; those ending in 6 have extremely cold winters; those ending in 2 have an early spring; those ending in 1 have a late spring; those ending in 3 and 4 are subject to great floods.”

Who this man is and of his reliability, our physicians at Watertown can tell us.

If this is a fact, it has a direct bearing on the medical atmosphere and diseases will be influenced accordingly. If this is true, 1869, '70, and '71 should have been dry years and they were. So dry and hot was it in Chicago in July, '69 that it became memorable. Constipation and dysentery prevailed severely. In 1871 it was so dry for weeks that Chicago burned like tinder. 1872 was wet and drizzly, and the epizootic prevailed. 1873 was more wet and the panic struck us, and cholera marched up the Mississippi valley. 1874-5 were wet and crops failed, and were harvested with difficulty. 1876, the centennial year, had wild storms, but it became more dry. 1877-8 were more uniform. 1879, '80, and '81 were dry years. Crops did well on wet land, but failed on light soil. Last year we had more rain and snow, and this year it has given us floods. What next year will bring forth we shall see, but according to the record we should not be surprised to see cholera. If wet it will in any event be hard on the crops and the hydrogenoid people.

THE INSTITUTE SIDE SHOWS.—No body of men can meet together for years without becoming divided up into groups. This is especially true of medicine with its many specialties. In the Institute the surgeons, the eye men, the gynæcologists, the materia medica men, the pædologists, and the sanitarians, even will insist that their bureau reports should be given more time so the published "order of busines" is broken in upon in spite of the best presiding officer the institute has yet had, with one exception. This disarrangement causes dissatisfaction, open or quiet, and the result is a tendency to sectional or separated meetings and organizations. The Institute is declared unwieldy and can be swayed by one energetic man. How can this be prevented and at the same time secure the object of the gathering, a free and full report from each bureau without encroachment. To expect that a bureau composed of six or a dozen active ambitious specialists will present all its reports and have them properly discussed by as many more interested in the same bureau in an hour and a half is simply nonsense. Surgery, gynæcology and clinical medicine should be given a whole day each, and they would be "field days." The rest of the bureaus could be allotted at least a half day each. A whole week could be consumed with the institute sessions and to good advantage in that way. Let the specialists have their separate organizations, manage their own bureaus and reports, but all the papers and discussions should go with the transaction of the Institute.

The Allopathic surgeons, eye men, and gynæcologists have broken completely loose from their parent society.

Medico-Legal Department.

THE PRESENT TENDENCY OF MEDICAL THOUGHT.

BY S. F. HEDGES, M. D. PRESIDENT OF THE ILLINOIS HOMŒOPATHIC MEDICAL SOCIETY.

MR. CHAIRMAN: LADIES AND GENTLEMEN AND FELLOW MEMBERS OF THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION: At the request of the committee of arrangements, I have the honor, this evening, of addressing you on one of the most interesting subjects of the day. There is no home in all our broad land into which this question does not, in some manner, enter. Though physicians are the most deeply stirred by the present tendency of medical thought, it is true that every family sympathizes more or less with any movement affecting medicine, and their medical attendant. You cannot, if you would, be entirely unaffected by all this. It is in consideration of this widespread interest among the people, that the local committee of our association thought it would interest and instruct should a presentation of this subject be given at this time. So intent is the reading public to know how the subject is being handled by medical men themselves, that the newspapers of the day give close attention to the meetings

even of the smallest local and county societies. Action taken by any of these societies touching the points in discussion is published far and wide.

The reason of this wide spread interest is that at present there is a great change taking place in the Allopathic school of medicine. This change relates to questions of ethics. Ethics in medicine relate to manners; in short, how one doctor shall behave towards another. It is strange that on this surface question, one which only involves the personal relations of physicians among themselves, and professionally to their patients, on this mere surface question so much interest attaches. But, my friends, this which you observe, and which seems so easy to you, to settle, is the first external mark of an upheaval which starts in the very lowest foundation.

In February 1882, at the regular annual meeting of the New York state society of Allopathic physicians, a new code of ethics was adopted, containing the following significant rule. "Members of the medical society of the state of New York and of medical societies in affiliation therewith, *may meet* in consultation, legally qualified practitioners of medicine. Emergencies may occur in which all restrictions, should, in the judgment of the practitioners, yield to the demands of humanity." This was the entering wedge. It has split in twain the exclusive and prejudiced and hide-bound code of ethics of the Allopathic school in this country. The rent will never be healed. The scientific progressive and young American physician of the dominant school, having once felt free to act upon his own right judgment in regard to consultations will never again permit himself to be bound with the old chains. The above action of the Allopathic society of the great state of New York created a tremendous flurry in their national association at its next meeting in St. Paul, last year. The national association refused to receive the delegates from the New York state society, on account of this change in their code of ethics.

This action widens the rent, and in January 1883, the wedge was driven home by the medical society of the county of New York approving the new code of ethics of the state society. Thus the matter, as to official action, stands at present. But there is a great unrest among our brethren of the other school. They are ranging themselves in opposing lines. The contest is not to be ended until the old gives way to the new. The battle will be fought in New York. All over the land in every city and town men are taking sides for or against the new code. The tendency of medical thought on this subject will be guided by the tendencies of scientific thought in other departments. Science searches for the true, and the real. It favors liberty on the "survival of the fittest." Those physicians who favor this new code, of thought, freedom of individual judgment. It is willing to rest its case not only desire freedom of individual judgment, but also to range themselves on the side of the *law* of the land, as to legally qualified practitioners. The medical societies of the various states receive their charters from the delegates of the people in their state legislatures.

Chief among the rights and privileges, granted by these charters is the right to enact by-laws for their own government, and the control of their future. These by-laws, in their entirety constitute a code of ethics. In addition to this the various state legislatures have also enacted medical laws as to what constitutes a legally qualified medical practitioner. Any

physician who qualifies in this state under the medical act becomes a legally qualified practitioner. The Allopathic school of medicine, by their code, has denied any of their members the right to consult with many legally qualified physicians. In this, they have set themselves above the power which gave them their rights and privileges.

These charters for the organization of the medical profession were not given for the good of the profession, but rather for the good of the people. Hence any code of ethics which binds its adherent to only recognize those as physicians who hold his own peculiar views, and to only consult with such, is a code which sets itself above the law which made a code possible at all. It is an arrogant assumption of complete knowledge. It is of that pharisaical spirit which leads one to say, "I am holier than thou."

The Allopathic school has charged that Homœopathy is an *exclusive* system, that it is governed by an exclusive dogma. In the light of the present controversy in its code of ethics, one can very readily see on which side the exclusiveness belongs. When the smoke of the contest has passed away, and freedom of individual action and thought is established among the so-called regular profession, their code of ethics will have necessarily conformed itself to its primitive purity. The code of ethics of the Homœopathic profession was framed exactly upon the code of the Allopathic school of 1823, adopted by the American Medical Association in 1849.

I wish to call your attention to a few sentences from that primitive code, which was the basis of our Homœopathic code. Here we will find that the primitive code in medicine, like the primitive faith in religion, is the best. In that early code, under specifications of medical ethics in practice we read. "Honor and justice particularly forbid a medical practitioner infringing upon the rights of another, who is legally accredited, and whose character is not impeached by public opinion, or civil or medical authority, whether he be a native or a stranger settled in the country. There is no difference between physicians but such as result from their personal talents, medical acquirements or experience, and the public from the service they receive are the natural judges of their intellectual advantages." This is the fountain from which both codes emanate. They started with equal sources of honor and justice. The Homœopathic code has never departed from its early principal of equal justice to all accredited physicians. Town, state and national societies have ever allowed their members the liberty to consult with any practitioner of any school whenever the patient or medical attendant requested, subject always to his individual judgment. Humanity, in many instances requires that there should be no restrictions put upon the judgment of the practitioner as regards consultations. It does not follow that we may not refuse to admit consultation, but that our judgment is left free to act in the individual case as it occurs. There may be reasons, sufficient for me, why I should refuse to meet a certain medical man, be he of whatever medical school, and I wish to be free to exercise my own judgment. The honor of our noble profession is in the keeping of her individual members, and it is *safer there*, under liberty of thought and action, than as at present held, according to the illegal and bigoted code of the American Medical Association.

In view of this purity of our Homœopathic code, it will be interesting to note the time and cause of the change in the Allopathic code. From 1823

until 1849 there was no change. At this time, a few physicians, less than fifty, in the whole country, had investigated the principles of Homœopathy, and were practicing under its law of cure. They had been ridiculed, laughed at, and abused. They had been written down, and logically annihilated. But they were still quietly pursuing their way. They would not stay killed. It was the old story that truth crushed to earth will rise again. Indeed, if there had been no real law of cure under those men, those early pioneers of our cause; if there had really been no *truth* with them, they would surely have been crushed out by the storm of obloquy, derision and opposition which assailed them. It was not the first nor last storm which the noble ship, *Similia*, has ridden out, since she was so gallantly launched by Samuel Hahnemann in 1796.

The continued success of these few Homœopathic physicians, and the favor with which they were received by the people, finally caused the dominant school of medicine to further attempts to destroy this heresy. Hence, they were ostracised by medical official authority. And to follow up and complete this, the good, honest old medical code of ethics was violated and changed, and instead of saying, as quoted above, that "honor and justice particularly forbid a medical practitioner infringing upon the rights of another who is legally accredited * * and that there is no difference between physicians but such as results from their personal talents and medical acquirements and experience," instead of saying this, it arrogates to itself supreme medical knowledge, and styles all who hold different medical views, irregulars, quacks and charlatans, and forbids any recognition of even legally qualified physicians, or any consultation with such, on pain of expulsion and ostracism. That you may realize that a Homœopathic physician is not the only one who takes this view, I will quote from the address of one of the leading Allopathic physicians of the state of New York, Dr. H. R. Hopkins, of Buffalo.

In addressing his state society concerning the operation of the code of ethics, as above noticed, he says :

"We must remember that we, as a medical society, exist by the will of the people, for the good of the people, and that it does not rest with us to say when, or for what cause the people have forfeited their rights to our services; and when the corporate medical profession, when this society announces that its members may not meet in consultation, legally qualified practitioners, we attempt to dictate to the people, to sit in judgment upon the wisdom of their legislative enactments; we arrogate to ourselves, powers that in no manner or degree belong to us and we do that which we can ill afford to do, we make our profession ridiculous."

That is just what the people say, when they see such arrogance, "the doctors make themselves ridiculous."

We thus see, that to oppose and destroy the Homœopathic heresy, the Old School was led into a false position. In the progress of time and the advance of science, some of these men have finally had the courage to take a determined stand against the highest medical tribunal of the land, in order to place themselves, and their state society *right* on this great subject. They are to-day denounced as traitors to their school. However, they are strong in the right, and the right must conquer. No one can foresee where this commotion will end. It is pregnant with meaning and is one of the great

epochs in the history of medicine. Here in the west, our Allopathic brethren are looking and watching the tendency of this question and will soon have to take their stand on one side or the other. The old code will soon be wiped out, whatever takes its place.

(To be Continued.)

News of the Week.

Dr. Hocking, of Joliet, Ill., made us a pleasant call Friday last.

The Chicago Dental Infirmary, located at 22 and 24 Adams street opened its regular session March 12, 1883, with a good attendance. This is a new clinical school for dental instructions in the city. The didactic lectures are given in the various colleges.

Yellow Fever at Havannah.—The National Board of Health has been informed that twenty-two deaths from yellow fever occurred at Havannah during the week ending May 18th, and the disease has made its appearance among the shipping at that port.

New Journals.—Another epidemic of new journals threaten to break out. It is significant that new journals appear when Michigan University has a vacant chair to offer. The chair this year is gynæcology and pædology. Singular, but the editors of two of the new journals "give special attention to the diseases of women."

No Yellow-Fever in this Country.—Mr. Dunwoodie, Chief Clerk of the National Board of Health, says the board has not yet received any reports of yellow fever in this country, although the reports from Havana and Rio Janeiro state that the fever is increasing in both those places. The deaths in the former city average now about twenty-five per week, while at Rio Janeiro the death-rate from the same exceeds 125 weekly. The board, he says, have two stations fully equipped and ready to receive and inspect suspected vessels, and no such vessels are allowed to anchor in any southern port until satisfactory evidence is exhibited that no fever exists on board. Mr. Dunwoodie says that the President has turned the \$100,000 appropriated as an epidemic fund over to the secretary or the treasury, and he has decided to expend it if necessary in his own department—that is, in the Marine Hospital service. But the National Board of Health stations will be kept open until June 30 at least, and probably they will be kept open all summer. "It is only in New Orleans," said Mr. Dunwoodie, "that any opposition exists to the board.

All the other Southern and Mississippi cities and towns indorse the board and have adopted rules which conform to its rules. At the recent meeting of the Sanitary Council of the Mississippi valley, in which eleven states were represented and at which Dr. J. H. Rauch of Chicago presided, it was unanimously agreed that if the appropriation above alluded should not be placed at the National Board of Health the Sanitary Council would raise from private sources the amount required to further the object of the board."

Dr. Hamilton, of the Marine Hospital service, says that the alleged case of yellow fever reported from Brownsville, Tex., has been investigated, and proves to be septicæmia instead. The patient was a Mexican sailor who had been severely crushed and maimed by a fall last December. He had been without medical aid about four months, and died from the result of injury and neglect.

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INDIANA INSTITUTE OF HOMŒOPATHY.

**Reported for THE INVESTIGATOR by Wm. B. Clarke.*

The seventeenth annual session of the Indiana Institute of Homœopathy was opened at Indianapolis, May 8, with a prayer by Rev. O. C. McCulloch, which was appropriately and beautifully worded and impressively delivered. A good attendance of members from all parts of the state was noticed, and as visiting delegates the most prominent were President J. S. Mitchell, A. M. M. D., (representing the faculty of the Chicago Homœopathic Medical College); Prof. J. S. Kent, of the chair of materia medica of the Missouri Homœopathic College, St. Louis, (representing that college and the Missouri Institute of Homœopathy); H. M. Logee, M. D., of Oxford, Ohio, (representing the Homœopathic Medical Society of Ohio), and Dr. C. H. Viehe, of Henderson, Ky., and all of these gentlemen subsequently spoke glowingly of the prosperous condition of Homœopathy in their respective sections. A telegram expressing good wishes was read from a former President, W. L. Breyfogle, M. D., (of Louisville and New Albany), then traveling in California; and another was received from Prof. J. C. Saunders, of the Cleveland College regretting his inability to attend, as the Ohio society was in session at the same time; other felicitations and regrets followed, and then the annual address was delivered by President C. S. Fahnstock (of Laporte,) who in a moderate and able manner reviewed the progress of liberal views in medicine which in the last two years here received such marked impulses, frequently from unexpected sources in the Old School, and national events in England and America, and which have been so immensely favorable to Homœopathy. He then explained why medical men were not, as a class, more respected by the law and the general public, and pointed out the cure for the evil. (The address in full did not reach us, so we cannot do more than thus outline it.) The address was well received, and subsequently was adopted.

Prof. Kent spoke of the St. Louis college troubles, and of the final consolidation into one, and thought the talent and teaching ability as massed in the new faculty was sure to prove attractive to physicians and their students; there are ninety-three avowed Homœopathic physicians in St. Louis; and on the new state board of health the three schools are represented by law, and all relations are harmonious.

Dr. H. W. Taylor, (Terre Haute) asked Prof. Kent if it was true that his college had decided to matriculate no more women, and, if so, if it was not depriving them of their equal right to education, and the professor answered that it was true that no more women were to be admitted; it was not done because they were women, or because women had not equal right to an education, but as a matter of college policy, for co-education medically had been found to work badly, and wranglings would occur and clinics broken up or badly injured. There were medical colleges for women, and

others where women were admitted, and a movement was on foot to establish in St. Louis a medical college for women, so women need not suffer for opportunities for medical education.

J. M. Partridge, M. D., (South Bend) of the state board of health, reviewed the history of the board and its work, saying that his relation with the Allopathic members were harmonious and pleasant, and that he had just been appointed anew by the governor for the long term. He regretted the non-continuance of the immigrant inspection work, and in his capacity of state delegate to the American Public Health Association, urged the importance of closer attention to sanitary matters. He acknowledged the justness of the criticisms, made in the presidents address on the Board of Health blanks, and said that new ones were preparing, and hoped that physicians would take an interest in the matter and criticise them where submitted, as they soon would be.

A telegram sending "greeting" was here received from the Ohio society, in session at Columbus, and was answered, and a communication from Richmond, Ind., announced the recent formation of the Wayne County Homœopathic Society, with O. P. Baer, M. D., as president; A. Southworth, M. D., vice president; D. Clapper, M. D., secretary; Joseph Howells, M. D., treasurer; while Dr. H. W. Taylor said a similar move had been made at Terre Haute.

The board of censors reported favorably upon the applications for membership of the following doctors: John R. Mulholland, Goshen; E. B. Grosvenor, Richmond; C. F. Ellis, Ligonier; J. S. Beeler, Booneville; F. J. Dickey, Booneville; T. H. Taylor, Evansville; C. B. Freeman, Westville; Addie M. Barnes, Lafayette; J. D. George, Franklin; Alfred Rice, Columbus; W. M. B. Olds, Bremen, and T. B. Gulliver, Plainfield.

DISCUSSION ON CLINICAL MEDICINE.

Secretary M. T. Runnels, (Indianapolis) read the first paper in the bureau of Clinical Medicine, its author, G. M. Ockford, M. D., (Vincennes) not being able to be present. The subject was "Chronic Bright's Disease, and Its Homœopathic Treatment," and excited general commendation, the only criticism being by Dr. Taylor, (Terre Haute.) (1.) That hyaline casts were necessary as diagnostics. (2.) That it was not really urea, but creatine and creatinine, that was the immediate cause of death, and (3) that it was good practice to use Eleterium to help ease up on the kidneys.

J. N. Taylor, M. D., (Crawfordville) was positive that Bright's disease was often cured by the reckless and indiscriminate use of Arsenic by Old School practitioners, and cited personally known cases.

Secretary Runnels also read a paper on "Rhus tox." by G. W. Bowen, M. D., (Fort Wayne.)

The author said that it was in condition depending on or resulting from congestion where this invaluable remedy was indicated, and cited several cases, notably of frozen feet, burns, stings, erysipelas, etc., where he had known it to act marvelously; he thought it *prophylactic* to typhoid fever if *fruit* and *close air* were avoided. It is more curative in troubles of the lower extremities, and acts better in the lower dilutions in the malarial state, also in typhoid conditions.

[This paper was published in full on page 388.—Ed.]

J. D. George, M. D., (Franklin) then read an interesting study of "Homœopathy vs. Allopathy," in which he took strong grounds against the use of Morphine; the nearer an Allopathic physician gets to the law of similars the more patients he cures; he glorified in the appellation of "Homœopath," because the term signifies science in the practice of medicine. He was peculiarly happy in his discription of how often the Homœopath is called in to patch up a case that had run the long gauntlet of Allopaths, all striking it with heroic doses of Morphine, Quinine, Calomel, Sulphur, and Iron, and sarcastically read the long and characteristic list of medicines furnished as a part of the Ohio river relief fund during last springs inundation, and no one had the temerity to criticise the paper or any of its statements.

Dr. H. W. Taylor, (Terre Haute) then read a short but able and interesting paper on "Septic Poisons the Only Cause of Pyrexia," in which he made the startling point that no diseases, not even ague, is caused by vegetable substances or decomposition, since no vegetable substance not even tincture of Aconite could cause pyrexia when put to the test of the clinical thermometer. *Ergo*, the popular "germ theory" was but a glittering fraud. [This paper in full will be found in our next.—ED.]

Prof. Kent took issue with Dr. Taylor, by saying that nothing was better known than that Aconite would produce fever, and said that if the gentleman desired to test the matter he could easily do so by taking half a drachm of a good tincture of Aconite, the vegetable substance he has referred to as evidence. He knew personally whereof he affirmed, and also in other cases.

Dr. Taylor thought the professor could not know unless he had used the thermometer, and the thermometer would not show a rise of temperature. The professor would upset Homœopathy if he could make his point.

Dr. J. N. Taylor was sure, by personal experiment, that Aconite would not raise the temperature. The prover would feel hot, but the thermometer would not show a rise.

DISCUSSION ON SANITATION.

In opening the bureau of Sanitary Science, Dr. J. M. Partridge read a paper that proved to be a forcible temperance lecture under the title of "a Sanitary Veiw of the Effects of Alcoholic Drinks." He detailed the physiological and debasing effects of alcohol on the human organism, denied that it made intellectual men more brilliant, gave the results of experiments that proved that strong men were not, as is generally supposed, stronger when slightly under its influence, gave \$800,000,000 as the national yearly expense of it, characterized it as the greatest curse and crime causer of the world, and said it was the sanitary problem of the age. The lesson he drew was that it was the physicians duty to quit prescribing alcohol as a beverage, and to educate the people to regard it only as medicine, for as this was the only loophole to escape, as legislation was utterly powerless, and always would be as long as public opinion is as it is.

Dr. H. W. Taylor criticised this paper, saying that the flush mentioned was, as Ainstie and all the best authorities assert, similar to that produced by food; that most of the crime committed in liquor was premeditated and planned when sober; and that public sentiment quite rightly does not sustain legislation against the manufacture and sale of alcohol (simply because

some men would make hogs of themselves,) which is a food, and should be used as such in moderation; physicians cannot do without it in their practice, for it prevents tissue waste; in a crisis it holds the patient steady, tides him over the danger, and saves his life.

Dr. Logee had long ago considered this an important and difficult subject to treat, but had gradually arrived at the point of rarely prescribing alcohol.

W. T. Branstrup, M. D., (Vincennes) regretted having mislaid his paper on "The Hospital of the Old World," but was successful in interesting all with a recital of his reminiscences of observations recently made in the immense hospital of Berlin, Vienna, Paris and London, as well as New York. He describes the manner in which such noted men as Billroth, Politzer, Hebra, Capayza, Koch and Martineau worked, and said that the Vienna hospital was the largest, the St. Thomas, (London) the finest architecturally, and the New York hospital the most complete, and that a student could learn nothing by going abroad that he could not get at New York except instruction in obstetrics, where it was complete at the Vienna, where there were fifteen to twenty confinements daily. His paper in full would be interesting reading.

T. C. Hunter, M. D., (Wabash) read a paper on the "Importance of Pure Air, Water, and Soil," treating the subject from its chemical and physiological standpoints, and showing how certain diseases are produced, especially by ground air, *i. e.*, the air in the ground, and by water that has percolated through contaminated soil, and touching upon the different effective and defective methods of drainage.

Dr. J. N. Taylor believed that there was too much hue and cry about hygienic measures, and believed that heredity could be indicted for much of the trouble, and cited several notable comparative cases in support of that view.

Dr. M. T. Rannels spoke of the frequent necessity he had found of making thorough analytical examinations in tracing out the causes of certain cases of zymotic diseases, and said that in over two hundred cases examined closely, chemically and microscopically, he had never failed to find something sanitarially wrong in the water, and cited notable instances, where the water from a well dug near a privy had caused severe cases of typhoid fever.

Dr. H. M. Logee thought we knew too little about sanitary matters. There was something mysterious as shown by history, notably extensive and long continued sewer inundations in Cincinnati, Cleveland, Paris, and France, the subsequent summers death rate in each case being far smaller than for years, and Dr. H. W. Taylor reviewed the results of the elaborate investigations made by Dr. Greenough, years ago, where in London the epidemic diseases prevailed among the upper and middle classes, living in houses supposedly the best arranged from a sanitary point of view, while the poor, living along the Thames and in sewer districts, had comparative immunity.

DISCUSSION ON OBSTETRIC TROUBLES.

The Bureau of Obstetrics was then opened by Dr. A. R. Elder, (Terre Haute), reading a paper on "Placenta Prævia," and how to treat it, citing what he thought to be the most remarkable case on record; the patient having presented this formidable complication three times in two years and

three months, two being premature, one a live child, of ten pounds. He thought it best to make a mesial opening and let the head by mechanical pressure stop the hæmorrhage. After discussion by President Fahnestock, (who has seen five cases), Prof. Kent, Dr. Davis, and Dr. O. S. Runnels, all agreeing with the author's treatment. Dr. Viehe asked the opinion of the Institute as to giving prognosis in dangerous cases of any kind, and Prof. Kent said there was no time to talk, action was imperative; Dr. Elder advised cheerfulness and confidence; President Fahnestock said, tell the facts in the case and then do whatever was necessary; Dr. O. S. Runnels thought that a vital point in practice was the attitude to be assumed toward some one very near the patient. It is rarely politic to say much to the patient, but some one should know if there is danger from desperate complications at any time. Be confident and tremorless, and never so foolish as to say there is no danger when you know there is. A desperate crisis may be reached, and some one will be sure to say that you did not understand your case.

Dr. H. I. Needham, (New Albany), detailed the particulars of a case of persistent vomiting of pregnancy, when he had exhausted his resources (as had three Allopaths before him, and one afterward, under whose care the patient died). He advised the induction of labor, but this was not allowed.

Dr. O. S. Runnels thought these cases were very frequent, and that it was necessary in treating them to know the principles underlying the condition, and until we draw the line sharply between the nervous systems we could not well understand this trouble. The cause is a mechanical one, and while our school fancies it has some control over this complication, it often happens that we must treat it mechanically. This vomiting is reflex from irritation, of the sympathetic nerves, with which the matrix is more than bountifully supplied. This being true, we must abandon all stomach alimentation, and introduce the food per rectum, by inunction and by the hypodermic syringe. In this way I have saved the uterine product, and not given a drop by the stomach for ten weeks. When this cannot be done the obstetrician is positively a criminal if he lets the woman go down to death. He must then hedge himself around with the best counsel and do his duty fearlessly.

Dr. Fahnestock thought the obstinate, malignant cases were not frequent and cited a case that commenced early, lasted three months, when the woman was put upon a milk diet and began to improve and regained her health. He agreed as to what should be done as a last resort.

Dr. H. W. Taylor scathingly denounced the loose and unscientific wording of the present state law in relation to this matter. As it now is, a physician cannot apply the forceps in labor or even administer a remedy to a pregnant woman, without rendering himself liable to indictment before the courts. The weight of medical authority in the case mentioned most emphatically indicated induced labor. Rectal alimentation did not always offer even a loophole of escape, induced labor always did relieve.

Dr. J. N. Taylor thought in some of these cases the trouble was not really sympathetic, but was due to a pathological denudation of the mucous lining of the stomach.

At the evening session, Prof. Kent read a paper on "Medical Education." He urged that the time had come when colleges should encourage the work

of reform by lengthening the course of lectures and requiring large and better preparatory training; but so long as the making of money is the prime instigation of organizing and perpetuating a medical school, just so long will a low standard of medical education be prevalent. He was very severe on quacks and nostrum venders.

Remarks pertinent to Prof. Kent's subject were made by Drs. Fahnstock Branstrup, Waters, Haynes, H. W. Taylor, and J. N. Taylor, and then the Bureau of Surgery was opened and the following papers were read: "Mistake in Surgery," F. L. Davis, M. D., (Evansville). "Ulceration of the Rectum." W. D. Hill M. D., (Seymour). "Shock." J. C. Nettingham, M. D., (Bay City, Mich.).

Dr. Fahnstock related a case where a knee joint had been laid open with an ax, the recovery being good. Prof. Kent made some valuable suggestions and Dr. H. W. Taylor and Cole made comments and cited cases, the latter where he had extricated five inches of the rectum.

The Institute then adjourned till morning, after which, the members upon invitation of the Drs. Runnels adjourned to their office where the remainder of the evening was spent in social entertainment.

DISCUSSION ON THE DOSE AND NEW REMEDIES.

The second day's session began with attention being directed to the Bureau of Materia Medica and Pharmacy. J. S. Mitchell, A. M., M. D., president of the Chicago Homeopathic Medical College, read a paper written in a liberal and modern tone, and evincing the high order of attainments which its author possesses. Its title was "The Dose," and will be found in full on another page.

Prof. Kent was in thorough accord with Prof. Mitchell, and said that he had found that the best action began somewhere about the ninth. He characterized Swan's vagaries as the emanations of a crazy man, but asked Dr. Taylor to take Aurum 6th, with the microscope, and fish out all the gold he could, then prescribe each portion and explain why the "Sac. lac." acted and the gold or Aurum 6th would not.

Dr. Branstrup decried dose discussion, but thought we might safely follow the pioneers, who had succeeded with the high, and cited a case of small-pox transmission similar to one related by Prof. Mitchell.

This started Dr. Taylor on another track, and he declared that he had made repeated experiments with the small pox poison and had been unable to inoculate a sound skin with it. He insisted that a person to become infected must take it from the diseased person direct, and could not take it from an intermediate party.

Dr. O. S. Runnels said we should not believe all that is written about curing diseases. He had never known an instance in his practice where he had carried a disease from a patient and caused it in another, and in all original cases of certain diseases he could trace the cause to some sanitary defect or direct exposure. The poison of one disease, it may be, is neutralized by that of another, and *vice versa*.

Dr. Waters thought we could not truthfully say that injections and high potencies were identical in nature, though the comparison was continually being made.

A paper from Professor A. C. Cowperthwaite, of the Iowa State University, on "The Salts of Lime" and their uses and indications was then read, and it received the attention it deserved.

Dr. H. W. Taylor had never found the physical characteristics of the *Calcareas* to be fixed.

A paper from Prof. E. M. Hale, of Chicago, was then read. It treated of the uses and indications of *Convallaria* the new remedy, especially in cases of weak heart and indigestion, and the author's work was applauded.

Dr. J. N. Taylor had tried to prove the remedy, but could not get an effect. He did not think much of it, but from what he knew of it he thought the key-note was "dropsical effusions with heart disease."

The Secretary then read a paper by Dr. J. K. Mulholland, of Goshen, on "Verifications of Characteristic Symptoms," as shown in several cases from his practice, notably an obstinate neuralgia, an ulcerated lip of ten years standing, and a complete loss of sensibility, after typhoid, all of which succumbed to appropriate treatment.

The Secretary also read a paper from Dr. C. F. Ellis, of Ligonier, on "Repetition of Doses," holding that a second dose should not be given until the effect of the first was exhausted. He severely criticised the lack of unanimity manifest among physicians on this matter.

Dr. O. S. Runnels then read a quotation of one of the Swan "*Rubrum Iridis*" cases, and an amusing sarcastic caricature of the same which was received with shouts of laughter.

DISCUSSION ON MILK.

The Bureau of Pædology was opened by the Secretary reading a paper by Dr. T. C. Hunter, (Wabash) on "How to Feed an Infant when in a State of Inanition," and in the discussion, Dr. Davis, said he had generally found goat's milk the proper food, using a little salt and lime water. Dr. Elder, thought the milk of Jersey cows positively injurious. He had tried all kinds of infant's food, with indifferent success with any one regularly, and all he could advise was to keep changing till the right one was found. He believed there was something poisonous about the rubber tube. His wife had a little dog that was fond of a rubber ball to play with; a ball would not last long, and every time he had a new one it would make him vomit. He thought, if the rubber would make a dog sick it might safely be depended on to do the same for an infant.

Dr. C. T. Corliss, (Indianapolis,) care should be taken not to overheat milk and Dr. Cole, had sometimes found undiluted milk best, and at others using one-third rice-water. The author of the paper thought that all that was necessary was to change milk until the right one was found.

In the afternoon the Bureau of Gynæcology was opened by a paper by Dr. E. Z. Cole, Michigan City, detailing several cases from practice, illustrating the necessity of physical examination and mechanical aid and the futility of internal medication. An interesting discussion followed, and the ground of urethral carbuncle and its treatment was fully gone over, Professor Kent President Fahnestock and Dr. H. M. Taylor being chiefly concerned. Prof. Kent cited a case where a lady had suffered eight years from a caruncle and spent \$8,000 without relief, which he cured by a slight operation.

Dr. Downs asked advice in a severe case of nursing sore mouth. He had used about every thing that was suggested, and the mother would not wean the baby, and he feared the mother would die.

Prof. Kent was made an honorary member.

OFFICERS ELECT, DELEGATES, PLACE OF MEETING.

Officers were then elected for the ensuing year as follows:

President—M. T. Runnels, Indianapolis.

First vice president—T. Branstrup, Vincennes.

Second vice president—E. Z. Cole, Michigan City.

Secretary—C. S. Fahnestock, Laporte.

Treasurer—J. R. Hanes, Indianapolis.

The Board of Censors is composed of W. R. Elder, Terra Haute, Chairman; J. N. Taylor, Crawfordsville; H. J. Needham, New Albany; J. D. George, Franklin, and F. L. Davis, Evansville.

Dr. J. A. Compton, Indianapolis, and Dr. F. L. Davis, Evansville, were elected delegates to represent the Institute at the ensuing session, of the American Institute of Homœopathy at Niagara Falls.

After freely discussing the propriety of convening at some city besides Indianapolis and resolving by unanimous vote that the best interests of the Institute necessitates that some point of easy access and centrally located be chosen, for a few years, at least, until such deep interest is felt in the meetings, that a full attendance shall be assured, even at the inconvenience of many members from the more distant localities, the Institute adjourned *sine die*, and the members separated for their different fields of practice refreshed and reinforced, and more than ever imbued with a determination to make the work of the Institute profitable to the cause of Homœopathy and all concerned.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE
OF MICHIGAN.

The session of this society, held at Lansing, May 15, 16, 17,* was a highly successful one. The attendance was large, the papers "better than medium" and the discussions interesting. The proceedings opened with an apology from Dr. Franklin, the president, for his recent connection with an advertising medical "association," which was accepted, and placed among the records for publication. The place of meeting for 1884 is Detroit, when it is hoped that the Western Academy will hold a "joint" session. The following officers were elected, President, R. B. House, of Tecumseh. First vice president, Phil. Porter, of Detroit; second vice president, ———; secretary J. G. Gilchrist, of Detroit; treasurer, G. A. Robertson of Battle Creek. Dr. Gilchrist was elected to represent the society before the State Legislature, then in session, and addressed a large number of legislators in Representatives Hall on the subject of Homœopathic care of the new Asylum for the Insane, at Traverse City.

MEMBER.

Medico-Legal Department.

THE PRESENT TENDENCY OF MEDICAL THOUGHT.

BY S. P. HEDGES, M. D. PRESIDENT OF THE ILLINOIS HOMŒOPATHIC
MEDICAL SOCIETY.

(Continued from Page 440.)

As Homœopathic physicians, we have but little personal interest in the matter. Our own position is that towards which our opponents are tending. It is our place and duty to preserve a quiet dignity and wait the outcome of this struggle. We can afford to do this for we are on vantage ground. I wish you to note on what ground the Allopathic profession were led away from their old, and almost perfect system of ethics into the formation of their present narrow, arrogant, and exclusive system of ethics, which is as unscientific as it is dishonorable. It was to destroy Homœopathy. One of their leading writers was so certain of the early death of Homœopathy that he said about this time, that in twenty-five years, if any one wished to learn anything of this system, he must search the shelves of the antiquarian. He lived to see the utter failure of his prophecy.

Note, in the second place, that the new school of medicine, on attaining a growth sufficient to require a code of ethics, adopted the primitive one, and this they did while receiving the most unjust treatment from the dominant school. Those early disciples of Hahnemann were far-sighted, cool-headed men. They were so confident that truth and right were with them, that they could quietly await the decision of the years.

And this brings me to note, in the third place, that the present movement on this ethical question is towards the original code. It is to abandon a false and unscientific position, and retreat to the old and true. One would think that in doing this, some expression of regret or sorrow would be dropped, to show the sincerity of their repentance. But no, their pride will not permit, and so with a smile, we note that it is on the ground of humanity that they take this painful step. Let us be patient; it is too much to expect of them in the heat and turmoil of the change, but the future will make all suitable acknowledgements.

I have given considerable time to this first part of my subject, but my reason is, that while a mere surface movement, as already stated, it needs to be fully understood in order to make plain the elucidations of the deeper causes at work under all this to bring it all about.

It will be necessary now to take you back with me, while we gather up the medical lines of thought just prior to the days of Hahnemann. To these, we will add the new and only law of cure, discovered by Hahnemann in 1795 and 1796.

Next we will note the relations of these diverse elements, as they acted, and reacted upon each other. We will witness the influence which the Homœopathic law of similia, as carried out in practice, had upon the thought and practice of the dominant medical school down to this day. Lastly we will

sum up all, and show plainly the present tendency of medical thought and the duties devolving upon us as practitioners of medicine.

It is the general opinion that before the introduction of Homœopathy, there was uniformity of belief and practice in medicine. Nothing could be farther from the facts. The science and art of healing previous to the year 1800 was peculiar in this: namely, that *in practice*, medical men followed the light of experience. They gave what some one recommended for a given disease. It had been used successfully, so was passed along to the next doctor. It received favor according to the reputation and standing of the man who recommended it. The principal advantage a student received from his preceptor in those days, was the right to copy and take away with him the old doctor's formulæ and prescriptions and what they were good for. Often great sums were paid for this "accumulated experience of the ages," as it has been grandiloquently called. This claim to possess and be guided by the accumulated experience of the last 2000 years, which is the great boast and possession of the Allopathic school, is nothing more than domestic or empirical medication, elevated to the place of science. It has no basis as true science. Science is accurate, reliable, and satisfactory. This kind of prescribing is inaccurate, not to be depended upon for results, and often disappoints every hope reposed in it. In Hahnemann's day, this was so true of medical art, that many able men left the practice of physic for other fields of labor. They could not follow such uncertain guides. There was no law to regulate the application of drugs to the cure of disease. Science is law understood and applied. There was no science in this kind of prescribing, for there was no law admitted or understood.

The above description is true, as to the *practice* of medicine at the close of the eighteenth century; and except as modified in its application by Homœopathy, it is the same to-day. It is thus seen that there was, at that day, uniformity of practice, such as it was, a grand system of irrational empiricism. This unsatisfactory condition of the art of healing, led medical men to numerous and varied hypotheses to explain or account for it. The theory advanced to-day, which for a time drew attention was soon forgotten, or gave way to another. An endless succession filled in the years, and like them passed away. Theories can only be born of a felt want, a crying out for knowledge. We know not; we desire to know; we think out an explanation, and call it a theory. Theories so born always die sooner or later unless they stumble upon a firm foothold on some of the great laws, discovered or undiscovered, which underlie all the phenomena of nature, and are known and recognized when discovered, as laws of nature. How vividly this brings to our minds the history of Newton's great discovery of the law of gravitation. What momentous results turn upon little things! Newton and the law of gravitation. Hahnemann and the law of cure. The former delivered astronomy from the vague theories which never could harmonize the motion of the spheres; the latter delivered medicine from the swaddling clothes of puerility and ignorance.

It is remarkable that while the law of experience, weak and poor and deceptive as it was, unified *practice* in that day, there was the widest and wildest division among medical men, as to the theories explaining and governing such relations. They were all one harmonious school. Each one

might believe as he chose, and practice as he chose, so long as he did not practice as he preached. In other words, believe as he might, he must not govern his practice by his belief. Here we uncover the root of all the opposition, the great founder of our school received. Hahnemann, in 1795 in Hufeland's Journal, first published his theory of the action of drugs in the cause of disease. Soon after he formulated his theory into a law "similia similibus curantur" like cures like. So far, he met with no more opposition than any author of a new hypothesis might expect. But he now began to claim that medicine should be prescribed according to this law. It followed from this law, that only one remedy could or ought to be dispensed in one dose. As it was necessary to study the remedies individually, to ascertain their peculiar action in the system, so it would be necessary to give them alone, singly. Here we have, as following the "law of similia" the single remedy. What a tremendous dose for Allopathy were these little doses of Homœopathy! One can but sympathize with those heroic old doctors, heroic as to practice, as such amazing changes were placed before them. No wonder they staggered at the tremendous issue involved, and thought to turn back the tide of progress which was to carry the science and art of healing to its rightful place among the exact sciences. Vain endeavor! From its natal hour *similia* has grown in favor both with doctor and patient; and being a law of nature, as it is a law of cure, it is eternal. Any such claim as this was certainly a bold attack on the ancient and sacred science of medicine. Who had ever before tried to substitute his theory and law, for the wisdom and experience of the age! It was a preposterous arrogance and must be thoroughly put down. So thought and wrote the doctors. Hence they opposed the new theory and law of cure and the single remedy. Undismayed by opposition, and confident in truth, Hahnemann now took another step in advance. This step was brought about by his experience in the application of the law of similia.

Prescribing by that law, he was forced to reduce the size of his doses in order to avoid the characteristic aggravations which followed too large a dose. One would think that as this was dictated by the law of experience, his opponents would have been somewhat mollified. Not so! It only served to intensify and add to the storm. The great class of legally authorized apothecaries now joined themselves with the opposing medical profession and their cry was as of old in Paul's day "Our craft is in danger." "Great is Diana of the Ephesians!" "If all the doctors prescribe such small doses, our craft is gone." Opposed and persecuted by these combined and privileged classes, the physicians and the apothecaries.

Hahnemann met the fate meted out to every class of independent thinkers and workers who discover or invent new and revolutionary laws or machines. In short, let us see what it was that Hahnemann had done. It is best expressed in language already formulated, namely: "The law of similia, the single remedy, and the minimum dose." Dr. E. M. Hale, has expanded this as follows:

It means, this: 1. The remedy chosen must be selected according to the law of similars. 2. It must be prescribed in as small a dose or doses as will cure most safely and speedily. 3. The medicine should be given singly not mixed with several others according to the old notions of polypharmacy.

On these three points, hang all that is distinctive in Homœopathy. It seems very little to have created such a revolution. But my friends, is it only a little? Is it not the full flower of Homœopathy, the leaves of which will yet be for the healing of the nations? Like leaven, it has been working. It is still working and it will continue working, until the whole medical lump is leavened. What is it that has held Homœopathy together, compact and strong through all these years of such opposition as the history of men has scarcely paralled? It is the central principle, *similia*. It is its law which makes it coherent. Like gravitation, the law of *similia* holds all its subordinate parts in equal and uniform relation to itself, and 'so they move in their own orbits, ever kept steady and true by the great central power, the law.

Allopathy, like the giant, in Bunyan's Pilgrim's Progress, has been able to destroy every opposing medical theory until it met its Great Heart in "*similia similibus curantur*." But while Homœopathy has grown to be a resisting force, and has won for itself an honorable place and name, what has been its effect upon Allopathy. I would say in passing that it is not admitted by the opposing school that our system has had any effect upon them. When we observe them taking up, one after another, our own methods and remedies, even our often ridiculed doses, we wonder they still have no word of acknowledgement.

Let us examine the facts of the case in the light of reason, and see what the verdict will be. As the years have passed since the Homœopaths has been prescribing his little doses, we notice that gradually the Allopath has been giving up his old violent measures. One by one their writers have ceased recommending bleeding, leeching, blistering and mercurializing. This is the first change a negative one. Some Allopathic physicians went so far in giving up their old measures, that thinking very little was left, they were called the expectant school. Soon after, and within the last few years, we notice that in place of a negative change, there has been going on a positive change. Had I the time, I could cite from all the recent text-books and journals of the Allopathic school, in proof of this change. In *materia medica* they advise the study of the single drug on the healthy, that they may learn its peculiar action. So did Hahnemann eighty years ago!

I notice in some recent text-books that in advising such small doses as the 1-100 to the 1-1000 of a grain, and smaller, even, the reason given is, that a dose sufficient to set up a curative action, is all that is required, and larger doses would create an aggravation. These reasons are borrowed bodily from Hahnemann, and by him given to the world nearly eighty years ago.

Under some other name, many of the best minds in the Allopathic ranks, really recognize the law of similars. How otherwise can they prescribe as they now do? Ipecac for vomiting, Aconite for fever, Belladonna for headache, Bryonia for pleurisy. If they are not imitating Homœopathy, how do they advise the following, to wit. Calomel, 1-60 of a grain for nocturnal headache, Corrosive sublimate, one grain in a quart of water, teaspoonful every hour, for dysentery? Tartar emetic for bronchitis, one grain in a quart of water, one teaspoonful every half hour? Nux vomica for sick headache, one drop every ten minutes? Pulsatilla for dysmenorrhœa, two drops every

hour? I might go on for an hour, and not exhaust their recent imitation and copying almost wholly from our text-books in this same line. You notice it is not only according to the law of similars, but also the single remedy, and the minimum dose, and yet they have learned nothing from Homœopathy! It is all the result of the accumulated experience of the ages! Such pride and prejudice is human, but it is not worthy a scientific mind.

Before passing to my conclusion, I wish to note a new and advanced step taken towards Homœopathy, or rather, a new appropriation of Hahnemann's wonderful conclusions, published by him three-fourths of a century ago. On almost every page of the *Organon*, Hahnemann inculcated the principle that the physician should treat the symptoms, not the disease, treat the patient, not the diagnosis. He reiterated this advice, and from that day Homœopaths have been laughed at, and called unscientific for following this true light. And now, in the very most *regular* orthodox of all Allopathic authors, Prof. J. R. Reynolds, of the University College, London, in the last American edition of his *System of Medicine*, Vol. I, page 24, we have this same thing taught as plainly as it can be, and yet no word of him who was seventy-five years in advance of the learned writer.

This most recent change of the Old School is more significant than the others. It shows that they begin to see it. All scientific men are exceedingly careful to award the honor of the earliest discovery or thought, on any subject, to the right one; and it must be that the pride and prejudice, and ignorance which so far has prevented this, will before long, pass away.

We have now seen what the influence of Homœopathy has been upon the dominant school down to the present. It has been said by others that there has been an approximation of the two great schools of medicine. This is true, but the coming nearer together has been nearly all the movement of Allopathy towards Homœopathy. Why is this? The answer is that as Homœopathy is founded on a law of nature, it is coherent and fixed. It is also powerful in attracting, and by this still, silent power, draws all affected by it, to its center.

In looking over the field, we see that Homœopathy occupies the vantage ground. The tendency of medical thought with her is to more and more study into, and understand the law of cure in its application to disease.

Over the broad surface of Allopathy we observe an unrest, a state of motion. Its tendency with them is to reach fixed and scientific grounds. And even if it is driven to adopt the principles and practice of Homœopathy, it must do it by the very power of attraction. These deeply hidden agencies working in the midst of the Allopathic school have brought about the ethical problem with which we opened our paper. As their tendency was towards the practice of Homœopathy, though too proud and prejudiced to openly acknowledge it, so they are in ethical or personal relations, tending towards us. The law of similia is drawing with irresistible influence, all medical thought and practice to itself. It is the true law of cure and all who practice the healing art, will soon be under her glorious banner no longer sailing under false colors as at present.

I may be enthusiastic, and so will allow another to express this same prophecy as follows:

"We cannot escape the inevitable, and it is inevitable, that in the future all schools of medicine will merge into our broad and comprehensive body. Not that all men will ever think alike or believe alike on all points of medicine, but that all will settle finally on one or more grand dogmas or principles."

The tendency of medical thought as we have tried to show is towards this end.

To my fellow-members of the Illinois Medical Society, I have a word to say, in conclusion. If these things be so, it becomes us to firmly, patiently and hopefully stand by our law and its application. We will be tempted to lower its high claims, to suit one or another. The reform movement in Allopathy will decrie our claims, but let us hold up Hahnemann to them, and his wonderful Organon of Medicine, published more than seventy-five years ago.

In order to hasten the medical millennium, we must not give up our distinctive organization. There is much for us to do yet. The method of rightly studying drugs, in order to know them accurately and minutely, is a sacred trust. To such a knowledge we alone have the key. It will be so difficult for any disciple of crude Allopathy, who has worked so long with grains and scruples and drachms, who has recognized, as drug effects only the emetic the purgative and the opiate, it will be so hard for him, I say, to see effects in the third the twelfth and the thirtieth attenuations, that we must still be true to our long pupilage and stand as true teachers of the sacred domain of the effects of small, even infinitesimal doses. Although our friends in old medicine, some of them, are enthusiastic students and searchers in the field of the physiological effects of drug action on the healthy, they yet fail to notice the nicer and finer shades of effect in the mental and nervous and emotional system. To this more delicate coloring they are as yet blind. Now, if in haste we go too far to meet them, we may be influenced to give up some of these most useful and necessary elements of drug study. Our manipulation will not be so accurate if we handle too freely their coarse and heavy tools, we must keep to our own tools if we would do good work. And hence we have a work to do in the future of materia medica. Let us be quiet. Let us wait and time will make the way an open and a plain one. Then the same caution and advice holds true in therapeutics. What has been wrought, in the average life of one man, for the system of the practice of medicine, by Homœopathy. It is so wonderful it enters into the marvelous, if we lay it side by side with the condition of the practice of medicine for a thousand years before the day of Hahnemann. These past eighty years have gathered into themselves the energy and progress of more than ten centuries! Only that we live in a wonderful age of progress and improvement, in every department of human life and thought, this onward sweep of the science of medicine, would be perfectly overwhelming to contemplate, and we have shown that the discovery of the law of cure, the law of application of drugs to cure disease, was the first and potent factor in shaking off the incubus or ignorance and bigotry which had rested for so many hundred years upon the art of medicine. It was the light beaming from similia that dissipated the medical darkness of the ages. But there is still work for us to do as the advance column in the medical army. Let us be true and faithful in applying by our law the properly

chosen drug, in the properly selected dilution, to the suffering and sick who shall require our services. "The wheels of the gods grind slowly, but they grind exceedingly small," and it will require *time* and yet more time, before the doses of the Allopathic doctor will be ground small enough to avoid a medicinal aggravation. Until then, we who are the great almoners of the gifts of beneficent nature, must keep to our colors, and point the way and hold forth the gifts our beautiful law and system have for humanity.

Consultation Department.

MENSTRUAL EPILEPSY.

Tell "G" to try Kali phosph., 6x, a powder three times a day for three or four days before the monthly period and continue once a day during the flow. *Very reliable*

R. W. NELSON.

ANSWER TO CASE.

Tell "young practitioner" his patient is suffering from lead poisoning; give him Alumina 3x., a powder two or three times a day, a few doses will make all quiet on the Potomac.

R. W. NELSON.

HÆMORRHAGE FROM THE BOWELS.

Please tell us through your journal, the cause of severe hæmorrhage from the bowels, during lung fever. Query? Where did the blood come from in such a case? The patient was in his third week of a relapse, brought on by overeating, and the amount of blood lost was all of three pints at two separate times. Ham., tincture internally and injected cured him notwithstanding.

N. H. U.

CASE FOR COUNSEL.

Information wanted. Case. Thrush, or nursing sore mouth child now is two months old. Mothers tongue, mouth, fauces, are very red, sensation of fine sand in mouth also smarts, burns, stings. Anus and rectum seems to be the same, sinking feeling in bowels with painless diarrhoea worse nights and early mornings, watery, dark yellow, light yellow, sometimes mucus, changeable, have tried Mercurius, Rhus., Bell., washes, etc., *no cure*.

Will it make any difference in curing if the babe is weaned, some say can't cure until wean babe.

A. C. COLBURN.

BUTLER, Mich

CONSULTATION NOTES.

I desire to extend hereby, my thanks to those who have so kindly suggested the remedy in my case. I am sorry to add, that their suggestions all came *too late*, to be of any service to my patient, as he suddenly expired while being helped up into his chair—nearly two months since—whereby comes this suggestion to those applying for counsel through the pages of this most estimable journal, that they give their address in full, and that those who will, may give advice direct by postal, as well as afterward through the journal, so that those who are suffering and in need, may receive timely service, and succor. My treatment for "gall stones" which

has always been successful with me, is as follows: *Chelidonium majorum* 1st in alternation every hour, with *Aconite* and *Belladonna* 3d combined. Two tablespoonfuls of sweet oil and one-sixth grain *Morphine* every six hours, until the severe pain subsides, after which continue the *Chelidonium* only, every three or four hours for two or three days.

To Young Practitioner.—I would simply advise to let well enough alone, and not medicate too heavy. Give nature full swing, and dose, *only as symptoms urge*. I am satisfied Mr. Editor that we oftentimes *overdo* in medication, even as *Homœopaths*.

Many thanks for Dr. G. W. Bowens paper on the special benefits derived from *Rhus tox.* Why may we not have as clear and concise characteristics given to all drugs?
C. D. WOODRUFF.

POST MORTEM.

Mr. John L. Houser died at Cedar Creek, Ind., on Friday night, October 13, 1882, after having convulsions for about thirty-six hours. An examination of the body showed that death was caused by a fibrinous clot beginning in the heart, and reaching for a distance of about seven inches. The clot was white and tough, and of the variety called by some writers on physiology, "vegetations or polypi." The presence of this clot obstructing the free flow of blood through the arteries, called for increased action of the heart and caused its enlargement. Finally the clot, breaking loose, plugged up the vessels and caused convulsions ending in death.

All the other organs of the body were healthy except that the liver was somewhat enlarged. In our opinion the conditions named were sufficient to account for all the symptoms observed before death.

The examination was held by the following named physicians; D. B. Rother, T. C. Sargent, J. F. Thompson, J. Salmon, S. M. Sherman and A. A. Kester.

The case had been treated by the writer.

A. A. KESTER.

News of the Week.

Another College—We have met the foe and they are ours. We have four Professors.
C. M. DINSMORE.

Dr. W. M. Stearns, who has been state physician at the Joliet prison since his graduation at the Chicago Homœopathic College three years ago, is going to Europe for a years study in foreign medical schools.

Learned Lady Physicians.—The United States counted in 1882 not less than 470 lady doctors possessing university diplomas. Among them were 350 unmarried, 93 married women, and 27 widows. Only 45 attended exclusively to women and children, while 4 oculists and several others are married to physicians. Of the total number, more than four-fifths earned a modest living during their first years practice.

Swiss Medical Students.—There are in the four universities of Switzerland Basle, Berne, Geneva and Zurich—a total of 543 medical students, of which fifty-one are women. The largest class is at Zurich, where the number is 180. At Berne the number is 164. There are women medical students at all the universities except Basle. At Berne there are twenty-six, at Zurich seventeen, and at Geneva eight. Mixed classes seem to succeed in Europe.

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WHOLE No. 350.

Society Department.

AMERICAN INSTITUTE OF HOMŒOPATHY.

NIAGARA FALLS, June 20, 1883.

The fortieth anniversary and thirty-sixth session of the American Institute of Homœopathy opened at Niagara Falls yesterday. There are about 160 delegates in attendance, and the interest runs high. The members began arriving on Monday, and a short preliminary meeting was held in the evening. The sessions are held in one of the large parlors of the International Hotel, where all members who could find accommodations are stopping, the overflow going to the Cataract House. The large number of ladies present—delegates, and wives and daughters of members—lends animation and tone to the gathering.

Yesterday morning's session was advertised to begin at 10 o'clock, but it was ten minutes to eleven before President James rapped to order. All the officers—as follows—were found to be in attendance:

President—Bushrod W. James, M. D., Philadelphia, Pa.

Vice President—O. S. Runnels, M. D., Indianapolis, Ind.

General Secretary—J. C. Burgher, M. D., Pittsburg, Pa.

Provisional Secretary—T. M. Strong, M. D., Allegheny, Pa.

Treasurer—E. M. Kellogg, M. D., New York, N. Y.

Censors—F. R. McManus, M. D., Baltimore, Md; Millie J. Chapman, M. D., Pittsburg, Pa.; R. B. Rush, M. D., Salem, Ohio; D. S. Smith, M. D., Chicago, Ill.; F. H. Orme, M. D., Atlanta, Ga.

Executive and Publication Committee—Bushrod W. James, M. D., Philadelphia, Pa.; J. C. Burgher, M. D., Pittsburg, Pa.; T. M. Strong, M. D., Allegheny, Pa.; O. S. Runnels, M. D., Indianapolis, Ind.; E. M. Kellogg, M. D., New York, N. Y.

Necrologist—Henry D. Paine, New York, N. Y.

After prayer by the Rev. Mr. Rosenmuller, rector of St. Peter's Church, Niagara Falls, work was at once plunged into and steadily pushed along so that when the Institute adjourned for the day it was fully up with its programme and had secured a good start for to-day. The gathering is a thoroughly representative one, taking in all shades of thought in Homœopathy, though the young professional element is rather conspicuous by its absence. The local committee of arrangements, was on hand and hard at work. A complete list of the delegates who had reported to Dr. T. Franklin Smith of the bureau of Registration up to last night is as follows:

Connecticut—H. E. Stone, New Haven; Sophia Penfield, Danbury.

California—J. A. Albertson, San Francisco.

Canada—John Hall, Toronto; Arthur Fisher, Montreal; H. H. Reed, Halifax.

District of Columbia—J. B. G. Custis and C. Pearson, Washington.

Delaware—C. H. Lawton, Wilmington.

Georgia—F. H. Orme and L. E. Cleckley, Atlanta.

Illinois—D. S. Smith, R. N. Tooker, James E. Gross, J. E. Gilman, W. J. Hawkes, J. P. Mills, J. S. Mitchell, T. C. Duncan, G. A. Hall, N. F. Cooke, A. W. Woodward, R. N. Foster, S. P. Hedges, E. H. Pratt, Julia H. Smith, Juliet Caldwell, C. H. Vilas, Samuel C. Grosvenor, Chicago; M. J. Chase, Galesburg; C. Ehrmann, Rockport; C. R. Enos, Jerseyville; L. Pratt, Wheaton.

Indiana—J. A. Compton, O. S. Bunnele, J. B. Haynes, Indianapolis; Moses H. Waters, Terre Haute.

Iowa—A. C. Cowperthwaite, Iowa City.

Kentucky—F. B. Dake, Louisville.

Kansas—Anna Warren, Emporia.

Massachusetts—Conrad Wesselhoeft, I. T. Talbot, A. J. Baker, W. L. Jackson, W. K. Knowles, Jos. P. Paine, Boston; David Foss, Newburyport; C. H. Walker, Chelsea; H. E. Spalding, Hingham; H. L. Chase and H. A. Chase, Cambridge; C. H. Farnsworth, East Cambridge; O. G. Ross, Revere; J. O. Moore, Haverhill; L. B. Parkhurst, Northampton; H. B. Clarke, Newbedford; E. B. Holt, Lowell; H. E. Russeque, South Farmingham; E. L. Campbell, Attleboro.

Minnesota—H. Hutchinson and C. G. Higbee, St. Paul.

Maryland—F. R. McManus, Baltimore.

Missouri—F. W. Bishop, Hannibal; P. G. Valentine, St. Louis; Wm. H. Foster and W. H. Jenney, Kansas City.

Michigan—H. C. Allen, E. C. Franklin, N. L. Franklin, T. P. Wilson, Ann Arbor; S. A. Johnson, Kalkaska; Phil. Porter and D. J. McGuire, Detroit; P. H. Van Vleck, Sturgis; Edward Daniell, Calumet; A. I. Sawyer, Monroe.

Maine—M. S. Briry, Bath; B. Shackford, Portland.

New York—N. C. Welch, J. W. Dowling, E. M. Kellogg, S. Lillenthal, H. D. Paine, E. West, W. Y. Cowl, T. M. Strong, Wm. Tod Helmuth, T. F. Allen, Thomas Franklin Smith, S. Swan, S. E. Dunlevy, E. Gurnsey, A. T. Hills of New York City; H. M. Paine, Albany; A. T. Bull, G. W. Lewis, L. A. Bull, A. R. Wright, R. R. Gregg, Buffalo; T. L. Brown, Binghamton; M. O. Terry and L. B. Wells, Utica; S. T. Birdsall, Brooklyn; A. S. Couch, Fredonia; H. M. Dayfoot and J. C. Harington, Rochester; C. Ormes, Jamestown; F. W. Ingalls, Kingston; Ira L. Bradner, Middletown; R. O. Phillips, Yonkers; E. V. Brown, Farrytown; Olpha M. Whiton, Lockport; B. L. Bayliss, Astoria; C. H. Voohis, Annandale; A. P. Hallet, Havana; A. Wilson Dods, Silver Creek; Horace S. Hutchins, Batavia; M. D. Covert, Geneva.

New Jersey—E. Rushmore, Plainfield; D. R. Gardner, Woodbury; E. M. Howard, Camden; W. M. Butler, Montclair.

Ohio—S. R. Geiser, Wm. Owens, T. and B. Ehrmann, Cincinnati; S. S. Lungren, J. B. R. Ransom, Toledo; J. E. Smith, H. B. Van Norman, J. C. Sanders, N. Schneider, D. H. Beckwith, Cleveland; R. B. Rush, Salem; E. C. Morrill, Norwalk; T. Young, Gehania; H. E. Beebe, Sidney; F. L. Flowers, Lancaster; J. R. Flowers, Columbus.

Pennsylvania—B. W. James, J. C. Morgan, P. Dudley, J. E. James, Philadelphia; E. Cranch, J. C. M. Drake, Erie; J. C. Burgher, M. J. Chapman, J. H. McClelland, B. F. Dake, Pittsburg; E. C. Quimby, Titusville; A. Livermore, Meadville; L. H. Willard, Allegheny City; W. H. Kern;

McKeesport; L. B. Holly, Phœnixville.

Rhode Island—George B. Peck, Providence.

Tennessee—J. P. Dake, Nashville.

Wisconsin—E. W. Beebe and L. Sherman, Milwaukee.

MORNING SESSION.

The first and most interesting feature of the morning meeting was the address of President Bushrod W. James, who is a prominent practitioner of Philadelphia. Dr. James is a pleasant and forcible speaker, and his effort was well worthy of the occasion and the audience. The speech of an hour's duration was replete with bright and sensible things. He began by alluding to the necessity of following out the time honored plan of presenting to the Institute at its annual session a resume of the year's struggles and triumphs in the field of applied Homœopathy. After briefly adverting to the record of the school since Hahnemann's day, a statement of the work that the Institute represented was given. A glance to the West, South and East found the capacity of hospitals and colleges increased, and the standard of medical education raised. The organization of a female medical society in Chicago recalled the days when women knocked in vain for admission at the door of the Institute. "To-day," said the speaker, "I have the pleasure of greeting our medical sisters by the score." The duty resting on the profession to help on investigation and discovery was touched upon, and the members were urged to work while the time for work was given them. Then the president spoke lovingly of members who had gone on to be with the Great Physician.

Passing on to suggestions and topics for consideration, some changes were recommended by the president to the present system of bureau reports and a suggestion made that a depository for the archives of the Institute be established. The speaker congratulated the members on the increased interest that was being taken in commemorating the birth of Hahnemann, and hoped that all societies, local and otherwise, would make the tenth of April their greatest festival. The Institute was urged to co-operate with the British Association in the revision of the *materia medica* now in progress. The social and scientific success with which Homœopathic workers every where were meeting was fittingly alluded to, and then Dr. James passed on to the future. He predicted the ultimate obliteration of all school lines, and that *similia similibus curantur* was the watch word for victory. Homeopaths were declared to have no personal interest in the triangular fight—between the old code, modified code, and no code at all—now going on in the Old School camp.

"At first we were called 'quacks and charlatans', then 'irregulars', now simply 'sectarians'," he said: "There is no room of quackery in our system it is based on scientific laws, and we stand ready for a fair test of the rival systems side by side. Why prattle of codes and ethics? Consultation between the schools is constantly and openly going on."

The statement was made in most of the larger cities of the country—including Buffalo—the doctor added, that one third of the taxable property was owned by persons employing Homœopathic physicians. "When the other side have settled their code differences, we can shake hands with them

on the ground of codeless manliness," he remarked. The speaker was several times applauded, and on concluding received a unanimous vote of thanks.

A committee composed of Drs. J. P. Dake, of Nashville, I. T. Talbot, of Boston, and J. S. Mitchell, of Chicago, was appointed to consider the recommendations contained in the address.

Under the head of reports that of the Publishing Committee was accepted. Reading of the treasurer's report was deferred. The Chair appointed as an auditing committee D. S. Smith of Chicago, F. H. Orme of Atlanta, and P. G. Valentine of St. Louis. The Necrologist, Dr. H. D. Paine, of New York reported the death since the last report of twelve members, the oldest eighty-eight and the youngest forty-two years of age.

The report of the Bureau of Organization, Registration and Statistics was read by Dr. I. T. Talbot, the chairman. It gave the number of State societies at 27, of which 21 held charters, and with a membership of 2,180; 107 local societies, composed of 2,660 members; 30 general hospitals erected at a cost of nearly \$2,000,000; 47 dispensaries, 21 of which report 60,628 patients 19 medical journals, and 11 colleges, with 6,000 alumni. There are 7,400 Homœopaths in the United States, no less than 3,000 of whom are not members of any reporting society. A letter from Dr. Charles Mohr, of Philadelphia, accompanying the report on dispensaries, was read. The statistics on this subject are very incomplete, fully one-half of the institutions not having reported.

The report was referred to the Committee on Publication, and Dr. Talbot was reappointed chairman of the bureau. There being some unoccupied time before dinner, the order of verbal reports from delegates, which had been set down for the afternoon, was called for. Under the head of state societies the following medical gentlemen presented reports from their various sections: P. G. Valentine of St. Louis, editor of the *Clinical Review*; Henry E. Spaulding of Hingham, Mass.; D. S. Smith, Chicago; Henry E. Stone, New Haven; H. E. Beebe, Sidney, O.; H. C. Allen, Ann Arbor, Mich., editor of the *Medical Advance*; J. A. Compton, Indianapolis; Milton S. Briry, Bath, Me.; Pemberton Dudley of the *Hahnemannian Monthly*, Philadelphia; I. T. Talbot, Boston; T. P. Wilson, Dean of the Homœopathic department of the University of Michigan, Ann Arbor, and an honorary member of the Kansas society. Under the head of local societies, hospitals, clubs and asylum reports were presented: Egbert Guernsey, editor, *New York Medical Times* spoke of Ward's Island Hospital; William Todd Helmuth of the New York Hahnemann Hospital; J. S. Mitchell, Chicago, of the Cook County Hospital; S. P. Hedges, Chicago, of the State Penitentiary at Joliet; T. F. Allen of the New York Ophthalmic Hospital; T. P. Wilson and E. C. Franklin, of Ann Arbor; E. B. Holt of the Lowell (Mass.) Hahnemann Society; D. H. Beckwith and N. Schneider, Cleveland of the Huron street Hospital, Cleveland; W. L. Jackson, Hughes Medical Club, Boston; D. S. Smith, Hahnemann Society Chicago; J. H. McClellam, Pittsburg Hospital and Dispensary; David S. Foss, Newburyport, Mass., of the Essex County Medical Society; C. G. Higbee, St. Paul Minn.; L. A. Phillips of the Massachusetts Society of Surgery and Gynæcology, Boston; and P. Dudley of the Children's Hospital of Philadelphia.

At the conclusion of the reports, Dr. Wright of Buffalo, stated what arrangements had been made for sight-seeing, and an adjournment was taken until 3 o'clock.

AFTERNOON MEETING.—MATERIA MEDICA.

When the members came together after dinner, the work of the "Bureau of Materia Medica and Provings" was at once taken up. The special topic for discussion was "A Model for Materia Medica." This bureau is composed of the most eminent authorities on the subject in the school. The majority of the members have published works or dissertations on materia medica. They were instructed at the last meeting to suggest an ideal materia medica, and to this end had prepared exhaustive papers, synopses of which were read by the chairman.

The members—corresponding and regular—who contributed to make up the report were J. P. Dake, chairman, Nashville, Tenn.; Conrad Wesselhœft, Boston, Mass.; John W. Hayward, M. D., Liverpool, England; Tomasso Cigliano, Naples, Italy; Lewis Sherman, Milwaukee, Wis.; E. A. Farrington, Philadelphia, Pa.; H. R. Arndt, Grand Rapids, Mich.; A. C. Cowperthwaite, Iowa City, Iowa; Wm. Owens, Cincinnati, Ohio; A. W. Woodward, M. D., Chicago, Ills.

Dr. J. P. Jousset, of Paris, France, was unable to respond, as he was writing a large work. T. F. Allen, M. D., of New York City, the author of the standard Encyclopædia (in twelve volumes) of Materia Medica, which bears his name, read his own contribution, and presented printed copies of a pamphlet of some twenty-five pages as sample of the revision which he is making of his work. Asa S. Couch, of Fredonia, N. Y.; A. W. Woodward of Chicago; H. C. Allen, Ann Arbor; Wm. Owens, Cincinnati; S. Lillenthal, New York, and W. M. Butler of Montclair, N. J., discussed the report. It was referred to the publication committee of which Dr. Dake was reappointed chairman.

The bureau of pharmacology had assigned no subject for discussion and the chairman, Dr. H. W. Taylor, of Terre Haute, Ind., was not present. Dr. C. Wesselhœft, of Boston, one of the bureau, was called on, and spoke for some time on the solubility of glass. A free discussion followed, participated in by Drs. Dake of Nashville, Peck of Providence, Smith of Cleveland, Allen of Ann Arbor, Waters of Terre Haute, Hall of Toronto, Duncan of Chicago, Cowl of New York, and Owens of Cincinnati.

Dr. Pemberton Dudley of the Committee on Medical Literature read a paper severely scathing certain medical works and journals, and suggesting as a remedy for ungrammatical, loosely-constructed, and superficial literary efforts the boycotting of all such by the profession.

On motion the time for opening the morning sessions was changed from ten o'clock to half past nine.

The Chairman of the Board of Censors, Dr. F. R. McManus of Baltimore, stated that the names of the following applicants for membership had been favorably passed on by the Board:

C. L. Cleveland, Cleveland, O.; E. M. Howard, Camden, N. J.; J. W. Ward, and W. Y. Cowl of New York City; A. W. Dods, Silver Creek, N. Y.; M. D. McGill, Buffalo; H. H. Reed, Halifax, N. S.; J. R. Horner, Pittsburg, Pa.; E. R. Curtis, Woodland, Cal.; F. A. Bishop, Hannibal, Mo.; B. S. Keator, Asbury Park, N. J.; Charles Leeds, Chelsea, Mass.; Dewitt Wilcox, Akron, O.; J. S. Benninger, Minnesota, Minn.; J. H. Enloe, Rome, Ga.; E. C. Quimby, Titusville, Pa.; M. Kingsley, O.; P. T. Schley, Atlanta, Ga.; Charles Griswold, St. Paul, Minn.; E. B. Briggs, Carrick, Pa.; and J. F. Ridge, Philadelphia, Pa.

On motion the report was confirmed and the names added to the membership roll. A recess was taken for supper.

ANON.

THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

THE CODE. HOW IT WORKS.—*Scene I.* A prominent family whose physician is a Homœopath, desires a prominent regular called in counsel. He comes and puts this question; "Do you practice an exclusive dogma to the rejection of the teachings of anatomy, chemistry, physiology and pathology." "No I do not" says the Homœopath. "Then I can consult with you."

Scene II. A child of a prominent family falls out of a carriage and is severely injured. An Allopathic surgeon is summoned and in the meantime the family physicians are sent for. They are introduced to the regular as Homœopathic physicians. "I am a regular and our code does not allow me to consult with exclusives," and turning on his heel, the little regular left. A Homœopathic surgeon was summoned, the indignant family gave the facts to the papers and the world is treated to another illustration of the ridiculous code and its exclusive abusive interpreters.

We have for years contended that the most rigid interpretation of the code cannot exclude an educated Homœopath. That is the position that the more sensible of the Allopaths will take.

MEDICAL SOCIETY ERAS.—The history of all medical societies may be divided thus, (1) a medical convention, (2) a meet me, (3) a meet him and them, (4) a gathering of medical men.

I. The first era is usually a brief one. Some prominent or fancied prominent man is urged to call a meeting of the physicians of such a state or county. It is an unorganized convention. Some one must give force and take the front. So at once the gathering takes the form of a political convention with the medical phase of it—the real or supposed object of the gathering—left far in the back ground. Some one has "captured the convention." It adjourns to enter upon the second era.

II. The "meet me" is usually a short era, where the profession are alive to the necessities of the case. A year is long enough for any baby to nurse. A selection of "me" or any of his special friends is prejudicial to the best interests of any medical gathering. Rotation in office like rotation in crops gives the best harvest. Usually the new comers are not aware of the grip of "me" until it is apparent that he runs things for his own ends. A man may run a society for years and make it the most profitable possible, but usually favoritism is apparent and general interest lags. Then a rival appears, and another era is entered upon.

III. These rivals marshal their forces. They get out as many as they

can on their side. The society is a battle field. They take sides even in the discussions and often warp medical facts and experience, so that their transactions are better suppressed than published. This belligerent era is usually of short duration but it may last for years. The medical interest usually wanes, and the attendance becomes nominal. The rivals finally get disgusted and are too busy to attend this year. A more democratic atmosphere is reached and a medical society is now established.

IV. The peculiar marks of this era may be enumerated briefly: A full programme, a free discussion and indifference to medical politics. The profession are then ready and anxious to contribute to the general fund and discussion being invited is prompt and pointed. Where and when shall they meet and who shall preside and act as chairmen, are settled in a spirit of fairness to which none take exceptions. The general feeling is that it pays to attend. Would that all our societies had reached this era—were in truth gatherings of medical gentlemen.

Correspondence.

A HOMŒOPATHIC VICTORY IN MICHIGAN.

DETROIT, Mich., June 6, 1883.

EDITOR INVESTIGATOR: A telegram just received states that the bill before the Michigan legislature to put the Northern Insane Asylum under the Homœopathic system of medical treatment passed the senate this afternoon by nineteen to six, yesterday it passed the house by sixty-two to eighteen. As this is the *last* day of the session of the legislature we were fearful that the bill would be lost. It has now passed and we are all happy.

Michigan has now two asylums in operation under Allopathic treatment. The Northern Asylum which thus by legislative enactment goes to the Homœopaths is in process of erection and will not be ready to receive patients under about two years. It is located at Grand Traverse in the northern part of the state. It is said to be a very healthy locality.

Our bill made the Allopaths squirm badly. There are four of them in the legislature but they were powerless to resist it.

Michigan is the banner state as regards legislation in favor of Homœopathy. Whatever we ask for and then *work hard* for is granted. At this session \$12,000, has been appropriated to the Homœopathic department college and hospital at Ann Arbor, \$2,200 of this is for a new professorship of diseases of woman and children. We have been too modest heretofore in our claims for the new science of medicine. At the next session of the legislature—two years hence—we shall begin early and ask that the two asylums *now* in operation be put under Homœopathic and Allopathic treatment every alternate four years so that the question as to which is the best treatment can be determined. I have no doubt that by intelligent and persistent work we shall accomplish the object even if we do not before that

time by the *voluntary* action of the trustees of those institutions of which there are already signs.

The "State House of Correction" the "State Public School" and the "State Institutional Home for Girls," are all under the Homœopathic system of treatment and all show most admirable results. What has been done in this state can and should be done in every other state. We owe it to humanity that we do not cease in this noble work until the citadel so long held by the Quinine and whisky fraternity yields the palm and grants the superiority of Hahnemann's discovery.

E. R. ELLIS.

DETROIT, Mich.

HOMŒOPATHY IN NEBRASKA.

EDITOR INVESTIGATOR: At a recent meeting of the Board of Regents of the university of this state, a Homœopathic faculty was elected to represent us in the medical department of the institution. This result is most gratifying to the large number of Homœopathic patrons, and especially so to the members of the profession who represent that school. The physicians of our school have never been in favor of a medical department to the state university, but were practically compelled to take steps looking to that result by reason of the action of certain members of the Old School, who some three months ago, quietly took measures to establish an Allopathic department, and got themselves appointed to fill all the chairs, thus thinking to shut out all comers. But they reckoned without their host. No sooner was this business consummated than the "little pillars" began to stir themselves and petitions were sent to every physician of our school throughout the state, requesting them to get influential signers looking to the proper recognition of our rights in the university. This was done with a will, and the petitions were numerous signed, representing a very large proportion of the wealth and intelligence of this rapidly growing commonwealth. The object gained was the result of *work*, and was largely due to the disinterested zeal, the dignified and unanswerable arguments and persistent efforts of Dr. C. M. Dinsmore, of Omaha, who personally presented the case to the regents. The cause of Homœopathy is always in safe hands when championed by so able a representative as Dr. Dinsmore. We succeeded in getting all we asked of the regents. Three professors were appointed, viz.: C. L. Hart, M. D., Omaha, to the chair of materia medica. B. L. Paine, M. D., Lincoln, to the chair of theory and practice. F. B. Righter, M. D. Lincoln, to the chair of obstetrics and diseases of women and children.

We are also privileged to add to our faculty, the name of the brilliant chemist, Prof. Nicholson, who is a strong adherent to Homœopathy, which practically gives four chairs to start with. Gentlemen will also be invited to lecture on special subjects during the winter.

* * *

LINCOLN, Neb., June 16, 1883.

Clinical Medicine.

SEPTIC POISONS THE ONLY CAUSE OF PYREXIA.

BY H. W. TAYLOR, M. D., TERRE HAUTE, IND.

Read at the Seventeenth Annual session of the Indiana Institute of Homœopathy, May 8, 1883, and Reported for THE UNITED STATES MEDICAL INVESTIGATOR by Wm. B. Clarke.

Hahnemann made two scientific observations which have passed perhaps unnoticed, or at least unnoticed save by a very few investigators. One was that foods produced various modifications in the health of an individual, and are therefore not distinguishable from drugs in the character of their effects upon the organism. The observation is the one with which I have to deal in treating of the subject of pyrexia, and expresses the fact, so well borne out by all experiments in our provings of drugs, viz.: that vegetable drugs taken into the system are incapable of producing actual diseases, and more especially febrile diseases, because they cannot bring about true pyrexia. Even the most powerful poisons, while acting with a marvelous rapidity in causing death or the greatest peril to human life, show when submitted to the test of the clinical thermometer, their puerility as fever, producing agents. Even Aconite, now recognized in all schools as the chief anti-pyretic of them all, when taken into the healthy human organism, in large doses and for a long time, still displays no power to elevate the temperature of the capillary blood current. If this be true of Aconite it must also be true of all other less powerful vegetable substances. It is without the logic of experiment or analogy to attribute to the lower forms of vegetable life that intensely destructive power to heal the human tissues up to that point of rapid disintegration which we attribute to pyrexia, and which power is not possessed by the famous Monkshood. On the other hand, how well known and universally recognized is the fever producing power of septic material when absorbed into the current of the lymph. Introduce the most minute drop of variolous lymph under the cuticle, and in due course of time you have all the subjective and objective symptoms of pyrexia, the chill, the heat, the lassitude, the various aches and pains, and lastly the thermometer discovers a smartly elevated temperature. And this is not distinctly true of the variolous lymph. It is well known that any diseased animal fluids or tissues holding the poisoned lymph are capable of producing the various phenomena of pyrexia some time after inoculation. Syphilis, erysipelas, tuberculosis, gonorrhœa, varicella, scarlatina, diphtheria, puerperal diseases, and in fact the whole long list of septic diseases, certainly are produced by entrance into the circulation of the septic material. The logical inferences are many and important. First, we are compelled to reject the present popular vegetable germ theory. The bacillus cannot in its nature of a vegetable organism, be ever a carrier of contagion. As a vegetable it is a repairer of tissue, and not an impairer of vital structures. The germ theory is but a glittering fraud. Again, it must be true that all the so-called malarial diseases of this country and of the world are in no way connected with the growth or decay of vegetation, save such incidental connection as usually exists between luxuriant vegetation and great prolific-

ness of insect life. Malarious diseases are not the products of vegetable decomposition, because vegetable matter cannot produce pyrexia. As the corollary of this proposition, malarious diseases are produced by septic matter, probably taken into the body in the water used for drinking, and which beyond a doubt, contains septic matters derived from the innumerable bodies of the insect tribes that inhabit the alluvial crust of the earth and constantly fertilize it with their carcasses.

LOCAL TREATMENT OF WOMEN.

When using *Pinus canadensis* in local treatment of women, I use enough of the so-called "heavy" to thoroughly stain and saturate the outer surface of a tampon previously soaked in carbolized water and wrung pretty dry.

E. H. PRATT.

TYPHOID FEVER IN PARIS.

Those in charge of the Hospital St. Jacques within a period of twelve years have had more than three hundred cases of typhoid fever, with a mortality of less than five per cent. The remedies they use are: Muriac and Sulphuric acid for the diarrhœa; Bry. and Phos. for thoracic complications; Bell., Stram., Hyos. and Capsicum for cerebral disturbances; Ars. Black Sulphide Mercury and Cinchona for adynamic conditions. They have no faith in the abortive power of *Baptisia* in this disease.

BENZOIC ACID IN ENURESIS.

Case, boy aged five and one-half years, light complexion, stout, flesh doughy flabby feel. Cannot hold urine day or night. Urine must pass at the moment. Has to wear a cloth constantly. Legs much irritated from urine which is strong and offensive. Stains cloth a deep yellow and brown color. When he does use a vessel a red sediment occurs which adheres to vessel. Urinates a least twenty times a day. Gave Benz. acid 200, a powder at 11 A. M., daily for six days, cured after first dose.—Dr. Thompson in *H. P.*

A NEW FOOD FOR THE SICK.

Dr. Beaumetz, in the *Bulletin Therapeutique*, describes something new for sick people. Horse flesh is chopped, dried at 120° F. and then ground to a fine powder. The most delicate stomach will retain and assimilate it, and through it resume duties. It is very nourishing.

HOMŒOPATHIC VS. ALLOPATHIC LABELS.

A few days ago the *Morning News* contained a little article in which a Rush professor said that the greatest objection he had to Homœopathy was that it permitted its physicians to resort to methods of advertising that he could not tolerate. He further said that he knew of a Homœopathic doctor who had his little vials labeled with his name and address so large as to nearly cover the bottle. He says this doctor's patients get on the street cars and in the theatres and in churches, everywhere they pull out their vial and take some pills, and thus advertise this physician. Why you dear Rusher, you should not blame the poor doctor.

We doubt if even a Homœopathic physician can train his patients so well as that. It is only a difference in the patients you know. Now we have seen patients who take *your* medicine get behind a corner, but it was'n't a little vial. It had smooth flat sides. The patient took several swallows at a dose, and usually shut one eye. You must label *your* bottles! S.

HEADACHE CURED WITH THEIN.

BY DR. E. T. COOPER, LONDON.

Mrs. B.—, a hard working needle-woman, dark, nervous temperament. Headache affecting entire head, comes on when worried, keeps her awake all night; sense of weight in stomach, feeble digestion, tendency to back-ache, and weak, tiresome cough. Thein 1x; five grains, to be taken three times per day. Cured, the headache giving way to a neuralgia of the left side of the face, which she never had before, but which soon disappeared.—*World*.

A CAPSICUM CASE.

BY F. E. CALDWELL, M. D., BERGEN, N. Y.

August 21st, was called to see a lady in her second pregnancy. While pregnant before, she had suffered severely with heartburn, and had found nothing that relieved her. She complained of a hot ball rising to her mouth burning all the way just like fire; worse after undressing, and all night preventing sleep, so that she has to sit up. At times she is troubled with hæmorrhoids, which burn and itch. Urine is scanty and high-colored, also at times profuse and frequent; bowels regular. Otherwise the patient is healthy. Prescribed Capsicum 200, three powders, which relieved her within twenty-four hours.—*Medical Counselor*.

TARANTULA IN CHOREA.

Patient eleven years, subject for two months with this neurosis. It was characterized by spasm of the glottis, coming every five or six minutes with a whistling noise. Tarantula, 200, morning and evening, at first modified the spasm of the glottis, and then cured entirely.—*Bibliothique Hom*.

PSORIN IN HEADACHE.

Mrs. D., aged forty-seven; blue eyes, light complexion; strong, muscular mother of four children. February 13, 1870. Headache for twenty years; worse last three or four years. Pain begins over left eye and goes to right, increasing from hour to hour; then diarrhœa and nausea; finally, bloody vomiting; vertigo obliges her to lie down; sight blurred and blue stars before eyes; veins of temples much distended; the day before the headache has *inordinate appetite* and also during first hours of pain. Headache aggravated and brought on by *change of weather*, so that even in the middle of the night, she is awakened by pain and always knows there has been a change in the weather; sourness of stomach; sensitive to touch and pressure of clothes; catamenia perfectly regular—Psorin 200 in water, morning and evening for four days.

March 8th. Reports has had no headache ; stomach less sensitive. Sac. lac.

April 5th. No headache ; has not been so long without headache for twenty years ; change of weather still produces unpleasant tenderness in pit of stomach. Sac. lac.

May 7th. No headache ; no effects of change of weather ; sensitive stomach has nearly disappeared.—*Cal. Hom.*

NÆVUS CURED BY FLUORIC ACID.

• October 7, 1882. Baby ; female ; five months ; telangiectasia bright red, compressible ; oval, one and a quarter by one inch on *right temporal region* (See Hering's condensed M. M., page 395). There being no other symptoms present, Fluoric acid 200, one powder a day for three days was given.

December 15th. Nævus has decreased to size of a dime.

January 15th. Discoloration gone ; think nævus cured.—*Dr. C. G. Wilson, in Advance.*

CALENDULA AS AN ANTISEPTIC.

Calendula officinalis, have of late been commented on as an antiseptic, in some of the medical journals having lately an opportunity to try its virtues in a large abscess situated in the axillary space, extending forward beneath the pectoralis major muscle to the sternum. The patient was a man fifty-five years of age, a laborer, in good health prior to the formation of the abscess, which was caused by a small abrasion of the skin from the thumb, through sympathy the lymphatic glands of the axilla became affected. When the abscess was ready for opening, it was lanced freely at the left border of the sternum, and in several places beneath the arm, drainage tubes were inserted, one at the sternum four inches long extending back toward the arm pit, and another one three inches long in the front tendon extending back through armpit to back tendon of the axillary space. Instructions were left to take out these tubes night and morning, and syringe out thoroughly with carbolyzed water. This was followed out for ten or twelve days, the discharge got to smelling so bad I concluded I would give *Calendula* a trial, which we used in like manner for one week without the least benefit. I then resolved to fall back on *Kali permang.*, which had given me such valuable assistance after parturition, and in less than twenty-four hours great improvement was perceptible, the pus changed in quantity and quality, lost its foul odor, the abscess began to heal from within and a speedy recovery was the result. I have never tried it after surgical operations of any magnitude, nor in old ulcers or cancers. In its original sphere it has done me good service such as small incised or lacerated wounds. The sooner it is applied after an injury the more prompt its healing virtues are attained. As it does not give me satisfaction in the above case, I will not use it anymore in an abscess.

SILOAM SPRINGS, ARKS.

W. F. BAYLESS.

IMPROVEMENT OF THE HUMAN RACE.

BY J. C. CUMINGS, M. D., ST. LOUIS.

The world moves. Less than one hundred years ago, all that was required of physicians was to heal the sick. Afterwards it became their duty to prevent diseases. Now it is their privilege to ameliorate man's condition under any and all circumstances;—whether by the side of the wretched outcast in the pangs of death, or at the bedside of an Empress in the throes of labor, giving birth to an heir whose safe deliverance may be the salvation of a nation, or what is better still, to educate fathers and mothers, so that they may be enabled to bring into the world, artisans, poets, statesmen and geniuses of all kinds, each perfect in his calling, the most mediocre of whom will equal the most exalted genius of the present or past ages of our race. Is this ultima thule beyond the reach of man? Who dares to say it is, in the light of the last century with its printing press, steam propulsive power, telegraphs, telephones, etc.

Two-forty is very slow time now; only a few years ago, it was the wonder of horse racers. What the stockmen have done, and are constantly doing now, ought to be proof enough, of what can be done with the dual animal, man, when once taught the laws of his being. The perfect man is the most useful man. That man is most useful, who has a perfect physical and mental organization, and who is following the calling, which, by education and taste, enables him to do the most good to man.

It may be asked, how are we to know our calling. Unless we can get aid from phrenology, we must fall back on our likes. Ask ourselves, what of all things would we like best to do.

Man is in a concrete state now. It is the work of the *doctors* to make him into a discrete state. Then he will follow his vocation as inevitably as the duck seeks the water.

No man asks what a race-horse or a draft-horse is best fitted for; their very form shows us that. It may be said it is an easy matter to evolve a new variety of pigeons by propagating certain peculiarities that may appear, as has been the case with the tumblers, fan-tail, and in fact every variety now existing from the original rock pigeon.

So too of all the varieties of domesticated fowls, and all blooded stock of whatever description; but when you come to man, that is quite a different undertaking. Is man, the epitome of all lower existences, less capable of development than the lower animals? Who will admit it? Aye the difficulties are great. But are they insurmountable? Perhaps it is impossible as society is now organized, to make much progress. But to-day, makes things possible to-morrow, that are impossible to-day. The initiatory step must be taken, and the sooner, the better for the coming man. In fact the step has already been taken by writers on phrenology, and "Fernald's First Causes of Character," and Dr. Cowan in his "Science of a New Life," and by all writers on sociology from Herbert Spencer down, either directly or indirectly. The world is fast growing in that direction; by every improvement in the arts and sciences.

Every invention, from the tallow candle of Franklin's day, to the electric

light of our day, shows the rapid strides which the world of art is taking. Is the world of mind less active? Was it ever so active as now? Forty years ago, a cotton buyer in Liverpool, if he bought cotton at all in the United States, would have to write by a sailing vessel; perhaps in a month or two, he would get an answer to his letter. And then he would only write to New York, New Orleans, or some other seaport city. Now he has his agents stationed in all the cotton towns of any note, in the south, as well as in the large cities, and in two hours, having the whole cotton world to select from buys by telegraph from the lowest market. Merchants through their exchanges get the fluctuations of the market every few minutes. By means of the same wonderful invention, a single individual is enabled to transact millions of dollars in a few minutes, having private wires in his office he gets returns of expenditures and receipts every few hours if he so desires, from all parts of the world reached by the telegraph, or telephone. Thus we see that steam and electricity are fast annihilating time and space. And we feel there are other inventions in the near future, that will make these now wonderful agents appear to the coming man, as slow as the stage coach, and pony express of 1847 seem to us in 1880. Every invention creates new demands. The hand printing press, though a vast step in advance of parchment writing furnished in a weekly paper 20x40 inches all the reading matter the public then desired. Now, the press of to-day, printing, cutting, pasting and folding its ten thousand copies hourly, is not enough.

But the *London Times* has its telephone connected directly with the house of Parliament and its type setting machine, setting up each word as soon as it falls from the lips of the Premier of England.

If nothing better is invented, soon the telephone will be so improved, that a distinguished preacher or great statesman will have hundreds of thousands listening to their sermons or speeches, instead of the small numbers who can be admitted into a church, or the Halls of Congress or House of Parliament. As it now is, sermons have been heard twenty or thirty miles from Brooklyn, by means of a private telephone.

Now the signal service tells of the origin and course of storms, and saves thousands of lives, and millions of property. But that is not enough, we must be able to control or prevent storms, make it rain when vegetation requires it, in a word make earth a paradise. But man must be infinitely superior to what he is, in our day to be able to accomplish and enjoy what is foreshadowed.

Note.—Gas was introduced into Paris in 1820. First line of steamships established in 1840. Mexican war in 1847. First cable laid in 1858.

CLINICAL NOTES ON DIARRHÆAS.

DIARRHÆA OF INFANTS.

For which Cham., Jalap., Rheum, Senn., and Sulph. acid are more frequently required than other remedies, although it may be remarked of Jalap that its passages are watery, and accompanied with intense cuttings in the bowels; of Rheum, there are mixed fæces and slime; of Senn., dark colored

water, with cutting pains also, but less severe than those of Jalap, and more or less flatulent. And also in those of infants.

TEETHING DIARRHŒA.

Teething, for which we have Colch., Carbo., Cham., Graph., Merc. sol., Nux mosch., Pod., Sulph. In selecting a remedy from among these, it may help to bear in mind the resemblances and differences of the symptoms of these medicines. Calc. and Graph. are alike in these particulars: both have very offensive discharges, but that of Calc. is yellow, Graph., dark, half digested. Both have acid discharges; that of Graph. is only soft; Calc., thin; Calc. has undigested, hard or thin; Graph., half digested. It is also quite characteristic of Graph. that the discharges are followed by great but *transient* prostration. Calc. and Cham. have much similarity of some symptoms, but the differences of others make the distinction between the two not difficult. Both have the smell of bad eggs, those of Cham. with this property are also excoriating. With Cham. the passages are often green, with Calc. never. The diarrhœa of teething infants, for which Nux mosch. is appropriate, is attended by an indomitable disposition to sleep. The little patient sleeps all the time. The discharges are likely to be very offensive and rather copious. It is a remedy of greater value in teething diarrhœas than is generally supposed. Pod., painful, with grinding of teeth. This, of course, can only occur in cases of the last teeth in the series. Sulph., the discharges are slimy for the most part, brown, green or white, and often are marked with slight *streaks* of blood.

The above are only a few of the distinguishing symptoms of these drugs, not given as a complete analysis, but only as showing the mode in which distinctions are arrived at in classes of cases where one of a class of similar remedies is to be selected, by which that most unsatisfactory practice of giving one remedy of a class, and, if not successful, another, and so on through the series, may be avoided.

DIARRHŒA IN PREGNANCY.

Pregnancy is often attended with obstinate and sometimes fatal diarrhœas. For these cases we may find a remedy in one of the following: Am. carb. Dulc., Hyos., Lyc., Petr., Phos., Sep., Sulph. In these cases, in addition to the careful observation of the elements of the diarrhœa, the constitutional symptoms are to be most rigidly studied, for these, not infrequently are decisive of the choice of the remedy. Without a thorough knowledge of these the prescriber must often be quite in the dark as to his curative, and his patient, consequently, in a very unsafe condition. These remarks are equally true of the diarrhœas which arise at

LYING-IN

For these we have Ant. crud., Dul., Hyos., Rheum. There may be cases requiring other drugs, but these can hardly fail of being detected if the analysis and comparison insisted on, be faithfully carried out. The above remedies are only named, because so frequently called for, that they may claim our first attention in cases where the characteristic of other drugs are not prominent. They are never to be given merely because named here or elsewhere, as possibly appropriate in this class of cases.—*Hom. Phys.*

YELLOW FEVER IN HAVANA.

WASHINGTON, June 9.—The startling statement has been received by the National Board of Health that yellow fever is steadily increasing at Havana, and particularly along the wharves and among the shipping. During the month of May there were eighty-one deaths from the disease, the majority having occurred among the soldiers in the military hospital. During the same month there were four deaths from small-pox at Havana.

TARANTULA IN HYSTERO-MANIA.

Patient, aged fourteen, for four months had nervous attacks that returned daily at about the same time. Commenced with a considerable excitement of the nervous system, and a sad and irritable mood. Suddenly the state of excitement will increase, destroying everything she can lay her hands upon, and becoming dangerous to surroundings. She would laugh and sing and scorn every body. The attack ended with a comatose sleep. On awakening she knew but little of what had happened. During sleep she would answer correctly any question proposed to her. Pulse during first stage was slow, arteries contracted; during second stage frequent and full; no thirst nor appetite, pressure and fullness in head. *Bell., Hyos., and Stram.* in the 12th dilution, modified the intensity of the attacks, but not the frequency. *Tarantula* 12 brought about a perfect cure in fourteen days.—*Bibliothèque Hom.*

News of the Week.

Personal.—Mr. Cal. Omel, read, I Chronicles XVI, 12.

Good Opening.—We want a good Homœopath M. D. at Eagle Grove, Iowa. Can you help us? Would like a man of some age. S. R. HEWETT.

J. W. Davis, M. D., has assumed charge of the Palmyra (Wis.) Springs Sanitarium. We know of no better place to send patients for recreation and treatment.

Hypertrophic humerus.—Miss Dora Huls of Reading, Pa., had a hypertrophic growth of the humerus so that in two years its circumference increased to two and one-half feet and weighs forty-two pounds. Death from rupture of an artery.

Talked About.—"In my travels," said a physician "I meet many physicians and I find THE INVESTIGATOR more talked about than all the rest of the journals combined. Some of the leading men (or who suppose themselves leading men) criticise it, yes find fault with it. But not one of them lifts a pen to help improve it according to their ideas. Indeed I think they are afraid to for fear some of your sharp writers will show up their weak points. I am amused at the ventilation some of them get. It is as interesting as a medical meeting to read THE INVESTIGATOR. Well I guess it is doing a better work than many give it credit for. It is popular anyway, and every number contains something practical, of course rivals will cry "sour grapes." But I enjoy it."

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