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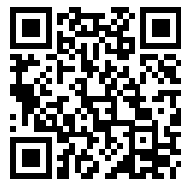
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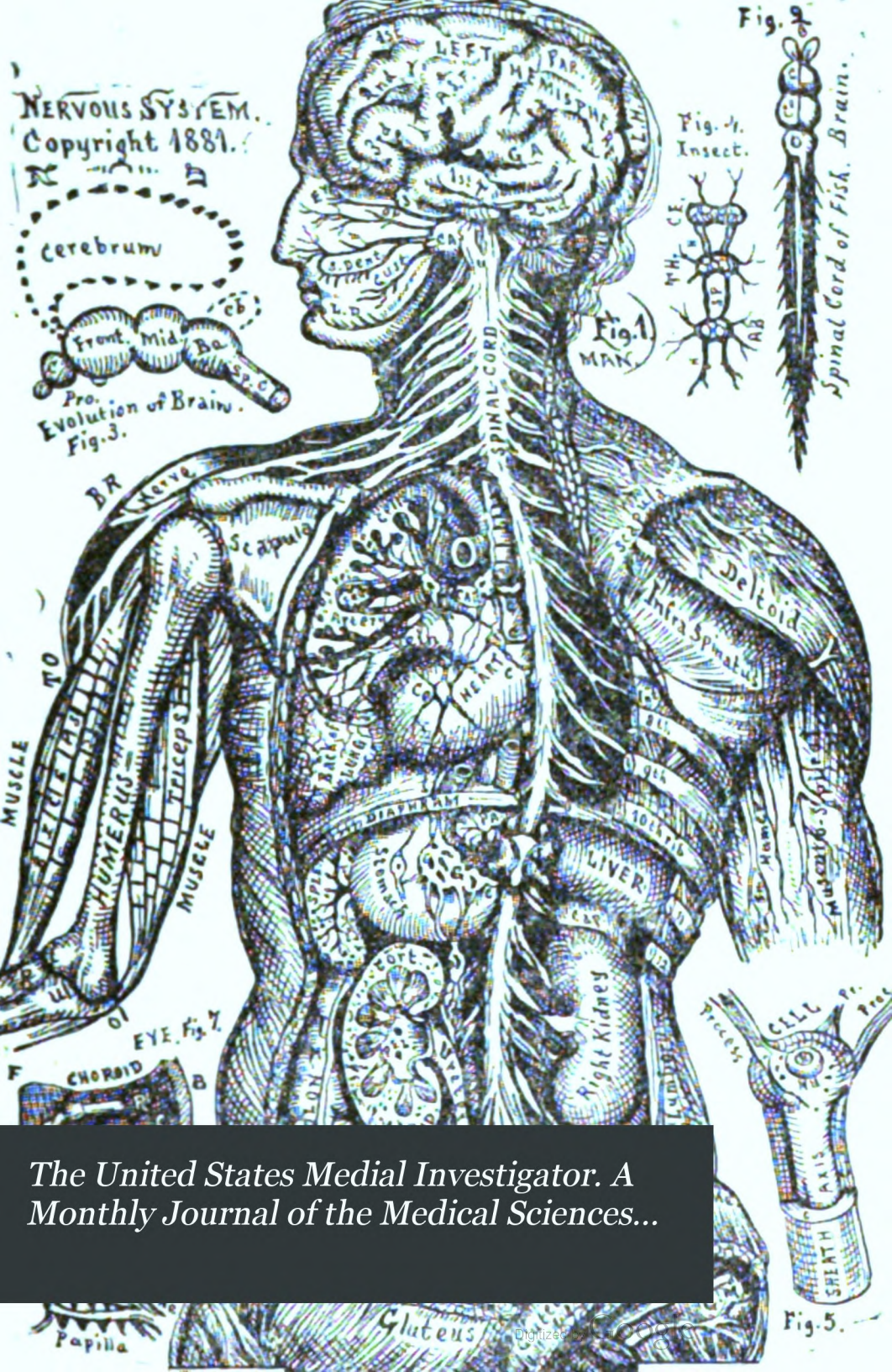
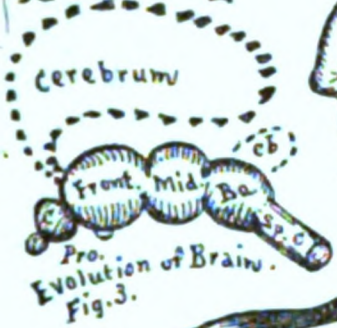
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THE
UNITED STATES
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OBJECTIVE SYMPTOMS.

READ BEFORE THE COLLEGE OF PHYSICIANS AND SURGEONS
(ALLOPATHIC) BOSTON, MASS., DEC. 13, 1884, BY
A. M. CUSHING, M. D., BOSTON.

FELLOW STUDENTS: *Still a Student.*—More than thirty years ago I enrolled my name upon the list of medical students and it stands there still, and to-day I come here to have a little talk with other students. At that time I did not know whether the foramina thebesii were to be found in the head or heels, and hardly knew whether Polygonum hydropiper was a tree or a stone. To-day I do not know whether that little worm bacteria produces disease, or is produced by disease. I do not know whether it does good or harm; or whether it is of any use to try to kill it. Prof. Fernald says: "It has such a wonderful power to reproduce itself that if one bacterium one one-thousandth of an inch long were placed in a suitable menstruum, and the oceans covered one-third of this globe, or 147,000,000 square miles, one mile deep, it would pack it all full like a sardine box in five days." Prof. Koch finds them in consumptive, diph-

theritic and cholera patients, and while he collects them by the million, another professor swallows them with impunity and gets hungry at that. I see so much to learn I feel that I would like to turn back the wheels of time, and sit down upon the benches with you and study again. For these years I have studied, and thinking perhaps I may have learned something you may have not yet learned I consented to come and talk with you about the things I may have learned. I feel that I am to talk to those who have been taught by men better qualified to teach you than I, so if I say anything contrary to what they have said it is your duty to believe them rather than me.

Not knowing what better I could talk about, I have decided to talk to you about Objective Symptoms.

The face.—We read there is a book wherein all our acts are recorded. Did you ever think that that book was your own face? What better book is needed. Many of us are able to read the lives of those whom we meet, only getting a glance at the face as it passes. How easy to tell a temperate from an intemperate man, an intelligent from an ignorant one, a noble one from a villian. So it is in disease. It is not infallible but we can learn much by a careful study of the face in disease. It is greatly to our advantage to be able to read the future of those around us; but sometimes how sad. How often have we seen young men and women in the apparent enjoyment of perfect health, making arrangements for a happy future, when that brilliant glistening eye told us that unless great care was taken, the grave was but a little way ahead. The drawn cheeks, or pinched nose tells of disease lurking in the system, or the mouth or parts surrounding it point to a life of suffering worse than death. By watching and studying these symptoms you may prolong for years the lives of loved ones.

I suppose some of you are expecting to soon go out into the world to care for the sick and later the rest will follow. Then the expectant mother will confidingly place her life in your hands. How wistfully she will listen for that voice

sweeter to her than the voice of angels. The life of the little child, the hope of coming years, the youth, the young husband or wife, the father or mother, or the grand parent standing so near the grave the earth is crumbling beneath his trembling feet, will all, at times, be placed in your care. Here you have been or will be taught how to successfully care for them, but the responsibility will rest upon you. If through your ignorance or inattention, one, even of the little ones should die, the wailings of that mother will echo through eternity. To be successful requires work. Work hard and long, but what a recompense it will be when by and by, standing by the bed side of some suffering loved one, surrounded by anxious weeping friends, you can confidently feel, I am master of the situation. Many times you will have those under your care who are not dangerously sick, still they will torment and trouble you, and it was hoping that I might say something that would assist you in such cases that I come here at this time. By objective symptoms we understand those symptoms which we can see, and at times they are all you can obtain, especially in some cases of convulsions and diseases of small children.

Cure fits.—Thirty years ago a good professor said, “Gentlemen” (we had no lady students then) “post up on fits, for there is nothing that so excites, so frightens a family or a neighborhood as a child in convulsions, and if you can relieve the child you obtain a warm place in their hearts at once, and will be apt to receive their patronage.” That speech has been the cause of some happiness in this world, and put a few dollars in my pocket. I would be glad to do as much for you, and you can take the same chance that I did. It may be that your first call after hanging out your sign will be to a child in convulsions, and if so you will then remember that good doctor’s advice.

The Cry.—It may be to a little child, and the mother will tell you it cries much of the time, and she wants you to tell her what makes it cry. Now, the child, not old enough to talk, must tell you, and it can only tell you by what it

does. You may think a pin pricks it but the mother assures you it is not so. Perhaps when it cries it rolls or twists about, and draws up its knees, then you may expect it is colic. It may have similar symptoms except it straightens out its limbs, and you must remember that it very rarely does that with colic; but it does do that when suffering from urinary troubles, so you will have to prescribe accordingly. If it is not colic or urinary trouble, then what? We think of teething, and if this is the trouble you may expect to find swollen gums, or a hot mouth, or the child will want to bite everything it can get hold of. Now don't start out with the idea that all you have to do in such a case is to lance the gums. I think you will find cases where it will give relief, but in most cases you will find appropriate treatment better. If we fail to find the trouble here, what then? The child may put its hands into its mouth, or rub its eyes or ears, or pull its hair, and it will prove to be ear-ache. If so, the cry will be apt to be sharp, piercing; the head may or may not be hot, there will generally be an aggravation on lying down (possibly only on one side), or by motion or a jar. If the disease is not here, is there anything else we can look for? Yes, the child may be starving, although the mother may have a large amount of nourishment it may not satisfy the child. In this case the cry is not generally so sharp but more continuous. The mother may appear robust, and an analysis of the milk shows it to be of a fair quality yet there is an element lacking that the child requires, you may ask what shall we do. Try good plain crackers and milk, but not Jersey cow's milk or that of similar quality for it is not fit for a child, it is too good, and water won't make it right.

Tears.—Now you may think I have said enough about crying but I have not mentioned the most important symptom, and that is, does the child shed tears when it cries. If the child has been dangerously sick and from some cause it cries and there is an abundance of tears, you may rest assured everything is progressing favorably; but if at such a time the eyes are dry, there is yet danger ahead.*

*Babies under three months rarely shed tears.—ED.

Diphtheria.—Before leaving this subject let me say that after an experience accorded to but a few physicians in treating diphtheria, so far as numbers are concerned, if I am called to see a case and the child cries much of the time at the beginning of the disease, I give the friends but little hope, for it is very sure to die. I have watched the disease carefully for years, but I cannot account for that result. My first case was in that fatal epidemic in Northern Vermont twenty-five years ago where so far as I could learn every case had died. My last was in response to a telegram from New York City not long since saying their two little girls were dead, and the little boy the only one left they thought must die. “Will you come and stay and help save him.” I answered, “yes, first train.” While the father and doctor were discussing the possibility of my doing any good, the mother ran out and telegraphed “Come”. That showed a mother’s faith in one who had once saved her life, and as the child lived I am not certain but it was a faith cure. Although both of these and many others have lived, I have seen many die, and if I pray earnestly for anything it is that I may never be called to see another case of diphtheria. Let me assure you that in this disease you will get all the objective symptoms you will care to see. Symptoms when once seen, some of them, you will always remember, and when seen will send a chill to your very heart, for they usually banish hope. Unless you are more fortunate than I and many others have been, you will see cases that are hopeless from the beginning. Learn how to cure diphtheria and immortalize your names, but don’t attempt it with quack nostrums.

Sneezing is another objective symptom often seen or heard, but it is so rarely of any importance that I shall only say old ladies say that if a croupy child sneezes there is no danger, and it is well for you to remember what old ladies say.

Yawning is another objective symptom. If a child has been dangerously sick and it yawns, and it is a good healthful yawn a sort of happy abandonment, rest assured the patient is on the direct road to health; but, if on the other

hand, the yawn is incomplete, stops before it is finished, and especially if it is occasionally repeated there is much to fear. Even in apparent health such a yawn, often repeated, either by young or old should lead you to make a careful investigation of the case. It may arise from a distended stomach, but it is just as apt to be a precursor of brain disease, possibly paralysis, and you are quite apt to see it in patients suffering from apoplexy or paralysis.

Now if you will carefully observe these apparent trifles it certainly will do you no harm. A doctor to carefully observe these things must keep his eyes open all the time, and one that can't see little things can't cure serious diseases. Your eyes are a great help to you.

Will Die.—Sometimes you can tell at a glance that a patient must die, or again that a patient thought to be seriously sick is not at all dangerously ill. Remember this: a patient don't often die till they are sick enough to look sick. Not long since I was called in consultation to see a lady who it was said must die and that quite soon, but they would feel better to have another doctor see her, although the attending physician was one of age, experience and good reputation. When I entered the room I was surprised, I had never seen a patient die who did not look sicker than that one did. Within ten minutes we assured the husband there was no danger of his wife's dying; and she didn't. As soon as she learned there was nothing dangerous about her she got well at once. Now let me tell you, not only should the doctor see all there is to be seen, but the patient and those around him will see *his* every act. You may be called to see a patient who is weak, nervous and discouraged, and with a cheerful countenance and guarded tongue, can have the patient on the road to health before you can have time to write your prescription. On the other hand, an anxious, frightened or discouraged look, or an unguarded, and I might say one foolish word may so affect the patient that you cannot retrieve the injury done and the patient will die. In such a case do you think none of the respon-

sibility would rest upon you? There are patients who to the casual observer do not appear seriously sick, while others can see the unmistakable evidence of approaching death. I will repeat one case as an illustration. Some twenty-five years ago I was called in consultation with a doctor who said his patient had been sick with typhoid fever; not very sick but that day there were symptoms he did not understand. As I entered the room I saw the man must die. After a careful examination we left the room for consultation and the doctor asked, "What do you think of him." I replied he has had typhoid fever with ulceration of the bowels which have perforated the intestines and there is no hope for him. The wife approached and asked my opinion which I gave as gently as I could. She said "he must know it and I will tell him." She soon returned saying her husband wanted to see me. As I entered the room he said, "Doctor, I am sorry to hear what you say about me." I told him I was obliged to say it and told him why. He said, "How long can I live." (It was then about 11 A. M.) I said perhaps till sunrise to-morrow, possibly not longer than sunset to-day, but probably till midnight to night. Then turning to his wife he said. Wife the last time I went out I went into Mr. — store and bought a plug of tobacco which was three cents, and did not pay for it, will you see that it is paid for. Then turning to me he said, "Is there anything you can do to prolong my life?" I said we will do all we can to prolong your life and make you as comfortable as we can while you live. He said "that is right, and my wife will call as soon as she can and pay your bill, and as I want my time to talk with my wife and father about business I will bid you good bye." He died at midnight. Now any one unaccustomed to sickness and death would have thought by his general appearance and conversation that he could have gone out for a ride, but the look that death brings was there.

Now as necessary as it is to watch objective symptoms during life and sickness, so it is necessary to watch the

symptoms of the dying whenever you can. I once knew a young doctor who had never seen a person die or dying, and he told me he lived in constant fear of being called to see a patient who might be dying and he should not know it. Some months later he told me he was called to see a poor woman and surprised the friends by telling them he did not think she would live long, meaning a few weeks or months, and she died before morning. He said they thought I meant a few hours as she died so soon and think I am a wonderful doctor, when in fact I made a fearful blunder. He never saw another patient die for soon after the poor fellow was suddenly killed by a carriage accident. Don't be afraid of visiting the dying, fearing it may be something heart-rending. Dying isn't much; that is, the act of dying. One cannot practice medicine a quarter of a century, having even a limited practice without seeing people die, but I can say to you that I have never seen a person die who was willing to die, that suffered at death, yet we are in constant fear of death. Make yourselves familiar with the changes of approaching death, not only that you may be able to tell when others must die, but when it approaches you, you may perhaps sometimes ward it off for a while, and if not it may not come unexpected.

Nervous Cases.—The faculty of seeing is one you cannot buy but you can cultivate it, and it will be a help to you when you may not expect it, especially in hysteria and other diseases. Nervous patients will play it on you if you don't look out. Not long since I came near getting fooled by a little girl less than ten years old. She had an attack of vomiting, a doctor was called, she could not take his medicine so I was called, and she made a fuss about my medicine, (and you know that was unnecessary), said she could not take it but did, a little of it, and vomited a little, but was very weak, could not speak above a whisper. She didn't look sick and I was puzzled. The family wanted to leave town in a week. I sat down and talked with the mother and watched the child, and she watched us, I turned my back

to the child and talked with the mother, and as she said something about the girl, she spoke out loud and strong. "No I didn't." I told them to prepare to move and I would have the child in readiness. They moved.

I have spoken of *convulsions*, and in this disease you will need all the symptoms that you can get of all kinds, to successfully treat them, but often you can only get objective symptoms. The kind of spasms, the frequency, the duration, the appearance of the eyes and face, the condition of the patient between the attacks, whether they are entirely relieved or not will help you in your diagnosis and prognosis. You will have to learn if there is any disease about the patient, or prevailing, that may produce the spasms. Sometimes an overloaded stomach may do it and I think it just as good surgery to unload the stomach with a mild emetic, as to remove a splinter from the flesh or a decayed tooth from the jaw. I remember being called to see a boy, aged twenty months in fearful convulsions. My first question was, "Has it been fed anything to cause the convulsions?" The answer was, no, nothing but its usual milk dinner. I gave it medicine, applied cold water to its head and hot to its feet, also gave Ether, (that was before we had Amyl nitrite.) I held it in a hot bath and poured cold water quart after quart over its head, chest and back; wrapped it in hot flannels, and rubbed it; gave it more medicine and Ether; returned it to the hot bath time after time, and it was several hours before there was the slightest relief from the spasms, and it was unconscious till the next day. Then I learned that the nurse gave it its usual milk dinner, the mother gave it beef steak and the father gave it lemonade, which in their fright they had forgotten. Comment is unnecessary. If during some serious disease convulsions set in it is your duty to relieve the best you can but your main object should be to remove the cause. I was once called to see a child in convulsions and as it was during an epidemic of diphtheria I examined its throat and found it to be a bad case of that disease. I told them it was very sick and advised them to send for their

former doctor. They said, "No, we have lost two children with brain disease and this one will have to die." I decided if it died of brain disease they would feel there was no help for it, but if it should die of diphtheria that they might feel that their former doctor might have saved it, so I prescribed for the diphtheria having in mind the convulsions, and it speedily recovered. If I had treated it for brain disease I think it would have died of diphtheria.

In diagnosis objective symptoms are only a part, and sometimes may be but a small part to be studied, but at all times they are an important help. Remember that your success in curing disease will be in a direct ratio with your skill in diagnosis. If you are called to see a patient and can tell truly what the result will be, it will give people great confidence in you. If it is to be a fatal case and you can tell the friends so, early, I think they will remember it, and speak of it, always in your favor longer than they would have done if it had been a case where you could have given a favorable prognosis, and the patient had lived. If one must die, the friends will always want to know it if they can. Again, remember that mistakes in medicine are not easily rectified, and the only possible way to avoid them is to know what mistakes may arise, to know and watch for the guide stones that will guide you past all possibilities of such a catastrophe, and the most prominent guide stones are, Objective Symptoms.

A Dangerous Adulteration of Iodoform.—Dr. Biel, of St. Petersburg, called attention to a commercial adulteration of Iodoform with Picric acid, which cannot be detected by the test of *Pharmacopœia*. This mixture is not only poisonous, but is explosive when rubbed in a mortar. It can be detected by the citron-yellow color it yields to a watery filtrate. If a solution of cyanide of potassium be added to the filtrate, no reaction will follow if Iodoform be pure; but if there be a trace of Picric acid present, the solution will, in the course of ten minutes, become brownish red (isopurpuric acid,) and in a short time deposits an insoluble precipitate of isopurpurate of potassium. — *Deutsch Amerikan. Apotheker Zeitung.*

SOME BACKACHES.

WHAT THEY SIGNIFY, COMPLICATIONS AND TREATMENT,

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

It is every physician's duty to diffuse medical knowledge and thereby aid suffering humanity. If he has learned anything new it is doubly incumbent upon him to publish the glad tidings. To receive proper attention it is often necessary to present ideas in such a striking manner as to arrest attention, provoke thought and to call out observation. The great need in the medical world to-day is corroborative clinical experience.

Most medical men doubtless meet with cases that present new and striking features, and to one who has a large practice and attempts to unravel all the phenomena that he meets, the unique cases multiply. The philosophical mind will endeavor to group and classify these. In that way one disease after another has been discovered. The nervous cases offer now the most promising field for investigation.

Side by side with the grouping of results goes the study of the causes and the prevention of disease. This occupies the thought and observation of the most advanced medical men of our times. Hahnemann outlined the surrounding atmospheric condition that influenced humanity and stamps the season disease type. Grauvogl thought he saw the topography of disease substrata in the oxygenoid, hydrogenoid and carbo nitrogenoid constitutions into which he grouped humanity. A mass of facts gathered from a study of children from a functional standpoint compelled me to group them into two classes—acid and alkaline. Published in 1873 it arrested attention and has been gladly adopted by many physicians.

Following out that line of inquiry and investigation I deemed it possible by diet to fatten "the lean and hungry" of all peoples. This is emphasized in "How to be plump"—a work that has done much good and some harm. A veteran

physiologist said that many Americans are too nervous to be fattened. It is these that are harmed by the regimen insisted on. Following on that path to learn why I was lead out into fertile fields and pastures new.

The American disease dyspepsia (or as we say pathologically chronic gastritis) on the one hand and its opposite gastric catarrh, found in "the infant muling and puking in its nurse's arms" up to the bilious vomiting explosions on the other, can be traced back to a hereditary origin, as well as to acquired functional errors. Both being of hereditary origin there must be a nervous substrata that will unravel the mystery. That method of reasoning and subsequent investigation led me "cross lots" to the very backbone of the subject. The spine is something more to me now than an electric cable, and cases of backache and spinal troubles have greatly multiplied on my hands. When I speak of spinal troubles I do not mean paralysis, meningitis or curvature of any variety solely. What I do mean is that backache studied aright will make plain many otherwise obscure and obstinate cases. I have great respect for backs that ache and my sympathies are aroused for those whose weak backs are neglected. Many cases supposed to be diseases of internal organs get well as by magic when the nervous system (spinal and sympathetic) is tuned aright. Not that all visceral diseases are nervous but I am persuaded that many cases with visceral symptoms have a spinal pathological basis, while mixed cases are most numerous. I wish however at this time to emphasize chiefly the spinal act in the drama of disease. Instead of theorizing or making dogmatic assertions perhaps the best way to present this subject will be to show how it has been forced upon my attention and assumed form and pathological shape. From a large list of cases a few typical ones will be presented for subsequent analysis. That our remedies throw a flood of light on this back ground I am more than satisfied and from that point of view they may be classified and many obscure symptoms as well as cases clearly understood.

CASE I. Away back when I was attending college our expert diagnostic Professor of Practice (Dr. Cooke) illustrated his lectures on phthisis with a case I have never forgotten. A lady of wealth and position after trying everything for a cough was sent on a sea voyage, the then great climatic cure for consumption. She visited Europe and consulted the best medical skill without avail. She returned to her home weak, worn, and ready to die. A careful physical examination of her chest satisfied our professor that she had no disease of the lungs. But what was the disorder? He decided that it was nervous and treated her accordingly. She fully recovered. But what the pathology of this case was is only recently made plain to me.

About that time the journals were full of Brown Sequard's views of the nervous system and of his treatment of many so called nervous diseases with the actual cautery or, in plain English—a red hot iron to the spine. The barbarity of that method of treatment made a deep impression on my mind and I then believed that among the Homœopathic remedies some would be found to cure those cases in a mild, civilized manner.

I was not a little pleased when the fact was brought out in one of the clinics that injuries to these nerves, as a fall on the back, found a sure remedy in *Hypericum*. But of this more anon.

The proposition of Chapman, about this time, to treat various nervous diseases with spinal ice bags was highly lauded in the medical press. It has been my good fortune for many years to be able to read a large list of medical journals. Compelled to read for others, I have gleaned many isolated facts about various subjects that when put together have taken shape and proven valuable in the elucidation and treatment of many obscure cases.

The epidemic of cerebro-spinal meningitis had passed over the country and at the medical gatherings the experiences of the medical fathers were given in the cure of that dread disease. The power of Homœopathic remedies to control it was abundantly confirmed. The analysis of remedy actions was quite as interesting as the regular theories as to the pathology of that epidemic disease. The journals were full of the discussion of the nervous system

and its diseases. So sharp was the controversy as to the function of the cerebro-spinal and sympathetic nervous systems and so infatuated with the nervous origin of disease that an old friend insisted that intermittent fever was of nervous origin. We shall not soon forget the discussions he used to have with those who held to the malarial theory. His ideas were subsequently elaborated in a book. (See Lord on Intermittent Fever.) Some cases he attributed to derangement of cerebro-spinal and some to affections of the sympathetic. The duality of the nervous system was then the current belief. Subsequently Beale demonstrated to his satisfaction that the sympathetic ganglia was only made up of a loop of a spinal nerve coiled upon itself like the helix of an electric battery. The nervous momentum must come through the spinal nerves in our waking moments. This unified the nervous system, including even the vagus. Those who claimed that the many diseases were of nervous origin were met by the counter view promulgated by Hall that the nervous symptoms were reflex and of secondary origin. The growth of the specialties tended to emphasize the latter view. But the progress of the study of the nervous system and its diseases has rendered more and more prominent the nervous origin of many diseases. To be called nervous was at one time deemed a weakness of the upper story and a reproach. To tell a person that she or he was "only nervous" was to imply that they imagined their troubles. Clouded by these views it is not strange that the nervous phases of diseases have not received the attention from the mass of the profession that their importance demand. But cases soon appeared that were interesting from any point of view. We will reproduce a few:

CASE II. A woman at the climacteric had flushes, constipation and severe periodical headaches. Lachesis helped the flushes, Nux the constipation but the headaches were obstinate. They began in the back and passed up to the head and on the vertex where they became excruciating. An oculist of renown now dead, (Dr. Hildreth), gave me a

hint on Bryonia, that it had a similar headache. But that remedy was of no service in this case. In carefully reviewing the case she finally remembered that when young she fell off from a wagon and that the wheel passed over her—up her back and bumped off the back of the head. With that clue Arnica was given with prompt and permanent benefit. Her back was hurt but how it is only recently I could understand.

CASE III. A young lady sewing steadily for twelve hours a day had menstrual headaches accompanied with a nervous restlessness that Rhus would help some. When very severe they were located in the eyes and temples, then Bell. would relieve. But she had also severe constipation and dysmenorrhœa that Sepia helped. The relief however was only temporary. Backache or broken back was now a constant complaint. There was a marked outward curvature of the spine at the lumbo-sacral articulation where it should bend forward. This I supposed brought about by the steady work at the sewing machine. Now she began to complain of incontinence of urine. I began to fear paralysis and so informed her. Finally she stopped sewing and sought an electrician who helped her for a time. How much the rest from the machine did for her is a question. But my chagrin at only temporary benefit was deep. I spent much time studying that case and when she returned to me years after I was able to give relief. In the meantime she consulted a noted gynecologist who located all the trouble in the uterus. He treated her with harsh means until her eyes gave out so that after each treatment she could not see. The back became so bad, the incontinence so troublesome and the feet so sore, fidgety and lame that she could not go to his office and came begging me to relieve her. Belladonna helped her at once. Then Rhus aided in the cure. She approached the climacteric and a singular symptom appeared. The flushes went to her feet instead of the head. Lachesis did not help here but Zinc afforded great relief. Her recovery is slow but satisfactory. The galvanic current has a very beneficial effect. I shall revert to this case again as it contains many points of special interest.

CASE IV. About this time a Buffalo journal contained a report of an attempted ovariectomy. The tumor proving to be a fibroid, was returned into the abdomen and the wound closed. The part of the report that impressed me was the rapid healing of the wound from hot applications *placed*

at the spine. The absence of all untoward symptoms was noteworthy.

This case made a deep impression on my mind, perhaps for the reason that about that time I was trying to solve the problem why the babies in the Chicago Foundling's Home lost their animal heat so rapidly, beyond what would be expected from mal-nutrition. Also why children that were carried constantly in the arms were such great eaters. Did the heat of the maternal arm in the one instance and the lack of it in the other account for the difference? How does heat to the spine stimulate the functional activity of the digestive organs? Perhaps we shall understand before we close.

CASE V. I was called into the country to see a case that unravelled another knot in the spinal problem. A very fleshy young lady, who with a lady chum was running a farm, while pitching hay one cold winter day felt a soreness in the back under the right shoulder. Very warm she sat down to rest and during the night was awakened by a sharp pain in the back and right side. She had some cough and high fever. The physician who was called thought first she had pleurisy but as the pain located itself more in the back he finally concluded it must be rheumatism. But he did not relieve her. I found her propped up in bed on pillows not able to move the least. A high fever, loaded tongue, and scanty reddish urine emphasized the rheumatic feature. Supposing it was muscular rheumatism Rhus was given with only temporary relief. Aconite and Bryonia helped a little but a more obstinate case of rheumatism I never met. I was soon supplanted by one physician after another. She was finally able to be moved into the city but was helpless for months. I learned that the constant galvanic current did her more good than anything else.

CASE VI. Miss J. G., a short active brunette, tailoress, was taken with what she supposed was rheumatism. There was great pain between the shoulders and side but no cough. The least motion greatly aggravated the pain. The ache was so severe that sleep and eating was impossible. She had a high fever with a rapid wiry pulse. The whole picture of this case recalled my fleshy farmeress so vividly that I was not to be caught napping now and diagnosticated spinal

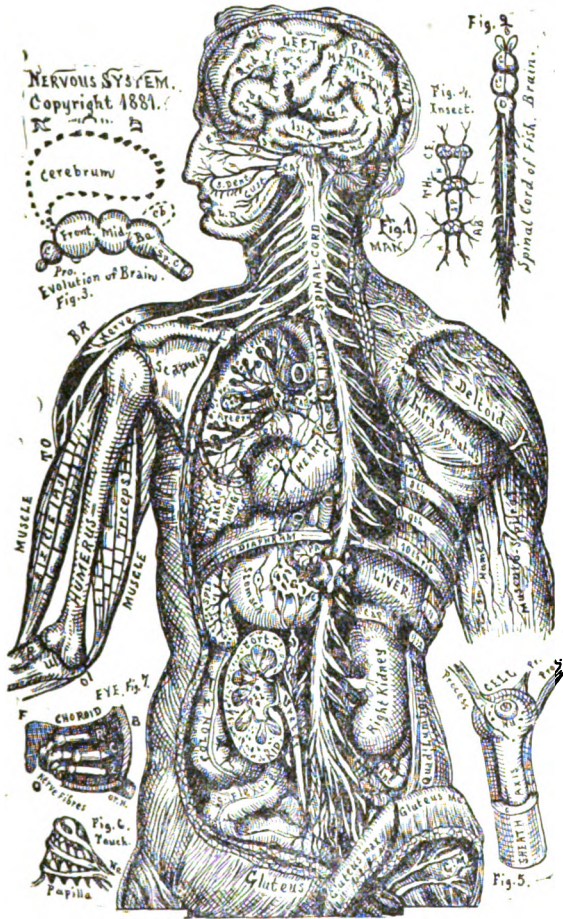


DIAGRAM OF THE NERVOUS SYSTEM.
A POSTERIOR VIEW OF THE CEREBRO-SPINAL AND SYMPATHETIC SYSTEMS, AND VISCERAL ORGANS IN SITU.

inflammation and that she would not recover fully for weeks. Bryonia allayed the fever and mitigated the pain. The case was progressing steadily and satisfactory to me, but her friends deemed it only rheumatism and thought it ought to be cured at once. A "battery man" hearing of the case through church influences called and promised immediate relief. Informed of this I withdrew believing that time would prove my views correct. He did relieve her with his Faradic current, but the pain returned worse than before. Months after she left for Canada because the battery man could not cure her in this climate. Before she left she came to me for some remedies. There after rest for months she returned quite well except a weak back. She is now quite well in Colorado.

There is a form of trouble styled the railroad disease that attracted attention years ago. Those who rode constantly began to complain of a weak back and an unsteadiness and stiffness of the legs often accompanied with a vertigo or dizziness. Many note this effect from even a short ride. The swaying motion of the train so noticeable on new roads has evidently a marked effect upon the spine. Many cannot ride in a railroad car without being sea sick. Is sea sickness a spinal affection?

CASE VII. Miss —, who has a weak stomach and a spot of spinal tenderness opposite, cannot ride on the street cars backwards without faintness and nausea. Puls. helped this case.

CASE VIII. Mrs. T. L., who has long tedious labors, scarcely able to walk for weeks before term and cannot lie down during the last weeks of gestation, has often to get out of the street cars on account of a peculiar disagreeable feeling in the back and head. She cannot ride in a vehicle of any kind, not because she is timid but because of the disagreeable sensations produced. She has a spinal irritation that will explain it.

Many years ago the papers were full of an epidemic of sand baggers. In South America foot pads overcame their victims by a sharp blow on the spine with a sand bag. Many of those cases lingered for years and finally died. Why was this so disastrous? Was it due to the concussion of the spine changing the nervous arrangement of the cord so as to shut off the nervous energies to the organs below, or did it

produce stasis, hyperæmia, congestion, constriction and finally softening of the cord, in a word, myelitis? In falls or light blows on the back was not the same pathological condition set up? Thus I reasoned. That being so would it not explain many of the persistent backaches and the derangement of the organs below or in front? There was a feeling and it is still quite prevalent that if an injury to the back does not result in paralysis that all is well, but the frequency of injuries to the back from railroad accidents have rather changed that view. It was formerly difficult for one who passed through such an accident and escaped paralysis to get damages, but the number of those who dated ill health to a railroad accident began to multiply and suits for damages instituted years after made the railroads chary and now they settle with every one on the spot of the accident.

The effects of an injury to the spine seem cumulative as the years go on. The reason is doubtless 1st, because the vigor of the nervous energies begin to fail, and 2d, because the local hyperæmia and consequent constriction grow more and more pronounced.

CASE IX. Railway postal clerks often suffer severely from the "railroad disease." Mr. —, who ran on the M. S. R. R., a strong vigorous young man came to me complaining of rheumatism of the back and legs he called it. There was a soreness of the back and legs particularly on awaking, after a time he got limbered up. His feet were cold and sweaty. He felt well except the weakness and an increasing numbness of the legs. As he grew steadily worse he feared paralysis. Rhus 3x was given with only temporary relief. I insisted on quiet, but the nervous restlessness, relief from motion and his ambition kept him going, but finally one day he dropped on the sidewalk and had to be helped home. Now I gave him Rhus low and the response was prompt. He steadily improved and returned to work.

I argued that the constant swaying motion of the car and his constrained position while throwing mail had produced spinal hyperæmia to such a degree that the nervous circulation to the lower extremities was impeded. This case we will recur to again.

It would seem that a swing seat might be provided for railway postal clerks. I have since met many who have suffered similarly, one case resulted in partial paralysis that electricity is relieving.

(To be Continued.)

EXPERIENCE IN OBSTETRICS.

OBSTETRIC EMERGENCIES AND THEIR MANAGEMENT.

The Chicago Academy of Homœopathic Physicians and Surgeons met at the Grand Pacific Hotel, January 8. In the absence of the presiding officers, Dr. T. C. Duncan was called to the chair. Dr. C. M. Beebe acted as secretary. There was a good attendance of physicians and the students were out in force. The topic for the evening was obstetrics and its emergencies.

DR. L. C. GROSVENOR, the essayist, began by saying that not all could be brilliant surgeons and perhaps expert in the specialties, but every physician could be a skillful obstetrician. He then described how he prepared the couch for labor. He always carried a rubber blanket and spread it on the bed then folded a sheet for the mother to lie on. After labor that is removed with the clots so as to leave all nice and clean. He divides the cord midway between the mother and child and wraps it in absorbent cotton which he carries with him. Among the accidents were several shoulder, arm, funis and breech presentations. Of face presentations he had some and wanted to know why they were so fatal? His idea was that the spine must be injured from the position of the head. In the cases of eclampsia he had relied upon chloroform and Homœopathic remedies. As to hemorrhage he had no serious trouble. He did not think chloroform had any tendency to produce hemorrhage as some believed. The average weight of the children delivered was eight and one-fourth pounds. The heaviest weighed nearly seventeen pounds. As to hours in labor the average was seven hours. The longest was sixty hours, while the shortest was a few minutes. Miscarriages were less than ten per

cent. To arrest labor pains in threatened miscarriages he had used Svapnia in half grain doses every thirty or forty minutes. Cited one case at the seventh month where the os was dilated to the size of a silver dollar, the bag of waters protruded and the feet could be felt and still the pains were arrested and the patient went on to full term.

Of the malformations, he had met one case of acrania. In this instance there was five quarts of water. He knew because he broke the waters while the patient was on the commode, his usual custom. He had noticed the same excess in other cases of arrested development. As to therapeutics he had found our remedies all sufficient.

In conclusion he emphasized the value of chloroform and the use of the forceps. He believed that both were useful in saving suffering to both mother and child. The forceps he used were the Comstock.

DR. J. W. STREETER endorsed the views already expressed and especially as to the use of chloroform and the forceps. He always carried them and in a very large proportion of his cases used them. His labors did not average over four hours. In tardy dilatation he introduced the finger and hooked it upon the lip of the os and bore down in the direction the head would take. This facilitates dilation more than spreading the os with the two fingers. He preferred Comstock's forceps, the early pattern. The recent pattern had too much of a fenestra at the back part. It was not only unnecessary but did harm. In the high operations he introduced the No. 2 blade first and then the No 1. under or back of it. He found that the os could be engaged better and the introduction was much facilitated. He used the forceps early saving the strength of the mother and believed his cases got on better. In deformity of the pelvis he delivers prematurely. To prevent hemorrhage he holds the uterus firmly in his hand for twenty minutes after labor and has not had a case of hemorrhage for nearing fifteen years. The best means of arresting convulsions is chloroform. The best remedy for albuminuria that he has found is Merc. corros.

He cited three cases of purulent mania. He believed this was brought on by sleeplessness in many cases. The first symptom is to refuse food and medicine. The treatment was to feed, over feed. He feeds them through the nose with a soft rubber catheter on a fountain syringe. Fix a quart or more of liquid food, tell them to open the mouth and they will shut it closer. He slips the catheter down the nostril and as far down as possible. The patient will hardly notice what is being done. He had a large experience but did not run a baby farm. As chloroform relaxes the tissues it certainly favored hemorrhage, but not so much or to such an extent as did a long tardy exhausting labor.

DR. J. S. MITCHELL has had a considerable experience in obstetrics in twenty-one years. In over 1,000 cases he had not lost a mother, never had a case of child bed fever or more properly, septicæmia. He used chloroform freely but he did believe that it tended to favor hemorrhage. He directed the nurse to grasp the uterus on the expulsion of the child after which he grasped it himself and so arrested hemorrhage, notwithstanding he had alarming cases of hemorrhage. In convulsions he depended upon chloroform and Belladonna or whatever remedy was indicated. Had kept such patients under its influence for eighteen hours without harm. He had great faith in the power of Homœopathic remedies in obstetric complications.

DR. R. N. TOOKER had little to add to the interesting discussion. Had seen the worst cases of hemorrhage where chloroform had not been used.

DR. W. H. SANDERS inquired the experience of the members as to remedies for after-pains.

DR. MITCHELL had found Aconite, Arnica, Caulophyllum or Gels. to be the chief remedies in his experience. He usually gave Aconite and Arnica after labor.

DR. STREETER added Chamomilla and some one else mentioned Belladonna.

THE CHAIR believed that many cases of hemorrhage were caused by fright. He knew in the early years of his expe-

rience that he frightened many women into hemorrhage by repeatedly asking as to the flow. He learned to prevent the whole body of the child being born at one pain. That made the last pain empty and firmly contract the uterus so as to render hemorrhage impossible. Another cause of hemorrhage that had come to his observation was a stupid nurse or attendant holding on to the cord after the delivery of the child before he could arrive. Another was in adhesion of the uterus and a fourth was uterine inertia from spinal irritation.

All present used Squibb's best chloroform. The surgery of obstetrical accidents was selected for the February meeting and Dr. Streeter consented to be the essayist.

NOTES BY A STUDENT.

AN INTERESTING AUTOPSY—PHTHISIS AND GONORRHOEA.

AUTOPSY AT HOMŒOPATHIC HOSPITAL, WARDS ISLAND, N. Y.,
BY EUGENE CAMPBELL, M. D.

HISTORY.—O. J., aged twenty-three, single, German, laborer. Admitted November 18, 1884.

DIAGNOSIS: PHTHISIS PULMONALIS, CATARRHALIS CHRONICA AND MITRAL INSUFFICIENCY.

HEREDITY.—Unknown.

MODE OF LIFE.—Has been accustomed to drink beer.

PREVIOUS DISEASES.—Pneumonia, gonorrhœa, and the usual diseases of childhood.

PREVIOUS HISTORY.—Since having the pneumonia he has been subject to a cough and takes cold easily. Six months ago he was taken with a dizziness in the head with nausea and vomiting. Since then he has often had a sharp pain in the epigastric region which was worse when taking a deep inspiration or soon after eating. For about a month he had a loose cough at night, worse after midnight and in the morning; the expectoration is raised easily and is usually of a yellowish-green color and often streaked with blood.

Complains of sharp sticking pains in both sides of his chest just above the nipples, worse when coughing. Has had night sweats. Does not complain of any dyspnoea.

PRESENT CONDITION.—There is still a dull aching pain in the epigastric region which extends back to the lumbar region where it is more of prickling pain. The cough is the same as above. Has no more night sweats. Has become very much emaciated and quite weak since he was taken sick. Appetite poor, bowels regular, sleep restless.

PHYSICAL EXAMINATION.—*Inspection.*—Chest emaciated and slight depression in supra and infra-clavicular regions. Breathing rapid.

Percussion.—Right lung. Pitch raised in entire lung. Supra and infra-clavicular regions increased dullness; more marked over the infra-clavicular region. Pitch raised above normal in infra-mammary region, but lower than in any of the regions above.

Left Lung.—Amphoric resonance in infra-clavicular region. High pitch and increased dullness over the lower lobe.

AUSCULTATION.—*Right Lung.*—Apex, blowing respiration with mucous rales. Middle lobe, bronchial breathing with subcrepitant rales. Lower lobe, respiratory murmur high pitched and prolonged.

Left Lung.—Apex, amphoric breathing with pectoriloquy. Lower lobe, numerous mucous rales which do not change on coughing. Vesicular respiratory murmur diminished in lower part of lobe. *R. Phos.* 3c.

NOTES.—Nov. 17. Is feeling no better. Feels a pressure over sternum. Is spitting up blood. Bowels regular. Appetite good. *R. Phos.* 3c.

Nov. 24. Cannot sleep at night on account of cough. Has constant pain in stomach and griping pain before stools. *R. Colo. tincture.*

Dec. 1. Is not so well, not able to be out of bed. Complains of pain in the stomach and bowels; is unable to eat. Profuse night sweats. *R. Colo. tincture.*

Dec. 3. Has not passed any urine for three days. Percussion tympanitic over lower part of bowels. Has a prickling pain in lumbar region and is unable to sleep at night. *R. Hyos.* 1x.

Dec. 4. Passed a small quantity of straw colored urine with sediment of pus. *R. Hyos.* 1x.

Dec. 5. Died of exhaustion at 12.30 A. M.

AUTOPSY.—Time in hospital twenty days. Died Dec. 5, 1884, at 12.30 A. M. Autopsy Dec. 6, 1884, at 2 P. M.

Height, 5 feet 9 inches. Head circumference, 21 inches. Chest circumference, 32 inches. Abdomen circumference, 27½ inches.

BODY.—Rigor mortis marked. Body emaciated.

HEART.—Weight eleven ounces. One cusp of the mitral valve is slightly thickened.

LUNGS.—*Right Lung.*—Weight thirty-one ounces. Strong adhesions to the whole costal pleura. Numerous cavities in the apex. Lower portion of *upper lobe* filled with tubercles. *Middle lobe* filled with tubercular deposits. Hypostatic congestion of the *lower lobe*.

Left Lung.—Weight twenty-one ounces. Marked adhesions to the costal pleura. Large cavity in the apex. Lower portion full of tubercular deposits.

LIVER.—Weight forty-eight ounces. Fatty degeneration.

SPLEEN.—Weight six ounces. Evidence of old splenitis.

KIDNEYS.—*Right.*—Weight ten ounces. Capsule adherent. Numerous abscesses scattered over the surface, being in size from that of a pin head to a pea. The pelvis and ureter are thickened and on removing the kidney large quantities of offensive pus escaped from severed ureter. On section the following points were noticed, viz., cortex twice its natural thickness and the seat of considerable congestion, malpighian bodies especially showing this; here and there minute abscesses, which were partially seen externally, are found. Medulla also has a share in enlarging the kidney, on the slightest pressure the same offensive purulent matter exudes from the apices of the pyramids. Four abscesses, each of

the diameter of a five cent piece, are found here. The walls of the cavities were of a tough consistence and covered with a large amount of most offensive pus intermingled with shreds of adjoining tissue.

Pelvis of Kidney and Ureter.—The lining membrane was highly congested and covered with the same fluid that was found to exist within the kidney itself. All the coats of the part were immensely hypertrophied; this hypertrophy was traced through the entire length of ureter.

BLADDER.—Distended to its utmost capacity with a disagreeable smelling urine. Wall of bladder thickened; mucous membrane highly congested and covered with a most offensive pus.

Urethra.—Mucous membrane greatly thickened at parts and of a whitish color, indicating the existence at some previous time of a severe gleet. This condition at the posterior end of the bulb had assumed an annular form, giving rise to organic stricture.

LEFT KIDNEY.—Weight ten ounces, and presented the same general condition as the right. This condition, above described, was most likely caused in the following way, i. e. The patient first contracted gonorrhœa and this, by the promiscuous use of injections, was driven into the bladder causing cystitis, which by neglect, assumed a chronic form. In the meantime gleet had become well established and resulting in organic stricture. On account of this obstruction the bladder could not be entirely emptied, a small quantity of urine being always lodged in the most dependent part of the bladder. This of course tended to keep up the cystitis, and owing to the increased work required of the bladder its walls became hypertrophied. This purulent inflammation of the bladder passed up the ureter to the pelvis of kidneys, from which point as a focus it involved the uriniferous tubules and as a natural consequence a breaking down of the kidney substance and formation of numerous abscesses followed.

CAUSE OF DEATH.—Phthisis pulmonalis, tuberculosis,

chronica, stricture of urethra, purulent cystitis, pyelo-nephritis. Second, exhaustion. Autopsy by Dr. Campbell assisted by Dr. Nash.

EXPERIENCE WITH DISEASES OF THE BRONCHIA AND LUNGS.

BY C. NEIDHARD, M. D., PHILA., PA.

There is a class of diseases where post-mortem examinations, auscultation, and percussions of similar cases, have given us definite proof of the actual pathology, causing a variety of symptoms.

Such cases are the numerous progeny of bronchial affections and tubercular diseases of the lungs.

Since treating these cases by the symptoms, as well as the decided pathological indications, as far as they could be discovered, the cures were uniformly more permanent and reliable. This refers particularly to the first and second stage of the diseases of the lungs. In the last stage no treatment will avail.

In most of these cases, hygienic and dietetic measures were combined with the remedies, to which also the greater success is to be attributed.

What Hahnemann calls antipsoric remedies, must be chiefly relied on in chronic diseases of the lungs. For want of a better and more appropriate name, we may as well adopt this. After all, it means remedies having a tendency to destroy the chronic miasma lurking in the system. In this respect, the genius of Hahnemann enabled him to be a seer. He felt and knew that these remedies penetrated deeper into the hidden recesses of the organism. He accordingly proclaimed it to the world.

Our modern Homœopathic authors, overlooking this fact, gave all remedies equal rights, provided their action met the symptoms of the respective cases. This is the chief reason why certain remedies often fail in eradicating some chronic diseases. They only cover symptoms, leaving the actual

pathological state, on which these symptoms depend, unaffected.

The most prominent remedies in bronchial and lung affections are Iodium, Kali hydroiodicum, and Kali brom. The first is more useful in persons of dark complexion, whilst the latter is more beneficial in blondes with blue eyes.

Iodium is particularly useful if there is a constant tickling in the larynx and *trachea*. Both these remedies, if continued for some time, will gradually remove the dull sound on percussion in both lungs, and also restore the natural respiratory murmur.

In decided tuberculosis, *Oleum jecoris aselli* (Norwegian) will be of great advantage in all cases, and remove the pain and soreness in both lungs. *Calcareo phosphorica* is the constitutional remedy for the lungs if there is no fever. If the latter already exist, *Calc. hypophos.* will be preferable. *Ferrum iodatum* will be applicable in anæmia, and if induration of the uterus, with prolapsus, is conjoined with diseases of the lungs.

There are also special practical indications for the employment of the following remedies, which have been confirmed in many cases:

Laurocerasus, if the cough is very dry and hard, caused by a tickling in the pit of throat, and also *centre of chest*, and if there is lung fever.

Phosphorus, in dry coughs, with hoarseness, not particularly characterized by tickling, but by soreness in the chest and abdomen during cough.

Squilla maritima, if the cough seems to proceed from the lowest ramifications of the bronchial tubes, with wheezing in the lower part of the lungs.

Opium and Codein., for incipient irritating nightly cough.

Sticta pulmonaria, hard barking coughs, issued by every inspiration.

Cimicifuga racemosa, for tickling cough from the larynx, with pain in the right lung through to the back.

Senega, for stitches in the *left* lung through to the back,

with soreness to touch, and aggravated by deep inspiration.

Nitrum, for sharp pain in the upper part of right lung, shooting through to the back, without cough.

As a general rule, in all bronchial and lung affections the lower dilutions or triturations are to be preferred. In very sensitive patients these preparations sometimes caused decided aggravations, and the 30th and even higher dilutions had to be substituted. I have attended some families for years where only such dilutions were found beneficial.—*H. M.*—(See Gregg's Illustrated Repertory of Chest Pains. Ed.)

THE MORTALITY OF CHICAGO.

REPORT OF THE HEALTH OFFICER FOR 1884.

The annual report of Dr. DeWolf, Health Commissioner, is full and exhaustive, showing the number of deaths in the city by wards, causes of deaths, ages of decedents, nationalities, and percentage of deaths per 1,000 inhabitants, the statistics extending back to 1870. There occurred during 1884 12,471 deaths, a weekly average of 240, and during the preceding year 11,555 deaths, a weekly average of 222. Of the decedents 4,179 were infants under one year of age, and 6,666 were children under 5 years of age, making 53.45 per cent of the total mortality under five years of age. There were 1,208 deaths of persons over 60 years of age, including two over 100 years of age. The percentage was 19.80 per 1,000, the death rate of the preceding year being 19.97, and the average death rate for the last five years was 21.96, against 18.51 for the preceding five years. There were 4,216 deaths from zymotic diseases in 1884, making 33.81 per cent. of the total mortality for that year, against 3,666 deaths from similar causes, and a percentage of 31.73 for the year 1883. The greatest mortality from these causes occurred in the Sixth Ward, where there were 665, or 12.12 deaths to 1,000 population, against 73 in the Eighteenth Ward (where the fewest deaths occurred), with only 2.68 deaths to 1,000 population. There were 1,111 deaths of children

under five years of age in the Sixth Ward, making 71.56 per cent. of the total mortality, while in the Eighteenth Ward the percentage amounted to only 44.57.

The following table gives the population, number of deaths, and the annual death rate per 1,000 inhabitants in wards:

Wards—	Population.	Deaths.	Av. per 1,000
First.....	12,296	91	.74
Second.....	17,348	254	14.65
Third.....	19,005	265	13.94
Fourth.....	35,738	426	11.92
Fifth.....	65,177	1,182	18.13
Sixth.....	54,878	1,353	28.30
Seventh.....	46,107	846	18.13
Eighth.....	41,292	712	17.24
Ninth.....	21,225	272	12.81
Tenth.....	19,329	270	14.73
Eleventh.....	26,542	336	12.66
Twelfth.....	36,102	479	13.27
Thirteenth.....	26,078	421	16.14
Fourteenth.....	31,380	1,776	21.82
Fifteenth.....	39,962	701	17.59
Sixteenth.....	30,050	527	17.53
Seventeenth.....	31,252	495	15.84
Eighteenth.....	27,228	267	9.81

The following table gives the population, total number of deaths, and annual death rate for each of the following years:

Year.	Population.	Deaths.	Av. per 1,000
1870.....	298,000	7,323	24.52
1871.....	334,270	6,978	20.87
1872.....	367,398	10,156	27.67
1873.....	380,000	9,557	25.16
1874.....	395,400	8,075	20.29
1875.....	407,000	7,899	19.41
1876.....	420,000	8,573	20.41
1877.....	439,776	8,026	18.24
1878.....	450,000	7,422	16.50
1879.....	475,000	8,614	18.01
1880.....	503,298	10,462	20.79
1881.....	540,000	13,874	25.69
1882.....	560,693	13,234	23.60
1883.....	580,000	11,555	19.92
1884.....	630,000	12,471	19.80

The deaths by violence are as follows, with the classes: Accidents, 452; homicides, 26; suicides, 93; executed, 1; cause ill-defined, 46. The nativities of the deceased are as follows: Chicago, 6,997; elsewhere in the United States.

1,537; Germany, 1,495; Ireland, 932; Canada, 157; England 217; other foreign countries, 1,069; unknown, 76. There were 329 premature births, and 837 still births. Males numbered, 6,678; females, 5,793. Deaths among the white people numbered 12,251; colored, 250; and the social relations: Married, 2,582; widows, 578; widowers, 251; single, 9,060.

The ages of the decedents are as follow: Under 1 year, 4,179; 1 year to 2 years, 1,369; 2 to 3, 551; 3 to 4, 328; 4 to 5, 241; 5 to 10, 587; 10 to 20, 550; 20 to 30, 1,073; 30 to 40, 956; 40 to 50, 751; 50 to 60, 664; 60 to 70, 623; 70 to 80, 382; 80 to 90, 179; above 90, 21; unknown 14.

This report presents many features of interest. 1st. The large mortality among infants, and 2nd, the variations of death rate from year to year. There seems to be groups of years with low and others with high mortality. The dry years, if we remember correctly, have the highest death rate. The highest mortality is in the crowded Sixth and Fourteenth Wards—these containing many tenement houses and many people who live in defiance of all hygiene.

AN ALUMNI MEETING.

THE ALUMNI ASSOCIATION OF THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.

December 20, 1884.

DEAR DOCTOR:—The second annual meeting of this Association will be held in Chicago, on Wednesday evening, February 25th, 1885, on which occasion, besides the regular business of the Association, there will be a Presidential Address by Dr. L. A. Bishop, of Fond du Lac, Wis., reports by the Secretary and the Necrologist, and a feature of particular interest will be the call for five-minute speeches from the members present. It is hoped that you will come prepared to take part in this portion of the programme, and it will expedite matters if you will inform the Secretary

beforehand of the fact, and of the subject of your remarks.

The proceedings will be further enlivened by vocal and instrumental music.

The Twenty-Fifth Commencement Exercises of the Hahnemann Medical College and Hospital will take place the next afternoon, Thursday, February 26th, 1885, to be followed by the Annual Banquet in the evening, which, together with our Alumni meeting, form a series of entertainments laden with old-time memories of College days.

It is earnestly requested by the Executive Committee that you, as an Alumnus of "The Old Hahnemann," will make a special endeavor to come to this gathering, and nothing which they can do will be left undone to promote the success of the meeting and of the Association, to enhance the enjoyment of, and benefit to those of their fellow-graduates who come to do honor to their Alma Mater, and to have a few days' recreation.

C. H. COGSWELL, Cedar Rapids, Ia.	}	Executive Com.
E. A. BALLARD, Chicago.		
G. F. SHEARS, Chicago.		

L. A. BISHOP, President,
Fond du Lac, Wis.

A. K. CRAWFORD, Sec'y,
526 Wabash Ave., Chicago.

RESPIRATION INTERRUPTED WHILE ASLEEP.

MR. EDITOR: In this journal, April 14, 1883, Dr. C. D. Woodruff asked advice in a case of fever having this symptom: "The moment he drops to sleep, respiration ceases for from fifteen to thirty seconds, followed by distress in regaining natural respiration." Among other remedies reported, in answer, J. C. M. says *Grindelia*; S. Swan, *Grindelia squarrosa*; A McNeil, *Grindelia robusta*; Allen's Index says *Grindelia*, all of which is rather confusing, especially when you have an impatient patient anxious to be quickly relieved of so distressing a condition. I have had two such cases, one,

typho-malarial, was cured of that symptom by Carbo veg.; the other is still under treatment. I wanted to try the *Grindelia*, and of course supposed that *G. robusta* was the required remedy, as I had a volume of new preparations in which it was lauded to the skies as a remedy for *asthma*, *bronchial diseases*, and *difficult breathing* from *valvular disease*, while the *G. squarrosa* was as warmly praised for hypertrophy of the spleen, ague and hepatic troubles. Imagine my surprise then on reading in said volume in an account of a proving, by Dr. Bundy, of the *G. squarrosa*. "The moment I would fall asleep, the respiratory movement would cease, and it would not be resumed until awakened by the suffocation that resulted from the suspension of respiration." I said that my other patient was still under treatment, and so he is in another doctor's hands, whereas, he might have been still in mine had I been directed by the book and the doctors to give *Grin. squar.*

Moral, to doctor and counsellor. "Be sure you are right."

ALMONT, Mich.

A. F. RANDALL.

NOTES FROM PRACTICE.

EDITORS INVESTIGATOR: I must tell you of my work here in diphtheria. The weather being cool and wet. Some snow falling one day while the next brought a thaw, then a raw brisk wind. This sort of weather is favorable for any kind of throat troubles.

Was called recently to see Miss P., aged fourteen. "I have a sore throat, feels like something sticking in my throat. I can scarcely swallow." The throat glands are swollen, tongue coated a thick yellow, as of felt; posterior walls of pharynx covered by a few *yellow* patches, size of large beans, the breath is foetid, patient is *so languid*. Well I prepared Phytolacca tinct. 7 gtts in 4 3 of water for a gargle, and internally Kali bichromate 3x, one in three hours; in twenty-four hours the attack was broken up, and Hepar sulph. 6x carried her through.

CASE II. Little boy under Old School treatment; very

bad, shreds of membrane come away *from the action of Kali permanganate*. I immediately put a quietus to sight seeing, and prepared about one gallon of the Nitrate of Lead lotion; lowered the upper window sash one inch, and with my spray I disinfected the room. I gave him one dose of Nux v. 3x, and then followed with Mercurius cyanuret 6x, dose once in four hours, a gargle of lime water I also directed to be used and *egg nog* diet, three visits restored the child (not cured, the idea of *cure* is fallacious.)

CASE III. Female sixteen. Symptoms as of a cold, but *feels so prostrated*; glands much swollen, "feels like choke pears in throat." Well Phytolacca gargle and Mercurius biniodide internally, once in six hours, also wine and milk a a. q. s. teaspoonful one hour. Lower the window and lead solution spray three times in the day, three visits *restored* the case.

CASE IV. Lady nearly killed by the regulars. Glands largely swollen, throat almost closed up, patches *white*, tongue covered with a green mucus; a horrid odor; pains are of a pricking type, membrane had formed twice, I sprayed the throat with a weak solution of Nitric acid, and left the lead lotion disinfectant, and gave the usual diet egg nog, or wine and milk, and Iodide of Arsenic 6x, once in six hours. I sprayed the throat twice with the Nitric acid solution ten hours apart. Four visits *restored* this case.

I want to give the readers of your journal some views of what the *expectant* school are doing *here*. Recently a lady came into my office and consulted me in regard to her case, she said, "I have been under young Dr. Irwin's treatment for some time and I get worse all the time." I asked her what the doctor gave her. "Well sir he put a small powder in half a glass of water and told me to take two table-spoonfuls at a dose, each half hour. I asked him what it was, and was informed it was *Cream tartar*. It done me no good at all."

Now this lady tells us what *this* little exponent of the Keokuk, Iowa, side show *doctor! factory* is doing. Egad, if

his own destructive measures are not satisfactory he would attempt to imitate Homœopathy. The cemeteries attest to an unwarranted degree, the *monkeying* which exist in our ranks and about it. I am treating some sixty odd cases. I have six or eight cases of diphtheria for which Merc. cyanuret 6x is all required. Some cases of dropsy which are doing well on Colchicum 3x. Two cases of diabetis mellitus doing well on Uranium nitricum. The unmentioned potencies are *my own* and no one else's business. Truly O. J. LYON.
Sabetha, Kan.

"HOMŒOPATHY IN ONTARIO."

PAPER READ BEFORE THE HOMŒOPATHIC ASSOCIATION OF
TORONTO, DEC. 12, 1884, BY W. H. OLIPHANT, M. B.,
L. K. L. C. (DUBLIN.)

MR. PRESIDENT AND GENTLEMEN: On February 9th, 1881, the first Homœopathic Association of Toronto was founded, mainly through the efforts of Dr. J. R. Kippax. Meetings were held monthly until May, when owing to the departure of Dr. Kippax for Chicago the association fell through.

On the 28th of February, 1884, the present association held its first meeting, adopting the by-laws and constitution of the British Homœopathic Association. Monthly meetings have since been held with exception of months of July, August and September.

The first day of 1884 saw each member, with few exceptions, isolated for all practical purposes, self dependent, regarding with distrust a fellow Homœopath and forced to call upon one of the Old School when requiring assistance. I am pleased to be able to say that the first day of 1885 will find the members of this association united, not only for personal gain but as well for the advancement of Homœopathy. I see that the October number of the *British Journal of Homœopathy* is its last one, "because it has in the opinion of its editors attained the object for which it was started, forty-two years ago." I regret, that at this crisis in the affairs of Homœopathy one of the three British publications devoted to our interests, should cease publication. At a time too, when Homœopathy is receiving such recognition that in the *Chemists' and Druggists' Diary* for 1885, a whole page is given to a description of "Homœopathic dispensing." It is noteworthy in connection with same that the editor says, in giving some forms of prescriptions written especially by an eminent Homœopathic practitioner, "it is not necessary to give *fac simile* specimens, as the average caligraphy of the Homœopathic prescribers is above that of their Allopathic rivals, and the directions are always written in English."

The Homœopaths of Great Britain have not the legal advantages and privileges that even we of Canada have. They are trammelled by enactments of Parliament which do not recognize Homœopathy. Students must therefore take a complete Old School course in order to acquire the legal qualification necessary. Homœopathy is not represented on the Examining Boards, and while all credit is due to the gentlemen connected with the *British Journal of Homœopathy* for their efforts in the past, I cannot help thinking that a sad mistake has been made.

We of Canada are more fortunate as regards our governing bodies. Homœopathy is recognized, and its representatives hold five seats on the medical council of Ontario, and, although of later years, little or nothing has been done in the way of advancing the interests of would-be Homœopathic students, we still hold this power on the council through our five members on its board.

But, we have neither schools nor publications, nor have we separately or combined, with exception of Guelph General Hospital, any Homœopathic Dispensary or Hospital.

This is wrong, our would-be students attending lectures in Canada have not facilities for acquiring a knowledge of Homœopathy. The lectures delivered in the Old School here, are full of open and masked innuendos against us as a body and our practice, and I know from personal experience, that it is in the power of the examining board of the Ontario College of Physicians and Surgeons to throw obstacles in the way of students whom they suspect. Must our students find their way to the United States for their education, where owing to the greater advancement of the masses of people in the knowledge of Homœopathy, they are likely to remain, or can we devise some means to keep them with us?

When we read the reports from cholera infected districts, at the present day; when we compare the vacillating, shifting policy of the Old School in its treatment of this fell disease, whose treatment changes with every epidemic from the year 1817, beginning with Calomel, Opium, Rhubarb and Magnesia, Subnitrate of Bismuth and Mustard emetic, 1827 with *seventeen other* remedies, 1832-34 with another change to *forty-nine*, 1848 with *twenty*, 1854 with *twelve*, and the present one, where in Marseilles and Toulon, Laudanum and Ether in the first stage, Acetate of Ammonia in second, with Alcohol and Morphia, rubbing legs with Turpentine and giving oxygen by inhalation, with a death rate at first of 90 per cent.

Comparing this with the Homœopathic treatment which has been constant since its introduction in 1831, by a man who had at that time to see his first case of cholera and note the results. From 1818 to 1849 inclusive, the death rate from cholera was under Allopathic treatment in private practice, 38.75 per cent. In hospital and dispensary, 58.33 per cent. Under Homœopathic treatment, in private practice, 8.75 per cent. In dispensary practice, 26.67 per cent.

I wish before closing to read a few extracts from a paper on "Dysmenorrhœa," read before the Toronto Medical Society, by a lecturer on Midwifery and Diseases of Women, in one of the Toronto Schools of Medicine, without referring to tautology, or the contradictory nature of this essay, but simply comparing it with the writings of any of our Homœopathic authors on this subject, I must say that our object is not yet attained. We are not yet ready for valedictory members of Homœopathic journals. We want more journals, and here in this Ontario of ours we must have Homœopathic dispensaries, hospitals and schools and more liberal treatment towards our students at the hands of the medical council.

NOTES BY THE WAY.

HOW OFTEN SHALL WE REPEAT THE DOSE?

Nothing can be clearer from Dr. Drysdale's case of wart cure by *Lyc. 6x* reported in the *British Journal of Homœopathy*, than that the renewed and repeated impression of medicine is necessary for some cures. I may be impertinent to doubt it, but I think it unlikely that one blow of a high-potency remedy, however high, would lead to the same result, and the cases selected here illustrate the deduction of Dr. Drysdale that repeated doses will succeed when the single dose does not. Mr. —, a very cachectic-looking individual, has been under my care some months. He was ghastly pale, had a worn-out look, and one of the queerest faces you might look on. His hair looks as if it went up in a hurricane and never assumed its level. An inquiry into his regularity of life was anything but satisfactory. He had acquired syphilis to begin with; his present object in coming here was for a very painful ulcer of the leg, a lazy and irritable ulcer, bleeding on little provocation, and of a dark purple colour, with a darker edge. He was in thorough disrepair. The pain of the ulcer was very much worse at night, the ichor smelling badly. He had tried to heal it but no amendment was made. *Bell. 1x*, and sometimes a dip lower to the mother (σ) or powder. This was attended sometimes with an advance, sometimes a standing still, at other times a spread of the sore; but this remedy, and this alone, was given for seven or eight months without a week's intermission. Twelve years back syphilis attacked him, and I have no doubt that he had plenty of mercury given for it. The sore on the leg is now healed and firm. No diseases are more drug-resisting than compounds of syphilis and mercury, and remember in these cases "hypocrisy is the homage which vice renders to virtue."

But there is yet another case bearing on this point. A groom who had syphilis "a while" back shows a chest covered with freckles, I suppose a *Lentigo Syphilitica*. The whole chest was deeply marked, and on the genitalia were lots of warts. At first it seemed just as likely to get the whitewash off the wall as to cure this; but it is being

done after about a year and a half's use of *Thuja* ϕ , 1x, and 30. First the warts vanished, then the eruption began to change colour, which gave me hope to persevere, and the result will be cure. This staining I have never before seen, it is almost a neutral tint of sepia color in a very pale skin, but you do see something very like it in pregnant women. One I bear in mind (where there was no possibility of syphilis); it came all over the chest, lasted long after the birth of the child and was finally cured by *Sep.* 12. And the mention of *Sepia* here brings me to another class of cases which yield after a long course of the drug, and with *Sep.* 6, and preferably 12, I am amply satisfied. These cases of acne, sometimes combined with copper nose, are most disfiguring to women. They are, as far as I can ascertain, always connected with menstrual irregularity. One young woman I made such a good hit with that she found favor in the eyes of a Salvation Army postman. I may be a great heretic in the eyes of a Hahnemanian, but I would rather cure my patient with twenty-four doses of the same remedy than do so with twenty-four remedies. I suppose the twenty-first had a guinea keynote; perhaps the medicine No. 21 was aurum, which would have been eminently suggestive! Now I come to my last case of the successful prolonged use of the remedy. A West Indian planter, aged about thirty-eight, but might be passing fairly for over sixty, decrepit, worn-out, wizened looking, and, like Lazarus, poor as well as full of sores; his legs were a spectacle, ulcers old, discharging horrid, foetid, and copious sanies. He was dressing his ulcers with some zinc ointment, and *young Tom*, as they called him, was a pitiable spectacle; growth seemed stunted, legs cold, bluish; he had been ill-housed and fed. *Calendula* weak to the ulcers, and *Silicea* 6x twice daily. I saw him for a month and then supplied him with ammunition, as the old colonel styled it, for he was going to abide temporarily at Malta. The medicine he has taken for months with the exception of *China* for an old intermittent. The result is *he has become young Tom* in reality, and all the sores healed. My leading in this case was somebody teaching *Silicea* for *senile ulcers* and the marked look of senility on the patient happily reminded me of it. He took it for some months. Now if these cases, any of them, could have been cured with one dose I have wasted a lot of good stuff.

Weariness even to spinal exhaustion compelled my patient to the recumbent position. She had been relieved of much of her pain, but there remained intolerable weariness, dislike of food, sinking at pit of stomach, and inclination to lie quiet and do nothing; the tongue was white-coated and flabby. *Hydrastis can.* 3x soon amended things; still there was restless sleep and pain in the head, an unsettled state of brain. I then added for night use *Anac.* 12 with the happiest result, and expected pleasure from a projected holiday, but the amendment has not been maintained.

Headache of a peculiar kind, the patient could not describe it. It

took away her reason, made her giddy and sick, and kept to the vertex. There was no use in attempting to cure it; she was old, her case hopeless, and her faith in doctors little. However, she had one annoying accompaniment, and this was a common bugbear, constipation. A remark of Dr. Bayes, I think it is, suggests *Phytolacca* for this state in the aged, and I gave it in the 1st dec., afterwards ϕ . The constipation has been helped and the headache too. When she had these headaches she was the nastiest fish you ever tackled, and not over-pleasant at any time. *She* never wanted doctors, and I think the daughter sent for me more to share the brow-beating than to afford medical help. No wonder she was constipated; the poor soul, with failing sight, never went out of doors. Her depression always suggested *Ignatia* to me, and it did her good; but the *Phytolacca* had a marked superiority in its relief of her pain, in fact she was compelled to screw out her thanks much against her will. True was Shakespeare when he said, "Crabbed age and youth cannot dwell together." To sum up the headache of *Phytolacca*: depressed spirits, worse in wet weather (and she was always rheumatic); pain deep in head, temples and vertex; sickness with headache; foul tongue, disinclination for food; vertigo; disgust of life and for everything and everybody. Restless and very irritable, nearly always lying down and head wrapped up. She had taken *Usnea barb.*, and with only a little ease. *Ignatia* and *Cham.* rendered her more endurable, but a supply of *Phytolacca* will, I trust, keep her out of the doctor's reach.—*Hom. World.*

HEROIC EFFECTS OF ACONITE.

BY PROF. T. F. ALLEN, M. D., NEW YORK.

(Continued from Page 387.)

First.—Dr. Jablonski took the tincture, three drops, repeated after an hour, and after two hours more six drops. He experienced pains in the joints, heaviness of head, constriction of throat, red face, neuralgic pain in right temple, etc. The temperature rose gradually from 36° C. to 36.8°; the pulse fell at first from 68 to 64, then rose to 80.

Second.—The same man took six drops of tincture, repeated after two hours. The pulse and temperature were both lowered a little, general symptoms similar to those observed in the previous experiment.

Third.—The same took six drops of tincture twice; the pulse fell in this proving from 80 to 55, the temperature from 36.4° C. to 36.2°; symptoms more numerous and persistent.

Fourth.—The same took six drops of tincture, once; the pulse fell in thirty minutes from 66 to 64, then rose in two hours to 66, then fell to 55 in three hours more, where it remained for three hours, then rose to 75; the temperature rose, then fell, then rose again after second dose, then returned normal. The pruritus, noticed in previous

No. 10, *Durr*; symptom 1. No. 11, *Gmelen*; symptom 1382. No. 12, *Greeding*; symptoms—147, 250, 278, 376, 526, 604, 616, 627, 629, 646, 650, 651, 774, 777, 795, 811, 812, 813, 814, 865, 1124, 1174, 1235, 1354, 1433, 1499, 1648, 1651, 1654 and 1655. No. 18, *Stoerck*, in part; Nos. 802, 815, 866, 1447, 1448, 1450; thirty-eight symptoms quoted by Hahnemann, and three more quoted by Roth from *West*; in all, forty-one symptoms. All of these were part and parcel of our *Mat. Med.* prior to the publication of the *Encyclopædia*.

None of these symptoms affect, in the slightest, the integrity of our symptomatology; they are blots upon it, and should be erased. The remainder constitute an *absolutely trustworthy* and harmonious pathogenesis, not a line of which can be spared. If we undertake to condense, we find ourselves obliged to omit many things which, though not frequently useful, are in rare cases indispensable; and, we opine, that in these days of careful hygiene, and of skillful general therapeutics, the one who cures these rare and difficult cases wins in the long run. The beginner needs hints in studying, but hints should not constitute his whole stock of knowledge. Let us encourage the student to use these hints as one uses a lamp to study by; let us all seek for more light, and for a larger, rather than a smaller, knowledge of drug action.

To be continued.

Affections of the Pleura in Diseases of the Female Reproductive Organs—Acute pleurisy has for a long time been recognized as a complication in certain acute inflammatory affections of the female pelvic viscera. Dr. Hæckel, of Pottadam has recently made some observations on pleuritic effusion occurring as an undoubted result of ovarian and uterine diseases. In all the cases which could be accurately examined by Dr. Hæckel, the inflammation had extended into the pleura from the peritoneum, no doubt, through the communication of the cavities of those serous membranes through the lymphatics and diaphragm. In such cases when an ordinary ovarian tumor exists it causes the pleural effusion, and the removal of the tumor is indicated, and where this has been done the effusion has disappeared. But if there be good reason to suppose that the tumor is malignant, then the existence of pleurisy, in which abundant carcinomatous elements can be recognized, implies that cancer has already scattered its deadly germs far and wide so that it is no longer possible to extirpate it radically. For pathological information of great importance in regard to the real or supposed malignancy of solid ovarian growths, which cause peritoneal infection and effusion, see *Trans. Path. Soc.*, vol. xxiii, p. 193, also vol. xxxi, a paper by the reporter on a case of papilloma of the fallopian tube associated with ascites and pleuritic effusion. The character of the effusion made the case appear very unpromising, but the patient was in good health two years after the removal of the tube. Hence, provided that no graver symptoms of malignant disease exist, it is justifiable to perform an exploratory operation, at least in cases of ovarian tumor complicated by pleuritic effusion, though the effusion be rich in large vacuolated cells. In cases of ordinary effusion there can be no doubt of this.—*Trans. in Lon. Med. Record*.

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THE NEW YEAR MEDICAL SITUATION.—It is customary to take account of stock, and as business men as well as scientists we will look over our stock in trade to-day.

I. Of the medical past we have a right to all the accumulated wisdom of the ages. Perhaps there was no one who appropriated so many of the facts of his times as did Hahnemann. He had a singular faculty of sifting fact from theory, and especially retaining therapeutic facts. His scale of measure, similia, was of infinite value to him as he unearthed the hidden jewels of the ancients. Pathology in his day was a mass of theory and he wisely set it aside. When we consider that the treatment of disease was the only medical question of that day, and most of that of chemical origin, we can see how thoroughly Hahnemann was master of the situation and able to preserve all the valuable facts. That he took a positive remedy basis for them was the very wisest thing that he could have done. As Hahnemann appropriated the facts of the whole range of medicine of his day so have all wide-awake Homœopaths appropriated all medical facts from that day to this. Therapeutics being our special study, all developments bearing on the treatment of cases of disease must of necessity receive due attention. Those who affirm that we practice according to an exclusive dogma, to the exclusion of the accumulated wisdom and experience, do not know the spirit of the Homœopathic practitioner. But of this more anon.

II. In addition to the general accumulations of medicine Homœopathy has a special inheritance of its own. The triple work began by Hahnemann has been going on to this day until the medical store developed by Homœopathic medical men is simply immense. That we have all worked in three directions is evident to the most casual scientist. Drug action is a distinct study. The effects of medicines on the human body have accumulated until they make a respectable library, and the end is not yet.

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Side by side with the study of drug effects went that of the causes of diseases. From the base line of fact Hahnemann theorized as to the substrata of the cause of disease, especially in its chronic form. That he came near the truth is becoming more and more evident. But aside from his theorizing, his clear-cut analysis of remedy action led him to outline many drug diseases. This not only helped to clear up etiology but also had a direct bearing on the treatment of disease. From that day to this Homœopaths have had to consider the possible drug etiology of disease, especially in chronic cases. So we have accumulated a vast fund of facts bearing on the science of etiology. The study of drug etiology having a direct bearing on the avoidable causes of disease lead to dietetic and hygienic directions that steer the practitioner clear of avoidable diseases or complications of diseases. That these austere directions have encroached on the physiological demands of the system, especially in acute cases, was long ago recognized, so now the dietetic rules are only or chiefly insisted on in chronic cases.

Aside from the therapeutic value of the dietetic directions of our forefathers they have had a direct bearing on physiological study, so that here Homœopaths have made a slight contribution to physiological science that will be recognized by and by Homœopaths are of necessity physiologists and are ready to appropriate any new physiological facts.

The division of remedial effects according to an anatomic basis has kept active the knowledge of the outlines of this branch, while it has at the same time emphasized points especially of visceral anatomy that might otherwise be obscure. A man who studies closely drug effects, brushes up his anatomy, and the end is not yet. As we shall see before this year is over.

Therapeutics, according to similia, has also had a wonderful effect upon pathological claims. We do not hear now so often that this or that disease is "self limited," "must run its course," as we did in the years gone by. The belief that the fevers, even the eruptive ones, can be made more mild or even averted is now a matter of universal belief. Homœopathy can here claim no small honor, for it is chiefly through our success and repeated demonstration that the public mind has been moulded. The power of remedies to check and change heterologous growth into homologous tissue has been proven time and again. Many believe that the end is not yet even here.

These are some of the side triumphs of the battle of Homœopathy. These flank movements are as nothing, however, compared with the centre assaults on disease with remedies led by similia. To say that it is quietly but effectually revolutionizing therapeutics and making it a science is perhaps sufficient. All we need say is for Homœopaths to stand fast in the liberty of the law and be not again entangled in the bondage of theories.

Of the drift outside of Homœopathy we shall next consider.

PRACTICAL PRESENTS.—The holidays have passed and with them to many the anxious question “what shall we get for presents?” Physicians have a greater influence than many suppose and they can do much to turn the tide of this annual custom into practical channels. A bundle of candy may please for the moment but it is soon gone and physically the child is worse off. Our boy a lad of eight years asks for the *Scientific American* and a printing press. The former, as our readers well know keeps ahead of the times and just suits wide awake boys, to whom novel and new inventions stimulate the imagination. In that journal there is an intensely practical vein that runs through all the articles and withal it contains a large amount of valuable information of the most reliable character. A small printing press is a useful toy and is instructive in both a mechanical and literary way; and just here we might remark, that if physicians spent more for printer’s ink it would be the better for them. They should have cards, envelopes, letter heads, bill heads, statements, printed directions, etc., etc. Why not encourage the boys, either our own or those of some patient, in this direction?

When on this subject of presents we might hint to our readers that if they encouraged their patrons to subscribe for practical periodicals for the children, and thus exemplify more than a business interest in their patients they would themselves get a surprise now and then in the shape of a new medical work. Students should be remembered by preceptors, and what better present for a student than a medical periodical, that with its practical side of medical life will make him grateful all the year. The student would be an ungrateful wretch if he did not reciprocate.

NEW YEAR’S RESOLUTIONS.—As this is the time when new resolutions are formed and as some may be troubled to decide what to “resolute,” we will try to help a little. Now these are not the old stereotyped list but new ones, so raise your right hand and repeat :

1. I resolve to take as good care of myself as I do of my horse.
2. That I will get all the sleep I need, at least nine hours.
3. That I will train my patients to remember that I am human and that my necessities of life are to be considered.
4. That I will render to all my patients their accounts regularly and insist on yearly settlements, at least.
5. That I will not refuse anything in payment, providing they cannot pay cash.
6. That I will study each case as thoroughly as I can.
7. That I will keep my medicine case properly supplied for all sorts of emergencies.
8. That I will not hesitate to buy books necessary to properly inform me on *all* medical subjects.
9. That I will consider medical journals my private counsellors and appreciate them accordingly.
10. That I will report the facts I have learned and cases that I have treated, that I know will benefit "my less informed brethren."

CONSULTATIONS.

Now that our journal is issued monthly, we have deemed it best to answer these consultation cases, as well as we can and then allow, yes earnestly request, our readers to send their views to the querists direct when the address is given. Those who prefer may send us their views to be published in a subsequent issue. These cases are usually chronic ones and unique so that answers, although perhaps not always in time to be helpful to the querist, will however, benefit the general reader. We trust that the querists will not only report as to the progress of the case (for this courtesy is due our readers,) but will also send us the various opinions and suggestions that may be given them by the profession. That much may be learned from these consultation cases is apparent to all, at least they are to the editor.

CASE NO. 300. SPINAL IRRITATION FROM SPRAIN.

Mrs. A., aged —, *nervo sanguine* temperament, stepped into a hole in the sidewalk and fell backwards across the curbing, spraining her ankle, breaking a rib and straining her back severely. This was three years ago, at that time was a fleshy robust woman. She says, "In falling I gave a sudden spring backwards, at the time I felt a strange thrilling sensation in my back, just above my waist, and then running up into my head, causing a feeling as though I had struck the back of my head, and also, the feeling ran down into my limbs."

I was called some six months ago, and have treated her more or less regularly ever since. At present she complains of a heavy, burning, stinging sore pain in the region of the third dorsal vertebræ, which is also tender. There is also tenderness about the third lumbar and the second and fifth cervical vertebræ, the least pressure on these sore spots causes nausea and belching. At one time considerable difficulty in walking, but she is now better in that respect, and for a while there seemed a great deal of gastric disturbance, but this also has yielded almost entirely to treatment. She complains now as follows. I use her words. "At times the pains run up into my head causing sharp quick pains and at other times it is of a heavy vise-like feeling in the back part of my head. For some time past have had, on turning on the right of the back part of my head, a whirling sensation. I also have the same while sitting or standing, an inclination to fall one way or the other, if I move my head, which also causes pain in my back. I have also a twisting vise-like feeling in my limbs, always one way, mostly in my right limb. At times I have a creeping prickly sensation, at others a numbness. Moving the limbs causes pain in back. Sleep but little the latter part of night, awake with tired feeling." She has of course lost a great deal of flesh, is very nervous, looks on the dark side continually, appetite fair, bowels constipated. I have prescribed Gels., Ars., Nux, Ig., Phos., Agaricus, Apis, Hamamelis, Hypericum and Arnica, and Strychnia, she has had almost continually for two years, for a while in 2x, lately in 1-100 grain granules, two or three times a day. Wheat phosphates, Hypo-phosphites, and such nerve tonics, and a few treatments with battery, galvanic current, which seemed to make her worse and have been discontinued. Will some one who has had large experience in this class of cases, either help me out, or endorse my line of treatment and encourage me to persevere. She seems to me to be steadily failing, although better in some respects than when I took the case, notably in her walking and digestion. Would be pleased to hear from some of our specialists by letter. Address,

LA MAR, Iowa.

A. P. BOWMAN.

[This case of spinal irritation from strain is certainly unique. We have under treatment a case quite similar and therefore shall take unusual interest in the replies. There was undoubtedly a concussion of the spine with its long history of spinal hyperæmia if not congestion. The local spots are those where the effort of springing would be most marked. The function of the cord at those spots and of the nerves that supply the viscera in front will be impaired. The sympathetic in front is also involved. The case looks as if improving from below upward, but the upper part of the spine is harder to relieve than the lower for the simple reason that there is more nervous activity "above the belt." The lower part will be aggravated by lying on it and also by motion. Rest of the arms and mind is of prime importance. Some motion either active or passive, e. g., mas-

sage will help. Sometimes hot or cold bathing gentle to the spine over the sore spots is very soothing, or better yet a rubber bottle of hot water. There is too much congestion for electricity to do any good yet a while. *Bryonia* seems the remedy indicated. It is not this class of cases that are benefited by *Strychnia* as we shall have occasion to prove. She should steadily but surely get better unless some local trouble supervenes from the impaired nerves that go out and up from those "sore spots." Spasmodic tendencies may be expected if these spots become so congested as to interrupt nervous action. This case should be visited once or twice a week and carried up to health by the force of the will of the attendant physician. Absolute quiet will cripple her will so some activity should be encouraged. *Arsenicum*, *Belladonna* and *Rhus*, yes even *Aconite* may be carefully consulted. We have noticed a monthly aggravation, especially where the sympathetic is involved. Study the aggravations closely. Go in brother B. and cure this case and we will stand by you.—Ed.]

THE TOBACCO HABIT.—WHAT WILL ANTIDOTE? NO. 301.

I have a desperate case on my hands and wish you would help me with it. A very talented minister is killing himself with tobacco and has appealed to me for help. He has tried to break off the habit for many years, and now he feels utterly helpless and desperate. He is using such a large amount to keep his brain in working order that there are strong symptoms of general paralysis. Have given *Nux*, but don't think any remedy will cure him, unless he uses less and gradually leaves it off entirely. I saw in some one number of THE UNITED STATES MEDICAL INVESTIGATOR a cure for the appetite for the narcotic, and I can't find it. I have heard that chewing coca chips would take the place of tobacco. I have no faith in that because it has been tried; but there is something similar which will destroy the taste, and I wish to know what it is. *E. H. M.*

[Now here is a poser, arise brethren and give us your experience with tobacco; can some one recall the fact referred to? In the meantime we will say that *Nux* 1x and *Puls.* have helped those cases that have applied to us for help. *Nux* 1x every two hours has helped those nervous chewers who have been on the very borders of tremens. Boeninghausen's remedy, or rather aggravation from chewing tobacco is *Arsenicum*. For smoking tobacco he gives *Ignatia*, *Puls.* *Spong.* *Staph.* first place, then a lot of remedies, second, third and fourth places. Curious, for benefit from tobacco he places *Hepar*, *Sepia*, *Coloc.*, *Merc. Natr.* *Bov.* and *Spig.* *Cowperthwaite* gives *Arsenic*, *Cham.*, *Ipecac*, *Nux*, *Ign.* and *Puls.* as antidotes. *Hering* says: "Antidotes to Tobacco: *Ipec.* vomiting; *Arsen.*, chewing; *Nux* for gastric symptoms, next morning from smoking; *Rhus*, palpitation; *Ignat.*, *Puls.* hiccup; *Clematis* tooth ache, *Sepia*: neuralgia right

side of face, dyspepsia, chronic nervousness; *Lycop.* impotence, urine, spasms, cold sweat from excessive smoking. *Plant. maj.* have several times caused an aversion to tobacco." If several times why not always? Let us try it and see. If little *Plantago* can do that our admiration for it will be unbounded. Let us study it. Will some one please run a parallel and compare *Plantago* and *Tabacum*.—ED?]

NO. 302. IS IT PSORIASIS?

We are having here a peculiar form of skin disease, commencing with minute papules, hard, white at first, but soon turning red, itching intolerably at night, patient soon scratches the parts affected so that they bleed. When first opened the papules exude a little bloody serum or else clear water; sometimes little blisters form very minute, yet really blebs or blisters. Commences on backs of hands, or on fore-arm, or chest; appears in some cases on the back, also, after a time on abdomen and legs.

Have seen nothing in THE INVESTIGATOR concerning it anywhere else in the country. I am unable to find *the* remedy for it. *B.H.L.*

[It is twenty years ago and more since we heard with "march, march," etc., a new rendering, "scratch, boys scratch." We judge our friend has encountered the old army itch, or psoriasis, or prairie itch, etc., etc. *Rhus* used to do good service for the mild cases, but at the dispensary where there was often more flth than itch a *Hepar sulph.* *Kali* lotion would wind up the obstinate cases, as well as drive the patient to a bath after the third night's application. But remember that the lotion smells not of nectar, and for delicate nerves better be diluted with two parts of warm water. It is to be applied three nights in succession and then followed with a bath of soap and water.

There were a great many cases of this disease twenty odd years ago, and so obstinate were they that a prize was offered for the best essay on Prairie Itch. That prize article was published in the early numbers of the United States branch of this journal. We may reproduce that article, or the best portion of it if our readers so desire. But perhaps some of our readers can give their experience in curing psoriasis. Now scratch, oh, I forgot. Let us see if Kippax does not tell us all about it. If he does not we will scratch him.—ED.]

CASE NO. 303.—SPASMS, NATURE AND REMEDY.

Mrs.——, age forty-one robust build, sedentary habits, accustomed to frequent use of stimulants in moderate quantity, food predominantly meat, *good* feeder but not to excess, nervous temperament, naturally cheerful but easily excited, mother of three children, has had seven miscarriages, menstruation usually normal, but if delayed increases tendency to spasms, is subject to fits, coming suddenly, ushered in with slight cry or expression of pain, unconscious at once,

falls forward or to either side, immediate opisthotonos, legs bent at knees drawing heels near nates, hands clutch for throat, or are tightly clenched, teeth tightly shut together, seldom or never frothing at the mouth. The occurrence of these fits is hastened by any excitement as from anger, grief, sudden anxiety, and at menstrual cycle, if flow delayed. Consciousness returns more slowly than it departed, the approach to it being marked by hysterical fits of crying and laughing. The first request made is for a drink, which is made during unconsciousness, and the least amount of fluid taken into the mouth induces strangling from inability to swallow. When consciousness returns the mind appears clear as before the attack, seldom or never headache follows, and if preceding the attack, the spasm relieves the headache. Prostration and nervousness follow the attack, but the predominant symptom is a pricking or tingling sensation, with sometimes slight twitching, not unlike the sensation caused by an electric current, located in the spine's entire length but more prominent in cervical and dorsal portions. The attacks are preceded and sometimes followed by increased desire for food. There is retroflexion of uterus with prolapsus, which condition antedates the occurrence of the fits, some years.

We need help. Come, ye men of experience and extensive observation; what is your diagnosis, where is the location of the trouble, what is it, what the remedy and treatment? A.

[This fleshy woman, whose hyperæmic spine has induced great absorption and little grip, as is evident by the frequent miscarriages, has reached the climacteric and spasmodic era of her nervous condition. These fits are epileptiform—whatever that may mean—and hysterical. Caused in turn by the long lasting strain on the lumbo sacral plexus of nerves by that dislocated uterus. Hyperæmia of the lumbar spine would be expected, also at the bends in the spinal axis higher up. Those explosions are, it would seem, spinal and ought to be cured. That dislocated uterus should be repositied and held in place either by tampons or a pessary. It doubtless needs some local treatment, although a careful reading of "Uterine Displacements, by Eggart," may find the remedy for the totality of the case. It is our experience that a local prop is necessary until the ligaments regain their tone. *Ceanantha crocata* may help this case. The Kali's are Homœopathic to this alkaline subject. Ignatia is strongly suggested. We should expect much from the galvanic current, applied from back to front twice a week, about five minutes each seance. Local use of rubber bottle of hot water at night may help to avert these attacks. If there is a *Rhus* restlessness, that drives to overdo and so precipitate an attack, make use of the suggestion.—ED.]

RECENT MEDICAL FACTS.

The Uncertainties of Therapeutics.—In the course of an address delivered at the opening of the section of medicine, at the recent meeting of the British Medical Association ("British Medical Journal") Dr. James W. T. Smith, of Belfast, spoke as follows :

Our knowledge of therapeutics has not advanced in equal proportion with other branches of medical science. It is the department in which we know least. The modes of action of many medicines are a labyrinth to which we have no clew. To investigate their actions and to obtain a knowledge of their influence on disease are matters of great difficulty. The action of many is imperfectly known, and it may differ much in individuals. It is very difficult to estimate correctly what influence a medicine has really had in producing the changes which have occurred after its administration, for we know that many diseases will get well if left to themselves. Repeated trials and careful observations can alone determine this.

Perhaps there is no point on which members of our profession so frequently deceive themselves as on that of the effect of new medicines, and it must be admitted that many of the communications which appear in our journals upon this subject will not bear the test of experience. Such statements should be received with great hesitation, except when they come from those who, by careful physiological experiment, are entitled to speak on the subject. Another hindrance to progress is this—that, when a medicine has been ascertained to have a decided effect in a particular class of affections, there is a tendency to urge its employment and vaunt its usefulness in diseases over which it has no influence whatever; of this tendency the Bromide of potassium is a good instance, that excellent but ill-used drug having been recommended in nearly half the ills which flesh is heir to.

New suggestions of treatment, and the wonderful effects of new medicines, put forth without substantial test, excite only distrust and disappointment in those who act on them, and add to the number of those who are already skeptical about the use of any medicine.

A disbelief in the efficacy of all drugs is, however, as unreasonable as an unlimited faith in their powers. We possess several which have been proved to have a definite action on which we can rely, and their number is being slowly added to. The discovery of Salicylic acid has changed the whole treatment of rheumatism, and is a strong incentive to further therapeutic investigation.

After all, the practice of medicine is ultimately the practical application of therapeutic agents, and it is in the careful study of these that some of the greatest victories are to be gained by the coming race. But our progress must necessarily be slow, and we must take care lest the structure we build on our way prove only to be sand-castles. [If Dr. Smith sighs for solid certainties he should delve into Homœopathic therapeutics.—Ed. U. S. M. I.]

MEDICAL NEWS ITEMS.

J. J. Cleckner, M. D., from Newhall to Toledo, Iowa.

C. C. Huff, M. D., of Huron, D. T., has been appointed county physician.

The New York Homœopathic Medical Society meets in Albany Feb. 10th and 11th. It will be an important meeting.

The Illinois Homœopathic Medical Association will meet this year in Peoria, May 19—21. Special effort is being made to have a large and interesting meeting.

New York Ophthalmic Hospital.—Report for the month ending Dec. 31, 1884. . Number of prescriptions, 5,078; number of new patients, 783; number of patients resident in the hospital, 28; average daily attendance, 212; largest daily attendance, 291.

ALTON G. WARNER, M. D., Resident Surgeon.

G. R. Southwich, M. D., of Boston, having spent some time in Europe, and two years more in Boston, studying midwifery and the medical and surgical treatment of the diseases of women, besides making a special study in New York of the methods and operations of Drs. Thomas, Emmet, Hunter, and others, intends to devote himself to the above specialty. We wish him success.

A. R. Van Sickle, M. D., of Hastings, Neb., called on us on his wedding tour. He was married January 6th, to Miss Annie Woolf, at the home of the bride, Kewanee, Ill. Dr. V. is president of the Nebraska State Homœopathic Medical Society. He cordially urges us to meet with them in May next. We certainly shall be there in spirit if not in body and wish them a good glorious time. May Dr. V. and his bride live long and prosper.

Popular and powerful remedies for Rhus Poisoning. Tansy Tea—Externally and internally. *Ledum*—Internally and as a lotion. *Lobelia tincture*—locally.

Olive Oil, 2 oz. ;
Salicylic Acid, 1 drachm } locally.

Kali sulph. 6x; *Sanguinaria*; *Anacardium*; *Urtica urens*; *Arnica* and *Rhus rad.* high.

Snow Water Impurities.—Under the heading of "The Beautiful Snow," the *Microscope* points out the kind of organic impurities found in snow, which very conclusively shows the fallacy of the idea that melted snow forms a good substitute for distilled water. The impurities are as follows: Living infusoria and algæ, bacilli and micrococci, mites, diatoms, and great numbers of fungi spores; also fibres of wood, mouse hairs, pieces of butterfly wings, skin of larvæ of insects, cotton fibres, pieces of grass, epidermis, pollen grains, rye and potato flour, grains of quartz, minute pieces of roofing tile, and bits of iron and coal.—*Scientific American*, October 11, 1884.

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THE NATIONAL HOMŒOPATHIC FAIR AT
WASHINGTON.

The National Homœopathic Fair is over. It may be interesting to those of our professional brothers who are always ready to aid in the advancement of our cherished system of medicine to know that the fair was a great success. It was a great effort which brought a moral as well as a financial triumph. To understand our moral triumph one should be aware of the mortal struggle that has gone on for years between the two schools in the capital of the United States. The Old School struggling for supremacy, Homœopathy for equality. While Homœopathy has her struggles everywhere, nowhere is it so sharp and so well defined as in the capital of the nation. Bureaucracy is its mortal enemy at the seat of government. The army, the navy, the marine hospital service are uninterruptedly arrayed against it. A victory here, therefore, is a national victory in its amplest sense. I tried to impress the profession with this fact when I made my appeal in behalf of the "National Homœopathic

Fair," reminding my colleagues that we were now asking legislation from Congress and that a Homœopathic national demonstration at the Capital at the time would create so favorable an impression as to awaken a greater interest in this science which is asking for governmental recognition and for fair treatment. Over three thousand circulars and two hundred personal letters I have delivered to members of our profession, but no more than fifty have responded or even written a word of encouragement. This was not only disheartening but mortifying. Yet our local efforts, aided by the few public-spirited and large-souled physicians of the states, have been such as to enable us to organize a fair which brought the encomiums of the press without an exception, and forced the enemies to acknowledge that Homœopathy is a power commanding the intelligence of the people. We realized four thousand dollars net by the fair, which may seem but little to richer communities but which is great in this poverty stricken city. The national Homœopathic hospital will go on, for we strive for its existence, and if Congress does not help us the responsibility must fall on the laggards who, satisfied with the fullness of their own manager, would not give a bone or a thought that the great body of the profession might live, and that justice and honor might be done to the very profession which yields them the fruits they enjoy.

TULLIO DE LUZZARA VERDI.

RECENT VIEWS ON DIABETES.

The recent views as given in FRERICH'S work on diabetes are summarized as follows in the *Centralbl. für die Med. Wissensch.*, No. 41.

The normal amount of *sugar* in the blood during life is put down at 0.12 and 0.33 per cent. As to *glycogen*, which is constantly found in the blood, in inflammatory exudations (where it is introduced with the white blood corpuscles), in cartilage, the testes, etc., but most of all in the liver and the

muscles, the author states that it may accumulate in the liver and muscles after any kind of nourishment, and asserts, in spite of failure of sufficient proof, that the sugar passing through the liver is converted into glycogen. The glycogenous degeneration of the kidneys in diabetes mellitus is mentioned as analogous to this. As to the combustion of blood sugar, it is found to disappear completely some time after the removal of blood from the body, mostly by conversion to lactic acid; but whether this process goes on within the body cannot be proved. The glycogen of the muscles is used up during their activity to form carbonic acid and heat. The conversion of liver glycogen into sugar is regarded by Frerichs as a vital process. In the conversion of carbohydrates, the liver has thus a two-fold function: on the one hand, glycogen is formed and stored up within it from a part of the sugar brought by the portal vein; on the other hand, glycogen is converted into sugar, and carbohydrates are given back to the blood for the general needs of the vital processes.

There is no evidence at all of combustion of carbohydrates in the liver.

If the percentage of sugar in the blood exceed the normal, there is glycosuria. No special importance is attached to the still unsettled question of the constant presence or not of minute traces of sugar in the urine of healthy persons. Glycosuria is discussed most thoroughly, including the appearance, often only temporary, of small quantities of sugar in the urine. Three groups of such cases are given.

1. *Glycosuria after Poisons*.—It constantly occurs after poisoning by curare, carbonic oxide, amyl nitrite, ortho-nitro-phenyl-propionic acid, and methyl-delphinin. It occasionally occurs after large quantities of morphia, chloralhydrate, hydrocyanic acid, sulphuric acid, mercury, and alcohol. Glycosuria after infectious diseases is allied to the above; *e. g.*, cholera, anthrax, diphtheria, typhoid fever, scarlatina, and malaria. In the last disease, it was only

found once in several hundred cases. The appearance of a copper-reducing substance in the urine, observed by different authors after the introduction of various substances into the body, does not rest on the presence of sugar.

2. *Glycosuria, from Digestive Derangements.*—While, as a rule, in healthy persons the ingestion of large quantities of sugar does not cause glycosuria, exceptional cases occur, in which even small quantities have this result. Apart from this, glycosuria is found occasionally in connection with gastric catarrh, especially in those who inherit a gouty disposition. It chiefly occurs during the intervals of gouty attacks. Experiments on the introduction of sugar in cases of Phosphorus poisoning, cirrhosis of the liver, and portal obstruction, gave only negative results as to the presence of sugar in the urine.

3. *Glycosuria from Nervous Derangement.*—This includes glycosuria after psychic excitation (persistent emotion, intellectual strain), neuralgia (sciatic, trigeminal, and occipital), cerebral disturbance (various injuries of the head and spinal column), and, finally, cerebral hemorrhage and cerebro-spinal meningitis.

Diabetes mellitus is distinguished from glycosuria by the appearance of extensive derangements of the tissue-changes generally, which lead to general deterioration, to many local diseases, and usually to death. For the symptoms and complications we are referred to the original, especially as regards sudden death and diabetic coma. In speaking of the results of diabetes, twelve cases of cure are given. It often passes into some other grave disease—nephritis, diabetes insipidus, arterial sclerosis, and their consequences. But death is far the most frequent result; and, of 250 fatal cases of the authors, 18 died from exhaustion, 34 from phthisis, 7 from pneumonia (4 of these with gangrene of the lungs), 8 from nephritis, 7 from carbuncle, and 9 from complications (6 of these from cancer). In all the other cases symptoms of cerebral paralysis appeared, in 10 from hemorrhage, in 2

from softening, in 3 from cerebro-spinal meningitis, and in the rest from coma without local alterations within the skull. Fifty-five cases are reported, together with their necropsies.

Passing over the causes, immediate and predisposing, of diabetes, we come to the treatment, which is not so powerless as is often assumed, for the author has had cases under treatment for ten years up to eighteen years, and one case for twenty years.

A proper mental and bodily diet is of the greatest importance, and muscular exercise carefully conducted is most beneficial. Milk was found unfavorable, especially Donkin's treatment by skimmed milk. Many alkaline waters were found very useful (Carlsbad, Neuenahr, Vichy), when taken at these places. Amongst narcotics, Opium is important, as it often lessens thirst, urine, and sugar, while the body-weight increases. As to the experience, usually negative, of many so-called specifics, lactic acid had no result, and glycerine was harmful. Salicylic acid, Salicylate of soda, and Iodoform deserve further trial. All weakening influences and cutaneous irritants are to be avoided.

The increase of sugar in the blood is the essential element of diabetes. By removing minute portions of liver during life, (by puncture, Ehrlich) it was shown that in advanced diabetes, the formation of glycogen in the liver gradually declines, so that the sugar absorbed from the portal vein passes directly into the systemic circulation. There is as yet no satisfactory evidence of lessened combustion of the sugar of the blood in this disease.

A FREAK OF NATURE.

On the 18th of January there was a singular manifestation of nature, the birth of a child here without arms or legs. In the place of a right arm is a short fleshy protuberance two inches long, while there was no attempt at forming the left one.

The legs terminated abruptly at two inches from the body. The child is well formed otherwise, and is doing well. It is a girl.

FRANK R. HILL.

THE NEW ANÆSTHETIC.

COCAINE AS A LOCAL ANÆSTHETIC OF THE GENITAL MUCOUS MEMBRANE, BY DR. ERNEST FRANKEL.*

Cocaine and its preparations, especially its active alkaloid Cocaine; and its salts the muriate and acetate of Cocaine, were discovered by Niemann in 1859. Its physiological and therapeutic peculiarities have been known for a long time both experimentally and clinically. Although Schroff demonstrated in 1862 that the local application of Cocaine to the mucous membrane of the tongue produced anæsthesia, it was reserved for the present period, to bring forward the local anæsthetic action of this drug into the domain of medicine.

†Koller deserves the credit of first recommending and using Cocaine to produce local anæsthesia of the eyes through experiments on animals and clinical observation. With two and five per cent. watery solutions of Muriate of Cocaine, he obtained complete anæsthesia of the conjunctiva and cornea, the latter in its entire substance, and recommended Cocaine as a practical narcotic in painful diseases of the eye and in the various operations on the eye.

‡Jelinek pointed out the use of Cocaine as an anæsthetic for the pharynx and larynx. By painting with a moderately strong alcoholic solution (ten and twenty per cent.) of Cocaine, anæsthesia of the larynx was produced without any bad after effects. Although not always absolute and continuous, it was enough to perform an endo-laryngeal operation quietly and with safety. The reflex movements of the throat, even in chloroform narcosis, as well as the persistent reflex closure of the vocal cords, which are so troublesome in laryngo and rhinoscopic examinations and especially in endo-laryngeal operations are controlled by the local appli-

*See Centralblatt für Gynakologie, No. 49, 1884.

†Verhandl. de. Versamml. dtsch. Augenärzte in Heidelberg am 15 u. 16 Sept. d. J. und Wien. med. Wehschr. 1884, No. 43 u. 44.

‡Wien. med. Wehschr. 1884, No. 45 u. 46.

cation of Cocaine. It will also mitigate the suffering, though transitory, in very painful affections of the mouth and pharynx.

After these discoveries it seemed desirable to ascertain its use in gynæcology and before the publication of Jelinek's article I had already begun experiments in this direction.

It was clear to me from the beginning, that the local anæsthetic action of the Cocaine could only be used in those affections which arose in the mucous membrane of the genital canal and which could be removed during the relatively short and transitory action of the Cocaine; a plastic operation on the perineum for example, or a fistula operation could be performed almost painlessly by this means. There are many cases in gynæcology, where all that is necessary is a few snips of the scissors, a stroke of the scalpel, a rapid cauterization with the nitrate of silver or hot iron, but where the patient shrinks from any pain, although transitory, and we are obliged to use Chloroform on account of the insufficiency of all known drugs to produce local anæsthesia. Although it may be trivial, there is always connected with it the appearance of an "operation," a word which frightens many a timid woman.

It would not be in vain, therefore, to ascertain whether (which indeed could scarcely be doubted a priori) Cocaine, which paralysed the sensitive nerve terminations in the mucous membrane of the tongue, mouth, pharynx, eye, as well as the cornea, could be applied to those of the vulva, vagina and uterus in a similar manner, and further, whether the reflex irritability of the mucosa of the female genitals could be controlled, as in the experiments of Jelinek on the pharynx and larynx. I used first, as Koller on the eye, two to five per cent. watery solutions of Merk's Muriate of Cocaine without any special effect. I was never able to obtain complete anæsthesia, at most, a trifling decrease of sensitiveness by thoroughly and repeatedly painting the mucous membrane of the vulva, vagina and vaginal portion

and by introducing within the vestibulum vaginal for five, ten, fifteen minutes, cotton tampons dipped in a five per cent. solution. The reason is obvious as the resorbing power of the vaginal and vulvar mucoœa is considerably less than that of the eye and also the mouth and pharynx on account of the layers of pavement epithelium. It was therefore necessary to use more concentrated solutions of Cocaine for my purpose, and I then tried, as Jelinek (l. c.), first a ten per cent. and then a twenty per cent. alcoholic solution.

Cocaine mur. 1.0

Aq. dest. 3.0

Spir. vin. reclif. 2.0

Without the addition of acid and not filtrated. If kept for a long time, it becomes somewhat cloudy and also less active on account of the evaporation of a portion of the alcohol and loss of Cocaine, but the addition of a few drops of alcohol will restore it to its former condition.

After carefully cleansing and drying the mucous membrane this solution was thoroughly painted over it at intervals of one and a half, two and three minutes, and this repeated three or four times according to the individual sensitiveness. For the cavity of the uterus, after washing it out through a uterine catheter with lukewarm water and drying it with cotton wound over a Playfair's probe. I used a similar probe dipped in a solution of Cocaine and passed within the uterine cavity.

In ascertaining the sensibility to pain, I selected the most sensitive woman, whose reaction to impressions of pain I had previously tested by superficial and deeper punctures, by cauterizing small portions of mucous membrane with a fine sharp pointed stick of lunar caustic and by a small, pointed red hot iron, especially the very sensitive region of the external orifice of the urethra, the lower portion of the urethra, the anterior commissure between the urethra and clitoris as well as the posterior commissure near the fourchette.

In all cases tested in this manner and then repeatedly painted with a twenty per cent. solution of Cocaine, the effect was instantaneous, although not always equally strong and lasting the same length of time.

(1.) *The sensibility to pain is markedly diminished. There is no pain produced in the superficial layers of the mucous membrane; in the deeper it was felt somewhat less than before.* I could stick the point of a fine needle in at the places mentioned till a drop of blood came without any noteworthy expression of pain, while before the application of the Cocaine, even touching them superficially with the point of the needle caused much complaint and twitching. Neither was the touching of the mucous membrane with the lunar caustic either at the time, or in the ten or fifteen minutes following, spoken of as particularly painful. Touching the mucous membrane with the red hot iron was accompanied with a feeling of warmth. In the deep puncture of the cervix (after Spiequelberg), the first two pricks were loudly complained of by a very sensitive patient, but after painting twice and pressing on the eroded portio-vaginalis for the next five minutes a small cotton tampon dipped in a twenty per cent. solution of Cocaine, it was borne without pain. With the same patient, after ascertaining that the curette caused severe pain, I allowed a piece of cotton dipped in the Cocaine solution to remain in the cavity of the uterus for fifteen minutes. The thorough application of the curette following this, she termed as less painful and bore it better than before. In another very nervous and sensitive patient with posterior fixation of the uterine column by posterior chronic parametritis, any attempt to bring the vaginal portion forward was exceedingly painful, as well as the strong pressure of the posterior margin of a Fergusson's speculum in the posterior cul-de-sac. After painting and applying a Cocaine tampon for ten minutes to the eroded and readily resorbing vaginal portion, I was able to lift the cervix far forward and press the speculum deep in the cul-de-sac three

times in succession without causing the patient any pain, much to my surprise. This appeared the more remarkable to me as there was here not only anæsthesia of the superficial portions of the mucous membrane about the os uteri, but also, what I had not observed before, of the deeper tissues, as the pressure of the speculum was exercised on the posterior vaginal cul-de-sac and the parametritic infiltration above it, but in no way on the erosion.

(2.) *Cocaine has also an anæsthetic action on the inflamed mucous membrane.* In two cases of acute gonorrhœal vulvitis and vaginitis the tests described above were shown with very marked results. The ischæmic action of the drug was here distinctly noticed in the bleaching of the deep red vulvar and urethral mucous membrane.

(3.) *The reflex irritability of the vaginal orifice is diminished.* In a case of a young woman married six weeks, in which I found the mucous membrane of the introitus very much swollen, hyperæmic, injured and so sensitive that an attempt to introduce the finger caused severe reflex contraction, painting three times with a twenty per cent. solution of Cocaine at intervals of two minutes enabled me to introduce the index finger into the vagina repeatedly without pain. It is very probable that cases of rectal spasm from anal fissure present a similar condition, where it has formerly been necessary to use chloroform for the purpose of cutting the fissure. Repeated painting of the ulcer and its neighborhood with Cocaine would allow the rectal speculum to be introduced and the sphincter stretched without further anæsthesia.

The following indications may be deduced, therefore, for the local application of Cocaine to the genital mucous membrane.

1. For anæsthetic purposes.

(a.) In cauterizing the vulvar and vaginal mucous membrane, as in acute or sub-acute gonorrhœal vulvitis and vaginitis, in using nitrate of silver in substance or painting with concentrated solutions of sublimate.

(b.) For the removal of small and superficial growths on the mucous membrane of the vulva, as pointed condylomata or caruncles of the urethra as well as cauterizing their basis, in the former with the pencil, in the latter with the hot iron, which would be very painful without Cocaine but necessary to prevent recurrence.

(c.) In very sensitive individuals to deplete or cauterize the cervix, possibly in curetting the uterine cavity as well.

2. To diminish reflex irritation.

(a.) In temporary vaginismus before examination or the introduction of vaginal dilators. The patient may also be recommended to paint it over the parts immediately before co-habitation.

(b.) In rectal spasm from fissure of the anus, for the purpose of operating without narcosis. It might be used also as an anæsthetic by painting it on before each defecation.

Whether Cocaine will come into use as a local anæsthetic in midwifery i. e., during dilatation of the cervix and crowning of the head, appears very questionable to me; as here, the stitching and dragging involve the deeper tissues on which anæsthesia is not developed. The high price of the drug at the present time also tends to prevent its coming into general use.

G. R. SOUTHWICK.

BOSTON.

SPINAL IRRITATION.

BY H. M. WARREN, M. D., JONESTOWN, MICH.

Every physician of thought and experience cannot fail to have noticed the steadily increasing number of cases of spinal irritation falling under his care, as well as the fact of so large a proportion of the number being young girls. It is true this trouble is not alone confined to this sex or age, as we find it in all classes and conditions of life. Boys often complain of their backs, but as it almost always arises in their case from mechanical injuries, strains, falls, etc., the recuperative energies of the system soon throw it off. More-

over the active out-door life they lead has a tendency to strengthen rather than weaken their backs, thus almost unconsciously assisting nature in building up the man. Not so with our girls, for the duties imposed on them and their mode of living, working, acting, and even studying, has often the effect of fastening with a firmer hold this weakness upon them.

Many a poor young invalid has expressed to me her surprise that she should be afflicted with such an obstinate disease, as she supposed it was a trouble confined to married life; and this was true in former times. Rarely in the earlier years of my practice would I encounter a young unmarried girl rendered almost helpless by a weak back, as I now meet with them almost daily in my professional career, therefore will I confine myself, in this paper, to the disease as we find it in this class of patients.

A sad picture indeed is it to see a young woman with all the cares, responsibilities and requirements of married life just before her, which she is so poorly qualified to bear, weighed down, oppressed and suffering from a spinal irritation. Nature endowed her with a spine as supple and lithe as a whip stock, which would have nobly enabled her to bear the burdens of life without a failure had she not impaired its usefulness by her own thoughtlessness, a mother's neglect, the freaks of fashion or modern school life.

Perhaps one of the most active causes at work to produce this malady is the experience of school life, and the management of the girl during this important period; at the time when freedom and relaxation from all restraint are doubly necessary and essential to their perfect physical development, they are closely confined by the discipline of the school, which allows absolutely no rest or change from the too rigid deportment enforced on every scholar. I have not a word to utter against the highest mental development of the pupil, if it is not gained at the expense of ill health.

In connection with the above can very properly be classed

the injurious effects of the long flights of stairs found in so many of our school buildings, which the pupil has to ascend and descend so many times a day.

Injuries to the spine from falls, concussions, jumping the rope, from a buggy or any height, will directly exert an evil influence of this character. Everything that will cause uterine disturbances, congestions or engorgements, displacements, etc., greatly help to lay the foundation for these troubles. Indeed we seldom see a case of pelvic congestion that does not eventually implicate the cord in a greater or less degree. Hence for this reason alone, if no other, it is important all such exciting causes should be removed. And as prevention is better than cure, these can be avoided in great number of cases by supporting the clothing from the shoulders and not from the waist; sweeping, especially large rooms, washing, making beds, lifting and carrying heavy articles, and particularly working for any length of time at objects placed above the level of the shoulders, such as white-washing, paper hanging, dressing the hair, etc. In this I do not lose sight of the fact that in those conditions of *anæmia* of the cord, and an absence of uterine dislocations, some of these very acts, if not carried too far, may actually be of benefit by causing a flow of blood to the parts.

The symptoms of this disorder are as varied and abundant as one could well imagine, not an organ in the body being free from its baleful influence; and, withal, they are deceptive in their character, easily throwing the physician off the track unless he is watchful and on the alert. In many cases only the reflex symptoms are noticeable, and the spinal tenderness, which is the seat of the trouble, may be overlooked for a long time. An obstinate case of ovaralgia, neuralgia, cardialgia, dyspepsia, as well as other gastric disturbances, palpitation, dyspnœa, persistent coughs, myalgia, wandering pains, torpor of the bowels, despondency, and all sorts of mental and nervous symptoms, demand of the physician, if they do not yield readily to the treatment, a thorough exam-

ination of the back. Many patients will, in good faith, in answer to the question, tell you there is nothing the matter with their spine, when a careful exploration will reveal their mistake.

Ludlam says "that many of the fugitive, peculiar, inexplicable local pains, burning and suffering that are incident to confirmed diseases and deviations of the womb, arise from uterine irritation which is conveyed by the sensitive nerve filaments to the cord and then reflected to these different points." As illustrative of this, is the infra-mammary pain, which Dr. Simpson declared was a positive indication of uterine disease. Furthermore, Ludlam says: "What is true of the uterus is also true of the ovaries. The contingencies that beset ovulation, even when the periods are regular; that may derange the innervation of these organs at puberty; * * * * are indirectly responsible for a large proportion of cases of what are termed spinal irritation. There may be cases where the converse is true, and wherein the ovarian disease is secondary upon the spinal lesion." As yet, this being true, it is not safe to jump hastily to the conclusion that all cases of neuralgia are due to morbid disturbances within the pelvic cavity, and confidently promise our afflicted friends a speedy relief from their complaint by simply remedying such a difficulty, for you may have a mortifying failure to confront. Even in many cases a uterine dislocation, or congestion, will cause a spinal irritation, with all its accompanying train of reflex symptoms, then pass away, but leaving to the unfortunate victim this wearying and distressing sequel as an unwelcome legacy.

Perhaps your experience tells you, as mine certainly does, that the most serious and protracted cases are traumatic in their nature, with slowly developing symptoms, weeks and months often intervening before the injury fully asserts its evil effects. The severest, as well as the most dangerous and protracted case it has been my lot to treat, was of this nature, the result of a fall upon an icy pavement. I should

like very much to present a history of this case, suggestive and instructive as it is, but even a brief reference to the symptoms and treatment, the paralysis, in consequence of an effusion in the cord, and other points, would more than consume my time.

An anæmic condition of the posterior columns of the cord is easily diagnosed. Kershaw says: "The distinctive feature of spinal anæmia is a tenderness at one or more points over the spinal column, increased by pressure, and with this disease tenderness must be present; a slight uneasiness only may be experienced, or it may reach the most intense hyperæsthesia." Another writer says: "In a great majority of cases more or less uneasiness is felt at one or more spots located about the spine, and especially is this the case while combing the hair or sweeping. I find, too, that the manifestations required in writing or sewing greatly aggravate the disease in question. Another feature of this trouble is the patient is always better in the morning after a night's rest. This does not apply to rest at night alone, but to rest in the recumbent posture at any time. I mean to say that rest in the recumbent posture always ameliorates the sufferings of the patient, both primary and sympathetic symptoms." And the writer gives as his reason for this statement, "That the benefit such a patient receives is not derived from merely sitting or standing quietly, but an improved condition following the patient's assuming the recumbent posture. This is easily explained by considering the pathological condition present. The posterior spinal columns being anæmic are rendered more so by standing, sitting, or walking—the force of gravity carrying the blood from the already desanguinated parts—whereas by assuming the recumbent posture the same natural force is brought into play, and supplies, in a measure, the want of the diseased part, and amelioration consequently follows."

In hyperæmias of the cord the reverse is true, and the patient experiences relief from maintaining the erect position—the blood flowing away from the congested parts.

With care there need be no trouble in distinguishing between these two conditions, for the symptomatology is well marked.

Spinal anæmia is nevertheless often confounded with chronic myelitis. By the following comparison you will see how needless such an error is:

***SPINAL ANÆMIA.**

Tenderness over some part of the vertebral column, increased by pressure due to or accompanied by hyperæsthesia of the skin.

Anæsthesia never present. The muscular contraction frequently painless.

No sense of constriction about the waist.

Bladder never paralyzed.

Sphincter ani is never paralyzed.

Paralysis seldom present, and then very incomplete.

Atrophy never attends or follows the paralysis.

No tendency to a more serious condition.

*Kershaw.

CHRONIC MYELITIS.

Tenderness increased by pressure, but no hyperæsthesia of the skin.

Anæsthesia always present.

The muscular contractions are attended with great suffering.

Sensation of tight cord about the upper limit of paralysis.

Bladder generally paralyzed, if disease is seated in lower dorsal region.

Sphincter ani usually paralyzed.

Paralysis always present.

Always more or less atrophy of the paralyzed muscles.

The progress of myelitis is towards a worse condition unless arrested.

The prognosis of spinal irritation is generally favorable, though recovery is slow and tedious, fully testing the patience of all concerned. The roving nature of many such patients, however, may have something to do with it. Ludlam calls them experienced itinerants. Perhaps some meddlesome neighbors, sitting in conference, are more responsible for the frequent changes than they themselves. Much will depend on the cause and nature of the lesion, as well as our ability to so alter or amend the mode of living, working or dressing of the afflicted. It is essential that we exercise patient care in tracing the disease to its cause; ascertaining whether it arose from an injury or not. If displacements exist they must be overcome before we can hope for a cure.

It is difficult, in a paper like this, that merely touches upon the different phases of the disease, to lay down a well

defined mode of treatment of which the symptoms are so diversified.

You have doubtless many times been surprised at the singular slowness with which symptoms develop after an injury to the coccyx, or other portions of the spine. Weeks will often intervene before the person seems to notice any ill effects resulting from the accident. This fact may cause a patient to mislead you in the search, not thinking, from the long time between the injury and the effect, it had anything to do with the lesion. If we can trace it to such a cause Hypericum will prove of great value, and it can be used locally as well as internally. Arnica will, of course, be of great value, especially if given at the time the injury is received, as it will obviate the danger of reaction in concussion. Richard Hughes says: "Give it to one whose frame cannot forget the shock of a far-back railway accident, and you and he will alike be delighted with the effect." "Hypericum is strongly adapted to mechanical injuries of the spinal cord, and the nerves at their peripheral extremities."—*Burt*. I think the key-note of this remedy is—injury to the nerves, attended with great pain. Hypericum for injuries to the nervous, and Arnica to the muscular system. Hamamelis, Aconite, Calendula and Rhus tox. are also frequently indicated, and of great power in combating such cases. "Rest, after injury of the spine must be absolute, and must be prolonged; it is the factor in the cure, and is a most difficult thing to accomplish, because in many cases the injury appears so trifling that patients cannot understand what disastrous results may follow."—*Helmuth*.

In anæmic conditions selections can be made from Strychnia, Phosphorus, Nux vom., Phos. acid, Cimicifuga, Ignatia, Phos., Strych.

As the primary effect of Strychnia is to cause an acute congestion of parts of the cord, this poison, in proper doses, will stimulate the circulation, restore the vessels to their normal condition. I have found Phosphate of Strychnia

extract an exceedingly valuable remedy, and one that rarely fails. It fully meets the symptoms calling for either the Strychnia or Phosphorus. Mustard and capsicum water, or other rubefacients, will greatly help us in the cure. "The Old School treatment consists in the application of blisters to the diseased portion of the spine, electricity, the administration of Strychnia, Phosphorus, Opium and cod liver oil. They frequently help their patients too, and for the following reasons: The blister determines an amount of blood to the diseased part, supplies its want and therefore *palliates* the patient's condition. Electricity, I think, is frequently Homœopathic to the condition present, and the remedies, Strychnia and Phosphorus, are as certainly Homœopathic as one could wish."—*Kershaw*.

In hyperæmia, selections can be made from the following remedies, being guided by the totality of the symptoms: Atropine, Ergot, Veratrum viride, Rhus tox, Bryonia, Cauticum. I have given preference to Atropine over Belladonna as "Its sphere of action appears to me to include the nervous system, affecting alike the nerves of sensation, motion, and the sympathetic."—*Hale*. Brown-Sequard says: "It is a powerful excitant of blood vessels, and especially those of the spinal cord and its membranes. In consequence of this influence it diminishes the amount of blood in the vertebral canal." Hammond recommends Ergot, in doses sufficiently large to contract the blood-vessels and thus starve the disease.

For Hydrophobia.—A German forest keeper, eighty-two years old not wishing to carry to the grave an important secret has published in the *Leipsic Journal* a receipt he had used for fifty years, and which he says has saved several men and a great number of animals from a horrible death by hydrophobia. The bite must be bathed as soon as possible with warm vinegar and water, and when this has dried, a few drops of Muriatic acid poured upon the wound will destroy the poison of the saliva and relieve the patient from all present or future danger.—*Exchange*.

SOME BACKACHES.

WHAT THEY SIGNIFY, CAUSES AND THEIR TREATMENT,

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

(Continued from Page 36.)

CASE X. Throws a flood of light on this backache question viewed from any point:

Mrs. F. E., a jolly fleshy brunette, the wife of a painter, came to me with this history: Married when eighteen and for ten years enjoyed good health, except an occasional sick headache which she attributed to the paint. Preparing to go on a visit she ran the sewing machine steadily for several weeks, at times could scarcely walk. On the visit she walked, rode horse back and climbed hills. When she returned she had a profuse leucorrhœa, dysmenorrhœa and severe pain in bowels. She was treated by a regular for metritis with little if any relief. Had constant distress across her with terrific pains at the month accompanied with a most excruciating headache. Finally any severe work or extra excitement would bring on her headaches. For these I was consulted, as well as for the monthly storm. Belladonna relieved for a time but overdoing (and she was energetic and ambitious) would bring them on with renewed violence. Finding a slight anteversion, that was corrected, and a pessary worn with relief for a time, especially if she was quiet. This sort of local skirmish went on for years until a new development. One cold night in January she attempted to raise herself on one elbow up on the pillow higher. She felt a snap about the shoulder and was soon in excruciating pain. No dislocation or injury could be detected but the whole arm and shoulder was helpless and painful on the slightest motion. After the acute pain subsided under the use of Aconite and Bryonia, a very sore spot was detected about two inches from the spine on the painful side. She carried that arm in a sling for months, during this time she complained of heart symptoms, angina pectoris. The best progress towards a cure was effected by Rhus, followed by Sanguinaria and electricity. The Faradic current helped but the Galvanic current down the arm finally removed the last vestige of the helplessness. While laid up with the arm the headaches and painful menstruation did not trouble her but reappeared on resuming active house-

hold duties. A conical elongated uterine neck was the next development. This was treated by dilatation and while quiet she was free from suffering, or perhaps it was removal to a cottage in the suburbs where there were few stairs to climb. A visit to the city or any over work would surely develop a severe headache. A local physician who was called to prescribe for one of her crazy headaches insisted on dilatation of the uterine neck again. She was better for a time but was soon as bad as ever, accompanied with a weak back, nausea and vomiting. Reviewing this case as I had repeatedly done, it seemed that there must be some cause that escaped attention. The good effect of Rhus, Sanguinaria and electricity in the form of Galvanism down the arm led to its trial for the headaches and dysmenorrhœa. The effect was prompt and agreeable. These headaches were peculiar. They would begin in the nape of the neck and pass up and involve the whole brain. Sometimes the pain would be worse in the back, again on top or on one side, sometimes only one temple would be involved and sometimes both. The back of the head felt as if in a vise. She must lie down in a dark room and sometimes she was entirely unconscious. They were then attended by nausea and vomiting. Sometimes quiet and at other times tossing about in the greatest agony. Morphine, Bromide, chloroform, whiskey, etc., were resorted to by physicians called in, but time and quiet seemed the only sure remedies. There was no hysteria or other nervous phenomena. When over these attacks, she could give but an indifferent description of them. A careful examination of the spine revealed three sensitive spots, i. e., in the upper cervical, dorsal and lumbosacral regions. The two upper ones became very sore before the headache attacks and the more lame the small of the back the worse the attacks of dysmenorrhœa and *vice versa*. Now she informed me that she always had a weak back (dorsal) and that it was often so hot that she would uncover it.

Here was the clue to the aggravation from exertion and why remedies afforded only temporary benefit. This lady had been under my notice for about ten years and at last the whole trouble is revealed as clear as day. Every organ in the body but the right one had received attention. It was with no little pleasure that I directed the proper treatment

which is curing that long suffering back, the real seat of all the suffering.

It is possible that cases of this kind are suffering for years untold agonies because the medical men and women through whose hands they pass overlook the true location of the disease. Yes I could recall them by the score. I resolved that this class of cases should now receive my closest study and attention.

I have found that to locate the disease is one thing, but to cure it quite another. Experimenting with this case and others I satisfied myself as to the form of electric current best adapted to this class of cases. The amount and character of the current and also the limit of the agent as well as the range of remedies will be considered farther on.

While the above case was under treatment others appeared that helped on this spinal study and none more than

CASE XI. Mrs. E. E. brought her daughter to my office; she was a short, very fleshy, young lady, in her teens. The mother was cured of paralysis of the arm following diphtheria, with electricity, and she thought it might help her daughter, who complained of constant pain in the small of the back, with great heat and almost helplessness of the legs and also of the arms. She had to be turned in bed and helped up. Her menses were painful and irregular attended with congestive headaches. Her feet were numb at times, and swollen. She could not walk far because her back gave out and was also very short of breath. She could not lie on the back, if she got on it she could not turn. On inquiry the fact was developed that the painful menses and backache dated from a fall on the back. Was worse in damp weather and she was steadily growing more helpless. Rhus was given in this case with only temporary relief. Electricity was used so as to take the blood away from the spine. The Faradic current made it worse, as it will this class of cases, although it affords temporary help and so would the galvanic current unless properly used. The anode was placed at the spot in the spine, sacrum, where it was hot and the cathode over the abdomen. The menstruation was the first to become normal, then the ache began to leave the back at intervals; but would return on extra exertion. Arnica was

given with decided benefit. Before she left me she climbed to the top of the water tower, a thing impossible before. She considered her back cured. But now an obstinate eczema appeared on the hands that Rhus finally cured.

CASE XII. "What do you know about my back? I never complained of my back" said a fleshy lady patient whom I enjoined to lie still and rest her back. Living in an elegant mansion, she took great pride in having it always look its best. Over-work had repeatedly brought on severe attacks of vomiting. "Bilious attacks," she termed them. She is of medium height, quite fleshy and very active. The tongue has the pale flabby look attendant upon gastric catarrh. She lives well and enjoys life. Supposing these attacks at first only gastric catarrh, I presumed that a regulation of diet with the indicated remedy, Puls., would control them, but after nearly a year of relief, much company, much work and excitement precipitated an attack which was however, much lighter. Ars. checked the vomiting but Bry. was needed to relieve the spinal hyperæmia opposite the stomach.

"You are right, my back needs rest, for it has been weak for a long time," was her reply to my advice as to rest. She is now on remedies which will work wonders for that back if properly continued.

Rest is a grand remedy, but these back symptoms make these cases restless and so nervous that they are impelled to activity until an explosion, so to speak, occurs.

We will have other vomiting and spasmodic cases to study before we get through. The exciting cause is often one thing while the predisposing cause is quite remote.

CASE XIII. While deep in this study of spinal irritation there came to consult me, Mrs. Dr. B. of the city of D. She was formerly of fine physique, strong and active but for months had been steadily losing flesh. She had contracted a cold which left her with a persistent cough. Had consulted many brother physicians but was steadily losing ground. Was so weak she could scarcely walk; the effort of climbing stairs produced an incessant cough, deep, hollow, which ended with a gag, and the expectoration of a little tough, stringy mucus. Kali was my mental prescription. Her case had been diagnosed as phthisis. She was at the change of life, and very nervous, and had hot flushes especially after the cough.

Lachesis had been taken without benefit. A careful examination of the chest revealed nothing but a forcible beating of the heart. She had at times angina pectoris of short duration. The forcible and rapid action of the heart prevented the left decubitus. What she had most persistent was distressing headaches that came on after the least exertion. She had an ache in the back of the head and neck all the time but the same headache was in the temples and forehead driving her almost frantic. There was a dizziness attending them. They would commence in the back and come over the top. Bry. afforded little if any relief, but quiet and hot water mitigated them.

What was the case, laryngeal phthisis, menopause, or what was the trouble with the neck and back of the head that it should ache? I suggested neurasthenia, she had had it suggested before. Case No. 1 kept constantly recurring to me. Is this case one purely of nervous origin, there being no disease of the lungs at all? The expectoration was not more than would be expected from a persistent cough. If there was now no lung trouble how long would it be before this cough and general condition would result in consumption? Something was evidently consuming both flesh and energy. Had she tried electricity? "Why, you know we run a bathing establishment, and have all kinds. I found that they made me worse."

Now was this due to the water (Silicia) or was it due to the exertion, or the form of the electricity? "Electricity seems to use me up." Knowing that the usual form of electricity used in baths was Faradic, I suggested a mild galvanic current. But how should it be applied? What was the neurasthenia? Spinal anæmia or hyperæmia? Was the back better or worse on lying on it? Better for a time, but then she had to change to the right side, could not rest well in any position. The least wind on the back would make her chilly. Finally she volunteered the remark that occasionally a choking sensation in the throat started the cough;

she was worse when tired and lying down first at night. Was the spine tender? No ache in it, but it felt weak. A slight examination revealed a tenderness of the third dorsal and of the upper fifth cervical vertebra. Pressure here started the spasm and cough. Satisfied in my own mind that there was spinal hyperæmia, I applied a light current from back to front and down to the stomach, as well as over the forehead as the headache was approaching. The relief was prompt and pleasant. I now informed her that it was largely if not exclusively a spinal hyperæmia and that the remedies were (1,) Kali carb., (2,) galvanism and (3,) *much rest*. While in this city she had no return of the headache and felt stronger every way, cough was better. After a few trials I found only a very mild current applied only three to five minutes was the best, a more severe dose would make her faint and weak. Now she remembered that when she took the electric bath and was not disturbed by the bath woman, but wrapped in a blanket and laid away to dry, that she was much better or rather not so weak. But the bath always tired her and it took hours for her to recruit.

When she left, she promised to make spinal irritation a close study along the line I had indicated and report, as it opened up to her a new field of investigation and her establishment afforded a rare chance to study these cases.

She steadily improved while she rested, which she did all summer in the watering places on the upper lakes. She returned to work in the fall over confident that she was nearer health than she was. In the winter I received word from her that she was going south, to Texas, "for the rest she could not get there."

It takes sometimes years to cure such cases, aggravated as was hers by the change of life and the incessant mental and physical activity of her profession. Her last request was that I should write out my views on the use of electricity.

CASE XIV. Mrs. C. *nervo-sanguine*, active sensible woman had a lame back ever since she could remember.

When about sixteen had strain of the back and a severe shock. While a music teacher the small of back would ache so she could hardly finish the lessons. Similar ache below the shoulders. While carrying her first child back so weak and lame she could scarcely get around the last weeks. Labor was tedious, pain forcible but dilatation very tardy, under chloroform she was delivered with forceps. The labor was followed by complete uterine inertia and flooding, to arrest which, I had to fold the flabby abdomen over and pin the bandage so as to keep the uterus from relaxing. She could not lie on the back a moment. Had a tedious convalescence, complaining so much of the back. Was stronger after that. Had, by and by an indescribable irritation and dragging about the bladder, thought there was urethritis and slight uterine prolapsus from subinvolution with a left oovitis of long standing. This had produced an adhesion of the bowel and constipation. Any extra exertion would make the back bad and increase the discomfort in front. Various remedies helped, chiefly Belladonna. But quiet was the best of all. Feeling that electricity might help, she took several electric baths with local treatment. They made her feel much better, but soon she complained that the ride home caused more harm than the baths did good. One bath was too cold and she was laid up. "If you would only give electricity," she said, "I should prefer you by all means" That hint was sufficient.

The subsequent history of this case is interesting. One winter day she was taken suddenly with severe pain, fainted and was carried to her bed. I found her gasping for breath and writhing in an agony of pain. Chloroform to the point of anæsthesia was administered for forty-eight hours and Bell. rapidly repeated. She was flowing some but the abdomen became hard and tympanitic. She supposed herself pregnant and this was interpreted as a miscarriage. Digital exploration revealed a uterus double its size, but all about it was a doughy mass which proved to be an enormous pelvic hæmatocele. Would she bleed to death or would the system react and inflammation then carry her off? The dead faint I interpreted had arrested the hemorrhage as it does in uterine hemorrhage and all attention was turned to preventing inflammation. The chloroform prevented all voluntary effort to strain, from the mass impinging on the bladder and rectum. She was kept on the side as much as possible, in fact, when conscious, her complaint was that "her back

ached so," she was propped on the side. The remedies did yeoman service in preventing inflammation. Profs. Pease and Gilchrist saw this case with me and confirmed the diagnosis. After about a month the clot showed signs of breaking down, Douglas' cul-de-sac was punctured and a large mass of grumous sanious blood escaped. The stench was most horrible driving even a trained nurse away. She complained of almost complete paralysis of the right leg during the weeks of convalescence. I inferred that this whole trouble originated about the spinal cord at the spot of the old ache. The spine now got the rest it had long needed. In six months, she recovered, to the surprise of all, for such cases usually terminate fatally. She now menstruates regularly and is better than ever. Will never be vigorous until that back is relieved of its irritation, now however, only marked at the sides of the back beneath the shoulder blades. I expect remedies to set that cord free yet. The latest manifestation is an attack of coryza at the return of every menstrual crisis. She says that it is like an attack of hay fever. The sympathetic is evidently deeply involved.

It is difficult in this class of cases to get all to recognize a chronic derangement. The acute attacks receive all attention and when they subside the chronic substrata may be entirely overlooked. The case just narrated is the daughter of a physician, who though kind did not recognize the grave significance of a lame back in a growing girl. But perhaps none of us are free here.

CASE XV. Rev. A. visited me, who had been a patient at Mrs. Dr. B's. establishment, and granted a vacation for "nervous prostration." He reports himself much improved and came with a letter thanking me on her behalf for the light I had given her on spinal irritation. He desired some instruction on the use of electricity and she to have her diagnosis, "spinal anæmia," confirmed. I examined him very carefully. He had had dyspepsia for years, and now his voice had begun to fail. He was a nervo-sanguine, small, active man. There was much tenderness of the spine opposite the stomach between the shoulders and at the nape of the neck. He was better on lying down on his back. I took pleasure in informing him that I agreed with Mrs. Dr. B's view of his case, and had only to emphasize her instructions for him to continue to improve. The constant or

broken current directed to the spine was best in this case, followed by general treatment and the indicated remedy. (Ign.) It is this class of cases that the electric bath and general electricity, (Faradic) help so wonderfully.

CASE XVI. Miss A. N. is a pale, intellectual patient, another whose best mental work is done while in bed, whom one physician said suffered from monomania. She had such tenderness of the spine (spinal anæmia) that a little pressure produces cessation of the heart's action. The slightest electric current produces fainting. I had repeatedly to send her home in my carriage before I learned these facts. Shut up to remedies she is, however, steadily improving. Mental work and activity have a marked effect upon her. Her chief symptoms are small red tongue, pale face, weak eyes, sleeplessness when most full of thought at night, rapid action of the heart, a short nervous cough, constipation, back-ache and gnawing at the stomach, scanty menses and urine; a timid retiring disposition with a mind at times filled with the wildest vagaries. A wail of distress runs through most of her productions, but some of the periods are most noble and she does some fine writing when at her best, but is most active mentally when feeling worst. I expect by and by to give her electricity to help on the cure more rapidly. The first symptoms of aggravation is the burning distress at stomach and wakefulness, or troubled dreams. (Ars.)

These two cases stand for a class that have been styled neurasthenia. But what is meant by that we have indicated. When we come to study the spine, its physiology and hygiene as well as pathology, what these cases are we shall then know.

(To be Continued.)

In the *Lancet*, Sept. 1884, p. 569, Dr. Herschell writes that he has lately had two cases under his care where stricture of the urethra was caused by bicycle riding. One patient was eighteen years old, had never suffered from gonorrhœa, nor practiced masturbation. There was a dense stricture four and a half inches from the meatus. The second case occurred in a middle aged man. In this case, there was a stricture five inches from the meatus, accompanied by an enlarged and tender prostate. Both cases were treated by internal urethrotomy, and made satisfactory recoveries. In the same number, p. 569, Mr. H. A. Allbutt, who is representative councillor and medical officer to two cycling clubs in Leeds, writes that he considers cycling a health-giving exercise, and that there is no danger to the perineum from the pressure of the saddle.

HOW TO PREVENT CHOLERA.

REPORT ADOPTED BY THE AMERICAN PUBLIC HEALTH ASSOCIATION AND THE CONFERENCE OF STATE BOARDS OF HEALTH.

To the Conference of State Boards of Health:

MR. PRESIDENT AND MEMBERS:—Your committee, to whom was referred papers relating to the practical work required for the prevention of epidemic cholera in this country, respectfully report as follows:

ORIGIN AND DISSEMINATION.

There are three essential factors to the prevalence of cholera in this country as an epidemic,—(1) the importation of the disease by means of ships more or less directly from its only place of origin in India; (2) local unsanitary conditions favorable to the reception and development of the disease; (3) persons sick with the disease in some of its stages, or things infected by such sick persons, to carry it from place to place. These three factors naturally suggest the methods of combating the disease, for which there is needed practical work,—international, national, and interstate, state and local. So far as relates to state and local boards of health, their organization and activities are greater than ever before; but it must be admitted, that after cholera has been introduced into a country, inland quarantines are not easily and successfully maintained, although efforts in this direction are then advisable.

In view of the threatened introduction of cholera into this country during the coming year, and the consequent immense waste of life and property values through derangements of commerce, trade and productive industries, it is the sense of this conference that the general government should maintain such a national health service as shall, by rigid inspection at the port of embarkation, question the freedom from disease and infection of all persons and things from infected districts, and shall secure the surveillance of

such persons and things while on shipboard, and when necessary, detention at quarantine stations on this side for treatment and disinfection.

OFFICIAL INSPECTION.

In view of the present threatening aspect of Asiatic cholera, and the constant danger from other communicable diseases occurring at foreign ports having commercial relations with the United States, we urge upon congress to provide for the appointments and maintenance at all such foreign ports where cholera, yellow fever, plague, small-pox, or scarlet fever exists, or are liable to exist, of medical officers of health, the same being either accredited consuls, or attached to the consulates. The duties of these officers shall be to give notice, by telegraph when practicable, of the existence or appearance of any of the above named diseases to some constituted authority in this country; to give notice of the departure of any vessel, known or suspected to be infected, for any port in the United States; and, whenever requested by the master of any vessel about to load or leave for this country, to inspect thoroughly such vessel in all her parts, and also her cargo, her crew and passengers, to use such cleansing and disinfection as he may deem necessary, and to satisfy himself that all persons about to sail are free from dangerous communicable diseases, are not recently from infected places, and are properly protected from small-pox, giving to her commander a certificate of the inspection, and of all precautionary measures taken. And it shall be the duty of the central authority in this country promptly to transmit intelligence of the existence of the above mentioned diseases at foreign ports and places, and of the departure of dangerous vessels for the United States and Canada, to all state and local health authorities in the country which may be interested in the same.

We further recommend, in case of those foreign ports which have no consular agents of this country or no tel-

ographic communication with this country, and which are liable to transmit pestilence through commercial intercourse, that one or more medical officers be chosen to visit such ports as often as may be deemed necessary by the central health authority in this country, so as to give trustworthy information of the health and sanitary conditions of those places.

CANADIAN HEALTH ALLIANCE.

Inasmuch as the Dominion of Canada is equally interested with the United States in protecting itself and the United States from the importation of dangerous diseases, we suggest that congress take such measures as will bring about concerted action with the Dominion and the British government, by which the consuls of this country or of England at foreign ports shall examine and take such action as they may deem effective, and notify the authorities of such government as has authority over any port to which any ship may sail in the United States or Canada, in order that such government may be in a position to take effective measures against the importation of these diseases.

We are gratified that the authorities of the Dominion of Canada and of the Province of Ontario have taken active steps toward protecting the people of Canada, and indirectly those of the United States, by the adoption of extensive quarantine regulations. We feel, however, that with respect to those regulations regarding the landing of passengers from the mail steamers along the St. Lawrence, etc., further special regulations for the thorough disinfection of the baggage and effects of all passengers, cabin or steerage, as come from infected ports or places, should be carried out in a manner similar to that recommended by the National Board of Health. Believing that the importation of cholera into this country has usually attended the presence of immigrants from infected countries, we therefore recommend that all such immigrants be prevented from landing at our ports until such time as the danger of the introduction of cholera by them shall have passed.

The inspection and quarantine service inaugurated by the National Board of Health, and set forth in the paper by Dr. Smart before this conference, but which system is now inoperative for want of an appropriation by congress, meets with our cordial approval. To enable these protective measures to be carried out, we recommend that congress be urged in the strongest terms to legislate on this subject at an early date in its coming session, and to appropriate such funds as may be needful. The expenses incident to the work which has to be performed at foreign ports, and the establishment of refuge stations at points on our own coast for the detention and treatment of infected vessels arriving from foreign ports, should undoubtedly be borne by the national government, and not by individual states or municipalities; for the benefits accruing therefrom are general, and not restricted to localities, although some ports and cities on the coast may have a more immediate interest in the matter than others in the interior. It is probable, however, that this national protective work may not be sufficient.

LOCAL SAFEGUARDS.

It will undoubtedly delay and lessen the chances of invasion, but it may not prevent invasion. The poison of the disease is subtle, and may effect an entrance into the country at some unguarded point. The funds necessary to the stamping out of the disease in a particular locality, and to the prevention of its spread to other localities, might in some instances be borne by the municipality or state affected; but should the disease occur in a locality which has failed or is unable to make provisions for the occurrence, its spread to other cities and states would be imminent. The want of means at the infected point would be disastrous to many others. Congress has recognized the necessity for aid to state and local boards of health under similar conditions in the case of yellow fever. In 1879 the sum of \$300,000 was appropriated, and placed at the disposal of

the National Board of Health; and the records show that of this sum \$160,000 was employed in combating the epidemic of that year. We therefore recommend that the influence of this conference be used with the view of having appropriated by the national legislature the sum of \$500,000, to be used, or as much thereof as may be needful, in case of cholera invasion, in stamping out the disease from the infected localities, and in preventing its spread from state to state.

The removal of local unsanitary conditions favorable to the development of cholera is the special work of state and local boards of health. Much has been done already in some states, but much remains which should receive immediate attention. Where it can be done, state sanitary inspectors should be appointed to visit all towns and cities specially liable to the disease, to counsel with the local authorities as to the best methods of prevention. This work should be vigorously prosecuted before the disease reaches our shores.

ADVICE TO CITIZENS.

The cause of cholera is contained in the discharges from persons affected by the disease, or in things infected by such discharges. Should the disease reach our shores, the first case, and after this the first case which reaches any given community, should be strictly isolated. All infective material from these and any subsequent cases should be destroyed in such manner as to stamp out the disease. Intelligent sanitary precautions beforehand, and scientific disinfection and treatment in the presence of the disease, should take the place of the necessary cruelties of a panic. In case any city or town is infected, the same principles of isolation should in general be applied to the city as to the infected individual. Intercourse with other cities and places should be under sanitary supervision, substantially as set forth in the rules and regulations of the National Board of Health

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respecting the inspection of travelers, disinfection of effects, vehicles, etc.

Health officers and inspectors appointed by state or provincial boards of health should, in addition to other sanitary work, see that the localities have set apart, erected, or planned to be so set apart or erected, structures which shall possess the sanitary requirements of an isolation hospital. But as regards all necessary work by local boards of health, most state and provincial boards of health have printed and issued documents which give ample instruction.

Your committee recommend that when this conference adjourns, it be to meet in Washington, D. C., the second Wednesday in December next, and that the secretary of this conference be directed to invite the attendance at that time of the quarantine officers and health officers of the principal cities in the United States and Canada; and that all delegates to that meeting be prepared to report the sanitary status of their state or locality, and what steps have been taken to improve the same, and prevent the introduction of disease.

All of which is respectfully submitted. Henry B. Baker, Secretary State Board of Health of Michigan; H. P. Walcott, Chairman Health Department of Massachusetts; S. S. Herrick, Secretary State Board of Health of Louisiana; Peter H. Bryce, Secretary Provincial Board of Health, Ontario, Canada; John H. Rauch, Secretary State Board of Health of Illinois, Committee.

Adopted by the Conference of State Boards of Health at St. Louis, Mo., Oct. 14, 1884. Erastus Brooks, President of the Conference of the State Boards of Health; J. N. McCormack, Secretary of the Conference of State Boards of Health.

Adopted by the American Public Health Association at St. Louis, Mo., October 15, 1884. Albert L. Gihon, President American Public Health Association; Irving A. Watson, Secretary American Public Health Association.

PRIZE ESSAY ON HEALTH.

THE PROMISE FOR NEXT YEAR BY THE AMERICAN PUBLIC
HEALTH ASSOCIATION.

CONCORD, N. H. Jan. 7, 1885.

The thirteenth annual meeting of the American Public Health Association will be held at Washington, D. C., December 8-11, 1885. The executive committee have selected the following topics for consideration at said meeting:

I. The best form in which the Results of Registration of Diseases and Deaths can be given to the public, in weekly, monthly, and annual reports.

II. The proper Organization of Health Boards and Local Sanitary Service.

III. Recent Sanitary Experiences in connection with the Exclusion and Suppression of Epidemic Diseases.

IV. Healthy Homes and Foods for the Working Classes. (See Lomb Prize Essays.)

V. The Sanitary Condition and Necessities of School Houses and School Life. (See Lomb Prize Essays.)

VI. Disinfection and individual Prophylaxis against Infectious Diseases. (See Lomb Prize Essays.)

VII. The Preventable Causes of disease, injury, and death in American manufactories and workshops, and the best means and Appliances for Preventing and Avoiding them. (See Lomb Prize Essays.)

All persons who propose to present papers at the next annual meeting (prize essays excepted as per conditions elsewhere given) must place the same in the hands of the secretary at least three days before the commencement of the annual session, as such papers must be examined by a committee before being read. This rule will be rigidly enforced, and all authors must be governed by it. After Dec. 1, 1885, papers must be sent to the secretary at Washington, D. C., care of Dr. Smith Townshend, Chairman Local Committee of Arrangements. Active and associate members have equal

rights in the presentation and discussion of papers. The Local Committee of Arrangements is already organized, and active work begun to make the next meeting a large and successful one.

The generous prizes offered by Mr. Henry Lomb will tend to awaken an increased interest in the great work which this Association has for years been successfully prosecuting, and will add much to the already more than national reputation of its beneficent undertakings.

The co-operation of all persons interested in the public health, or in any subject allied to sanitary science, is respectfully solicited. A circular giving full and concise information regarding local matters, programme, transportation, etc., will be issued in due season before the meeting.

Mr. Henry Lomb, of Rochester, N. Y., has offered through the American Public Health Association, the sum of two thousand eight hundred dollars, to be awarded as first and second prizes for papers on the following subjects, and according to conditions mentioned elsewhere:

I. Healthy Homes and Foods for the Working Classes. First prize, \$500; second prize, \$200.

Essays to be of a practical character, devoid as far as possible of scientific terms. They must be within the scope and understanding of all classes, and designed especially for a popular work.

Judges:—Dr. E. M. Moore, President State Board of Health, Rochester, N. Y.; Dr. C. W. Chancellor, Secretary State Board of Health, Baltimore, Md.; Medical Director, Albert L. Gihon, U. S. Navy, Washington, D. C.; Dr. J. H. Raymond, Health Commissioner, Brooklyn, N. Y.; Major Charles Smart, Surgeon U. S. A., Washington, D. C.

II. The Sanitary Conditions and Necessities of School-Houses and School-Life. First prize, \$500; second prize, \$200.

The object and intention of these essays is to furnish instruction to those having the care of common schools; con-

struction of buildings, hygienic conditions, managements, etc., as well as valuable knowledge to teachers and parents upon matters allied to school interests.

Judges:—Hon. Erastus Brooks, LL. D., State Board of Health, New York; Dr. H. P. Walcott, State Board of Health, Lunacy, and Charity, Cambridge, Mass.; Dr. Granville P. Conn, President State Board of Health, Concord, N. H.; Hon. John Eaton, Commissioner of Education, Washington, D. C.; Col. George E. Waring, Jr. C. E. Newport, R. I.

III. Disinfection and individual Prophylaxis against infectious Diseases. First prize, \$500; second prize \$200.

This subject will embrace the kinds, value, and relative merits of disinfectants, as well as the methods of use. Also the means that may be employed by the individual to avoid contagious and infectious diseases.

Judges:—Dr. S. H. Durgin, Health Officer, Boston, Mass.; Dr. J. E. Reeves, Secretary State Board of Health, Wheeling, W. Va.; Dr. Gustavus Devron, President Aux. San. Assn., New Orleans, La.; Prof. Richard McSherry, M. D., Baltimore, Md.; Prof. James L. Cabell, LL. D., University of Virginia, Va.

IV. The Preventable Causes of disease, injury, and death in American manufactories and workshops, and the best Means and Appliances for Preventing and Avoiding them. First prize \$500; second prize, \$200.

Under this head, the conditions and necessities of the American mechanic are to be especially considered, and the thorough consideration of a class will be regarded of more value by the judges than a superficial review of the whole field. Original investigations will weigh much in awarding the prizes, while compilations from existing literature or foreign statistics will not find favor with the judges.

Judges:—Dr. E. M. Hunt, Secretary State Board of Health, Trenton, N. J.; Dr. A. N. Bell, Editor *Sanitarian*, New York City; Major George M. Sternberg, Surgeon U. S.

A., Baltimore, Md.; Major John S. Billings, LL. D., U. S. A., Washington, D. C.; Mr. W. P. Dunwoody, Secretary National Board of Health, Washington, D. C.

Conditions: All essays written for the above prizes must be in the hands of the secretary, Dr. Irving A. Watson, Concord, N. H., on or before Oct. 15, 1885. Each essay must bear a motto, and have accompanying it a securely sealed envelope containing the author's name and address, with the same motto upon the outside of the envelope. A caligraphic copy of each essay will be made by the secretary and placed in the hands of the judges, so that they will be totally ignorant as to the author.

After the prize essays have been determined upon, the envelopes bearing the mottoes corresponding to the prize essays will be opened, and the awards made to the persons whose names are found within them. The remaining envelopes, unless the corresponding essays are reclaimed by authors or their representatives within thirty days after publication of the awards, will be destroyed unopened by the secretary.

The judges have been selected by the American Public Health Association, the Conference of State Boards of Health, and the National Board of Health, and are empowered to reject all papers if in their opinion none are worthy of a prize. The essays awarded the prizes are to become the property of the American Public Health Association.

None of the judges will be allowed to compete for a prize on the subject upon which they are to pass judgment.

The judges will announce the awards in the second week of December, 1885, at the Annual Meeting of the American Public Health Association.

It is intended that the above essays shall be essentially American in their character and application, and this will be considered by the judges as an especial merit.

Competition is open to authors of any nationality, but all the papers must be in the English language.

It is expected that arrangements can be made to have these essays widely distributed to the public, and to the persons mostly interested in the respective subjects in the United States. The American Public Health Association earnestly appeals to those able to compete to take part in this work, which it is believed will do much to augment the health, comfort, and happiness of the people.

Per order Executive Committee,

IRVING A. WATSON, Secretary.

A CASE OF ANEURISM OF THE ABDOMINAL AORTA TREATED BY BARYTA CARBONICA.

BY DR. TORRY ANDERSON, LONDON HOMŒOPATHIC HOSPITAL.

The following case, which I select from among my out-patients, shows, I think, that some benefit is to be derived from the use of *Baryta carbonica* in the treatment of aneurism.

J. O., aged thirty-two, a bricklayer in the east of London, consulted me at the hospital on June 13th, 1882. His parents were living and in good health, and there was no history of syphilis.

With the exception of an attack of typhoid about ten years before, he had always enjoyed good health till he had a fall off a building. This occurred three years before I saw him, and although not much hurt at the time he soon began to complain of pains in his chest and abdomen, for which he sought relief from different medical men. He was at last told that he had an aneurism and had better go to a hospital. As he had been getting steadily worse for some time, and was unable to do anything, he went to Guy's, where he remained under treatment as an in-patient for six weeks. He says he continued to get worse, and was discharged in March, 1882.

He came to me in June, complaining of great breathlessness on the slightest exertion, with a strong beating in pit of stomach accompanied by much pain in abdominal region and limbs, and with severe and constant headache. He had been losing flesh rapidly lately, had very little appetite, and was feeling generally very unwell.

On examination I found there was an aneurism of abdominal aorta, the dulness extending from ensiform cartilage half way to umbilicus. There was strong pulsation and a loud bellows murmur. I ordered him *Baryta carb.* 3x three grains three times a day; to stay in bed as much as possible, to take what nourishing food he could manage, and to give up all stimulants.

The notes of the case show that he came again on July 11th, when there was no change in his condition.

25th.—Used to have much pain, but now has none.

August 22nd.—Better, no pain or headache. Rep.

October 18th.—Is feeling a good deal better than when he first came; he has entirely lost his headache and is feeling stronger. The beating is not so troublesome. Rep.

November 14th.—No pain or headache, palpitation not so strong. Rep.

December 12th.—The same. Rep.

January 9th, 1883.—He does not notice the beating so much; is still losing flesh. Rep.

February 6th.—Rather sleepless at night lately, and has some return of pain in limbs. Rep.

March 2nd.—Much the same. Rep.

From March 30th to June 29th, the reports are that he is much the same. Rep.

During July and August he felt better and stronger again, and in September he went to Folkestone, taking his powders with him.

On October 19th I saw him again on his return from spending a month at Folkestone; he said he had been pretty well while away, and is feeling now better and stronger

than he has done for a long time. He has been doing a little gardening, and is on the look-out for some light work. There is very little pulsation to be felt, and the bruit is much fainter. Rep.

November 16th.—Keeping better. Pulse 68, strong and regular. Appetite very good. Rep.

December 14th.—Is stronger and looking much better. Pulse 70, good. He is fatter. He says “he is a new man and can potter about all day gardening.” The pulsation is very much diminished, and the bruit only heard on pressing the stethoscope rather firmly. He is still taking the *Baryta carb.*, and I wish him to continue it and report himself from time to time.—*Annals.*

GIVE US ARTICLES ON HEADACHES.

TO EDITOR MEDICAL INVESTIGATOR: Won't you kindly ask some of your many contributors for an article on headaches with a comparison of the principal remedies, and thus oblige,

E. D.

Abdominal Section in Central Africa by a Native.—In the *Edin. Med. Jour.*, April, 1884, Mr. Felkin gives an interesting account of a successful Cæsarean section performed in his presence by a native African. The operator commenced by making an incision in the middle line from a little above the pubes, and ending just below the umbilicus; the whole abdominal wall and part of the uterine wall being severed by this incision. The bleeding points were touched with a red-hot iron. The incision into the uterus being enlarged, an assistant held aside the abdominal walls, whilst the operator removed the child. Next the cervix uteri was dilated from the inside, and the placenta, clots, etc., were cleared out of the uterus through the abdominal wound. The operator all this time was keeping up pressure on the uterus, until it firmly contracted. The wound was covered by a porous mat, and the edges of the incision were brought together by means of seven iron spikes, well polished, like acupuncture needles, and fastened by string, made from bark cloth. A paste, prepared by chewing two different roots, and spitting the pulp into a bowl, was thickly plastered over the wound. Eleven days after the operation, the wound was quite healed, and the woman seemed well.

ANTIDOTES TO TOBACCO.

BY W. E. LEONARD, M. D., MINNEAPOLIS, MINN.

In answer to No. 301, "The Tobacco Habit—what will Antidote?" I wish to submit the following comparison between *Plantago* and *Tabacum*, undertaken at the suggestion of the editor (p. 65, current vol.)

I am interested in this matter just at present, because I am myself going through the process of "stopping smoking," and find it no easy matter, unaided by medicines. In my own case, for the intense irritability and "ugliness" which came when I omitted my after dinner or supper cigar, *Tabacum* 200 proved a great aid indeed, and repeated doses not oftener than once a day, I think, caused an actual distaste for tobacco in the mouth, although the smoke of a good cigar is still grateful. I have never chewed tobacco.

In the provings of *Tabacum* it is recorded that *Gentian* temporarily destroyed the everlasting craving for tobacco, and that *Ignatia* relieved the "jerking all over" and irresistible drawing down of left shoulder, symptoms occurring "the first night after reforming."

Dr. W. N. Guernsey (in the "*Medical Advance*," Sept. 1884,) relates the clinical case of an inveterate smoker troubled with palpitation of the heart, termed irritable heart." The palpitation was spasmodic, and more apt to be worse when the urine was scanty, and absent when the urine passed freely. *Apis* very high was continued six months with perfect relief.

My father, Dr. W. H. Leonard, relates three cures of the tobacco habit with *Plantago major*. all in men, who had used the weed for a long time. The main indications were the intense restlessness and nervousness, they were almost beside themselves for want of a chew or smoke, one chewed (the oldest victim,) the other two smoked. The medicine was used in the 30th, a dose three times a day.

Prof. J. T. Kent, says that *Acetic acid*, very high will

antidote conditions brought on by the habitual use of coffee, tobacco, Opium and alcohol.

He also mentions *Caladium* and *Asarum Europeanum* as antidotes to alcohol and tobacco. *Caladium* for the effect of tobacco in the sexual sphere, I suppose.

I have knowledge of cure of the tobacco habit with *Conium mac.* in a patient of mine, who was led to it from the headaches and extreme vertigo caused by smoking. He used the 3x dilution, and soon experienced such disgust that the taste of tobacco would almost cause vomiting.

These random notes I have hastily compiled in the hope of aiding your correspondent, and hope they may assist him in curing his patient.

COMPARISONS OF TABACUM, AND PLANTAGO MAJOR FROM THEIR PROVINGS.

(Italics Copied.)

TABACUM.

Mind.—As if intoxicated with spirituous liquors. Very morose and fretful; gloom, despondency. *Difficulty in concentrating his mind for any length of time on one subject.*

Head.—VERTIGO, excessive. *Heaviness of the head. Headache with vertigo. Headache relieved in the open air.*

Nose.—Constant discharge of watery mucus from the nose.

Face.—Violent tearing in bones of face and teeth, in the evening.

Mouth.—Teeth.—Caries of all the teeth.

Teeth covered with dark sordes. Violent persistent throbbing toothache.

PLANTAGO M.

Highest degree of excitability.

Low spirits. *Rather irritable.*

Mind confused, and entirely unable to listen to the lectures. Inability to think, with *restlessness at night.*

Giddiness, with the irritable mood, violent irritation of the brain, maddening feeling, cannot bear the slightest contradiction.

[P. has the head symptoms but in much milder degree.]

SUDDEN discharge of clear water from left nostril.

Handkerchief saturated with *yellow water from the nose like Saffron.*

Faceache. *violent bruised aching pain* in right side of face, on getting warm walking.

Violent attack of faceache, both sides.

Since taking P. there has been rapid decay of teeth; filling has fallen out of two.

Sordes on the teeth, as if mixed with blood.

Teeth feel elongated and sore; *excessive boring, digging pain, profuse flow of saliva; aggravated by walking in cold air and by contact, also by high degree of heat, could not endure the pain.*

"Smoker's disease," "a jumping pain;" "a jumping pain;" under vicissitudes of climate, in sudden changes from heat to cold, or vice versa, etc. If teeth are bitten on, a sudden and most painful sensation is experienced.

Throat.—Hawking of mucus. Much tenacious mucus in throat.

Dryness of the throat, parched. Tickling and raw feeling in throat.

Rawness and scraping in pharynx.

Stomach.—Frequent empty eructations. *Great nausea, amounting almost to faintness, which disappears in the open air.*

FEELING EXACTLY AS IF SEA SICK.

Abdomen.—Much rumbling and flatulence; frightful pains, possible colic, etc.

Stool.—*Stool urgent, watery, painless.*

Micturition and urine. *Increased discharge of urine, pale.*

Urine increased. yellowish red.

Sexual organs.—No erections, or sexual desires. Genital organs flabby.

Respiratory organs.—Constant dry cough, growing very sore.

Chest.—*Very violent constriction of the chest.*

Angina pectoris.

Sleep, etc.—Restless sleep, disturbed by dreams.

Frightful dreams, of snakes, apprehension of death, etc.

Generalities.—GENERAL DEBILITY, GREAT WEAKNESS, FEELING OF GREAT EXHAUSTION.

Soreness of the teeth. [There is a marked similarity of symptoms here.]

Profuse secretion of mucus in throat, with frequent hawking of mucus.

Dry parched throat.

Sensation of scraping in the throat. Rawness and soreness of the pharynx.

Frequent empty eructations. Nausea, almost to vomiting, with the gripping pain in the bowels.

[P. has not the marked gastric symptoms of *Tubacum*, but the same in a less degree.]

[P. has the same conditions but pains are less in degree.]

Very watery stool, with very little pain or desire for stool.

Frequent micturition of colorless urine; or large quantity of very dark red urine.

Diminished sexual desire or power; no erections for many days.

Cough very troublesome with difficult expectoration, etc.

Great feeling of oppression in the chest, with hurried respiration and prostration.

Oppression of the chest, with rapid respiration; difficulty of breathing, as if there were no air in the room.

Restless at night.

Frequent dreams of a gloomy character, rousing from sleep.

Great weariness and desire to lie down; feeling of great prostration, unable to associate my mind with any external object.

Perhaps because of its insufficient proving, *Plantago* seems to me to have but few marked symptoms, i. e., to be a medicine of small range. It certainly shows effect similar to the tobacco on the mucous membrane and on the nervous system, in a much milder degree, yet sufficient to make it antidotal in many cases.

CONSULTATIONS.

C. W. Pyle's case No. 213, Dec. 27, 1884, UNITED STATES MEDICAL INVESTIGATOR, Hemisrania Periodic Headache. Try Sulphate of Nickel 2x in one gr. dose three times a day has cured many bad cases of long standing.

LADY PHYSICIAN.

WHAT IS THE REMEDY.

Mr. L. a hard worker with his brain complained occasionally of great depression of spirit and "a feeling as if stuffed with cotton." Nux does not seem to help him. What is the remedy? J. M. L.

[There is a lack of definiteness about this case that will hardly expect an accurate reply. We would like to know the man's age, temperament, general health, fleshy or spare, occupation, sleep, appetite, stool, urine, circulation, respiration.

Depression of spirits may be from over work or under feed as well as loss of sleep, business cares, etc. Nux has depression, so has China. Where does he locate the stuffed feeling, in the head, stomach or throat? If our friend will be more explicit we have no doubt he can be helped.—ED.]

ANSWER TO DR. C. W. PYLE.

December 27th, 1884, page 420 of THE INVESTIGATOR. What is best for hemisrania? First to arrest the severity of excruciating headache give pellets, two to four of Atropia 1st, every half hour. I have used this treatment for all forms of headache for the last (30) thirty years. Atropia 1st, for the violent pains. Pulsatilla 3 to 12, and Graphites 12 to 30, in females to restore menstrual trouble. If the headache continues, Natrum muriaticum 12 to 30 will also completely relieve most cases of headache in women.

Atropia 1st. Then if the excruciating pain in the head for men, especially if complains of giddiness and a sense of fullness which ends in most acute pain, Carb. veg. 12 to 30, which causes congestion of brain will permanently relieve.

When the pain is excruciating, chiefly in the forehead, coming on suddenly and lasting for ten or twenty minutes, has to press hands on forehead, give Nux vomica followed by Atropia 1st, or Belladonna 1st. To cure, Carb. veg., Natrum muriaticum, Causticum and strict diet, no coffee. This will cure headaches and hemisrania.

This treatment I learned from Dunford's old book, Practical Advantages of Homœopathy thirty years ago. Try young brother the Atropia 1st, is my suggestion, I always give it. J. H. HENRY.

"CASE 113," PERIODICAL HEADACHE.

The periodic headache referred to by our friend, Dr. Pyle, calls for "Pulsatilla." I have had very satisfactory results from the use of this remedy in the 80th atten. in "periodic headaches," where the totality of symptoms call for the drug named. These headaches frequently are the result of abuse of tea, tobacco, or Quinine or its compounds. Of course the habit must be stopped or the remedy will be little or no benefit.

W. H. OLIPHANT.

ANSWER TO CASE FOR COUNSEL, NO. 113.

In THE INVESTIGATOR of Dec. 27, 1884, Dr. C. W. Pyle relates a case of headache. Apparently from description it is of a nervous character. The choice of remedies would be either *Sanguinaria*, *Sulphur* or *Silicea*, which should be given in a high potency, the preference being given to the remedy covering the case most clearly when all the concomitant symptoms have been considered. The headache itself is of a *Sanguinaria* type, but oftentimes in the treatment of chronic headaches, much better results are obtainable from the administration of a constitutional remedy which corresponds to the general condition of the patient rather than the particular outbreak of headache. In seventh day headaches, I have found no remedy of as much value as *Sulphur*, although I have also relieved them with *Septia*, *Silicea*, *Psoricum* and other similarly acting remedies.

If there is no organic disease at the bottom of this patient's headaches, the chances are that in a few years he will outgrow them, but the well selected remedy will do much to hasten this consummation.

G. M. OCKFORD.

HEMICRANIA—ARSENICUM.

Think Ars. two hundredth will cure hemicrania, case 113.

S. BISHOP.

FOR THE TOBACCO HABIT.

I gave the minister who wanted to give up the tobacco habit the following prescription :

B. Carbo veg. 3x ʒi.

Hydrastis can. 3x ʒi.

M.

Sig. Ten grains whenever tobacco was wanted, the gentleman has not taken any tobacco since January 4th. He has suffered but little from the loss of the stimulant. For about a week he was unable to read or think correctly on any subject. He has gradually gained strength of mind and body and now has better health than for twenty years. The remedy satisfied his craving and was an effectual tonic.

E. H. M.

FOR CASE NO. 302—SCRATCH.

The INVESTIGATOR always hits me in the right place. Tell No. 302 that we have an abundance of that luxury in Minnesota to *Scratch* from night until morning. We use one pint alcohol, one half oz. Carbolic acid; mix, bathe the whole surface, and rub well, and every cuss is dead in five minutes.

L. B. WOOLSON.

INCONTINENCE IN THE AGED.

Gent aged seventy-four, nervous temperament, good health for age; appetite good; bowels regular; no pain of any kind; no tenderness in back; no rheumatism or rheumatic pains; sleeps well, not restless. He is troubled with incontinence of urine *at night*, having to get out of bed from two to six times per night. Urine about normal in color. Quantity about normal and is in accord with amount of liquids taken. He has no pain of any kind during micturition. He says "nothing the matter only" he "cannot hold it." It appears that whenever the desire to urinate comes on, he must do so at once. What is remedy and attenuation? I am very much interested. Can find no remedy to cover the case.

H. L. FITCH.

URBANA, Iowa.

[This class of cases always calls to my mind a hint given by Prof. Bacmeister: "The remedy that I always give, when I cannot get any other symptoms, is *Rhus tox.*" His preference was for the 200. We would suggest that remedy, a dose at night. Possibly the reason he thought of *Rhus* was the aggravation from quiet. Perhaps if this does not help, it may awake or unearth some other symptoms.

We judge the reason for this peculiar condition is due to a spinal irritation, we judge a hyperæmia. If so, there will be a nervous restlessness quite suggestive of *Rhus*. There may or may not be a weakness of the back and possibly a sensitiveness to pressure. The legs may go to sleep when sitting, and be some stiff on walking or on beginning to walk. All this he may call rheumatism, and it is just as well perhaps to favor that delusion, for if it progresses it means paralysis by and by. Examine the urine, the prostate and the spine carefully. How is the sleep, appetite, and bowels? Have him save all the urine passed in twenty-four hours. It may be incipient diabetes. If so would think of *Arsenicum high*. Report on this case again if you can hold the old fellow.—ED.]

FOR CASE NO. 300.

To "A" in the January number of this journal: Seat the patient on a hard level seat, have the back naked to the hips. Then examine the back to see if there are any angular or lateral curvatures. If

curvatures are found, most likely the patient needs mechanical support. If there are no curvatures, procure one of Chapman's spinal ice bags, sixteen inches long, fill with ice, the largest pieces not larger than chestnuts. Fill the longest pocket up to the bottom of the middle one, and the middle one up to the bottom of the upper one, and then fill the upper one and make the bag secure at the top. Apply the bag an hour at bed time and an hour from 10 to 11 A. M. to the back from the middle of the neck down the length of the bag. Apply it to the naked back over the spine. Apply this regularly for some two or three weeks, unless some unpleasant symptoms follow its use. If improvement follows keep on till the patient is cured.

S. M. CATE.

FOR THE TOBACCO HABIT.

INVESTIGATOR: Ziemssen's, *Cyclopedia*, Vol. 17, page 773: "The treatment of chronic tobacco-poisoning is very simple; it simply consists in absolute abstinence from the weed." Lillenthal gives as principal remedies: Acon., Bry., Cham., Chin., Cocc., Coloc., Cupr.-Lach., Merc., Nux., Plantago, Puls., Staph., Verat. For chronic ailments: Cocc., Merc., Nux., Plantago, Staph. For chewing: Cham., Cocc., Cupr., Nux., Puls. For working in tobacco factories: Ars., Coloc., Cupr. Then follows with special indications for Acon., Cham., Cocc., Lachesis, Nux., Plantago, Puls., Staph., Verat. Plantago major is mentioned as "a good remedy to wean patient from use of tobacco." Nelson says: "Complaint caused by chewing, Arsenicum. Antidote to the use of, Agaricus, 2x; to produce disgust to tobacco: Plantago 6 to 200.

I have known persons to chew bits of Peruvian bark whilst weaning themselves from tobacco, and claiming good results by so doing. Besides furnishing something to chew, China will, no doubt, antidote a part, at least, of the tobacco pathogenesis.

My idea would be to entirely stop the pernicious habit, and then prescribe for the patient. In one patient I had, a recurrence to the quid invariably produced a vertigo and cardiac debility corresponding to Conium, and was always promptly relieved by that remedy. *Materia medica* is replete with remedial agents, any of which may prove curative when indicated, but when we consider the moral weakness of some persons, we find more difficulty in getting them to leave off their devitalizing practice, than in removing the morbid conditions produced thereby.

W. H. HALL.

CHICAGO.

WHAT FORCEPS ARE THE BEST.

We use at the college and recommend to the students Simpson's forceps, or preferably, C. Braun's modification of Simpson's, known here as the Vienna forceps.

Very sincerely,

G. R. SOUTHWICK.

MEDICAL NEWS ITEMS.

E. A. Clark, M. D., has removed from San Diego, to Los Angeles, Cal.

D. S. Smith, M. D., has returned from his eastern trip among the colleges and hospitals.

Bromo Sanitary Record for 1884, is a pamphlet that contains much practical information.

The Chicago Homœopathic Medical College will hold its commencement exercises Feb. 26.

The New England Medical Gazette has increased its number of pages from thirty to forty-eight.

Prof. T. P. Wilson, of Ann Arbor, we regret to learn is suffering from nervous prostration.

Vick's Floral Guide for 1885, is full of good things as usual. Send to Vick, Rochester, N. Y., for a copy.

T. T. Oliver, M. D., has moved his office and residence from 3305 Cottage Grove Ave., to 2306 Indiana Ave., Chicago.

H. U. Jessen, M. D., is making Chicago a visit before locating at Los Angeles, Cal. We wish Dr. J. abundant success.

W. S. Knight, M. D., of Worcester, Mass., has been sick for several days. We hope the doctor will be around again soon.

Hot water is now the cure-all for dyspepsia. Some wit thinks that he has discovered in this the reason why married men are seldom troubled with that complaint.

The Medical Visitor, edited by T. S. Hoyne, M. D. This is his Directory of Homœopathic physicians of the west, published every month instead of yearly as before.

The Censorship of the Homœopathic Medical College University of Michigan does not suit the *Advance*. The only trouble we could discover was the frequency of family jars.

Annals of Surgery is a new monthly venture by Chambers & Co., of St. Louis. The January number contains much valuable matter among which is an editorial of thirty mortal pages.

Bacteria for sale.—An enterprising microscopist has mounted bacteria. Now the hobbyists can demonstrate to the gaping crowd the germ origin of disease, from gonorrhœa to consumption, double stained.

Sanitary Gleanings is a new journal an offshoot from the Habnemannian Monthly, edited and published by Bushrod W. James. The gleanings are valuable but we fear the "out put" will make inroads on brother James' pile.

The New York Homœopathic Medical College are happy to announce that A. B. Wright, M. D., of Buffalo, N. Y., has accepted an election to fill the newly-created chair of hygiene. Professor Wright delivered his first lecture at the college, on Wednesday evening, January 28th.

First Bills.—We send out our first bills this month, and hope for speedy and general returns. We work to make the journal interesting and profitable, and if any one thinks we fail in the effort, we will be glad to hear from him. Uncle Sam's ticket bearing \$2.00 is the proper one to vote and the polls are now open.

Henry Holt, M. D., of Allerton, Iowa, was one of the leaders of Homœopathy in the west. Genial and generous, his many friends deplore his sudden death. Graduating from the New York Homœopathic Medical College in 1865, his record for the past twenty years is one worthy of emulation and one not soon to be forgotten.

The Advance begins the year with an extra department styled "*the American Homœopathic Journal of Obstetrics and Gynecology.*" The first article is a nephrectomy showing how hard it is for specialists to keep within special limits. Phil. Porter, M. D., manages this department. Prof. Wilson it seems has retired and Prof. Allen assumes exclusive control.

Resident Physician.—The position of Resident Physician of the Hahnemann Hospital in this city will be vacant April 1st. There will be a competitive examination for the position, due notice of which will be given to candidates. The doctor will receive his board, lodging and washing, also thirty dollars per month.

Applicant may address JOHN H. THOMPSON, M. D.

Secretary of Medical Board,

36 East 30th Street, N. Y.

The Alumni Association of the Hahneman Medical College and Hospital of Chicago, will hold its second annual session in this city on Wednesday, evening Feb. 25, 1885. Preparation has been made by the executive committee for an enjoyable reunion, and a good attendance of old college class mates is confidently anticipated. On Thursday afternoon and evening, February 28, the commencement exercises of the college and annual banquet will take place, on both of which occasions the alumni members will attend in a body.

To the Homœopathic Profession.—The Hahnemann Medical Association of Louisiana sends its cordial greeting to every Homœopathic physician, far and near, north, west, east, south and abroad, and invites them to honor with their presence the forthcoming convention of southern Homœopaths. This will take place in the city of New Orleans on the 9th day of April 1885, for the purpose of organizing a Southern Academy of Homœopathy and celebrating Hahnemann's birthday. By order of the Association.

C. J. LOPEZ, M. D., Corresponding Sec'y.

Dr. Constantine Lippe died suddenly January 1, 1885, at his residence in New York. We feel sure the announcement will cause universal regret among Homœopathists generally that such an able and energetic worker should be so suddenly taken from the profession which he loved and so well adorned. Among patients and friends his loss will be grievously lamented, and his place will be long vacant. Universal sympathy will be extended to his father, Dr. Adolph Lippe, who loses, in two brief weeks, a cherished daughter and a valued son. Dr. Constantine Lippe was in his forty-fifth year, was a conscientious and able practitioner, a pure Homœopathist, a frequent contributor to this and other journals; also the author of a valued repertory, which he was just rewriting for a second edition.

Another Alumni Association.—A meeting of the alumni of the Hahnemann Medical College of Philadelphia, was held with Dr. H. N. Martin, '65, in the chair; Dr. W. W. Van Baun, '80, acted as secretary. The constitution and by-laws provided that the name of the organization should be the "Alumni Association of the Hahnemann Medical College of Philadelphia." Its objects shall be to promote the interests and extend the influence of the alma mater, to advance higher medical education, and for intellectual and social intercourse. The annual meeting shall be held in Philadelphia on the night before commencement. An election took place for officers, with the following result: President—Dr. Augustus Korndorfer, '68, of Philadelphia. Vice-Presidents—Drs. William B. Trites, '69; H. F. Ivins, '79; and J. H. McClelland, '67. Permanent Secretary—Dr. W. W. Van Baun, '80. Provisional Secretary—Dr. C. Bartlett, '79. Treasurer—Dr. W. H. Bigler, '71. Executive Committee—Prof. William Tod. Helmuth, M. D., '53, New York City; Prof. A. C. Cowperthwaite, M. D., '69, Ann Arbor, Mich; Surgeon-General J. C. Budlong, '63, Providence, R. I.; Drs. R. K. Kneass, '73, Baltimore, M. D., H. N. Martin, '65; J. K. Lee, '57; J. C. Guernsey, '72; I. G. Smedley, '80; and William B. Van Lennip, '80, Philadelphia, Pa.

Died.—R. E. Caruthers, M. D., of Alleghany. We regret to learn of the death of this active worker and gladly give place to the following: "At the last regular meeting of the society, held January 8th, the following resolutions were unanimously adopted:

"WHEREAS, R. E. Caruthers, M. D., of Alleghany, a valued member of the Homœopathic medical profession has been removed by death, from his field of labor, and

"WHEREAS, We the members of the Homœopathic Medical Society of the County of Philadelphia, appreciating the great services rendered by Dr. Caruthers as corresponding secretary of the Homœopathic Medical Society of the state of Pa., and recognizing the loss which Homœopathy in our state has sustained in his death, do hereby

"Resolve, That we extend our sympathy to the Homœopathic Med-

ical Society of Alleghany County in their loss and to his family in their bereavement.

“Resolved, That the secretary be instructed to send a copy of these resolutions to the Alleghany County Society and to the family of the deceased, and to the Homœopathic Journals throughout the county.

“Committee signed. { CLARENCE BARTLETT, M. D.
J. C. GUERNSEY, M. D.
H. NOAH MARTIN, M. D.”

Very respectfully,

HORACE F. JOINS, M. D., Sec’y.

The New Westborough Insane Hospital.—At the last session of the legislature of Massachusetts the Reform school at Westborough was ordered to be discontinued. The land, comprising upwards of 200 acres, and the buildings, were placed in charge of a board of trustees, of which Col. C. B. Codman is chairman. The institution is thereby organized for the Homœopathic treatment of the insane, under the name of the Westborough Insane Hospital. In order to make the necessary alterations the sum of \$150,000 was appropriated. The governor and council have approved the plans for the proposed modifications of the buildings, the details of which are now being prepared by Mr. Clough, a well known architect of Boston. The trustees have appointed Dr. N. Emmons Paine, supervisor of building, to become the superintendent of the hospital when the asylum is completed and patients are admitted. Dr. Paine is well qualified for this responsible position by his experience at the Middletown Insane Asylum, where, for several years, he held the office of assistant physician. He will leave Albany to take charge of the work about the 1st of April, 1885. The present buildings are large and imposing having a frontage of over 400 feet with additional wings of large dimensions. When the proposed changes are completed accommodations will be afforded for 325 patients. The buildings are constructed of brick and are situated on an eminence that slopes down across a wide lawn to a beautiful lake. The location is unusually attractive and healthful. The village of Westborough contains over 6,000 inhabitants. It is situated on the Boston and Albany railroad, twelve miles east of Worcester and thirty-eight miles from Boston, and is easily accessible from all parts of Massachusetts and adjacent states.

Glycerine Nasal Plugs in Hay-Fever.—Dr. M. D. O’Connell, in the *Brit. Med. Jour.*, Sept. 1884, p. 561, describes a method for the cure of hay-fever. It consists in the introduction into each nostril of a small piece of cotton-wool saturated with glycerine. Usually in from ten to fifteen minutes great relief is felt, but the wool should not be removed for one hour. The use of a glycerine plug causes a copious watery discharge, followed by subsidence of any congestion; and the author suggests its application to any congested mucous membrane, whether vaginal, rectal, urethral, nasal, buccal, or conjunctival.

Nicho Francis Cooke, M. D.—We are sorry to chronicle the demise of our old friend. Two years ago he had severe dropsical symptoms extending even to the waist. But he had been better recently. February 1st, he died suddenly of paralysis of the heart. The autopsy revealed a fatty liver and kidneys and an enormous heart, measuring seven and a half by six inches. The diagnosis was hypertrophy with dilatation and mitral insufficiency. A meeting of the Homœopathic physicians of the city was held at the Grand Pacific. Dr. David S. Smith presided and Dr. E. M. P. Ludlam acted as secretary. A large number of the profession were present. Among those pronouncing memorial tributes were Dr. David Sheppard Smith, Dr. C. H. Vilas, Dr. J. D. Craig, Dr. J. S. Mitchell, Dr. T. C. Duncan, Dr. Julia Holmes Smith, Dr. R. N. Tooker, and Dr. A. E. Small. A committee of three, consisting of Drs. Small, Tooker, and G. A. Hall, was appointed to arrange for the funeral services and report appropriate resolutions. The committee reported in the following :

WHEREAS, An overruling Providence has called one of our esteemed members from his labors to a final rest ; and

WHEREAS, By the sudden decease of Professor Nicho Francis Cooke, M. D., the medical profession has sustained an irreparable loss of one of its brightest ornaments, a ripe scholar, a highly educated physician, and gentleman, eminently social and fraternal in his relation to the profession and to society ; therefore,

Resolved, That as a body we extend our sympathy to the estimable widow in her affliction, being suddenly bereft of a good and affectionate husband, and her family of a wise, prudent, and considerate father.

Resolved, That the sudden loss of his genial presence in society, his warm-hearted friendships and admirable social qualities, is sincerely deplored.

Resolved, That we in common with a large circle of friends and patrons offer our sympathies, while we are all compelled to bow in humble submission to the will of divine Providence in this sudden event.

Resolved, That a copy of these resolutions be sent to the family of the deceased, and that they be offered to the daily press for publication.

The following were named as pall-bearers : Drs. A. E. Small, G. A. Hall, D. S. Smith, C. H. Vilas, G. E. Shipman, J. S. Mitchell, R. N. Tooker, T. S. Hoyne, H. B. Fellows, and W. E. Reed.

Drs. Duncan and Delamater were appointed a committee to present a proper floral offering on behalf of the profession.

The funeral was held at the residence of the deceased, No. 369 Chicago avenue, at 10 o'clock in the morning, Friday, Feb. 6. Services were held at the Church of the Holy Name. The profession attended in a body. Thus passed away one of the brightest men in our ranks.

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ABDOMINAL CARCINOMA.

BY J. G. GILCHRIST, M. D., PROF. SURGICAL PATHOLOGY
MEDICAL DEPARTMENT, IOWA UNIVERSITY.

On Nov. 26, 1884, was called by Dr. J. W. Tiffany, of Centre Point, Iowa, to see a case of ovarian tumor, about which some correspondence had been had. The woman was fifty-eight years of age, the mother of several children, and had enjoyed reasonably good health until within the past two years. The tumor was very large, and fluctuation was distinct. The woman was weak, and much annoyed with cough and dyspnea, as well as vesical irritation and some intestinal troubles, but there was nothing to indicate the existence of carcinoma, certainly not the extensive disease that was found to exist. In presence and assisted by my colleagues, Prof. Cowperthwaite, Dr. Coggswell, of Cedar Rapids, and the family attendant, Dr. Tiffany, of Centre Point, the abdomen was opened, and the tumor exposed. About eighty pounds of greenish black fluid was evacuated by a Spencer Wells canula, when it was found that every organ in the abdomen and pelvis was involved in

the most extensive carcinoma, both colloid and scirrhus. In fact the viscera were matted together in one inextricable mass, forbidding any attempt at removal.

The case is reported for the purpose of calling attention to the extensive carcinoma without a single symptom of cachexia; there were absolutely no indications of cancer whatever. Another point of interest, was in the remarkably satisfactory effects of the anæsthetic employed, the familiar A. C. E. of Harley's. I never witnessed so satisfactory anæsthesia, although I have mentioned this agent in my lectures for the past seven years, I have not used it hitherto; judging from the action in the present case, I am inclined to believe it to be an exceedingly valuable agent, and one that has suffered unmerited neglect.

It might be stated that the patient died on the fourteenth day, in all probability somewhat earlier than would have been the case had nothing been attempted.

PHYSICIAN'S BILL IN LAST ILLNESS.

BY J. C. KNICKERBOCKER, JUDGE OF THE PROBATE COURT,
CHICAGO.

By section seventy, chapter three, of the revised statutes of Illinois, it is provided that all demands against the estate of any testator or intestate shall be divided into classes in manner following, viz:

First. Funeral expenses.

Second. The widow's award if there is a widow; or children's if there are children and no widow.

Third. Expenses attending the last illness not including physician's bill.

Fourth. Debts due the common school or township fund.

Fifth. All expenses of proving the will and taking out letters testamentary or of administration and settlement of the estate and the physician's bill in the last illness of the deceased.

Sixth. Where the decedent has received money in trust for any purpose his executor or administrator shall pay out of his estate the amount thus received and not accounted for.

Seventh. All other debts and demands of whatsoever kind without regard to quality or dignity. * * *

By section seventy-one of the same chapter it is provided that all claims against estates when allowed by the court shall be classed and paid by the executor or administrator in the manner provided in this act commencing with the first class.

All demands against estates other than the widow's award are allowed as of class seven unless something is shown to the court when they are allowed which places them in a prior class. It is therefore important to physicians that when they have bills against the estate of a deceased person for services rendered in the last illness that they certify this fact on their bill and obtain the preference allowed them by law, thus enabling them in many cases to obtain payment in full where they would otherwise receive nothing.

THE NOISY COUGH OF OSMIUM.

BY J. COMPTON BURNETT, M. D., LONDON.

Some eight years since I was consulted by Captain —, of the port of Liverpool, for a cough that was particularly characterized by *noise*; the cough seemed to "come up out of his boots," and the noise was as if produced by resonance from the somatic parietes, much like the sound heard when one coughs into an empty tub, though not quite so hollow.

From a study of the case I was led to *Osmium*, which produces, pathogenetically, "Paroxysms of convulsive coughing;" "Violent short bursts of cough;" "Very violent paroxysms of cough;" "Dry racking cough;" "Difficult wheezing respiration."

Clearly the cough of *Osmium* and that of my sea captain were very much alike. I was finally differentially deter-

mined in my diagnosis of the remedy more particularly by the remarks of one of its best provers, Dr. Adrian Stokes.

My captain's cough was so very peculiar in its resounding. For instance, Captain — was fond of idling in public parks, sitting on the benches amongst the flowers, smoking his pipe and watching the passers-by, and in this innocent pastime he was greatly annoyed by his cough, as it made such a noise all along the bench that others, being seated on it, would rise and leave. His lungs were slightly emphysematous, but otherwise quite healthy.

Osmium promptly cured this cough.

Since then I have cured many a similar cough with *Osmium*. The last was that of a young lady who consulted me on March 7, 1884. She thus described her cough: "Cough very noisy, dry and hard, coming from low down, and shaking her body a good deal." *Osmium* 6, three drops of the tincture, in water, every three hours, quite cured it in a few days, although it was a well established one.

I have found testicular and ovarian irritation a valuable concomitant quality of the osmic cough.

The man who proves one good remedy well does more to influence the practice of scientific medicine for all time than do the "big practice" owners of the generation all put together.—*Hom. World*.

CLINICAL NOTES.

SO. WATERBORO, Me., Feb. 10.—Prevailing diseases here now are, scarlet fever. Indicated remedies are Bell. 3x, Acon. 3x and Apis 3x. J. T. G. EMERY.

BEAVER FALLS, Pa., Feb. 9.—We are having plenty of sickness. Pneumonia, Ac., Ver. v., Phos. *Enteritis*, Cth., Ars. TYPHOID FEVER, Bry. tinct., Rhus t., Ars. Whooping cough, Dros., Coral. r. G. S. BOYD.

SCLERIASIS. (?)

BY J. E. CALDWELL, M. D., NEBRASKA CITY, IOWA.

CASE.—Male child, born December 12, 1883, of healthy parents. The mother, however, had been nursing a daughter who was suffering from badly managed periostitis of the tibia, and, for six weeks prior to parturition had not averaged more than one hour's sleep in twenty-four. Of course, fears for both mother and child were entertained when the time for birth arrived, but, contrary to expectation, at the end of a comparatively rapid labor the mother was delivered of an apparently healthy child. She made a good recovery, and at the end of a fortnight took entire charge of both children, then patients.

I refer to this because, according to Kippax, scleriasis may arise from "congenital debility." The child, at birth, was of fair size and, apparently, well nourished; but his scrotum, though soft, was observed to be of a dusky or reddish-brown color and hypertrophied. For two weeks he nursed well and grew; meanwhile the scrotum was seen to become more natural in appearance. When fourteen days old, he passed soft, greenish stools, accompanied with pain, and aphthous patches were found in his mouth. A prescription of *Merc. viv.* seemed to correct this in a day or two, but an entirely new class of symptoms supervened. The genitals began to swell, and soon the whole trunk from the attachment of the diaphragm to the thighs, including the scrotum, was of a dark, but intensely red color and much swollen, especially on the dorsum, where the congestion was so intense as to appear petechial. The line of demarcation between the normal and abnormal skin above was as sharply defined as if drawn by a pencil. Temperature 101.5°. His sufferings were aggravated by being moved or touched, and he cried or moaned constantly. Even nursing seemed difficult, though there were but two days when he did not take nourishment well during the whole course of the disease. Such was the child's condition at the fourth day of his ill-

ness. I may here remark that from birth he had not been "changed" without crying, indicating a sensitive condition of the genitals, at least.

Without taking time to detail each day's changes minutely, I will only say that from the above the redness, though not so dark, gradually spread downward and upward over the whole body, reaching the lower extremities first, and covering the face and head on the eleventh day.

When the redness had reached the extremities, the trunk was nearly free from unnatural color, but the cuticle thereof was exfoliating in bran-like scales. After the time of redness and during desquamation in each successive locality, however, the skin was hard and very resisting. This condition would last two or three days, and then disappear.

When the hands and feet were reached by the swelling, there did not seem to be so much inflammation present, but they were very œdematous and tense, so that the skin fairly shone. The scrotum and penis, after the first three or four days, became hard and resisting like putty. They both "peeled off" in large flakes several times during the course of the disease. About the eighth day the transverse diameter of the scrotum was two and three-fourths inches. The highest temperature attained was on the fifth and sixth days when it stood at 104.3°. After this, the heat gradually decreased until the fifteenth day, when it stood at 99.5°. The fever then increased slightly to correspond with a relapse which is yet to be mentioned.

On the sixteenth day a vesicular eruption appeared on the chest and limbs, which afterward became pustular and passed away. For the next week the patient seemed to improve in every respect until the twenty-seventh day, when an abscess was discovered in the left side of the scrotum. Ordered it poulticed. Both shoulders, also, were found to be sore to the touch.

Next day the scrotal abscess opened spontaneously, discharging about two drachms of laudable pus. An abscess

being discovered on either shoulder at this visit, they were both poulticed.

On the twenty-ninth and thirtieth days these abscesses were lanced. Each discharged about two or three drachms of pus which was found very deep. These abscesses were symmetrical as to location on the body, being well over the scapulæ, and about an inch posterior to the point of the acromial process.

Immediately after the discharge of pus from these abscesses the genitals again grew red, and the same inflammatory flush passed over the body in the same order as the previous one. This time, however, it moved more rapidly and was less intense, but the hardness of the subintegumentary cellular tissue was greater, though not so even as before, in places giving to the touch a sensation of lumps. This condition gradually passed away, until on the forty-seventh day after the beginning of illness the child was discharged cured.

Treatment.—I say “cured” because, contrary to expectation, I saw beneficial results from the use of remedies throughout the entire course of the disease.

All the authorities I could find on the subject, including Kippax, agreed in pronouncing an unfavorable prognosis in general. Dr. Day is reported as having made an analysis of thirty-three cases—all he could collect from reliable sources—of which but four survived. Judging by Dr. Day’s statistics and the violence of the attack, I, of course, did not expect to save my case.

In “Hering’s Condensed,” under *Rhus toxicodendron*, I found the following: “*Hardness of the skin,*” and “*Scrotum becomes thick and hard.*” Accordingly, when these became the marked and most prominent symptoms, I administered the remedy (3x), and immediately absorption of infiltrated matter commenced, and continued until the skin was soft as at birth. Again at the time of the relapse, the same experience was repeated. Also, when the pustular eruption occurred, Hepar sulph. was given. The eruption had almost

entirely disappeared at the end of the second day from the beginning of its administration.

During a few days near the beginning of the disease the child cried each time he made water; also, at a period during the relapse. Both times a few doses of Cantharides removed the symptom promptly.

The history of this case differs in some particulars from that of scleriasis as described by Ellis in Wood's Library.

He says a temperature much below normal is characteristic of the disease; also, that the thorax is free from the "sclerema." In my case the temperature was much above normal,—never below—and the thorax, though not hard at any time, was not exempt from the inflammation of the skin that elsewhere preceded the hardness.

I report this case, of which I have full notes, thus at length on account of its rarity, but more in the hope of drawing out the experience of the profession in its treatment. Indeed, on account of the high temperature maintained, I have questioned some whether, or not, my diagnosis is right. But if it was not scleriasis resulting from "congenital weakness," brought on by the mother's over-exertions in the nursing of her sick child during gestation, what was it?—*M. C.*

HOT WATER.

BY A. N. PENNOYER, M. D., KENOSHA, WIS.

Water as an agent for heat or cold has always held an important part in therapeutics, but the internal use of hot water for the relief of many troubles arising from indigestion may often be overlooked. Pain arising from indigestion is one of the most frequent causes for the administration of opiates, and even in our own school morphia is used when our remedies, seemingly indicated, do not fulfill their purpose. The baneful effects of such treatment constantly occur to us, and the evil is of such serious import that we

should resort to every possible expedient before allowing a patient to come within the pale of so treacherous and seductive a poison as opium. Once given, the trouble calling for its use is but temporarily controlled, and the patient's will-power and powers of endurance have fallen several degrees in the retrograde scale. We shall offer a plea then for the more general use of a simple and always easily attainable agent for the relief of many gastric and intestinal difficulties attended by pain. It is not necessary to enter particularly into the ætiology of these diseases, it making but little difference as to cause in the application of our remedy; whether gastralgia, for instance, results from enervation of the nerves controlling the stomach, causing acidity and fermentation from deficient nerve tone, or the attack arising from indulgence of the appetite and the partaking of foods unfitted for alimentation by reason of incongruity, or of defective quality, matters but little. The result is the same—a mess of indigestible fermenting rubbish, poisonous to a certain extent, is the continuing cause of suffering. The rational treatment for poisoning, whatever its cause, is an emetic, and the simplest therapeutic agent is warm water. For a severe attack of gastralgia we would proceed, when indicated remedies do not speedily relieve and we are warranted in the belief that a foreign substance is to be dealt with, by giving water as hot as it can be drunk—a half cup, or more, to get the tonic effect of heat and to relieve the digestive powers. If this is not accomplished, warm water is administered ad nauseam—until free emesis occurs. If not entirely relieved, we repeat the dose—in fact it usually takes two or three clearings out to accomplish the purpose. Should the pain continue, the fact is not overlooked that pain in the stomach is often induced by irritation in the intestinal tract, and large and repeated quantities of warm water are injected into the bowels. Heat applied externally is always valuable, but the colon loaded with water as hot as can be borne is a potent hot compress as well as an effective diluent and solvent of fæcal matters contained. With free discharges from

both bowels and stomach, few attacks withstand. The quantity of water drank for an ordinary attack is usually thirteen glasses—sometimes more, sometimes less—but I usually kept count up to the above quantity. There is no danger attending the process; patients will aver that they can not drink any more after two or three glasses, but a little perseverance and a positive promise of relief will persuade them into a sufficient indulgence of your potion, and the requisite quantity will be drank. For bilious or flatulent colic the water treatment is not varied, individual cases deciding by which method the greater quantity of water is required.

The systematic drinking of hot water before meals has become quite fashionable, and often does a great deal of good. I have used it in this way for several years with persons subject to gastric derangements, biliousness and sick-headaches. A young lady, who for several years had suffered distressing sick-headaches coming on as often as once or twice a week, and which she believed to be incurable as she inherited the trouble from her mother, commenced to drink hot water regularly every morning, when the attacks, after a little, recurred only once a month, at the menstrual period. For this I gave Nat. mur. no medicine having been given before, and now she reports herself cured after an absence of eight months.

CASE I. Mr. C., aged fifty-eight years, had for some time suffered severe attacks of bilious colic, the pain being so severe that large doses of Morphine were required to control these attacks. Had chills every two weeks; sour stomach and vomiting; bowels very constipated; had been so for years. Much flatulence. The attacks would follow each other almost immediately. Three or four days after his arrival, he had one of these attacks which was treated with hot water. After three or four hours' attendance he was fully relieved, no subsequent attack occurred, and his general health has been good since.

CASE II. Mr. S., aged forty-three years, for several years has been subject to severe attacks of pain in the bowels, the trouble appearing after getting chilled, from over-exertion, or from eating too hearty a meal. It had been thought necessary to give him morphine. Last fall, he suffered a relapse several times, and was given morphine hypodermically, and chloroform by inhalation. With this treatment he was confined to his house almost constantly, not recovering from one attack before another occurred. About a week after coming to the "cure" he awakened in the morning with the usual symptoms of a severe attack. I gave him remedies and, being called away for several hours, left directions to give hot water if hot baths failed to relieve him. He took a glass, or two, and rebelled, and before I returned he was writhing in pain, begging for morphine, and insisting that his former medical attendant should be sent for to administer the anodyne. Warm water was given instead, on my return, and I counted the glasses as they were emptied—seventeen in all. Hot enemas were given four or five times in alternation with the loading of the stomach until the pain was quieted. He quieted down and slept through the night, and has not suffered another attack in seven months. A circumscribed peritoneal adhesion from inflammation attending some former attacks was incurred. For several weeks after the last attack, lying on the left side produced a sore and drawing sensation in the afflicted spot. There is probably some thickening of the intestine at this point.

CASE III. Mrs. G., aged twenty-four years, had suffered sciatica for several years, and took morphia subcutaneously to control the pain. She suffered also from attacks of abdominal colic, large quantities of the anodyne being necessary to relieve her. These attacks would come on from every little excitement, such as getting ready to go out for tea, or an informal party. Two of these attacks were similarly treated after she became a house patient, her agonizing screams being heard a block away. The next attack was treated with hot water, with instant relief. This case was of the

nervous variety. Indigestion was induced from excitement, the most trivial incident often developing the attacks. She was threatened once after with the same difficulty, and protested that the cause was not the same, but a few glasses of water controlled it. She never had another attack, now two years since.

In connection with this subject I would say that my experience with dysentery has been mainly with the variety caused by indigestible substance in the bowel. The trouble is most prevalent in the late summer and fall months when small fruits with seeds and grapes have been eaten in abundance; from a cold or any disturbance of digestion these seeds are retained, which induces the disease. They act like a cinder on the eye, their presence producing spasmodic action and constriction every time an attempt is made for their removal. A very violent form of this disease may occur if the existing cause is not removed.

In one case with rapidly developing typhoid symptoms and involuntary stools, the removal of fully two tablespoonfuls of clear whortleberry-seeds was the turning point towards recovery. I have examined the lumps of mucus expelled in several cases, and found imbedded grape-seeds previously eaten, in some instances a week before. The administration of frequent and large warm water enemas has immediately stopped these attacks.

Hazeline in Menorrhagia.—In the *Practitioner*, August 1884, p. 141, Mr. M. Chute describes a valuable remedy for menorrhagia, which is a very frequent ailment in women in Cape Colony. Two drachms of hazeline, given twice or thrice a day, will act so quickly that it is not necessary to anticipate the flow; but when menstruation, after it has lasted the ordinary time, is not closing naturally, hazeline, given as above, will effectually restrain it, and after hæmorrhage has ceased there is no advantage in continuing the drug. Another good result produced by hazeline is, that it relieves the pain of dysmenorrhœa in a very quick and marked manner. (For sale by DUNCAN BROS.)

THERAPEUTICS OF BONE DISEASES.*

BY L. B. WELLS, M. D., UTICA, NEW YORK.

Bones, in their process of formation, although not endowed with the same degree of vitality of other organs of the body, are subject to the same laws of waste and supply peculiar to their own organization, as other parts of the animal organism.

Hence, when diseased, they are subject to structural changes peculiar to themselves. Being subject to established laws in their formation, they are not less so in a morbid condition.

We may therefore be assured that morbid changes will be made subservient to a correct application of therapeutic agencies.

Aconite.—Inflammation of the bones and periosteum, with swelling and dull aching. Restlessness.

Agaricus.—Pains in the long bones, as if bruised, after motion. Pains in left tibia. Pains in the spine between the vertebræ.

Agnus castus.—Inflammatory swelling of the joints. Gouty nodosities.

Angustura.—Caries, or very painful ulcers, deep seated in the bony structure.

Apis mel.—Periosteum inflamed.

Asafœtida.—Inflammation and caries of the bones involving the soft parts with ulcers with hardened edges. Softening of the bones with easy bleeding. Caries after the abuse of Mercury.

Aurum.—Secondary syphilis after abuse of Mercury. Looseness of the teeth, and ulcers of the gums and fetid breath. Caries of the palate and nasal bones. Bone pains at night, so severe that they cannot be borne.

Argent met.—Acts on the cartilages and joints. Arthritic bruised pains in the joints.

*Read before International Hahnemannian Association.

Arnica.—Aching in the bones and periosteum.

Baryta carb.—Tearing and tension in the long bones. Boring in the bones.

Berberis.—Sensation of scraping at the bones. Cold sensation in the bones.

Belladonna.—Red shining swelling of the joints. Pains along the periosteum.

Benzoic acid.—Swelling of the knee-joints. Cracking in the knee-joint.

Boletus luridus.—Aching distress in all the joints.

Bothrops lanceolatus.—Caries of the bones.

Cadmium sulph.—Cutting pains of the joints. Caries of the bones of the nose.

Calcarea carb.—Curvature of the spine and long bones. Swelling and softening of the bones with curvature. Exostosis and caries of the bones of the extremities. Rachitis.

Calcarea phos.—Pains along the sutures and symphyses. Non-union of fractured bones. Curvature of the spine. Swelling of the condyles and arms and spina bifida. Rachitis. Open fontanelles.

Camphora.—Cracking of the joints.

Capsicum.—Joints crack; are stiff and painful.

Carduus benedictus.—Aching of all the bones after stretching the limbs.

Cepa.—Aching of the joints.

Cinchona.—Caries with profuse sweat.

Cocculus.—Gouty pains and cracking of the joints.

Colchicum.—Acts on the periosteum. Painful flexion of the joints.

Cuprum met.—Pains in the bones as if they would break.

Curare.—Periostitis.

Cyclamen.—Tearing pains in parts where the bones are near the surface.

Digitalis.—Piercing pains in the joints.

Dulcamara.—Exostosis. Scrofula.

Ferrum.—Cracking in the joints. Bones disposed to soften, or bend. Fractures unite slowly.

Fluoric acid.—Diseases of the long bones.

Guarea.—Stiffness of the trunk. Constriction of the back. Cutting pain in the sacrum. Caries of the bones. Swelling of the affected parts. Cracking of the joints. Nocturnal pain in the bones. Cutting pain in the joints. Bruised pain in the bones. Pain in the periosteum of the arm bones.

Guaiacum.—Rheumatic swelling of the joints. Aching of the bones with swelling. Syphilis. Caries and spongy affection of the bones. Pressing pains in the bones.

Helleborus.—Stinging boring in the periosteum in cool air.

Hepar sulph.—Caries. Hard burning nodosities.

Iodium.—Nightly bone pains. Arthritic affection of the joints.

Kali bich.—Scrofula. Secondary syphilis, with diseases of the bones. Necrosis. Exostosis. Pains worse at night.

Kali carb.—Caries. Bones feel bruised. Cracking in the joints on motion. Rheumatic pains in the joints.

Kali iodatum.—Diseases of the periosteum and capsular ligaments of the joints.

Kalmia latifolia.—Acute rheumatism from joint to joint, frequently changing.

Kreosotum.—Rheumatic pains in the joints.

Lactic acid.—Rheumatic pains in the bones, worse on motion.

Lithium carb.—Arthritis. Bones, joints, and muscles sore as if beaten.

Lycopodium.—Bones inflamed, mostly the ends with nocturnal pains. Softening of the bones.

Manganum aceticum.—Inflammation of the bones with nightly insupportable digging pains. Inflammation of the joints with digging pains at night.

Mercurius.—Bone diseases, worse at night.

Mercurius corros. sub.—Necrosis of upper jaw. Inflammation of periosteum.

Mezereum.—Bones inflamed, swollen, especially shafts of cylindrical bones. Caries after the abuse of Mercury. Bones feel distended.

Natrum sulph.—Cracking of the joints, knees stiff. Pain in the bones. Sycosis.

Nitric acid.—Caries. Cracking in the joints.

Nitri. spi. dul.—Striking, boring in the bones of the face, back, and various parts of the body, tips of the toes, knees, and cranial bones soon after taking the dose. Drawing in the cranial bones, ankles, and toes.

Phosphorus.—Swelling of the bones. Necrosis, especially lower jaw. Exostosis, especially of the skull. Tearing, boring pains. Disease of the hip joint.

Phosphoric acid.—Interstitial inflammation of the bone, scrofulous, syphilitic, or mercurial. Caries with smarting pains. Inflammation of the periosteum with gnawing and burning pains. Pains in the bones at night.

Phytolacca.—Bones inflamed, swollen; joints red and swollen. Periosteum affected in mercurialism and syphilis.

Psorinum.—Caries.

Pulsatilla.—Jerking, tearing in the bowels. Scraping or tingling in the periosteum.

Rhus tox.—Inflammation and swelling of the long bones. Pains, as if the flesh were torn loose from the bones, or as if the bones were being scraped.

Raphanus.—Pain in bones when touched, the bones of the left orbit, the nasal and maxillary bones on the left side. Numbness of the part near the painful bones. Pain in the vertebral column as if a foreign body passed through it from top to bottom.

Ruta grav.—Bruises and other mechanical injuries of the periosteum and bones. Periostitis.

Sabadilla.—Boring, cutting in the bones. Intense pains in all the bones, especially in the joints, as if the interior of the bones were cut or scraped with a knife.

Sabina.—Drawing pains through the long bones. Tearing and stinging in the joints after they become swollen, worse in the heated room, better in cool air or cool room.

Sarsaparilla.—Scrofulous diseases in general.

Silicea.—Inflammation, swelling, ulceration and necrosis of bones.

Solanum.—Pains in all the bones.

Strontiana carb.—Pains in the long bones and in the narrow.

Staphisagria.—Swelling and suppuration of the bones, also of the periosteum. Arthritic nodosities of the joints.

Sulphur.—Scrofulous and rickety complaints.

Theridon.—Scrofula, when other remedies fail. Rachitis, caries, necrosis. Bones pain as if they would fall asunder.

Thuja.—Flesh feels as if beaten off the bones.

Triosteum.—Aching in all the bones. Stiffness of all the joints of the upper as well as the lower extremities.

Vinca.—Arthritic tearing in the bones.

PROVING OF WHITE JESSAMINE.

BY L. H. WILLARD, M. D., ALLEGHANY, PA.

“The white poison-vine, or white jessamine, is a vine the root of which is sometimes gathered for the gelsemium which it very much resembles in appearance, though it is of a lighter color, and the outer bark is covered with white specks or marks somewhat similar to those on young cherry or peach limbs, and the lower parts of old vines become rough and have small tendrils that fasten upon the bark of trees, and which are never seen on the Gelsemium. The bark of the vine is also more brittle, and the leaves are always on long footstalks which are opposite, at the end of which are two opposite leaves almost exactly resembling the aristolochia serpentaria. The root is almost white, very tough, straight, and about the same length of the medicinal root, and has a slightly bitter, disagreeable, nauseous taste. I never saw any of the flowers, though they are said to resemble the others in shape, but are snowy white with slight unpleasant odor.”—(Hale.)

The following interesting proving of white jessamine was made under very peculiar circumstances:

A. M. P., aged about fifty years, who is in the habit of doctoring himself and wife, as well as horses, for trifling ailments, had made in the first place some herb tea, of which he and his wife would occasionally take a dose for their stomach's sake. He also made a liniment for horses from the gelsemium root.

At one o'clock in the afternoon of June 29th, Mr. P. took about a tablespoonful of the horse liniment which was made of the tincture of gelsemium root, having made a mistake in the bottle. He also gave his wife a dose of the same. Immediately afterward his wife grew sick at the stomach, when Mr. P. discovered his mistake, and giving his wife a pint of salt and water, which acted immediately, he locked his house and started for my office. What follows we here give in their own language, as collected for me by Dr. Chautler.

Mr. P. says: "The first thing I felt after taking the medicine was a feeling of lightheadness. I imagined I saw different objects going about. My mouth and tongue were dry and parched. My mouth and throat felt as if they were paralyzed. I tried to speak, but could not make those about me understand. I was asked questions, and I could understand what was asked me, but could not reply. On my way to the doctor I staggered like a drunken man, and would stop on the street to pick up plants, which I imagined I saw growing from the cobble stones. I was arrested and placed in a cell of the station-house. I thought I saw worms and beautiful millers on the floor and grating of the cell, and tried to catch them. I thought they had put a woman in the cell with me. After being in the cell for some time, I thought the woman cried to me, "Oh, Mr. P., help me!" I thought I ran to help her, and plunged my arm down the privy-vault (which was in the rear of the cell) to the armpit, trying to relieve the woman. I cried for help; two officers came, and I told them that a woman had fallen down

the privy-vault. They tried to make me believe there was no woman in the cell with me. I insisted there was, and finally a light was brought by one of the officers and the privy-vault shown me, when I said, 'I can't see how so large a woman got down and through so small a hole.'

"There was a piece of plaster knocked off the wall of the cell. I imagined this bare spot was my wife, and would go every once in a while and put my hand on it to see if it really was Mrs. P. My vision was very much confused. I would see imaginary objects. My greatest idea was to look for plants. I would try to raise up the curbstone to see if there were any plants under them."

"I knew and could realize that I had locked my wife up in the house, but could do nothing to help her. I could not control my actions. I wanted to go home, but for some reason I could not. The dizziness remained for several days; if I would turn around quickly I would fall down. I went to Dr. Willard's office, but do not recollect seeing him."

Mrs. P. says: "I took the medicine just before dinner. Shortly after taking it I felt sick at the stomach. Mr. P. gave me some salt and water, which made me throw up, but I do not remember anything about throwing up. I felt in a sort of a half stupor from dinner time until night. I went around hunting for matches, and would run against boxes and barrels, not knowing or remembering they were there, and would fall down without the least provocation. I thought Mr. P. was lying asleep on the floor, and I said to him, 'Oh, James, why don't you get up and help me?' I did not know Mr. P. had gone for the doctor. I thought the house was full of gypsies, and I went up into the attic looking for them, and found a horrid ugly tramp. After ordering him down, I came down myself and found a party of friends who were performing some fantastic tableaux, and I thought they were trying to compel me to guess what the tableaux were. I said to a friend, 'Oh, let me alone, I am tired.' I took one of my friends for a gypsy, who continually put up something before her face and would go through

such funny antics. I showed my friends some bottles and other things. I would grasp a bottle and my hand would go right through it. I said to a friend, 'Look here, Mary, can you put your hand through this plate? It seemed that my fingers and hand would go through everything—plates, bottles, blankets, etc. After that, I always kept my right hand and arm raised up, for fear I would destroy everything. When I attempted to sit on a chair, it appeared that the chair would crumble beneath me, and I would fall on the floor. I thought I would see a chair there. Finally I remained quiet, for fear I would destroy everything in the house.

"A young friend came next morning to see us, and I insisted on giving him his supper. I thought it was evening. I went down into the cellar to get some wood, found the hatchet, but no wood cut. I came up stairs to my friend and said, 'Mr. P. does not allow me to cut wood.'

"After this I have no recollection of anything. I do not remember seeing Dr. Willard until the second day, although he was here daily.

"The first thing I felt after taking the medicine was a sense of dizziness. I felt as if the brain were paralyzed; I could not control myself. My tongue was continually dry and parched."—*Transactions Hom. Med. Soc. of Pa.*

Case of Traumatic Tetanus Cured by Curare.—In the *Meditz. Obzr.*, No. 13, 1884, p. 63, Dr. Korinsky, of Baku, furnishes details of a case of traumatic tetanus in a labourer, aged 22, admitted with fully developed symptoms six days after receiving a contusion of a finger. Three days' administration of morphia and Chloral having brought no change, the author added to the drugs subcutaneous injections of one-tenth of a grain of curare in aqueous solution twice a day. Forty-four days later, the patient left the hospital perfectly well. In all, forty injections of curare had been made—that is, about four grains of curare were used. During the same period, the patient took 80 drachms of chloral and 10 grains of morphia. Injections of curare, which were made into the arms and thighs, caused no considerable pain, and no inflammation, except on one occasion, when an abscess followed.

SOME BACKACHES.

WHAT THEY SIGNIFY, CAUSES AND THEIR TREATMENT,
 BY T. C. DUNCAN, M. D., CHICAGO.

(Continued from Page 95.)

The following case bordering so closely onto paralysis is especially interesting in this connection:

CASE XVII. Mr. H. B. B., a South Water St. merchant, had distress in the stomach before meals which Ars. had relieved. In April 18—, he was taken with what he supposed was rheumatism in the right shoulder and arm. The distressing ache disturbed his sleep and woke him early in the morning; finally rubbing would relieve, for a time, when he would pass a comfortable day.

But the ache increased; and twitching in the right arm and numbness drove him to electricity. A physician to whom he applied used the Faradic current which drove all the ache away, but it returned worse than ever. In distress he applied to me. This case recalled No. X, and I expected an easy victory. It looked like a clear case for Rhus, but that remedy in any potency gave no relief. He then tried all sorts of applications (among them methol cones) without relief or with only temporary benefit. The head was drawn to one side and the constant ache drove him almost frantic. I suspected that there was congestion of the sheath of the brachial plexus of the right side as it emerged from the spine, the current was directed down the arm. He was enjoined to perfect rest of that arm and was sent into the country. Quiet and medicine alone did not improve him for he returned in a week no better. The galvanic current again helped but he was impatient and desperate, and one night used the crank battery, (Smith and Kidder,) when next day he was very much worse, but in a few days by the use of the galvanic current, he was again on the mend, and has continued to improve except when he has interrupted it by using the arm. Perfect rest of that arm and the daily use of electricity is bringing him out all right. For some time there was so much soreness about the shoulder that I could not locate the spot. Finally I found that the right side of neck between the fourth and fifth cervical vertebra was the tender point. Here a metallic button in his collar had discolored it. It was his habit to lean against an iron post

with his back and I infer that the pressure of the button conveyed the chill to the nerves setting up the congestion and the long train of symptoms. His old stomach trouble is now returning. This I deem due to spinal hyperæmia of the dorsal vertebra. At least the current from that spot to the stomach relieves it. I finally found the local sensitive spot in the dorsal vertebra that I expected.

Four months later he returned for another treatment of the shoulder for an ache produced by a slap on the back. He is now well.

CASE XVIII. Mrs. M. consulted me for her daughter, in her teens, who was near-sighted. I advised glasses. She had a poor appetite, food distressed her, had burning in the stomach, constipation. She was frail, thin and on close inspection I noticed that one shoulder was elevated and the head drawn to the opposite side. She stood on one foot with the left hip thrown forward. She was a school girl, her seat was low, and being near-sighted, she twisted herself out of shape to see. I found a sensitive spot between the shoulders and in the small of the back. I recognized this as a case of spinal anæmia and incipient curvature.

The treatment here must be largely mechanical. The galvanic current applied to the spine and from the side of the neck to the arms and to stomach, with proper gymnastics, is transforming her into a plump young lady. Ignatia is her remedy, based on the above symptoms and the dizzy head and bad feeling in the morning.

It will take time to make her well but she was rescued in time to escape being an invalid. Whether the cervical spinal anæmia is alone responsible for the failing vision, memory, and appetite, I am curious to have made plain. As the cure goes on she improves every way.

CASE XIX. Miss D. a seamstress of twenty-eight years, had suffered for fourteen years from pain in the left ovary of a neuralgic character. More recently had pain in the back between the shoulders which medicines and electricity had helped before, as well as driving away the pain in the left ovary.

She is a slender anæmic, wiry, ambitious and frugal brunette. Recently her stomach has troubled her with a burning distress, worse at night. Tongue small pointed and red at tip. No appetite for breakfast, if she eats, it distresses

her and she throws it up. Menses regular, bowels constipated. Has a frontal headache with burning in the eyes. Close work tries the eyes which become red and blurr. Found a very sensitive spot at the sixth dorsal vertebra, one less so at the middle lumbar region and at fourth cervical. Stomach and back worse when she sews steadily. The galvanic current had relieved promptly so she returns again. Remedies had also relieved but now do not take hold as readily although sharply indicated. A mild galvanic current from stomach to back relieved the distress at once.

She reported from time to time and steadily improved. The remedy given was Arsenicum.

She is a long way from health although improving. Constant attention to secure spinal nutrition is the only hope of a full recovery.

CASE XX. Mr. F. S. comes stating that he could not lie down last night, for pain in his chest and a smothered feeling. The pain was at times sharp about the heart. He had eaten a very hearty supper. Examination of the heart revealed nothing, but an exploration of the spine revealed tenderness of the left side, of the fourth, fifth and sixth dorsal vertebra, otherwise he was well. He was a book keeper and, as was his habit, sat holding on to the desk with his left hand while writing with his right. No fall or injury could be remembered, otherwise he was the picture of health. He was treated with the galvanic constant current given three minutes from back to stomach with relief. He has evidently gastric catarrh caused by the spinal hyperæmia of the region named.

He has had such attacks as last night before, only not so severe, except once when I gave him Cactus. Cactus was again given him and he was ordered to report twice a week. He evidently had a mild angina pectoris. This is an acute case and one worthy of special study. We will refer to it again.

CASE XXI. Mrs. J. H. writes me from Minnesota, that her arms and feet go to sleep or get numb at night and she is very wakeful, cannot go to sleep until late. Her father died of progressive paralysis and she fears something of the kind. She is taking treatment of a St. Paul physician, but although she improves in general health, this does not get better and she and her friends grow concerned. Knowing

that she is worse at night and that she works hard as a young minister's wife, I diagnosticate spinal hyperæmia, advise absolute quiet and electricity and sent as a remedy Bryonia. Her friends appreciating the gravity of the case quietly took charge of matters and sent her to me. She comes with the protest that there is nothing wrong with her back, that it does not ache and there are no sore spots. A brief examination with electricity reveals two severe spots of spinal irritation. She returns next day with an aching back. She is now thoroughly convinced that her back is wrong. From careful inquiry I learned that her father had a severe injury to his back at the cervical region and that he gradually lost control of the extremities. He evidently had traumatic spinal congestion which was followed by spinal myelitis.

I took pleasure in assuring her that in her case paralysis would not follow unless the irritation went on to congestion and in time might produce softening and paralysis, but that she would be apt to go off with some other disease before that. There was no immediate danger except of an invalidism from over work and spinal helplessness. She was a small eater and kept up on tea. This was prohibited. She was put on Ignat. and given daily treatment of the galvanic current down the back and extremities. In a few days a large boil developed on the lip which threatened to take on erysipelas, but Bell. and Ars. controlled that. As the face became better the backache and numbness returned at night. The nerves affected are chiefly those of sensation or the posterior roots. The spinal hot water bag at night warmed the extremities and soothed to sleep.

Three months constant attention restored this back to its normal condition. She reports after returning home and resuming household work that she is quite well.

In this connection I cannot resist the temptation to quote from a recent work on electricity that I consider wrong or imperfect teaching:

"By far the most brilliant curative results brought about by electricity depend on its power to excite muscular contractions." Prof R. W. Amiden.

CASE XXII. Mr. — A big fleshy German, working at the rolling mills, came with a sad, dejected face to consult me as to seminal emissions. He was well every way but was mortified, disgusted and despondent. He worked stripped

to the waist before a furnace where iron ore melted to be puddled and behind was another.

He drank beer, and was keeping company with a young lady, to whom he was engaged to be married. This trouble had come on gradually, but now it was of nightly occurrence. He was so weak across the back and lame in the legs that he feared he would have to stop work. He had been reading some quack author and fearing a host of troubles the poor fellow was nearly beside himself. As he went on about his case I feared insanity or suicide for he threatened to jump into the lake if I did not cure him. I found he had a pain in his back, a flushed, full feeling in the head, little appetite, and restless. I examined his urine repeatedly. Gave him Nux and tried to divert his mind. I referred his trouble to stomach and kidneys. Ordered a strict diet, no beer, or carousals as was his wont, and not to see his girl until I told him. After repeated visits to me I saw that what he wanted most was some one to control him. Remedies helped and with the diversion of the mind centering it on the kidneys and stomach he steadily improved. A relapse would plunge him into the old slough of despond and I saw the best thing for him was marriage, which he reluctantly consented to. A year after, I was called to attend his child with cholera infantum. It had hydrocephalus and finally died. I gave him remedies for his wife* and the next one was well and strong.

What the pathological condition in his case was then, was not clear to me, but now I see he had spinal hyperæmia of the sacro-lumbar region, which induced the emissions. Management on this line would have cured him more speedily.

CASE XXIII. Mr. R. J. a vigorous young man, a postal clerk, who had been on the road, constantly at work, reports that his back across the lumbar region began to feel very weak. When he awoke he was tired, cross and not himself. "I feel just as I did after a night with a girl in Utah. My back was so weak I could scarcely stand or walk." Nux relieved. But the reason I now can understand.

CASE XXIV. A fancy woman brought one of her girls to consult me about her eyes. She was nearly blind and was getting lame. She thought it must be paralysis coming on. She complained greatly of weak back chiefly across the small

*See Congenital Malformations and How to Prevent Them.

and back of the neck. She drank a good deal of beer and was afraid it was poisoned. "She is getting to be no good," said the madam. She improved on Nux and after a few calls I lost sight of her. Here was a severe case of spinal hyperæmia and illustrates one of the sad results of prostitution.

How much spinal irritation has to do with sexual abnormalities is a question that presents itself with force in the light of these cases and some that are to follow. Would it be possible with proper treatment to reform many of such cases? These are questions for physicians to solve.

CASE XXV. Mr. J. D., a spare young man, came with the old story of emissions. He had fallen into the hands of quacks and had been fleeced without benefit; but his mind had been filled with tales of the fearful results of nocturnal emissions. These men had advised a visit to fancy women. That disgusted him. I counseled marriage but dependent parents prevented. Various remedies as Nux, Sulph., Phos. helped at various times, but two years after marriage he returned to Chicago and he consulted me for the old trouble. I now concluded to treat the spine. He was tall and finely formed, but I discovered a weak spot over the first lumbar vertebra, left side. It was weak but there was no ache or neuralgia. I diagnosed local spinal hyperæmia and applied the constant current for ten minutes driving the current through the body.

After the second treatment he said, "Now you are reaching the trouble. Have not felt so well in years." No more trouble. On leaving for another city he came for one more treatment remarking; "electricity has done me more good than all the medicine. It is worth \$5.00 a visit."

CASE XXVI. Mr. —, tall and spare, an active business man, had chronic sore throat which was aggravated by cold on the back of the neck. This was relieved but he had while in a distant city an attack of nephritis or nephritic colic supposed to be caused by the passage of a calculus. He complained of backache and occasional nocturnal emissions much to his disgust. The kidney became better but still he felt a weakness of the back. One day he came complaining of being plagued by amorous fancies quite foreign to his orthodox training. They filled his thoughts in the day and dreams at night. He feared some catastrophe such as befell a business acquaintance who began that way and landed in the insane asylum. A very careful examination revealed a

tender spot at the lower lumbar vertebra with a weakness of the legs. Hyosc. had stopped the emissions. It was repeated with good effect. But what made him feel best was a mild galvanic current from back to front. Applied from neck to stomach it relieved his head of a full, disagreeable feeling as well as had a marked effect upon his nutrition. Gels. was given for the weak legs. He has now no disagreeable dreams or fancies and is steadily improving, in fact is quite another man. He had resorted to the movement cure for years but his admiration for the galvanic current, as I apply it, is increasing with his steady gain in health and flesh, notwithstanding the increased cares of an extensive business.

Was and is his whole trouble spinal—cervical and lumbar? If so, what is the form of spinal irritation? We shall see as we go on.

(To be Continued.)

MEMBRANOUS LARYNGITIS.

MY METHOD OF TREATING MEMBRANOUS CROUP.

I want to tell the readers of THE UNITED STATES MEDICAL INVESTIGATOR my method of treating *membranous croup* that in the few cases I have been so unfortunate as to see, has always proved successful. There may be a better way, but since mine has availed in the most apparently hopeless cases, it is certainly worth while that your younger readers should know of it.

Immediately on seeing a case of this character I begin giving Aconite and Spongia 3d in alternation. I secure as nearly an air tight room as may be, and this can be partially accomplished by hanging up quilts or blankets over doors and windows and the like. In this room I have set up a cook stove, on which I cause a large washing boiler to be placed, half full of water. I order such a fire kindled under the boiler as will raise the temperature to 80° Fahrenheit and send up clouds of steam; so far this does not deviate much from the treatment of many others. Now for something *new*, at least I know of no one else using it. How I came to use it makes no difference, it is emphatically good.

I put into the boiler a few drops of either Iodine tincture or *Abies nigra* tincture (commonly called hemlock oil.) Sometimes I put in a little of each. No sooner does the patient begin to inhale this *Abies nigra* than he breathes easier. The cough soon becomes looser and a mucous discharge sets in from the nose and the membrane, if any has formed, is loosened and expectorated or vomited up. The case becomes simply catarrhal and the child is safe of course. As the case progresses I use internally Iodine, Kali bichrom. or whatever remedy is indicated. Hepar sometimes is the remedy, but we all know the indications. I am usually in favor of higher dilution in slower cases, and here a Guernsey or Lippe or such exact prescribers might be safe with a high dilution, but boys don't lose sight of the vapor loaded with hemlock oil and your membranous patient will live to bless you for it.

Dake's treatment is good, yea, excellent and with the addition of the above cannot in my judgment be excelled. People in such desperate cases *will* do some nursing and here they have all of it they want, and it helps rather than hinders the cure. I often or always place a sheet or blanket in the boiler and employ some one in lifting it up and down so as to emit more vapor than would otherwise arise.

EMERSON, Kas.

ISAAC H. DIX.

ATELECTASIS.

BY J. CRESSWELL LEWIS, M. D., PHILADELPHIA, PA.

On April 2, 1883, we were called twenty miles up the Reading R. R., in Bucks Co., to see a little girl, Lizzie S., aged four years, the history of whose illness we will give as briefly as possible:

Nine weeks previous to our being called in, she was taken suddenly in the night with pain in the head, slight sore throat, pains in the arms, legs, breast, epistaxis, and cough, ending undoubtedly in an attack of lobular pneumonia confined mostly to the left lung. The case had been under the

care of two Allopaths who pronounced it one of capillary bronchitis. The condition when we first saw the case was as follows: Face pale; arms, legs and body much emaciated; cough, accompanied by pain in the left infra-clavicular region; no expectoration; (probably owing to the age of the patient, as children under five years of age generally swallow the mucus raised,) pulse 132; no respiratory murmur over the left infra-clavicular region; chest sunken in on the left side; the right lung was in a much better condition than the left; the heart acted laboriously; dyspnoea; hectic; night sweats; white sandy deposit in the urine; bowels natural; appetite very poor. The peculiar motion of the ribs attending this disease was well marked here. The ribs were drawn inward, the sternum forward on inspiration.

Our diagnosis was left sided, neglected lobular pneumonia, followed by atelectasis or collapse of the lung. The collapse of the lung was, in our opinion owing to the child's weakness; being unable to inflate that portion of the lung not affected by the pneumonia, hence followed occlusion of the alveoli.

The prognosis was anything from cheering; in fact, we told the family to prepare for the worst. We prescribed Tart. emet. 3x trit. and Phos. 1x dil. hourly, in alternation; also Aqua ammonia as a sternatory, in order, if possible, to force some air into the collapsed lung. We also ordered the following stimulating liniment.

R. Lin. Sapo camph. ʒiv.
 Tr. Arnica mont. ʒij.
 M. Sig. Apply to affected side.

As a nutritive, we ordered Phillips Cod Liver Oil and Phosphates; being a preparation readily miscible with water.

On April 5th, we again saw the child. There was a little improvement. There were some crepitant rales where before there was no sign of air entering the lung. Sleep was

more natural and the pulse and cardiac symptoms were better. Treatment, the same.

April 11th. Respiration hurried; air enters the lung much better. No change in treatment.

April 17th. Abscess forming on the throat, very prominent. Treatment as before.

April 24th. Went prepared to aspirate the contents of the abscess, but found it had opened internally into the bronchus; (evidenced by the sudden, rapid diminution of the tumor which was situated on the left breast, and the character of the alvine discharges, which suddenly became diarrhœic and were intermingled with pus.) That the diarrhœa was so produced we could not doubt, for the child in the night of the 23rd had several coughing spells accompanied with choking, and she also said when she coughed, something came up in her throat, but could not be prevailed on to expectorate it but swallowed it. At this visit she was eating better and had been asleep nearly all day. The cough was looser. Treatment as before.

May 1st. Better. No change in remedies.

May 9th. Better. No change in remedies.

May 15th. Measles being epidemic in the neighborhood, our little patient was attacked. Bry. Tart. e.

May 23rd. Much better. Returned to Tart. e. and Phos.

May 31st. Much better. Sent the medicine by mail, and continued to do so until July 25th, when the parents, visiting in the city, brought her to our office. There was then no difference in the two lungs, in fact, she was symmetrical. We discharged her cured.

This case was, to us, a striking one, one that we might not meet with in many years, and the favorable termination of which was most gratifying to us.

The most frequent cause of collapse of the lung in acquired cases, is, no doubt, bronchitis; but that we were right in diagnosing the cause in this case to be lobular pneumonia, is borne out, in our mind, by the formation of the abscess recorded in the history of the case, and also the train of

symptoms presented. The literature on this subject is not as rich as we would wish. In fact, it has not been so many years ago that the best authorities were ignorant of such a condition of the pulmonary tissue, but attributed the symptoms seen in such cases to pneumonia, a singular form of pneumonia they said, in which the fever and pneumonic symptoms would subside, but notwithstanding this fact, the termination of the case would frequently be in death.

Collapse of the lung may be congenital or acquired. Congenital atelectasis is caused, probably, by anything tending to keep the mother in a weakened condition while pregnant, by quick labor or by premature loosening of the placenta of its hold on the uterine walls. This form of atelectasis, however, important as it is, and especially to be borne in mind at every accouchement we may be present at, we will pass over in this paper and consider the acquired form of the disease.

Till the researches of Wm. Bailly and Legendre, there was much obscurity as regards the diseases of the respiratory organs of children. No one until then had thought of making the effort to inflate the lungs of children dying under such circumstances, but when these observers had done so and made a great discovery, all could see what great mistakes had frequently been made not only in diagnosis but also in treatment.

There is a peculiar propensity to collapse of the lung in all diseases of the respiratory organs in children.

“Atelectasis is that condition in which the alveoli of the lungs have a tendency to become destitute of air and fall together in such a manner that their walls come in contact.”
Hench.

The causes of acquired atelectasis are twofold.

First. Diminished force of inspiration, preventing the entrance of air into the alveoli.

Second. The bronchi being overcharged with mucous, the result of inflammatory conditions, rendering the entrance of air into the alveoli very difficult.

When air cannot enter the terminal points of the bronchi, the alveoli, from accumulation of mucus, then the air contained in the mucus is absorbed by the blood and the alveoli collapse. This is a plausible and tenable theory. In all exhausting diseases, complicated by bronchial catarrh, we may have atelectasis.

A narrow thorax prevents expansion of the lungs and collapse may occur. In stenosis of the larynx and bronchi, either from inflammation or foreign bodies, we may have collapse resulting from the difficult entrance of air and diminished respiratory activity. In ordinary cases of capillary bronchitis, we are apt to have collapse of portions of the lung. In this connection we cannot refrain from quoting from West.

“In bronchitis, where the secretion is abundant, perhaps excessive, the obstacle to the entrance of air which thence arises, becomes, in the case of young children, a very serious source of danger and the possible occurrence of collapse of the lung must make you very guarded in the expression of your prognosis, even when the symptoms do not appear formidable. In such cases, too, the congestion of the pulmonary tissue and the consequent pressure of the gorged vessels on the air cells, both favor their collapse and impede their expansion.”

The symptoms of atelectasis are worthy of recapitulation. It occurs, generally, it has been found, in children about two years old. We observe in such cases, a hacking cough, dyspnoea, palpitation, epistaxis, melæna, dullness over the diseased part. The respirations are short and incomplete and it is evident at even a casual glance that the lungs are not perfectly inflated. During inspiration, the ribs are drawn inward toward the median line and the sternum is forced somewhat forward.

The cause of this, is, as we understand it, as follows: When the diaphragm descends, the lungs should expand so as to fill up the space made in the thorax by its descent. (And we must remember that the diaphragm holds an im-

portant part in respiration in children, for their respiration is chiefly abdominal.) When however, the lung is collapsed and irresponsive to the irritation of the air, and therefore inexpandive, it cannot inflate so as to fill up the space made by the descent of the diaphragm and the atmospheric pressure forces the chest walls inward and the sternum slightly forward. Some writers aver that atelectasis cannot be acquired but is always congenital. With these we cannot agree as the mass of testimony is against them. Their assertions are the offspring of hasty conclusions and compared to the opinions of more careful researches are.

“As moonlight unto sunlight and as water unto wine.”

The post mortem appearances are as follows: On the surface of the lung we find bluish-red or steel blue slightly depressed patches. These are generally more abundant in the lower lobes. Sometimes these are smaller or larger isolated spots, and at other times they may be described as long strips. These are firm, do not contain air but contain a bloody fluid. They sink in water. If we blow air into the bronchus terminating in the atelectatic portion of lung, it will become wholly or partially inflated; showing that the disease producing the collapse is not croupous or lobar pneumonia but either bronchitis or lobular pneumonia which is of catarrhal origin. It may not be amiss to point out some differences between lobar and lobular pneumonia, as collapse of the lung frequently follows lobular pneumonia and can hardly be supposed to be a result of the lobar form of the disease.

LOBAR PNEUMONIA.

1. Rare in young children.
2. Has red and gray stages of hepatization.
3. The exudation poured out into the alveoli is a true croupous deposit, amorphous and degenerates into pus.
4. The lung will not collapse on opening thorax.

LOBULAR PNEUMONIA.

1. Frequent in young children.
2. Has no stages and no hepatization.
3. The pulmonary vesicles are filled with fluid exudation and epithelium cells.
4. It will collapse, though not wholly.

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| <ul style="list-style-type: none"> 5. It affects one lung. 6. The lung has a dry, granular feel. 7. The whole lobe is affected. 8. The lung cannot be inflated. 9. Croupous origin. | <ul style="list-style-type: none"> 5. It affects both. 6. The lung feels moist. 7. Lung healthy between affected lobules. 8. The lung can be inflated. 9. Catarrhal origin. |
|--|--|

The diagnosis of collapse of the lung is not always an easy thing, in fact, its approach is so stealthy and unnoticed, that even the careful, experienced diagnostician is sometimes put to his wits ends to ferret out the cause of the impending crisis. The peculiar respiratory movements, the palpitation, dullness on percussion, dyspnoea, epistaxis, short, hacking cough will aid us in coming to a conclusion. Absent or enfeebled respiratory murmur over portions of the lung, coupled with short, jerky breathing will further confirm our opinion.

The prognosis is generally unfavorable because the disease is ordinarily the result of bronchitis or lobular pneumonia and being a sequence of a grave disorder, the child is so weakened when collapse of the lung sets in, as to render its life very uncertain.

The treatment of collapse of the lung must be remedial and adjuvant combined. The remedies we relied on in the case we have given the notes of, were Tartar emet. and Phos. Phosphorus particularly has these symptoms which we verified. "Contraction of the lungs, contraction of the chest with pressure or crampy feeling in epigastrium, pain in the chest, particularly during an inspiration; rush of blood to heart, with palpitation accompanied with an anxious feeling; loud and panting breathing. Sensation as if chest were oppressed with a load." Senega might prove of service in this affection. What we consider an important feature in treating such cases is the use of a sternatatory (Aqua ammonia for example) which has a remarkable tendency to effect dilatation of the collapsed air cells. And the case might present itself that would be benefited by emetics. Stimulating liniments are also of use to us in such desperate

cases. Ventilation should be insisted on. Warmth, good comfortable yet loose clothing, and a nourishing diet are requisite. The child is much better in a recumbent position as the lungs have thus the best possible chance to expand.

DYSTOCIA EXPERIENCE.

AMERICAN INSTITUTE OF HOMŒOPATHY, BUREAU OF
OBSTETRICS.

Dear Doctor: Having been ordered to investigate cases of dystocia due to deformed pelvis, I respectfully solicit a prompt reply to the following interrogatories. If you have had no case, please tell me so. If you have preserved no memoranda of cases, describe them to the best of your recollection, taking care to give sufficient details to enable the testimony to withstand the searching criticism of our adversaries.

1. How many years have you practiced medicine? 2. Have you ever witnessed abortion or premature delivery (spontaneous or induced) due to pelvic deformity? If so, state particulars in conformity with the spirit of the instructions for answering the next question. 3. Have you ever witnessed dystocia at term due to any abnormal condition of the osseous frame work of the parturient canal? If so, state the nativity of each woman thus suffering; her parentage; her extraction if of American parentage; her social position in childhood, maidenhood, or at least at date of visit: her occupation during youth; any peculiarities or personal appearance presaging the emergency; any history of accident or disease accounting for the complication; the nature and extent of the deformity (including variety); the method of treatment; the considerations which prompted it; the result to mother and child.

Replies regarded as *strictly confidential*.

Faithfully yours,

GEO. B. PECK.

PROVIDENCE, R. I.

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 choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

HOW THE EYE CAUSES NERVOUS DISTURBANCES.—In an article by Prof. C. S. Norton, on "the eye as an agent in causing headache and other nervous disturbances," the *modus operandi* he explains as follows:

"Let us first consider how weakness, spasm or irregular action of the ocular muscles can cause headache or other disturbances in the nerve centres. The various muscles of the eye are bountifully supplied with nerves, which preside over muscular action, sensation and nutrition. The nerves of motion are the third, fourth and sixth pairs. The third or oculo-motorius supplies the superior, inferior and internal rectus, inferior oblique, sphincter of the pupil and ciliary muscle. The fourth or pathetic supplies the superior oblique; and the sixth or abducens, the external rectus. The ophthalmic division of the fifth or trigeminus controls the power of sensation in all portions of the eye, and especially acute is this sense in the ciliary region, owing to the ample distribution of these nerve filaments at this point. Sympathetic fibres will also be found in all parts. It will, therefore, be seen that the nerve connections, motory, sensory, and sympathetic, between the muscles of the eye and the nerve centres, are abundant and intimate." Yes, we see these connecting rods. The nerves that set the muscles in motion are all here, now how does muscular action, regular or irregular, affect the nerve centres? That is just what we want to know? Are we informed? Let us read on: "Remembering, now, this nerve distribution, is it at all surprising that a constant, regular or irregular strain on the ocular muscles, week after week, month after month, and year after year, will in time produce headache and various other nervous disturbances by *communication of the irritation*" [what irritation?] "to other nerve origins?" For explanation we are led by imagination with a bound over a place that needs demonstration. How is headache produced? We cannot leap that chasm. But he answers "No; it is more astonishing that we do not observe more frequent and more varied complications from eye strain, when we consider the great frequency of anomalies in refraction and the outrageous abuse of the eyes in this intellectual age in which we live." Reading age we suppose is meant. But supposing we jump the chasm. Now we are invited to turn

around and see headache and other nervous disturbances caused by intellectual activity through the eye and its defects. We have long looked for a clear explanation of muscular action and nervous disturbance.

"Having now demonstrated how eye strain will bring about nervous disturbances, let us turn to the various defects of the eye which will cause a strain upon its muscular apparatus."

How does use of the eye cause nerve centre disturbance? That is a question surely that oculists ought to be able to demonstrate. An eye, an expanded nerve, is guided and moved by various muscles; Now how does strain of these muscles affect the nerve at any point. Does the muscle when it contracts draw on the nerve and thus produce central strain? But are we not informed that the nerves are so located in the muscles that they contract the muscles and are not strained. We know that this involves the question of nerve action. How does it act? If by vibration as is supposed, what takes place at the nerve centre that makes the ache? Does the pain arise from blood pressure, as in inflammation? Neuralgia is described as the cry of the nerve for food. Is that blood or fat or what? Much of the pain produced by irregular eye work is myalgic. Most of the cases narrated might be myalgia of the orbital, supra-orbital and cranial muscles. If so then should not the title be the eye causing orbital and cranial myalgia? If so have we not a new kind of headache? With this myalgia what took place in the blood current of the eye and head? The glasses selected seem to have been with the idea to relieve "muscular strain," or in other words myalgia. Were we to argue this question we would just as soon select the muscular, vascular as the nervous side, or *vice versa*.

Our remarks here are not for the purpose of appearing captious but to show how much we take for granted. Dr. Norton can doubtless supply the missing link.

WHY DIE YOUNG?—"It seems strange," says Dr. Bishop, in his address to the Alumni of Hahnemann Medical College, "that physicians who make a special study of health should be so short-lived." He recommends an investigation into the causes of medical mortality. Looking over the medical world, as we constantly have occasion to do, we believe that the short-lived are not largely Homœopaths. We do not believe that the mortality in our ranks averages

much more than two per cent. In some of the most careful life insurance companies it reaches seven per cent. Just what the average mortality is among the whole Homœopathic fraternity year by year, we have no means of knowing. The causes of medical mortality are worthy a careful investigation. Looking over the list of the fallen ones we believe that "Artificial Stimulation" will stand first. By this term we do not mean alcoholic stimulants alone, although we confess that those who "kept up" on these stimulants were many. This may be an illustration that temperance women will take delight in quoting. The dialogue of an old Scotch couple might apply with equal force here:

She—You'r a drunken creel, drunken creel, heigh old man.

He—You'r tea, auld wife, you needn't yoke on me, pell mell, you like a wee drap fu' weel yourself'.

Artificial stimulants can include liquors, coffee, tea and tobacco, but the worst of all is the great stimulus of medical work, or worry. The successful physician marches to the sick room and buoys all up with his inspiring manner, and often by the sheer force of will carries his patient to recovery. He keeps himself keyed up to concert pitch so that he is always inspiring. As said of one of those successful ones (whose autopsy read "hypertrophy of the heart") no matter how bad he felt "he always greeted his patients with a smile and a cheering word." To do that strained the machine wonderfully. The heart and brain should have extra rest under those circumstances yet how few medical men get the requisite "nine hours sleep for brain workers," to say nothing of diversion. Is it any wonder that so many die of nervous failure of one kind and another? Cerebrospinal congestion is rapidly gathering in our editorial colleagues. The brain that reaches out to help so many gives way under the extra load. Those who are not used to the forced mental marches and exploits of medical life "fall out" early by the way. Medical training is as distinct as martial training. It means something more than so much medical knowledge. It is confidence under all circumstances. A sort of self poise or repose that inspires confidence. This is best obtained in college years. To make medical knowledge always available is the object of study and clinical demonstration. The medical man who can only "follow copy" is subject to extra strain. The people see the lack that he feels, so extra effort is made to inspire confidence, and if extra stimulants are called in the wear

and tear is all the more, and the "long rest" comes the earlier. Watch a hundred physicians at dinner, they order the most stimulating food and eat like "soldiers on the march."

The writer was condemned to death a year before he was born, medically. That he is alive now (a score of years after) is due to following the hygienic resolutions given in our January issue. Verily, we all need to understand medical hygiene better. Yes, and practice what we preach.

MEDICAL PERSECUTION.—The possibilities of the far-famed state law of Illinois, were illustrated the other day. A physician of another state came to locate near Chicago on account of superior educational facilities. When it was known that he was a veteran practitioner his services were demanded, one case of confinement was followed during the extreme cold weather with peritonitis and death. His certificate of death was not accepted because he was not registered. He applied to a member of the board for a certificate and his diploma from an extinct school would not be accepted (although others had been), but he was urged to graduate in "our college." To that he objected believing that his standing should be recognized, and waited for a full board in April to present his claims. Now comes the cloven foot. He was threatened with a suit for malpractice, but when it was discovered that he was not licensed, consent or authority was sought from the State Board of Health and this well-known physician was cited to appear before court for violation of the state law, and if found guilty would be bound over to the grand jury. The trial came off, and we, with others, testified to the high professional standing of the defendant, whom we had known for twenty years. From the evidence, technically he was guilty of practicing without a license, but the court dismissed the case on the ground that the law was intended for quacks, and not for regularly educated physicians.

A State medical law may be a good thing, but when a well qualified physician is thus persecuted, and our whole school insulted, it is a question. The board is becoming more and more Allopathic, and seems to have very little influence in controlling the genuine quacks, who have money to defend themselves. As one indignant physician expressed it: "What good is the state board any way, except to persecute the profession?" A knowing old fellow answered, "That was the chief object for which it was created." We do not go as far as that, but the voluminous reports are an interesting study.

COLLEGE COMMENCEMENTS.**HAHNEMANN MEDICAL COLLEGE.**

The twenty-fifth annual commencement of Hahnemann Medical College and Hospital was held February 26th, at the Grand Opera House. President A. E. Small, M. D., presided. Music was furnished by the opera house orchestra.

The report of Prof. R. Ludlam, dean of the college, showed that there had been an aggregate of 338 pupils in the college and hospital during the current year. Of the winter class 197 were men and 60 were women; 237 were from the western states and 30 from the eastern states, and ten were from Canada, England, Sweden, and Australia. Of the 106 candidates for graduation 97 passed the required examination. Of these seventeen were women and five had received degrees before from other colleges.

The names of the graduating class were as follows:

E. S. Abbott, Sherman Ashley, E. C. Austin, John R. Avery, F. G. Barnes, C. H. Bishop, F. G. Blinn, Clemens Bassard, James H. Bowers, Daniel H. Brien, H. W. Brown, S. F. Brown, S. B. Buckley, E. D. Buckner, George E. Bushnell, Mrs. T. E. Campbell, J. O. R. Carley, E. M. Cole, C. E. Colwell, Clara A. Congdon, S. C. Cranson, Katherine M. Crawford, William J. Coissy, Charlotte V. Cushing, Charles I. Douglas, C. Farrington, C. G. Fellows, David M. Finley, Adam Foclet, B. N. Gautz, Grace E. Garrett, Kate Irene Graves, George De Witt Green, Mrs. Nellie R. Harris, Frank Hassler, C. W. Higgins, Anna S. Hill, Louis Hinn, Nettie J. Holden, Charles S. Holton, F. H. Howard, Frank A. Howland, William A. Hubbard, A. C. Jones, Joseph P. Kinley, W. C. Kneeland, Mrs. B. Logan, Charles C. Landon, Mrs. M. H. Landreth, H. W. Langstaff, William R. Loughton, J. A. Leighton, Z. F. Lillard, Benjamin F. Lockwood, Thomas Lowe, E. E. Macey, A. E. Mason, Charles R. Mayer, Robert McAdam, J. B. McPatrick, William H. McMachen, Andrew McPherson, Emma T. Meinhardt, L. W. Menzel, James N. Morrison, G. A. Mueller, E. W. Murray, Priscilla G. Myers, Elsthor Oglebee, S. B. Parsons, R. L. Patton, Irvin N. Paul, Clara W. Peaslee, L. E. Perry, E. D. Perkins, Wesley Peters, W. H. Roosberry, Paul Rudolf, James R. Scott, John Shaffer, J. F. Shattuck, James L. Short, Mary C. Schultz, C. W. Spalding, J. E. Spatz, Ora Byrd Stanard, H. F. Stevens, Emily F. Swett, W. O. Sylvester, R. A. Thomas, T. Veenschoten, C. H. Vincent, Catherine Walker, C. M. E. Watson, T. R. Welch, A. M. Willer.

The Rev. F. M. Bristol made an address to the students and faculty of the college. The valedictory address was pronounced by Prof. W. J. Hawkes of the college faculty.

Prizes were distributed as follows:

Best general examination, C. C. Colwell, \$25; second best general examination, Thomas Lowe, physician's buggy case; best examination on skin diseases, Priscilla G. Myers, books; best examination in general surgery, E. F. Swett, amputating case; best prescriber in the medical clinic, J. R. Scott, buggy case; best written report of medical clinic, Charles J. Douglas, books; best examination in obstetrics, E. D. Perkins, obstetrical case; second best examination in obstetrics, C. J. Douglas, pair of forceps; best examination in chemistry, Ora B. Stanard, books; best thesis on insomnia, Thomas R. Welch, books; best report of cases presented at Prof. Vilas' clinic, Miss Grace Garrett, books; best report of women's clinic, Miss Emma Meinhardt, books; best thesis on bacteria or the germ theory of disease, George B. Bushnell, books.

These prizes were offered by the Professors to the pupils of their classes. Mary Weeks Barnett offered a prize for the best essay on the effects of tobacco, inherited or acquired, which was won by Mrs. Kate J. Graves.

George E. Bushnell was appointed house physician and H. F. Stevens house surgeon of the Hahnemann Hospital.

The alumni and students of the Hahnemann Medical College were given a banquet in the main dining-room of the Palmer House in the evening by the members of the faculty. About 300 were present. Dr. A. E. Small presided and Dr. Vilas officiated as toastmaster. The menu was quite elaborate, and during the evening a large orchestra furnished music. Later on there was an informal program of toasts, as follows: "Dr. Hahnemann," Dr. A. E. Small; "The Trustees," Dr. D. S. Smith; "The Faculty," Dr. R. Ludlam; "The Alumni," Dr. E. M. P. Ludlam; "The Graduating class," Dr. G. A. Mueller; "The Clergy," the Rev. Mr. Marsh. The company did not disperse until a late hour.

HAHNEMANN ALUMNI.

The Alumni Association of the Hahnemann Medical College held their first annual meeting Feb. 25, in the club-room of the Palmer House. A large number of the members, of which a large percentage were ladies, were present, and the exercises were of an entertaining character. In the absence of the President, Dr. A. L. Bishop, the Vice President, Dr. E. M. P. Ludlam, occupied the chair. A. K. Crawford acted as Secretary. The Secretary reported the present membership as 120, with the prospect of large additions. The necrologist, Dr. E. Bailey, presented his report. The total number of graduates of the college since its organization was 1,227. There were five deaths during the year, as follows: J. A. Bettes, of Michigan; E. H. Flint, New York; W. F. Dodge, Iowa; C. E. Stenson and D. M. Beales, of Ohio. The death of Professor N. F. Cooke, of the fac-

ulty of the college, on Feb. 1, 1885, was also announced. Twenty-seven new members were admitted. The annual address of the President was read by the secretary. The president suggested the formation of a pathological museum, and that some steps should be taken toward the erection of a suitable building in the future for the uses of the association. He also urged upon the members the necessity of continuous study in order to perfect themselves in the great profession they had adopted.

Short and interesting impromptu speeches were then made by Professors Ludlam, Shears, Leavitt, Vilas and Hoyne of the faculty of the college, and by Doctors M. H. Parmelee, John E. Gilman, T. C. Duncan, George Fellows, E. S. Bailey, E. A. Ballard, O. W. Carlson, and others.

Officers of the Alumni Association for 1885.—President, Dr. E. M. P. Ludlam; Vice Presidents, Dr. W. B. Carmen, New York; Dr. J. E. Gilman, Illinois; Dr. G. A. Mueller, Pennsylvania; Dr. P. S. Wykoff, Dakota; Mrs. Dr. C. A. Risdon, California; Dr. Chas. G. Fellows, Louisiana; Dr. S. M. Spaulding, Minnesota; Dr. M. H. Parmelee, Ohio; Dr. Jos. Lewis, Wisconsin; Dr. C. Farrington, Kansas; Dr. C. A. Walsh, Michigan; Dr. D. H. Brien, W. T.; Secretary, A. K. Crawford; Treasurer, J. P. Cobb; Necrologist, E. S. Bailey; Executive Committee, O. W. Carlson, Milwaukee; E. A. Ballard and G. F. Shears, Chicago.

HOMŒOPATHIC MEDICAL COLLEGE.

The ninth annual commencement exercises of the Chicago Homœopathic Medical College took place the afternoon of Feb. 26, at Farwell Hall before a large audience.

The exercises were opened with prayer by the Rev. Dr. Kennard.

The report of the president, Dr. J. S. Mitchell, showed the college to be in a prosperous condition. Ninety-three students matriculated, a large proportion having previously received a superior literary education. Thirty members of the senior class having passed most creditable examinations and completed a three years' term of study were entitled to their diplomas. He referred to their experience with the graded course which was in vogue in only one other of the seven medical colleges in Chicago. It secured better and more instruction than under the old regime and with less mental strain upon the student. The higher marking on examination of students of the graded course evidenced the superiority of the instruction. He mentioned the various bequests lately made to medical institutions, and urged that the philanthropic and wealthy citizens of Chicago should foster its colleges.

Degrees were conferred on the following students:

Coburn Badgley, J. J. Bleecker, W. C. Block, Milton B. Blouke, Edwin E. Campbell, R. Kyle Colley, Edward M. Cowell, Howard

Crutcher, Rozel M. Curtiss, George H. Dow, Francis J. Fluns, George H. Gardner, George R. Harnden, Bayard T. Holmes, Walter B. House, Miss L. M. Ingersoll, William A. Kaler, Edwin R. Lovesee, J. H. Martin, A. E. Neumeister, Franklin J. Niehaus, John L. Robinson, Phillip C. Sanderson, J. W. Smith, Henry M. Stevens, Arthur W. Swift, Isaac Van Deusen, G. F. Washburn, Ardell H. Webster, W. F. Weidner.

Prof. A. W. Woodward delivered the doctorate address. The class valedictory was delivered by G. F. Washburne, M. D. The Rev. Dr. Kennard gave a bright and witty address, which was listened to with much attention. The Bullock and Gunow prize for the best examination in microscopy, competed for by all medical colleges in the city, was awarded to Dr. Bayard T. Holmes of the graduating class of this college.

The music, which was of superior quality, was furnished by the Columbia Theatre orchestra.

Prof. E. H. Pratt gave a complimentary banquet to the faculty and alumni of the college at his spacious residence on La Salle avenue in the evening. Numerous toasts and after dinner speeches were given, and the happy assembly dispersed at a late hour.

CORRESPONDENCE.

AMERICAN INSTITUTE OF HOMŒOPATHY.

ANNOUNCEMENT OF THE BUREAU OF SURGERY, SESSION 1885.

No. 209 Madison Ave., New York, December, 1, 1884.

It will be remembered by those who were present at the last meeting of the American Institute of Homœopathy, at Deer Park, that though the subject selected for the consideration of the Bureau of Surgery was of the utmost importance to both physician and surgeon, the time allotted for its consideration was so restricted that not more than three minutes could be allowed to each paper, and that the discussion elicited was nil.

In order, therefore, to gain the maximum of practical information within the shortest time, the chairman, after consultation with other members of the bureau, has decided to depart from the usual routine, and allow but a single synoptical paper to be read, the remainder of the time appropriated to the Bureau being occupied with discussions upon the subject-matter of that paper. Reading, research, and compilation are readily accomplished at home; interchange of thought, the details of practical experience, and the expression of individual opinion are the desiderata of a public meeting.

In view of these facts, the subject selected for the consideration of the Bureau of Surgery at the next meeting of the institute, to be held

in St. Louis, is The Surgical Diseases of the Testicle (exclusively of the cord). A paper containing a brief synopsis of the diseases to which the testicle is obnoxious will be read by Prof. I. T. Talbot, M. D., of Boston, and it is hoped that not only the members of this Bureau, but all others interested in this important subject, will prepare themselves to enter into the discussion at the next meeting of the Institute. It is believed that by this method much practical information may be obtained relative to the several diseases of the testicle, which would be necessarily overlooked if the time of the Bureau was consumed by the reading of papers. WM. TOD HELMUTH,
Chairman, Bureau of Surgery.

HOMŒOPATHY IN WASHINGTON.

MY DEAR INVESTIGATOR:—As we anticipated, the National Homœopathic Fair has produced glorious results. Upon our appeal the congress of the United States has appropriated fifteen thousand dollars for the construction or purchase of a building for the Washington Homœopathic Hospital. President Arthur unhesitatingly signed the bill, and it is now a law. The Garfield Memorial Hospital, on account of its double game on the Homœopaths, failed utterly with both House and Senate committees on appropriations for the district, and had to content itself with seven thousand five hundred dollars appropriated for it by the committee on Sundry Civil. Now that hospital has the assurance to advertise for Homœopathic patients, promising pure Homœopathic (?) treatment. We are now looking after the Homœopathic (?) doctor who is willing to play in their hands for a little notoriety.

TULLIS DE LUZZARA VERDI.

CONSULTATIONS.

WHOOPIING COUGH IN MOTHER AND CHILD.

Did you ever know of a family of children to have whooping cough without the mother coughing at the same time?

TIOGA, Pa.

O. P. BARDEN.

We think that we have, although our attention has not been especially directed to that point. We have during the past year, in the epidemic in Chicago, found the whole family coughing, father as well as mother—but then it was a time when we expect coughs—winter months.—ED.]

ERYSIPELAS VS. SCLEREMA.

Dr. J. E. Caldwell's case on page 125 is an interesting one of infantile erysipelas as we see it at the Chicago Foundling's Home. He did well to save his case. If he had recognized the erysipelatous character of the case he doubtless could have cured it more promptly. In sclerema the temperature is lowered, for that is a sort of ante-mortem rigor.

A BACK AND FRONT VIEW.

I am interested in your "backache" articles and the reasoning. I wish to give you an idea for thought and serious consideration. Did you ever see a case of irritation of the spine (in a female) between the first and second and third and fourth lumbar vertebræ that did not have uterine troubles? [We believe yes.] Did you ever see a woman that had uterine troubles that was not in some manner affected between the first and fourth lumbar vertebræ? [Acute, yes. Chronic no.] Did you ever see any individual that was sensitive in spinal column between the first and second dorsal vertebræ that did not have some gastric derangement? [The gastric point we have found lower down.] Do not all persons affected with acute or chronic gastritis have the spinal irritation between the first and second dorsal vertebræ, etc., etc. [See reports of cases.] It is an absolute fact that each vital organ *inside* of the trunk has a corresponding place in the vertebræ. [Yes, if we can detect it.] This can be verified any time. I do not pretend to say whether this is "reflex," "Nervous origin," or what, but is a fact. Any one that "*knows how*" can certainly diagnose difficulties of the lungs, heart, liver, colon, kidneys, etc., etc., by the thumb and index finger. [Visceral and spinal pathology should correspond.]

I merely venture these remarks that you may revolve them in your mind and see what there is in it. As for myself I am *fully* convinced and have repeatedly verified it.

In my reasoning please to bear in mind I except all traumatic difficulties unless of very old date, at which period they may influence the internal organs more or less. I think this is due to chronic reflex irritation.

Truly, A. L. FITCH.

URBANA, Iowa.

[To be able to read the disease connections of the body, cross lots or horizontally may come to be as easy as the vertical view. To say what is reflex and which is cause and effect may not always be so satisfactory. To spot disease any where is a rare attainment. To describe its consecutive history and especially the remedies indicated is the climax of medical attainment. We agree with the writer on some points and on others are seeking "more light." If he can illuminate this dark back ground so much the better.—ED.]

THE TOBACCO HABIT.

T. C. DUNCAN, M. D.: *Dear Doctor.*—I enjoy your new *monthly*. In the late *weekly* numbers there was little more than print, but in this number there is good solid reading. I had given up all intention of ever writing or answering anything again in the U. S. M. I., but on seeing an article No. 301, The Tobacco Habit—What will Antidote? and seeing such a voluminous supply offered I thought I would step up and answer. In the first place had E. H. M. consulted *Nelson's Clinical Assistant*, he would have been told; page 153, gives you two remedies that will do it; *Agaricus muscarius tinct.* to 2x in water every two, three or four hours according to your discretion, read "head" symptoms of *Agar. mus.* in Cowperthwaite, after a few days give *Plantago* 2x to 6x in the same way, and the little "bug" will establish you as a big "bug" on tobacco.

R. W. NELSON.

RECTAL TREATMENT.

Can you give me any information in regard to the Brinkerhoff System of Rectal Treatment? Very truly yours N. L. D.

We cannot exactly, but understand that his speculum method, of treatment, and remedies which are secret he sells for a consideration. That is as we understand it. Since the appearance of Ayres book on Rectal Diseases and their Treatment a howl has gone up from these specialists. It perhaps interferes with their trade.

FOR THE TOBACCO SLAVE.

Minister will have the hardest fight he ever had, and if victorious, gratefully, he never will forget. *Nux* 12x or 30x a dose at bed time will take away the bad effects of tobacco, but will not prevent a return if used again. The best antidote is Arsenicum. He must have a strong and firm mind, will, and execute it. For instance, take no chew before breakfast, then from five to three a day, none for an hour after meals, giving to something else, a chew of the meanest smoking tobacco, a ruse on the craving some bitter herb, Roman Cham. chew. Persevere, in two to four weeks the enslaved will be turning master.

P. S. DUFF.

FOR THAT PSORIASIS CASE.

B. H. L.'s report of skin disease I can speak of from experience, having had a like complaint in great numbers during this winter. *Rhus tox.* helped in some cases, while *Graph.* seemed to be oftener indicated, also *Amm. muriat.* has done me good service; later on, when the itching becomes intense, Sulphur has been the remedy,

sometimes I had to use Sulph. ointment, to which I use lately always vaseline, which gave prompt relief. I think *Cicuta virosa* will help A. in case 803.

I am much pleased with the monthly arrangement of issuing THE INVESTIGATOR and especially with your article on Backaches.

N. ZILLIKEN.

AN ARTICLE ON PSORIASIS.

Will some one give us an article on psoriasis?

G. E. CLARK.

EXOPHTHALMIC GOITRE.

EDITOR MEDICAL INVESTIGATOR: *Sir*.—Will you please answer in THE INVESTIGATOR, what is the best method of treating exophthalmic goitre? Will some M. D., of experience state what remedies he has successfully used in cases where the heart, thyroid glands and eyes are affected? Also what will reduce the swollen eyelids. I am anxious to have the subject thoroughly "investigated," at an early date in your valuable publication. Sincerely yours,

INQUIRER.

Exophthalmic goitre, Basedow's or Graves' disease as it is variously termed is not of very frequent occurrence, and hence the accumulated experience of the profession is not large. Two cases were reported in the quarterly branch of this journal cured by *Natrum mur.* 24, in a few months. Dr. Mitchell reported one case cured by *Arsenicum*. Dr. Lilienthal suggests also *Calc. carb.*, *Iodine*, *Lycopus* and *Phos*. The *British Journal* reports a case by Dr. Kerr, cured by Iron where anæmia was present and another case by Dr. Kidd, cured by *Belladonna*. We have had the best results from *Belladonna*. A very good article will be found in Armstrong on the Heart, p. 217, et 219.

FOR THE TOBACCO DISEASE.

DEAR EDITOR: Noticing a query from a correspondent in the January number of THE INVESTIGATOR, in regard to a substitute for tobacco when breaking off the habit, will you allow me to suggest that Roman Chamomile chewed the same as tobacco frequently destroys the craving and overcomes the other disagreeable symptoms. The whole flowers should be used and continued as long as necessary.

C. M. HAYNES.

A SPINAL CASE NO. 305.

I send you the following case for insertion in Consultation Department. Mr. K. aged twenty. When eight months old his parents weighed him. They tied a shawl around his back near the hips. He

squirmed and twisted around which finally caused the edge of the shawl to press so hard on the spinal column that he cried and shrieked loudly. His grandmother standing by remarked she knew his back was hurt. For a long time after being placed on the floor he continued to cry and act as though he was suffering pain.

Up to this time he had been able to travel around the room by pushing a chair before him, but after this accident he gave up, showing no disposition to use a chair in the above mentioned way or even trying to creep for quite a while, and not trying to walk around the room by pushing a chair before him until about one year from the accident.

Dating from this time as he commenced to walk he appeared clumsy, he stumbled easily, any little obstruction was apt to throw him down. His parents state that a straw or small stick was enough at times to cause him to fall. When he commenced attending school he was able to run but could never run or play equally with boys of his age. He was apt at this time to fall easily.

When he was about thirteen years of age his parents noticed that when he walked he had to draw up his right shoulder.

In the spring of 1880, when he was about fifteen years of age he had an attack of measles since which time his case has been much aggravated showing a tendency to be progressive.

Right side most affected. Symptoms. A peculiar gait, characterized by hitching. In walking the right shoulder and side are thrown up and as he brings the right foot forward it is with a swinging trembling, dragging motion. He can walk without a cane. Has to be very careful as any unevenness or roughness of walk or road is apt to throw him. Has to be careful about maintaining center of gravity. Has difficulty on arising from chair. *Can stand and walk with eyes closed.*

Right and left thigh and leg shrunken, below knees, no impairment. Right side, chest depressed and shrunken, also right arm and forearm. Has difficulty in bringing hand to head, is awkward in use of hand and arm. Is apt to let a cup or plate fall if he attempts to take them in his right hand.

Entire absence of pain in the parts affected. No sensitive spot along course of spine. Four eminent and prominent Allopathic Surgeons had him under their care in 1883. Sought repeatedly for spot sensitive, or sore and pain felt at least on pressure along spine, but were forced to acknowledge their inability.

Limbs and arm now painful to pressure. Does not complain of numbness or loss of sensation. Lately has noticed that by exercise of *will power* he was unable to prevent any one from moving his knee caps or patellas and when not exercising will power, there was a great freedom of movement of same. Headache seldom. Bowels regular.

Urinary organs natural. Has seminal emissions, apt to trouble him

more often than natural. Appetite fair. Occasionally troubled with sleeplessness.

In fall 1880, went to New York to see a Homœopathic physician who took him to a specialist who applied electricity, etc. After three weeks he returned home and was supplied with Phos., Nux, etc.

Took these remedies during 1880, 1881, 1882. In 1883, his uncle was anxious he should see the Allopathic doctors mentioned above. The head surgeon told him he thought he could cure him if given time enough. Said the next four years would be important ones.

He treated with him during 1883. He introduced a seton in his neck, cupped him several times. Do not know what remedies were given. He seemed to receive no benefit. He had to travel fifteen miles to see him so that if he could have been benefited it would have been overcome.

During 1884, up to this time has not taken much medicine. Sight somewhat impaired. Hearing natural. I was inclined to diagnose locomotor ataxy, but several symptoms seem to contradict.

1. Will the doctors please give complete diagnosis if possible.
 2. Remedies good for this case, and after treatment indicated
 3. Prognosis, under this would like to know what the chances are for improvement, etc.
- F.

In answer to this case I would reply to his interrogatories :

1. Fibrous degeneration of anterior lateral column of the dorsal spine. The hyperæsthesia shows extension to posterior columns, irritation. Case is progressive.

2. Argent. nit. 12, with Silicea as next choice.

3. If hyperæsthesia increases, and passes into anæsthesia, prognosis bad ; otherwise moderately good.

J. G. GILCHRIST.

[This is a sad but interesting case. We agree with Prof. Gilchrist that the anterior columns of the cord are affected but do not believe that the lesion has gone on to degeneration as yet. Let us review the case. That skirmish when eight months old produced traumatic hyperæmia of the anterior columns of the cord. The forcible bending back in weighing produced marked strain with increased blood flow and stasis so as to render by pressure the nerve fibres helpless to move the muscles. Nature's remedy, rest, was rigidly enforced. When partially subsided the cord resumed its functions under difficulties as manifest by the shuffling walk, worse on the active or right side. The tendency is for the hyperæmia to extend up the cord aggravated by the effort of the right upper extremity to aid the most helpless right leg. The reason no spots of tenderness are felt is that it is hyperæmia and not anæmia. It is worse on the right anterior side. If the posterior cord with its columnal blood supply was affected there would be hyperæsthesia at the points of exit, i. e., on the sides of the back. The treatment of course should be (1.) to lessen the blood stasis and (2.) prevent the cerebrum from becoming involved. That

can be accomplished by remedies, rest and electricity. He should have daily siestas of electricity. The constant current should be passed from right back of spine to front of body and down the extremities. A series of systematic, passive and gymnastic exercises should take the place of much voluntary activity. Exercise on the back will help wonderfully. The remedies that occur to us are Rhus, Arnica and Hypericum. If the case does not get better by the foregoing exercise then there may be degeneration, when Argent. may be necessary. We favor Rhus. The aggravations by weather and rest will decide. The soreness of Arnica will settle the choice for or against that remedy. The nerve lesion may be met by Hypericum. But the soreness of the leg and arm suggest Arnica, it also indicates an involvement of the posterior columns. It is strange that there are not more visceral symptoms, besides the emissions. If the liver complains then the sympathetic is involved. Altogether the case is most unique.—ED.]

TWINS SEXUALLY PERFECT.

If not trespassing too much on your time, I would like a little information on the following subject, viz. :

In case of twin births where one is a *boy* and the other a *girl*, are they *sexually perfect*? If not, to what extent are they *imperfect*?

IRA S. LINDSLY.

[They are as far as heard from, unless hermaphrodites.—ED.]

ULCERS AND THEIR TREATMENT.

Can you give me the name of a reliable work on ulcers? I have a case that is giving me some trouble and which has baffled "Old School" treatment. I am very anxious to cure it and if you can name a work that will assist me I shall be obliged.

D. S. MORE.

[See Gilchrist's Surgical Diseases.—ED.]

MEDICAL NEWS ITEMS.

O. E. Pratt, M. D., from Oneonta, N Y. to Chicago, Ill. Welcome doctor.

Drs. Raines and Hutier, of Concordia, Kan., were elected county physicians, score one for them.

E. W. Roby, M. D., writes: "We have beaten the Allopaths handsomely in the fight over a state board of health."

Go South.—Will you join the southern rally at New Orleans, April 9?

J. W. Davis, M. D., from Palmyra Sanitarium, Wis., to Dubuque Iowa. In Palmyra's loss Dubuque has gained a good physician and a fine gentleman.

Dr. M. M. Eaton, writes:—We are home from a three months' visit to Florida. Have for two years practiced in Jacksonville, Fla., in the winter. Will write you regarding the south soon.

Married.—Dr. Stillman J. Quinby and Mrs. Sue R. Johnson, were married, Tuesday, January 27, 1885, at Greenbush, O. They will be at home March 1st, in Cheyenne, Wyoming. We will offer congratulations if we cannot call.

A Reward of \$100,000 is provided for in a bill recently introduced into the United States Senate, to any person who shall discover the true germ of yellow fever, or any certain way of preventing or materially modifying the spread of the disease.

New York Ophthalmic Hospital.—Report for the month ending February 20, 1885. Number of prescriptions, 4,386; number of new patients, 659; number of patients resident in the hospital, 22; average daily attendance, 183; largest daily attendance, 277.

ALTON G. WARNER, M. D., Resident Surgeon.

G. A. Rawson, M. D., of Sandwich Islands writes: Dr. Webb, Homœopath, has been appointed physician to Honolulu at a salary of \$2,500.00 per annum (government position) to supersede Dr. Fitch, Old School. There are twenty government physicians. Two are Homœopaths.

Indianapolis News.—During a "medical row" in Indianapolis recently the City Council passed a resolution to the effect that reputable physicians of any school of practice may take patients to the City Hospital. Homœopathists have heretofore been denied this privilege. So goes this good work on. The hospital building has lately been much enlarged.

WM. B. CLARKE.

The Brooklyn Homœopathic Hospital Dispensary Staff, (re-organized June, 1882.) held its second annual meeting Jan. 12, 1885, in the hospital, 109 Cumberland Street, and elected B. E. Mead, M. D., President, and John L. Moffat, M. D., Secretary. There are nine clinics and seventeen physicians and surgeons. 9,883 patients were treated in 1884 and 23,688 prescriptions dispensed.

St. Louis News.—Please notice in the March issue of your journal, that the following societies meet in St. Louis, Mo., this year: Missouri Institute of Homœopathy, March 5th and 6th. Western Academy, May 28th, 29th and 30th. American Institute, June 2d, 3d, 4th and 5th. All of the above societies will hold their sessions at the Lindell Hotel. A full attendance is desired.

Yours truly, W. JOHN HARRIS.
For Committee of Arrangements.

The Insane Bill before the legislature prepared by the Illinois Medical Society, Allopathic, we are asked to aid its passage. It provides for the commitment of insane by a court of two physicians and a judge. In many cases a most sensible method.

Thumbs Out.—"An English physician warns mothers against allowing babies to suck their thumbs because it results in a peculiar deformity of the chest, a depression of the thorax by pressure from the arm of the infant as it lies with its thumb in its mouth." The effect on the thorax is as nothing compared with the alimentary catarrh produced and its disastrous results.

Centipede Effects.—DALLAS, Tex., Feb. 5. A messenger from Bois D'Arc Island, a dense woodland south of here, on the Trinity River, in this county, arrived in this city at noon Tuesday in quest of poison antidotes, and bringing news that seven of a gang of wood-choppers on the island had been poisoned by a centipede getting into a large coffee-pot, in which the morning's coffee was boiled without the knowledge of its poisonous presence. Soon after breakfast they were suddenly seized with pains and cramps, followed by violent vomiting and insensibility. The messenger was much excited, and medical aid was dispatched.

Hygiene in the Public Schools.—Dr. N. A. Pennoyer, of Kenosha, in his address before the Wisconsin Homœopathic Medical Society, says: I would commend to your favorable consideration the advisability of advocating legislation in our own state looking towards: 1. The publication and gratuitous distribution of health tracts by the state. 2. The teaching of hygiene in the public schools, which shall include instruction on the evils of alcohol and tobacco. 3. The restriction of the sale of tobacco to minors. 4. The restriction of the sale of Opium, or any "patent" medicine containing Opium, except by direct prescription of a physician."

The Homœopathic Medical Society of the State of New York held its thirty-fourth annual meeting in Albany, Feb. 10th and 11th, last, and elected the following officers: President—M. O. Terry, M. D., Utica; Vice Presidents—A. P. Hollett, M. D., Havana; N. B. Covert, M. D., Geneva; Geo. M. Dillow, M. D., New York; Secretary—John L. Moffat, M. D., 17 Schermerhorn St., Brooklyn; Treasurer—Edward S. Coburn, M. D., 91 Fourth St., Troy. Censors: Northern District—Drs. W. T. Laird, D. E. Southwick, Geo. Allen, Southern District—F. E. Doughty, Henry C. Houghton, E. Hasbrock. Middle District—N. B. Covert, W. E. Milbank, E. B. Nash. Western District—F. Park Lewis, A. R. Wright, J. M. Lee. Senior Members: Wm. Gulick, M. D., Watkins; R. C. Moffat, M. D., Brooklyn. The next semi-annual meeting will be held Sept. 8th and 9th, at Grove Springs, Kenka Lake, Steuben Co.

JOHN L. MOFFAT, Sec'y.

THE
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CHARACTERISTIC TONGUE SYMPTOMS.

BY O. W. SMITH, M. D., UNION SPRINGS, N. Y.

- Tongue*.—Aphthæ (on) Agar., Borax, Merc., N. vom.,
Plumb., Sars., Sulph., Sul. ac.
Atrophy of, Mur. ac.
Bites: Ign., Phos. ac., Thuj.
Black: Ars. Beef, Chin., Elaps., Lach., N. vom.,
Op., Phos., Sec., Ver. alb.
Black coating on, small: Amm. caust.
Black, dry, cracked: Ars., Lach., Ver. alb.
Black, dry, cracked, stiff as a board: Ars.
Black on the edges: N. vom.
Black on the centre: Lep.
Blackish: Chin., Merc., Phos.
Blisters on: Am. c., Bell., Hell., Merc., Nat. m.,
Berb.
Blisters on tip: Am. m., N. sulph., Nitr.
Blisters on tip impeding speech and mastication:
Cycl.

- Tongue*—Blisters on tip burning: Nitr.
 Blisters on each side, tongue feels rough, great pain at root on swallowing, red tip: Phyt.
 Blue: Ars., Carb. v., Dig., Mur. ac., Sub.
 Blue and sore: Mur. ac.
 Bluish-red: Raph.
 Bluish-white: Gym.
 Broad too, sensation as if: Puls.
 Brownish: Ars., Chin., Lach., Merc., N. vom., Phos., Plumb., Rhus t., Sec., Spong., Sulph.
 Brownish-red: Rum.
 Brownish coating: Bell., Coc. c., Hyos., Phos., Sabin., Sil., Sulph., Verb.
 Brownish coating thick, lips and teeth covered: Colch.
 Brownish coating thick, yellow: Kali bi.
 Brown patch, with long papillæ on dorsum: Kali bi.
 Brown streak in centre: Arn., Bap., Eup. purp., Hyos.
 Brown streak in centre with thick white coat: Ailanth.
 Brown streak in centre, white edges: Iod.
 Broad, flat, edges turned up, scalloped: Kali bi.
 Burning: Arum t. (many other.)
 Burning, right side, following violent sticking: Kali nit.
 Burning at tip: Cal. c., Carb. an., Colch., Hydr. ac., Kal. c., Kal. hyd., Baryt. c., Lact., Nat. m., Rat.
 Burning at tip in evening: Cycl.
 Burning at tip and front half, which feels hard: Gamb.
 Burning sensation across: Asarum. eup.
 Clean with gastric derangements: Cin., Dig.
 Cold: Acon., Ars., Bell., Galv. (?) Hydr. ac., Laur.
 Cold, flabby, trembling: Camph.
 Cold and shriveled: Ver. al.

- Tongue*—Cold feeling of left side: Aloe.
 Coldness of anterior part: Cupr.
 Coldness of right side: Gels.
 Convulsions of: Acon., Bell., Cham., Galv., Ruta.,
 Lyc., Sec.
 Cracked (many.)
 Cracked, smooth, dry and red: Kal. bi.
 Cracked and burning: Arum try., Bell., Ran.
 scel., Sulph., Ver. al.
 Cracked, black and dry, stiff as a board: Ars.
 Cracked on edges, black or dark red: N. vom.
 Cracked and dry (tip): Kal. bi., Lach., Rh. t.,
 Sulph.
 Crack deep, through centre with pale red points;
 Raph. sat.
 Crack or deep red line seaming tongue through
 centre, from tip backward: Calc. sulph.
 Crack or furrow through centre, thinly white: Bry.
 Cracks, peels off: Ran. scel.
 Cracks, deep and spreading ulcers, spongy on
 surface: Benz. ac.
 Cracks across the middle with white coat: Kobalt.
 Dry, also front of mouth: N. vom.
 Dry, also mouth and throat, yet no thirst: Mag.
 mur., N. mos.
 Dry, also throat without thirst: Pallad.
 Dry as if burnt, no thirst: Puls.
 Edges scalloped, broad tongue: Kal. bi.
 Edges folded like little bags: Illicium.
 Exfoliation: Am. caust., Gins., Kal. bi., Mancin.
 Nit. ac., Nat. m., Ran. scel., Tarax.
 Exfoliation, curled pieces of skin detached leav-
 ing red spots: Am. caust.
 Exfoliation, thick coat, clean in spots, sensitive:
 Tarax.
 Flabby, soft, with imprints of teeth: Merc.,
 Hydras., Kal. hyd., Kal. bi., Rhus t., Stram.,
 Kreas.

- Tongue*—Furrowed deep in centre with pale red points;
pale; purplish: Raph. sat.
Furrow through centre, thinly white: Bry.
Glossy: Tereb., Lach., Kal. bi.
Greasy feeling on: Asa., Caust., Mang., Val.
Greasy feeling on and mouth, in morn: Iris vers.
Greyish coating: Ambr., Cup. act., Puls., Tart.
Greyish yellow: Ambr., Gels.
Greenish coating with ptyalism: Nit. ac.
Greenish coating with sweetish saliva: Plumb.
Greenish coating at base, rest of tongue white:
Cop.
Greenish-yellow coat, thick: Calc. caust.
Hair (sensation of) on: Nat. mur., Sil., All. sat.
Hair (sensation of) on back part: Kal. bi.
Hair (sensation of) on tip: Sil.
Hardness on middle of, burning when touched;
Bary. c.
Heavy: Ars., Carb. v., Lyc., Colch., N. mur., N.
vom., Curare, Gels., Anac., Bell., Galv.,
Mur. ac., Natr., Plumb.
Heavy with stammering: Ars., Bell., Anac., Stram.
Imprints of teeth on: Kal. hyd., Merc, Rh. tox.,
Pod., Hydras., Stram., Tart., Chel.
Inflamed, thick, small pimples on edges: Curar.
Inflamed through middle, red, raw, painful, can
hardly put it out it trembles so: Gels.
Itching and tingling of: Alum., Sulph., Acon.
Itching and crawling on tip: Dulc.
Itching on tip: Alum.
Large, too (Sensation as if): Puls., Paris.
Lead color of: Ars., Carb. v.
Long, too (Sensation as if): Æthus. cyn.
Map: Tarax, N. mur.
Map, looks like ringworm on side: N. mur.
Moist, with thirst: Merc. v.
Narrow: Chel., Kal. c.

- Tongue*—Nodes: Mang., Lyc., Carb. an.
 Nodes under the: Ambr.
 Nodes and lobes, deep fissures and cracks: Kal. iod.
 Numb: Hell., Laur., Rheum., Colch.
 Numb and stiff, one side: N. mur.
 Numb, right half: Gels.
 Numb, left half: Agar. m.
 Numb, can't touch teeth with it: Poth. fœt.
 Numb and pithy feel of anterior half: Amm. c.
 Pain at root: Kal. bi.
 Pain at root on swallowing: Phyt.
 Pain in right side, cutting, relieved by biting on
 tongue: Kalmia.
 Pain, raw, left side: Jac. car.
 Pain in, shooting: Ran. scel.
 Pale: Carb. v., Fer., Chin. sul.
 Pale and purplish: Raph. sat.
 Papillæ erect: Arum. try., Bell., Elect., Croc.,
 Hip. man., Oleand., Poth. fœt., Tart., Ars.
 Papillæ long with brown patch on dorsum: Kal. bi.
 Papillæ more prominent on base: Agar.
 Pointed, narrow: Chel., Kal. bi.
 Pointed and trembling: Act. rac.
 Pimples on edges, tongue thick, heavy: Curare.
 Pimples on tip, painful: Kal. c., Nitr.
 Pimples on tip, stinging when touched: Hell.
 Pinching in tip: Ang. •
 Pricking in: Rhus rad.
 Pricking at end: Elaps.
 Pricking with increased flow of saliva and sneez-
 ing; Fluor. ac.
 Pricking sensation, feels as if pushed up at root:
 Ustil.
 Protrude cannot: Apis., Gels., Carb. v., Lach.
 Protrude cannot, lodges on lower teeth: Lach.
 Protruded, stiff, lame: Hydr. ac.
 Protrudes out of right corner of mouth: Con.

- Tongue*—Protrudes rapidly like a snake: Cupr. act.
 Protrudes and retracts regularly: Sulph.
 Protrudes and darts out of mouth and moves to
 and fro between teeth; involuntarily: Lyc.
 Purplish blotches with dirty looking ulcers: Plumb.
 Red, with raised papillæ: Arum try., Bell., Tart.
 Red, with dark spots: Merc. v.
 Red, with vesicles: Canth.
 Reddish-brown coat on: Rumex.
 Reddish, brick dust coat on: Ananth.
 Red, dry, smooth, cracked: Kal. bi.
 Red in streaks: Ant. t.
 Red streak down centre: Arg. n., Phos. ac., Cen-
 taur tag.
 Red streak down centre, coated sides: Bell.,
 Caust., Iris v., Sang., Vir. v., Vip. red.
 Red streak down centre, coated sides, red tip: Ars.
 Red streak down centre, sides white, moist: Vip.
 red.
 Red streak down centre in morn; Pallad.
 Red on sides: Bell., Rh. tox., Sulph., Tart.
 Red on sides and sore: Poth. fœt.
 Red, anterior half: Lach.
 Redness on tip: Arg. n., Bell., Elect., Hip.,
 Hep. sul., Phyt., R. tox., Tart., Sulph.
 Redness of tip, triangular: Rhus t.
 Redness of tip, undefined: Sulph.
 Scalded sensation of: Ver.
 Scalded, raw and sore on margins: Apis.
 Scalloped on edges: Sulph.
 Scalloped and raised on edges, tongue flat, broad:
 Kal. bi.
 Shining, smooth: Ars., Kal. bi., Lach., Tereh.
 Shooting pains in: Ran. scel.
 Smarting: Arn., Asar., Ol. an., Teuc.
 Smarting at night: Phos. ac.
 Smarting as from pepper on left border: Angus.

- Tongue*—Soreness of tip: Hep., Rhus. rad., Sabad., Sep.
 Soreness and raw feeling at base: Arum. try.
 Sourish-burning on right side: Alumin.
 Spots on, dark: Merc. v.
 Spots on, dark blue: Arg. n.
 Spots on, pale red. Raph.
 Spots on, clean, red, with white coat: Hip. man.
 Spots on, sore, white tongue: Nat. mur.
 Spots red on left margin: Apis.
 Stiff: Berb., Euphr., Hell., Bor., Hell., Lach.,
 Merc., Niccol., Hydroc. ac., Colch.
 Stiff and numb on one side: Nat. mur.
 Stiff, swollen, painful, dry: Con.
 Stiff, swollen, on left side: Laur.
 Stiff, like a board, black: Ars.
 Stinging in tip: Phos.
 Stinging in fore part: Led.
 Stitches in: Kalm.
 Stitches in tip: Angus.
 Swelling in middle, small, round, painless: Dros.
 Swelling on side of base, painless: Chin.
 Swelling of gland under; Acet. ac., Ambr., Ign.,
 N. mos., Staph., Tabac.
 Swelling sensation of: Berb., M. aus.
 Swollen, one side: Sil., Cal. c.
 Swollen, left side, hinders talk: Zinc.
 Swollen, right side worse: Thuj.
 Swollen with excessive saliva like white of egg:
 Calad.
 Swollen, does not speak plain; talks incessantly:
 Dulc.
 Swollen, soft, flabby: Merc.
 Trembling: Ars., Agar., Bell., Gels., Lach., Lyc.,
 Secal., Cup. act., Merc.
 Trembling of with trembling of every part moved:
 Secal.
 Trembling, lodges on lower teeth: Lach.

Tongue—Trembling and heavy: Lyc.

Ulcers on, dirty looking with purple blotches:
Plumb.

Ulcers on, symmetrical, size of four penny piece,
one on each side: Kal. chlor.

Ulcers on tongue, spreading; deep cracks, spongy
on surface. Benz. ac.

Ulcers in centre, large, deep, phagedenic, cracks
and deep fissures in all directions: Fluor. ac.

Ulcers on, deep with black bases; vesicles: Mur. ac.

Ulcers on frænum: Agar. m., Bov., Carb. v.,
Caust., Graph., Kal. bi. Kal. c., Lyc., N.
carb., Nit. ac., N. mos., Phos., Iod.

Ulcers on edge, deep: Kal. bi.

Ulcers on edge, deep, irregular: Nit. ac.

Ulcers on edge, superficial, large as a pea: Ars.

Ulcers on edge, white, burning and painful: Cicut.

Ulcer on right margin, raw, deep, irregular:
Mur. ac.

Ulcer on tip, right side: Cinnab.

Ulcer on tip: Apis, Am. c., Am. m., Kal. hyd.,
Lyc., Chin., Ind.

Vesicles on left side: Apis.

Vesicles on left side, burning: Mang.

Vesicles on base, in clusters: Apis.

White coat with red tip: Sulph., Hipom.

White coat with red tip and edges: Sulph.

White coat which can be pulled off in strips: Bell.

White coat in spots: Amm. mur.

White coat with sore spots: Nit. ac.

White coat, papillæ erect: Croc., Rh. tox.

White coat, brown streak through centre: Arn.,
Bap., Ailanth.

White coat, dark streak along edge: Petro.

White coat in morn: Cinnab., Dig., Hell., Mag.
m., Ran. scel., Selen., Tart., Verb.

White coat in evening: Bis.

- Tongue*—White coat, cracks across middle: Kobalt.
 White coat with many small red points: Hip. man,
 White coat on one side only: Daph. ind., Lobel.,
 Rh. tox.
 White coat in centre: Bell., Bry., Bap., Gels.,
 Pal. chl., Cham., Sulph., Phos., Anth. nob.
 White strip on left side: Centaur tag.
 White strip on each side: Bell., Caust., Cham.,
 Ver. v., Viper. red.
 White strip through centre, red margins: Cham.,
 Bell., Gels., Sulph., Card. m.
 White coat on base, strongly marked: N. vom.,
 Sep., Cal. sulph.
 Yellow coat, thick with prints of teeth: Merc. v.
 Yellow coat in morn: Verb.
 Yellow coat through centre, tip and edges vivid
 red: Fluor. ac., Merc. p. i.
 Yellow coat on anterior two-thirds with red
 edges: Canth.
 Yellow coat at base, dirty, thick: Merc. iod.
 Yellow coat at base, tongue red, sore: N. vom.
 Yellow streak: Hydras.
 Yellow streaks on base: Merc. cy.
 Yellowish-brown, thick: Kal. bi.

LETTER ON FLORIDA.

BY PROF. M. M. EATON OF CINCINNATI, OHIO.

PROF. T. C. DUNCAN. *My Dear Doctor.*—Having returned from another winter visit to Florida I comply with your request to note my observations for the benefit of your numerous readers. The past winter has been rainy and cool throughout Florida, but it has not frozen the ground nor injured the oranges or flowers, hence the light frosts we had in the northern parts of the state were hardly worthy of

mention, and quite unworthy the reports which have been circulated north, that we had severe freezing weather there. There has been enjoyed a good degree of health. The mortality in Jacksonville having been but four persons a week at the highest, including visitors, (who number several thousands.) Over 40,000 registered arrivals at the Jacksonville hotels up to March 1st (not noting those stopping in boarding houses, and passing through without stopping) as they announce and I believe to be true, gives one an idea of the large number of people who seek Florida as a winter resort. In this connection it is just to say that Sanford, Palatka, Enterprise, St. Augustine, Gainesville, and Green Corn Springs, have their thousands of visitors; and that Tallahassee, Fernandena, Ocala, Orlando, Magnolia, Tampa, etc., have hundreds of visitors all the time in the winter and thousands are scattered through the state in country places.

There are in nearly all the places named, good openings for good Homœopathic physicians. Those of some experience will do best, and I would recommend that those Homœopathic physicians going to Florida to locate should take recommendations to Dr. J. P. Dake, of Nashville, Drs. Murphy, Holcomb or Bailey, of New Orleans; or Dr. Murrell, of Mobile, and from them, or from me, get some letters of introduction to parties living in these places. Florida is getting to have a majority of northern and eastern residents who come with Homœopathic preferences. After locating I suggest that it is well to put a modest card in the northern medical journals, letting the profession know where you are located.

In sending patients to Florida it is well to tell them to be sure to have fires in their rooms evenings. The air is quite chilly at night and going without fire as many do is not advisable. Patients should avoid drafts of air and being out in the evening. This precaution is necessary all over Florida. Patients better be a little away from the ocean if very ill. Those who are only weak or have other than lung

trouble may well stop at St. Augustine, the only town of its kind in the United States, reminding one constantly of the old city of Chester, England; streets narrow, houses built out even with the street, porches of opposite houses almost coming together, no sidewalks, the "Old Fort" "Old Cathedral," "Old Spanish houses," the "Sea Wall," "Slave Market," etc. It has, however, several large modern hotels and some fine new residences, and now has two railroads, one direct to Jacksonville, the other to Tacoy on the St. Johns River. No one visiting Florida should miss seeing St. Augustine. Many stay there the entire season and I believe we will try it next winter. No physician locating in either of the cities or towns I have mentioned need fear the lack of good society, churches, and schools. Nor need one dread the living. The food we have found uniformly good, and plentiful. My own health has been greatly benefited by spending two winters in Jacksonville. I know of many who can bear the same testimony. I weigh more than I ever did, rheumatism and cough both gone. I saw no more of so-called malarial effects in Florida than we have in Ohio or Illinois. Some people eat too many oranges when they first arrive and have diarrhoea as a result.

IS SCARLET FEVER CONTAGIOUS?

Dr. B. F. Grant, of Bath, N. Y., remarked, that this was a mooted question and one that would remain so for some time. "What is contagion? Without consulting Webster, I would define contagion as meaning touching, or transmitting from coming in contact. This could hardly apply to scarlet fever. Not every one that comes in contact takes the disease, but only those susceptible individuals will have the disease when coming in contact with those sick with it. Diphtheria is more contagious than scarlet fever, and scarlet fever less than measles or small-pox." He remarked, that although, in some cases it might come from contagion, in

others it was carried through the atmosphere. It was often an endemic trouble. He spoke of one case that he had back on the hills where there was no contagion. The child had not been away from the home and yet it came down with scarlet fever. He could not, in this case, account for it on the score of contagion. He believed in the use of baths in scarlet fever but found great difficulty in properly administering them in the ordinary families. In place of baths he had been in the habit of using a wet woollen blanket wrapped around the child and have it laid on the bed. He considered it a very good procedure. He had nothing new to offer in the way of medical treatment. He remarked that the paper was excellent and nicely written.

Dr. A. H. Gamman, of Corning, said that he would like to say something on scarlet fever. He referred to the epidemic, which has and is now prevailing in different parts of the country, and said, that he had been in doubt about calling it scarlet fever. He remarked that its symptoms appeared, in many respects like scarlet fever and yet in others it differed. It came on with nausea and the rash appeared on the head as in scarlet fever. He had found that the rash had not the bright red but more of a faded appearance. He had one case in his own family that he did not hesitate to call scarlet fever.

Dr. O. Groom, of Horsehead, said that he had had quite an experience with scarlet fever during the last ten years of his practice. During this time he had been particular to investigate the subject of its being contagious, and in every case he had found where they might have taken the disease. He spoke of one case in particular, of a child, back on the hills, who, they thought at first, could not have come in contact with the disease but upon further investigation had found where it might have been brought in the clothing of others. He said that he could tell of a hundred cases where he could trace the transmission of the germ of the disease to others. He contended that these germs were not always successfully transmitted but only developed in those cases

that were susceptible. He referred to the cases in a family, that was stopping at his house, coming in contact with the disease, some of the children had it after their removal to the west. This amount of evidence convinced him that it was contagious and could be carried in the clothing. He spoke of the use of disinfectants and in regard to treatment, which he said was according to the circumstances of the individual case.

• Dr. W. S. Purdy, of Corning, asked, "What do you use as a disinfectant?"

Dr. O. Groom, "Bromo chloralum. I cannot say that it destroys the germ, for it is difficult to determine, but it is the best thing to purify a room without leaving an odor of the disinfectant."

Dr. E. W. Bryan, of Corning, said that he did not believe in the contagion of scarlet fever. He spoke of a cousin's child who had the disease at his house and the children of his family were around with it but did not take the disease. He would as soon argue that ague was contagious. In a susceptible condition, persons are attacked with ague, so in scarlet fever. He contended something in the atmosphere was the cause in both cases. He contended that scarlet fever was not contagious in the same sense as small-pox.

Dr. W. S. Purdy, said that he had had some considerable experience in the treatment of scarlet fever and had treated cases in localities where it had sporadically originated. He reported a severe case of a child, who was taken with the disease at a picnic and was very sick, just living, but yet did not give the disease to others. He referred to the fact, that some years ago, at a meeting of the American Medical Association, the question was asked, by the committee they were in the habit of appointing to propose questions; "Is scarlet fever contagious?" This question was received with general derision, as being already settled that it was, and yet after a three days discussion, the association voted that scarlet fever was not contagious.

Dr. O. Groom, referred to the fact that the State Board of Health required an isolation for this disease, the same as small-pox, and he believed they were right.—*Regular Physician.*

HOMŒOPATHY IN LIVERPOOL.

A LARGE HOMŒOPATHIC HOSPITAL TO BE BUILT.

The public of Liverpool will learn with satisfaction of another act of munificence on the part of Mr. Henry Tate, of Liverpool and Streatham, Surrey. Having experienced in himself and his family the benefits of medical treatment on the Homœopathic principles, Mr. Tate has announced his intention to erect and furnish at his sole cost a building to be used as a Homœopathic Hospital for the free use of the public. A central and convenient site has been secured on the plot of land in Hope Street, lying between Hope Place and Rice Street. On this site will be erected, without loss of time, a spacious and well-appointed hospital, which, so far as the Homœopathic system is concerned, will be the most complete yet established. The arrangements for carry-out Mr. Tate's splendid generosity have been given into the hands of the committee of the Homœopathic Dispensary, who are now considering the details. We understand that Mr. Tate's present gift represents a money value of over £10,000, and this munificent donation—coming after his many other rich aids to education and charity—makes Mr. Tate a generous benefactor, to whom the citizens of Liverpool have every reason to feel grateful. The unostentatious manner of his benevolence is not by any means the least merit of Mr. Tate's practical philanthropy.

The munificent gift of Mr. Henry Tate, announced in this column, marks a new epoch in the history of Homœopathy in Liverpool. In the early period of its existence the Hahnemannian system encountered great opposition; its practitioners had to endure much opprobrium and many

flouts and sneers; but they have survived all these, and now have the satisfaction of knowing that their system is firmly established, and has been adopted by persons in all ranks of society. It has passed the stage of being merely a fashionable craze or hobby, and however much it may be derided by the followers of the orthodox school of medicine, there is no doubt that it has obtained and maintains a hold upon the faith of an ever-increasing number of adherents. The practitioners who make use of the "infinitesimal dose" are much more numerous in our large towns than they were a few years ago; and a tangible evidence of the extent to which Homœopathy is practised is afforded by the fact that the vending of its medicines is not confined to a special class of chemists, but has been adopted as a lucrative branch of business by many of the ordinary chemists. It is hard to conceive that such success should have attended the movement if those who followed it were the charlatans which their opponents allege. There must surely be "something in it," or it would have died out ere now, and been consigned to the limbo of exploded quackeries.

It is now forty-six years since Homœopathy was introduced into Liverpool by Dr. Epps, who in 1838 delivered a course of lectures explanatory of Hahnemann's theory of *similia similibus curantur*. At that time there was no resident Homœopathic doctor in the town, and it was not until 1841 that one settled here, the honour of being the first of the school to practice in Liverpool belonging to Dr. Drysdale. In the same year a dispensary was opened for consultation purposes in Harford Street, Mount Pleasant, but it was not until thirteen years later that house surgeons were appointed and patients attended at their own homes. In the meantime Dr. Drysdale had been followed by Dr. Chapman, a gentleman of scholarship and ability, by Dr. Norton and Dr. Hilbers, while their ranks were strengthened by the conversion of two of the Old School doctors—Dr. John Moore, who in 1848 renounced Allopathy and became a follower of Hahnemann, and Dr. Roche, who has since removed to

Norwich. In 1854 there came to the town Dr. Hayward, who appears to have been converted to Homœopathy by witnessing its wonderful curative effects during an epidemic of cholera in Glasgow, where he was then in practice. The new practitioners have gone on increasing in number, and while many have removed to other places there are now nearly twenty avowedly Homœopathic doctors in Liverpool, besides others in the neighboring towns of Birkenhead and Southport. Strong opposition to the new practitioners was manifested by the local Allopaths, not, it is said, entirely on their own initiative, but rather owing to the pressure put upon them by their brethren in London. In 1859 the followers of Homœopathy were refused membership of the Medical Institute, and a law was passed, which has never been repealed, excluding all future Homœopaths from membership.

Being cut off from association with the rival practitioners, the Homœopaths founded the Liverpool Homœopathic Medico-Chirurgical Society, which holds meetings, monthly, for the reading and discussion of papers on subjects of practical interest to the profession. These meetings are occasionally attended by Allopaths, some members of which school are not above "imitating the Homœopathic method and appropriating the Homœopathic medicines," while they at the same time subject its avowed exponents to social ostracism. The society has numbered amongst its members many men of ability, some of whom have attained eminence in their profession in other towns, and the subjects discussed have been of a varied character. One especially may be mentioned, in view of the recent alarm about cholera, and the fears that are entertained that the dread scourge may visit our shores in the not far distant future. It was a paper read at a meeting in November, 1866, by Dr. Proctor, which stated that in August of that year, in the midst of an epidemic of cholera, a dispensary was established in Athol Street. There were then treated 156 cases of choleraic diarrhœa, 83 of spasms, and 14 of dysentery, without a single death occurring, and 99 cases of true cholera, of which only 14 proved

fatal. Eleven of the fatal cases were in a state of collapse when first seen, and the four had secondary fever, and one case recovered after the extreme restlessness and gasping, which are usually fatal signs, had supervened. The society in 1877 had extended to it by the other scientific bodies of the town the right hand of fellowship, being invited to join them in the associated gatherings which form such an attractive annual reunion in St. George's Hall.

A notable period in the history of Homœopathy in Liverpool was reached when, in 1860, the new dispensary in Hardman Street was built, and received civic recognition, being placed on the town list of assisted charities, and receiving the patronage of each successive occupant of the mayoral chair. A few years later a branch dispensary was opened in Roscommon Street, and some idea of their usefulness may be gathered from the fact that during the past year between 70,000 and 80,000 cases were dealt with at the two institutions. For some time past the need of a hospital for the treatment of patients on exclusively Hahnemannian principles has been keenly felt, and now, thanks to the generosity of Mr. Tate, is on the point of being supplied. The value of the hospital can hardly be overestimated. It will afford to patients the opportunity of being treated in a manner which is frequently impossible in their own homes, and to medical students that experience which is denied them in other institutions if they avow their intention of joining the heterodox school of medicine. The result of the working of the new institution will be watched with interest, as by it a means will be given of contrasting the results of the treatment adopted by the two opposing systems in a degree not attainable under present conditions. But to ensure successful working it will be necessary for Mr. Tate's munificence to be supplemented by an endowment fund. There should not be much difficulty in establishing such a fund, if those who like Mr. Tate have experienced the benefits of Homœopathy are like him actuated by a spirit of gratitude.—*Hom. World.*

THE EYE AND HEADACHES.

The eye as an agent in causing headache and other nervous disturbances, is the title of a paper by G. S. Norton, of which the following is a summary: In conclusion, let me briefly summarize, for the benefit of the general practitioner, the chief points which it has been my object to elucidate in this article, and also state a few deductions which may be drawn from my experience. Headache in any portion of the head, but especially in the frontal region; headache, in which the pain may be of any character whatever; headache, severe or mild; headache, periodic or constant; headache, with or without vertigo or nausea, *may* result from errors in refraction. Various nervous disturbances, as mental disorders, insomnia, spinal irritation, general nervousness, etc., *may* be dependent upon the same cause. The physician now naturally inquires, how are we to know that the cause is ocular, and what indications should lead us to send these patients to a specialist for examination, providing we do not care to make the test ourselves? The following general rules are the only ones that can be advanced: When headaches or other symptoms are made worse or brought on by the use of the eyes, even though the aggravation is not experienced until the day following overuse, an examination of the eye should be made. If asthenopic symptoms are complained of after reading, writing, or sewing, even though no direct connection can be traced between these symptoms and the headaches, an examination of the refraction should be advised. In all cases of chronic headaches and cerebral or spinal symptoms, in which the causes are obscure and the treatment obstinate, a careful test of the refraction may discover some error, or at least aid in the diagnosis by excluding the eye as an agent in causing the trouble.

To be positive in the diagnosis of anomalies of refraction, an examination of the eyes when fully under the influence of Atropine is necessary. This test, can, however, in the majority of cases, be dispensed with if there should be any

objection to its use. Correction of the faulty refraction is often all that is sufficient to produce a permanent cure. But frequently, upon the other hand, this correction will only ameliorate the condition, and other treatment will be required to complete the cure. This further treatment may consist of regular systematic exercise of the weakened muscle or muscles, the employment of electricity, the administration of remedies for the local disorder, or, more especially, internal medication directed to the toning up of the whole nervous system. Myopia more often occasions weakness of the internal recti muscles, while the accommodation is more commonly impaired in hyperopia, astigmatism and presbyopia. Astigmatism, particularly, causes derangements in the nerve centres. It is surprising how low a degree of abnormal curvature will, in some cases, produce the most serious complications; and, again, it is just as wonderful how high a degree may sometimes be present without developing any indications of eye-strain or its consequences. It is not generally advisable to wholly neutralize the full degree of myopia or hyperopia, and even in astigmatism it is not always possible to correct all the irregular curvature, though this should be done as nearly as comfort will allow. Errors in refraction do not as frequently induce secondary disturbances in adults as in young persons, and they cannot usually be as fully corrected in the former as in the latter; for the eye of the adult has become so accustomed to working in an abnormal manner that irregular action of the muscles has become its normal action, and they (the muscles) cannot at once relax sufficiently to accommodate their action to correcting lenses. Therefore, we may meet with a case of headache really due to refractive error, and yet its exact correction will not only not ameliorate, but even aggravate the trouble. In these instances, repeated and careful trials with glasses are very necessary, as oftentimes it will be advisable to only partially correct the error, sometimes to wholly correct, now and then to combine prisms, and again, even an over-correction may be required.

Before closing, let me again say that no claim is made in this paper that all, or even a majority, of headaches, or all headaches or nervous disturbances of any particular type, even though accompanied by asthenopic symptoms and aggravated on reading, are necessarily dependent upon the eyes. I only assert that the eye is a very important agent in causing these secondary disturbances, and should be so recognized. The reverse condition is also just as true, that uterine disorders, cerebral or spinal disease, and various constitutional troubles, may cause eye complications.

THE ARSENICUM THIRST.

The fact of the Arsenicum thirst having been questioned, the *Homœopathic World* publishes the following interesting letter that will interest our readers:

DEAR SIR.—My attention has been called by Dr. David Wilson to a statement contained in an editorial review of Dr. Ray's treatise on cholera. The editorial is of course anonymous, but as Dr. Hughes attaches his initials to a foot-note, without the slightest repudiation of the statements made in the article itself, it is obvious that he has read it and endorses it, even if he did not write it himself; indeed, as one of the editors of the *British Journal of Homœopathy*, he is necessarily responsible for it.

The reviewer says (p. 413) that "the supposed characteristic of *Arsenicum*, 'patient drinks only a small quantity at a time,' is assumed as certain, in spite of its having been demonstrated to be unfounded either in pathogenesis or in practice."

In refutation of this statement let us appeal to the *Materia Medica*, the *fons et origo* of our art.

In Hahnemann's *Materia Medica Pura*, as translated and edited by Drs. Dudgeon and Hughes, we find (vol. i. p. 130) the following note of HAHNEMANN himself to symptom 211,—"A rare alternating action compared with the much more

frequent one where there is constant longing for drinks, and yet only a little is drunk at a time but very often (rarely much at a time). *Vide* 362, 927." (By the way, there is here a printer's error in the original; 362 and 927 should be 222 and 928 respectively, and Dr. Dudgeon has copied the perplexing blunder in his translation, evidently having neglected to verify the references, a matter that should never be omitted in such cases, where an error so easily can creep in.) On referring to these symptoms we find as follows:—"222. Great dry feeling in the mouth, with frequent severe thirst, yet he drinks but little at a time (Stp.)." "928. He is thirsty, yet drinks but little at a time (Richard)."

Again, on referring to HAHNEMANN'S *Chronic Diseases*, vol. v., we find also the following:—"384. Great thirst; he drinks but only little at a time (Whl.)."

It is true that in Allen's *Encyclopædia* the symptom attributed to Richard is marked by Dr. Hughes as "not found," though this by no means proves its unreliability; yet even granting that this particular observation is uncertain, what right has the reviewer to so contemptuously condemn the two remaining symptoms by Stapf and Whl. (? Wahle), both endorsed as they are by HAHNEMANN himself?

The reviewer not only denies the pathogenetic value of this symptom, but its clinical value also. To this we reply that Allen in his *Encyclopædia* quotes this symptom in full-faced type, with *three* authorities attached, and preceded by an asterisk; and that Hering in his *Guiding Symptoms* gives the symptom "Drinks often but little" as frequently verified, in no less than *eighteen* forms of disease.

Before quitting this subject I would call attention to two other extraordinary statements with regard to *Arsenic* for which Dr. Hughes is alone responsible.

To symptom 199 in Allen's *Encyclopædia*, "Great confusion of the head, evenings, third day," Dr. Hughes attaches a foot-note, "not found." On referring to HAHNEMANN'S *Chronic Diseases* we find the symptom recorded thus: "95. Starke Eingenommenheit des Kopfes, Abends (d. 3 T.)."

and let it be observed that as no initials are attached to this symptom in the original, it is one of HAHNEMANN'S OWN.

Lastly, in the *Monthly Homœopathic Review*, 1879, p. 343. Dr. Hughes declares that *Arsenic* has "no hepatic action." This assertion is at variance with the best authorities on toxicology.

We have already had too many unwarrantable liberties taken with Hahnemann's works to tolerate quietly the omission of valuable symptoms. Even in the abridged caricature of *Arsenic* by the late Dr. Black, published in the *Hahnemann Materia Medica* in 1851, the identical symptom with which Dr. Richard Hughes now ventures to tamper was accepted as reliable. We should like to know what has occurred since, to prove that Dr. Black was then in error with HAHNEMANN and Dr. Hughes now correct. We would advise Dr. Hughes to beware lest he should meet with the same fate as the late Dr. Hempel did for his omissions and errors in his translation of HAHNEMANN'S *Materia Medica Pura* and *Chronic Diseases*. Once found tripping in the slightest degree, then our confidence is lost.

Yours truly, E. W. BERRIDGE, M. D.

48, Sussex Gardens, Hyde Park, W.

SPINAL DIAGNOSIS.

[The following personal letter contains so much corroborative testimony that we deem it best to give it to the profession e'er we reach spinal and visceral diagnosis in our articles on backaches.]

T. C. DUNCAN, M. D. *Dear Doctor*.—I do not expect to give you an elaborate essay on any point, but will, in a crude way, give you some points in regard to the spine that have been found "not wanting" either in diagnosis or treatment. I propose to stick to the text of the spine, and avoid any reference to therapeutics.*

*The therapeutics are "in embryo" as yet and the old hen refuses to set. It may be after the litter has been laid one or two may hatch.

[We have several therapeutic chickens coming on that promise to be "game"—able to vanquish anything "spotted" against them.—Ed.]

I propose in the first place to treat of morbid processes not of traumatic origin. Those of traumatic origin will be dealt with by and by.

I assume this ground, that all difficulties of the internal viscera can be located definitely, as regards the organ or organs and also the intensity of the process, by pressure upon certain points along the vertebral column. The sensitiveness of the spine is largely a guide to the intensity of the disease. The greater the sensitiveness the greater the morbid process. This will hold good in both acute and chronic cases.

There is but *one* exception to this rule, viz.: "Mucosis." This however, is very rare. You will find that in the great majority of cases there will be the flinching upon pressure on the vertebræ.

The rule holds good either way and seems linked together that the organ reflexes upon the spine and *vice versa*. I do not argue that there is a nerve or series of nerves for the action. I only argue that it is so.

The following are the points upon the spinal column and the corresponding organs controlled by these places.

For want of better nomenclature I shall designate the morbidity (of whatever kind) as *tubercula*.

[Would it not be best to retain the familiar term "irritation" instead?—Ed.]

Press on the sides of the intervertebral *space* between the seventh cervical and first dorsal to find tubercula of the *lungs*.

Press on the *left* side of the same space to find tubercula of the *heart*.

Press on the space between the first and second dorsal vertebræ to find tubercula of the *stomach*.

Press between the *second* and *third* dorsal to find tubercula of the *duodenum*.

Press between the *third* and *fourth* dorsal to find tubercula of the *colon*.

Press between the *fourth* and *fifth* dorsal to find tubercula of the *pancreas*.

Press between the *sixth* and *seventh* dorsal to find tubercula of the *omentum*.

Press on the *right* side of *space* between the *seventh* and *eighth* dorsal to find tubercula of the *liver*.

Press on the *left* side of the same *space* to find tubercula of the *spleen*.

Press between the *eighth* and *ninth* dorsal to find tubercula of the *diaphragm*.

Press between the *ninth* and *tenth* dorsal to find tubercula of the *peritoneum*.

Press on the *spaces* between the *eleventh* and *twelfth* dorsal to find tubercula of the *small intestines*.

Press on the *space* between the *twelfth* dorsal and first lumbar to find tubercula of the *kidneys*.

MALE.—Press on the *spaces* between the first and fourth lumbar to find tubercula of the *prostate gland*, *vesiculæ*, *seminales*, *testes*.

FEMALE.—Press on the same *spaces* to find tubercula of the *uterus ovaries*.

Press on the *spaces* between the fourth lumbar and sacrum to find vaginal troubles. (Sometimes it will vary, fourth lumbar to os coccyx anywhere will show vaginal trouble.)

In regard to heart and lungs the other symptoms will help the diagnosis.

In uterine difficulties the pressure is generally felt more clearly between the first and third lumbar. I am unable to give exact spot. It seems to vary somewhat. However as there is nothing there but ovaries and uterus it is easily told. If ovary trouble the breast will show.

Now here is a good chance in so-called kidney trouble it can be easily found. I have found that a goodly number of them have no kidney trouble instead of that it is the blad-

der at fault and no tenderness is elicited on pressure over the twelfth dorsal and first lumbar.

What is your opinion of chorea? I want to see if I am on the right track theoretically. Practically I can fix them up in short metre by the aid of my electro-medical machine. I think it throws the induced current. (It has but the one anyway.)

Now I don't expect you to take this for granted, but it will give you a chance for brain work anyway. If it leads to any good result I shall be highly recompensed.

Truly, H. L. FITCH.

URBANA, Iowa.

I wish to report on that case of enuresis. I gave him some pellets of Rhus tox. 200, morning and night, was benefited in a few days. Now he can remain in bed from 8 P. M., to 5 A. M. Reports himself cured. H. L. FITCH.

[That old fellow evidently had spinal hyperæmia aggravated by the dorsal decubitus. If so it will be rather remarkable if he stays cured. If he does score one for Rhus high and spinal pathology.—ED.]

SOME BACKACHES.

THEIR CAUSES AND COMPLICATIONS ILLUSTRATED,
BY T. C. DUNCAN, M.D., CHICAGO.

(Continued from Page 147.)

The practical value of a knowledge of spinal diagnosis is well illustrated by the following case:

CASE XXVII. Mrs. M., large and fleshy, I found at midnight sitting with a wash bowl in her lap. She could not move, lie down nor drink without vomiting. Had vomited constantly for three days. An Allopath had exhausted a drug store in attempting to control it. She had chills at first and he pronounced it "malaria," of course. The history I elicited was as follows: While cleaning house on a four foot step ladder she forgot where she was (cerebral hyperæmia) turned to speak to some one and fell in a heap. Next day she washed and in the afternoon went down town in the street cars, a distance of three miles, came home with a chill and then had the gastric explosion. The tongue presented

a yellow coat with a dry red strip down the centre and very red at the tip. She was nervous, weak, restless, and oh—so thirsty. Arsenicum was given and no water till morning. She only vomited once and then from motion. The nausea and terrible feeling at the stomach had subsided. She now begged for water, teaspoonfuls of toast water was allowed and finally water as the stomach could bear. They were curious to know what I thought of the case. I ran my fingers down the back to the lower dorsal region and making a little pressure on the sides of the spine I remarked, there is where it starts from. "Oh doctor! that makes me sick" was her confirmative testimony. "Will I ever get over it? I should dread to have spinal trouble all the rest of my life." I explained that the fall, the wash, the ride and cold brought to a climax a chronic spinal hyperæmia (in other words, an excessive supply of blood to that spot, as we have in a sprain) and that absolute quiet and remedies would clear it all out, I thought. Bryonia was the next remedy that helped and with a careful diet she rapidly convalesced. In a few days I dismissed her on Hypericum. The very next day while dressing her baby she cried out sharp and became unconscious as in a spasm. I found her vomiting again. This was easily controlled and she was in a few days able to be up. She was now impressed with the necessity for caution and quiet. She fully recovered, reporting months after as being quite well.

Next year she came for treatment for backache higher up at the top of the shoulders. One day after I found her vomiting with some soreness of the back opposite the stomach, but mostly in the right side, top of shoulder and back. The yellow sclera and urine pointed to a hepatic trouble. Again Bryonia rapidly cleared up the case. That back still needs attention before it will be all well.

This latter attack was chiefly visceral, while the former one was spinal, precipitated by the strain. The possibility for temporary hyperæmia to be developed in that class of cases might be overlooked. Spinal trouble means to many people curvature, braces, paralysis, etc., but until they fully comprehend the nature of the trouble and how much proper care has to do in the cure, progress will often be slow and discouraging.

CASE XXVIII. Mrs. W. a medium sized but fair brunette, of nervo-bilious temperament, comes from a suburban town for treatment for dysmenorrhœa, dragging in the back,

profuse menstruation, pain in chest, upper part of lungs going through to the back, worse on motion, appetite good, bowels regular. The monthly skirmish uses her up. I found a retroverted uterus and supposed a pessary would relieve. It relieved much of the local trouble, the hyperæmic dysmenorrhœa, the severe back distress and general "dragged out" feeling. She dated her troubles from last child birth and the management of a poor nurse. I advised pregnancy and remedial treatment during gestation. She had a fine child but ran down during nursing and came back with the old story. A pessary afforded relief for a time but it produced irritation and inflammation, and she returned again for local treatment which consisted chiefly of Glyco-Sang., cotton tampons. Now she complains of a constant "stomach ache." A careful examination of the back revealed a tenderness of the sides of the spine at the lumbar, central and first dorsal regions, left side. Region of stomach very sensitive and "always has been since I fell over a log when a child. It knocked the breath out of me. It pained me for weeks after, but mother thought nothing of it. Always been sensitive under my shoulder blades since then." There was no record of constipation, menstrual or vesical troubles, until after child birth. Electricity and remedies are clearing up those spinal spots, and the visceral troubles are also disappearing. I infer that the lumbro-sacral nerves and plexus are in a hyperæmic condition so that the uterus has not the nervous tone that it should have. She is an energetic active person, but when the back is bad the legs ache and are weak.

Brief as this case is, it lights up the progressive drift of functional spinal pathology. The cure is taking place from above downward. It took some time to get the complete history, for she thought the backaches nothing, but now the progress towards recovery is more rapid. To cure such a back while on duty is working against great odds. Still it is possible.

CASE XXIX. Mrs. —, large, fleshy, active, came from a Lake Superior city for my opinion of her case. She leads in charitable work but is frequently prostrated by "weak spells" attended with most excruciating headaches. A few days of rest usually puts her on her feet again, but during the winter she had one severe spell. This time the ache was in the neck and head. The neck was hot and the head was drawn back. She was unconscious and delirious for days.

Nothing the Allopath gave relieved. Electricity made her frantic. Hot water was the only thing that helped. Slowly after months of suffering she is able to travel. She fears serious trouble with the brain. An examination revealed tenderness of the whole cervical, upper dorsal and lower lumbar regions. She had evidently an attack of spinal congestion and now suffered from hyperæmia with effusion. Apis helped. Electricity, even a mild galvanic current, made her faint, but if not too often repeated, the after effects were beneficial. Why, we shall see.

Later.—She returned home and resumed her usual cares, and as a result she wrote:

“My head pains me almost constantly. The pain in my spine hardly leaves me now, and for about two weeks it seems to have been worse and just above the shoulder blades and from them up to my head it is so sore that I cannot have it rubbed any more, there has been a place on the left side badly swollen, just below the neck, my appetite is usually good, if I was only free from these dull heavy headaches should be all right.” It will take much time to cure that case.

This is one of those misjudged one. Active up to the last, these explosive “spells” are lightly esteemed, when in a few days she is evidently as well as ever: The hyperæmic tell tale blush is mistaken for the flush of health. “Oh it is only one of her spells, dying to-day and up to-morrow” is the heartless comment. The medical profession can easily correct this misconception and lift the burden of needless martyrdom.

CASE XXX. Mrs. —, of Texas, comes to Chicago for treatment and rest she could not get at home. She is a short fleshy woman near the climacteric, and had suffered for months with metrorrhagia. Found a flabby enlarged prolapsed uterus. Her back so weak that she could not sit up. The upright position produced nausea. She is almost bloodless and as a result cannot sleep. She is most despondent and forboding.

The uterus was propped up and kept in place with a tampon, and the indicated remedies soon revolutionized this case. The spinal hyperæmia that had existed for years was cleared

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up with electricity and the aid of the proper remedies. With a battery and remedies she departed happy and on the high road to health. She wanted the electricity for her husband's weak back as much as for her own. I have since had very favorable reports from my Texas friends.

This woman is a good representative of that large class we all meet, who at the head of large families and leaders in society are not able to get the rest that so helps on the cure. They go until they drop, into an involuntary quarantine, unless, as in this case, they are kindly sent off for repairs. When they return they are not always able to secure the needed rest their bodies demand. The sensible thing to do is to go off again. A vacation is often a valuable health, and philanthropic, as well as an agreeable social, measure.

CASE XXXI. Mrs. —, a slender graceful brunette, actress, was sent me by a friend. She came thinking she had a tape worm, as well as some uterine trouble causing profuse menstruation. Had constant distress in the stomach, bowels, back and head, aggravated at the month. The symptoms were worse on motion. Had to go on the stage in three weeks and I must cure her by that time. Found a retroverted uterus, which was kept in place with a pessary. The temporal headache, the abdominal tenderness, the restlessness and backache, all pointed to Belladonna. This with the local use of electricity rapidly restored her so that she was able to appear at the appointed time.

The displacement might have in this case given rise to all the disturbance, but it was evidently of recent origin, the backache, however, was of earlier date and I believe played the chief part in this drama of disease. The worm failed to appear on the stage. I expect to hear from that back again when she returns from her starring tour. The most sensitive parts were in the cervical, dorsal and lumbar regions.

CASE XXXII. While attending the Illinois medical meeting at Rock Island, Mrs. Dr. —, related a case of interest in this connection. Had been helpless for years. Had many physicians but none seemed to help her. Their attention was directed to the uterus to the neglect of the weak back. Finally Dr. Baker directed the application of heat to the back, and for hours she toasted her back before the fire. This with his remedies gradually restored her to health.

I was asked to solve the pathological problem and how the heat aided the cure. Did it act Homœopathically? She was a very fleshy lady and I inferred suffered with spinal, if not sympathetic hyperæmia. The part that heat played in the cure we will consider when we come to study remedial measures.

The study of the following case threw more light on functional spinal troubles and their diagnosis than all the other cases put together.

CASE XXXIII. Dr. —, fleshy and of medium height, dark, nervo-bilious, had his attention arrested by a sharp attack of what was supposed to be gastralgia, but their frequent recurrence was a puzzle. Rest, hot applications and various remedies would finally relieve. Several physicians who prescribed for these attacks pronounced them neuralgic but of what organ was the problem. One physician located it in the solar plexus. Those attacks would commence with a dull distress at the epigastric region, rather below the stomach and to the left side. The distress or sinking would increase impeding respiration, or rather the breathing seemed to increase the distress and was restrained as much as possible. There would be an exacerbation of the dull pain about every ten minutes, finally gradually subside. These attacks were ushered in with a chilly feeling and came on gradually and disappeared in the same way. Sometimes to recur in a few hours or days and last for a day or several days. They were aggravated by motion and brought on by extra exertion. The appetite was good and nothing distressed, nor was there nausea or vomiting. The bowels were usually loose before the attacks. In the army he suffered severely with chronic diarrhœa and palpitation on exertion. He had come to fear some trouble with the colon. Again he had for many years at times, pain in the region of the left kidney. The urine had been examined by various experts, but nothing abnormal was detected. These attacks first appeared in January, when working very hard and disappeared with rest and spring. Next winter they appeared again. Now he studied them more closely and found that the distress in the back gradually increased up to between the shoulders when the attack in front would occur. These were attended by chilliness, mental irritability and impatience. Various remedies were tried and relieved, among them were Bell., Bry., Col., Verat., Gels., Coffee. Sometimes

the only relief was from the use of Chloral, or chloroform poured on the abdomen. Electricity would prevent an attack but failed to arrest one when at its height. Finally Dr. Shipman who had seen several of these attacks suggested Aconite, and strange to say, it worked like a charm. A Duncan's Abdominal Support was constantly worn in cold weather. Whether this relieves by the warmth or support is a question. He for years has been the victim of gastric catarrh, but nothing he eats but fat food disagrees. When this produces a marked burning in the stomach, then he expects an attack of the abdominal neuralgia. He has a tendency to a recurrence monthly and these correspond to Mrs. C's "signs in the back." The electricity (galvanism) has a rapidly efficient action in clearing all the distress, both back and front. It might aid the pathological study to know that when young he was a sufferer from enuresis. He has relieved these attacks of abdominal pain by getting on the knees and elbows. He had to give up tobacco years ago on account of the rapid action of the heart produced by it. When the ache gets bad between the shoulders the heart works irregularly and forcibly.

This case is unique and one that will repay a careful study. The pathology unfolds as clear as noon-day when we run up the spinal account. The hyperæmic grip elicited the abdominal out-cry. There are other points in this case of special interest.

CASE XXXIV. Mr. A. W. J., spare, while traveling on the road as salesman, has attacks of what he calls neuralgia of the stomach. The tongue is red and these attacks are aggravated after eating. Has little or no trouble at home. Stimulants relieve. Bry. keeps it in check when traveling. The galvanic current through the body towards the stomach drove it all away.

CASE XXXV. Mr. F. C. S., a spare, nervo-bilious salesman, has while traveling a backache in the lumbar region. His trips take in St. Paul, Omaha, Denver, St. Louis, Cincinnati, Cleveland and Detroit, lasting about a month. Frequently he has had to cut it short on account of the dull ache in the back and weakness of the legs that use him up. Sometimes he has chills and fever, vomiting, and once he returned with bloody urine. When at home he is all right, urine normal, but has a lame back. Stimulants relieve when

on the road. Rhus and when bad Arsenicum relieves. Electricity strengthened the back removing all trace of weakness.

These two cases are similar, both are troubled with spinal hyperæmia, temporary, caused by the riding, (the railroad disease.) There are many traveling men that get used up on account of their trying occupation, and physicians not knowing how to manage them.

CASE XXXVI. Mr. S. O., aged seventy-five, tall and spare, sent for me in the country. He had puzzled many physicians. He complained chiefly of a heat or fever in his back which began above the belt and spread all over his shoulders up to the head, but it never went below the waist, nor down the arm below the elbow. The heat was worse at night and after working. There was also a constant dull distressing ache in the back that almost drove him frantic. He had for a long time a lameness of the back, especially when he worked or lifted anything heavy. This peculiar back condition he thought was due to taking cold while husking corn. Rhus and other remedies were prescribed with little benefit. I finally got this history: The lameness of the back he dated from a fall he had when eighteen years old. While painting the gable of a house he fell and struck his back across a beam. He lay insensible for some time and was weak for days. Had after that attacks of colic which he supposed was painter's. Had attacks of palpitation of the heart which was relieved by lying on the left side. Never strong but two years ago began to have severe lameness (rheumatism he thought), worse on the left side but extended more or less all around him. The lameness was followed by the heat. In the forenoon he would be chilly and then the flush in the back would come so that he could not wear his coat in the house and complained of the heat of the room. After trying many things, he found that quiet relieved him most. He has now less of the heat of the back but more in the stomach. Bowels and urine normal, appetite good all the time. Believing that this whole train of symptoms dated from the fall I sent him Hypericum. The pathology of this case is interesting.

CASE XXXVII. Mrs. W. came for relief from hay asthma. She did not want to be banished from a comfortable home for three months and then have an attack of hay fever (so-called) that would last all winter. She is a sufferer from chronic bronchitis. The remedy indicated Iod. ars. con-

trolled the symptoms so that she passed a comparatively comfortable season. Next year I urged her to give me an early call. But she deferred the visit, but even then I was able to cut it short. Next year I was called to see her some days before the usual time for the attack. She now had an attack of acute bronchitis. This yielded promptly to Bell. The coryzal symptoms that appeared subsequently were arrested by Arsenicum and she passed the season in comfort. A sensitive spot was detected between the shoulders which electricity and remedies much relieved, and I believe that a cure is possible even in such a case of long years standing.

The bronchial catarrh in this case and the spasm of asthma I judge to be dependent upon the long lasting spinal hyperæmia. She is not the only case whose visceral symptoms overshadow the back. I feel quite confident that such cases taken early can be cured and long years of suffering prevented. Much of the neglect in these cases is due to the current medical teaching of the day.

I have made a special study of hay fever, so-called, and have interviewed every case I could meet (even calling on Rev. Henry Ward Beecher) to get the full history of this singular disease. Many cases like this one and Mr. Beecher's are due to spinal hyperæmia, but in others the conditions are reversed. With Mr. Beecher some believe that it is an aristocratic disease and cannot be cured, besides it affords an excellent excuse for a vacation. But of this more anon.

CASE XXXVIII. Mrs. B. says, "doctor, I understand that you cure asthma as well as hay fever. I wish that you would help an old lady friend visiting me:" The old lady's asthma was peculiar, it came on about 3 or 4 in the morning and was severe until she arose when it all disappeared, leaving little or no cough. She was always worse after sweeping. She had had it only a few months. She thought she caught cold while taking care of a sick relative whom she had to be over a great deal. Nux vom., Kali bich., Arsenicum and Verat. vir., had but little effect. This asthma was evidently not due to a bronchitis. I found a sensitive spot between the shoulders, which were stiff. I urged her to come to the office for electricity, but she was called east and hoped that a change of climate would help her asthma and rheumatism, as she called the back ache.

I am satisfied that her trouble was not visceral but spinal which was aggravated by the use of the arms and bending the body, and especially the dorsal decubitus. Electricity, rest and proper spinal remedies I now feel sure would have greatly relieved if not entirely cured that case.

CASE XXXIX. Mrs. S., a finely formed artistic young married lady, had pain in the left chest, about the third rib, for years. Sometimes extends down to the region of the heart. Fears heart disease or some serious disease of the chest, like consumption, notwithstanding I found a spot at left side of the back, tender enough to account for the peripheral soreness. She is left handed and worked hard when younger. Feels worse after painting all day, sitting stooped. Has also a tenderness of lumbar region and retroflexion. Remedies and electricity helped but an attack of gastric fever gave this back the rest it needed and she got up free from all chest trouble. The lumbar weakness is more stubborn but is steadily improving.

This is a case that well illustrates the value of taking the back into account. A cold would be persistent, and a bronchial spasm as in advanced phthisis would occasion concern. Withal she was, as would be expected, from years of suffering from a grinding ache, very nervous, especially at the mouth and after severe exertion and when the spinal hyperæmia extended all along the back to the head. I insisted and persisted that the back was the chief seat of the trouble until she was fully convinced. That relieved the cerebral hyperæmia that was coming on to complicate matters. She was boarding in a house full of sewer gas that tended to make her back worse. I advised house keeping which presents a chance for the variety of exercise that is so helpful. She declares that she has not felt so well for years as now.

(To be Continued.)

HOW TO GET RICH is the title of an address delivered by Dr. T. C. Duncan before the Northwestern Loan and Building Association, of which he was re-elected president in October last. Besides the financial and economic subjects touched upon, the portion on "how to live cheaply" would interest the profession. Copy sent to any one on receipt of two-cent stamp.

PSORIASIS.

BY CHAS. GATCHELL, M. D., CHICAGO.

This peculiar disease, known by the common name of *Dry Tetter*, is generally found in those who are otherwise in good health. It is seldom seen in those who are sickly or cachectic. During my service in Cook County Hospital I had two cases of psoriasis in ward 3, and both of the subjects were men who said that they had been healthy all their lives, thus agreeing, in this particular, with the general history of such cases.

Psoriasis does not seem to be influenced by age, sex, climate or condition. It may be met with in infants, or in the aged; in males or females. Heredity, however, seems to predispose to it, for sometimes a history of its having occurred in successive generations will be obtained.

Etiology.—The cause of psoriasis is very obscure. It is supposed by some to be due to a peculiar diathesis; but if this be so, no such diathesis has as yet been clearly defined, and consequently it is useless to speculate on the subject. In the cases which have come under my observation I have always found a very highly acid condition of the urine, but what connection this may have with the disease of the skin, it is impossible to say. Again, it is supposed to be a disease of innervation, a view which is suggested by its frequent bilateral and symmetrical appearance, as though due to some disorder having its seat in the central nervous system which controls the growth of the epidermis, or horny layer of the skin, and it is probable that this view of its pathology will some day be established. Efforts to show it to be of parasitic origin have failed. It is not contagious. There is no evidence that it is of syphilitic origin.

Pathological anatomy.—Psoriasis may be classed among the *dystrophic* diseases of the skin, that is, those which are due to altered nutrition and growth of a normal structure; in this instance the normal structure being the horny layer

of the epidermis, of which there is a local hypertrophy. The epithelial cells increase in number, and become impacted, forming masses, or crusts, sometimes of several lines in thickness, from which bran-like scales, white and shining, like silver or pearl, are cast off in great quantities. Beneath these masses the papillary layer of the skin is very slightly inflamed, and a hyperæmic redness extends a little beyond the border of the crusts.

Varieties.—According to the size, shape, and distribution of the affected portions of the skin, psoriasis has been divided into several varieties, the first in order being

Psoriasis punctata.—When there are small points or papules, surmounted by a thin scale, scattered over the surface of the skin, the disease receives this name.

Psoriasis guttata.—This name is given to it when the spots are about the size of the end of a lead pencil, or a drop of water.

Psoriasis nummulata.—When the patches are still larger, about the size of a copper cent, or a silver half-dollar or dollar, it is of the money-like variety.

Psoriasis annulata.—When an island of healthy skin appears in the centre of a nummular patch, leaving a *ring* of the diseased skin, it receives this name.

Psoriasis gyrata.—When there are irregular lines of diseased skin, in crescentic and serpentine shapes, this name is given to it.

Psoriasis diffusa.—When it spreads over large areas, interrupted by no healthy skin, it is of the *diffuse* variety.

Psoriasis palmaris or plantaris.—When psoriasis appears in the palms of the hands or soles of the feet, the crusts are generally thicker than elsewhere, and are *fissured*, the cracks being deep, and liable to bleed very easily. They are surrounded by a characteristic livid areola.

This variety of psoriasis is said to be of specific origin, and as indicating that the subject, at some time in his life, suffered from syphilis. This is an exception to the rule that the disease is not specific in its nature.

Seat.—The favorite seat of psoriasis is on the extensor surfaces of the arms or legs, particularly the elbows and knees. On the back, the scalp, and the margin of the hair along the forehead, it often occurs. In the diffuse variety extensive areas of the trunk will be involved.

Symptoms.—The disease first appears as minute points, or papules, which soon become surmounted by little scales. As it progresses these points increase in size, and they may pass through all the stages of growth described under the different varieties. It is seldom attended by itching, in this respect corresponding to those diseases which, like psoriasis, involve the more superficial structures of the skin. Itching, as a symptom of skin diseases, is caused by an irritation of the nerve filaments, which terminate in the papillary layer of the skin, and since in psoriasis the papillary layer is but slightly or not at all involved, this symptom is generally absent. Its chief characteristic is the exfoliation of epidermic scales which takes place from the imbricated crusts. In some cases, where an extensive area of skin is involved, as much as a teacupful of the scales can be gathered from the patient's bed in the morning, while clouds of them can always be shaken from the under-clothing when removed at night. When a crust is separated from the underlying skin, which is accomplished with little difficulty, it reveals a slightly reddened surface, on which minute bleeding points appear, indicating the rupture of small capillary vessels in the corium, each point indicating the seat of a papilla, with its loop of vessels.

In some cases psoriasis appears only at certain seasons of the year, being absent at others. Relapses, after apparent cure, often occur.

There is little or no constitutional disturbance attending psoriasis. Its subjects may remain in apparently good health for years, and still have this skin disease all the time.

Duration.—Psoriasis is generally a chronic disease, lasting in some cases for years. It must not be forgotten, how-

ever, that cases do occur in which it will appear and pass away again after a course of several weeks or months.

Diagnosis.—In a typical case the diagnosis can always be made at a glance. The crusts of shining, silver-like scales, disposed in points or patches of the shapes described, need never be mistaken. The crusts, when thick, have the appearance of spots of mortar, which might have been spattered on the skin and left to dry. Itching may occur, but it is by no means a constant symptom, often being entirely absent. It is a perfectly *dry* eruption, in this respect differing from eczema, its nearest congener. The appearance of the scales in psoriasis is never preceded by vesication or pustulation, in this respect, also, differing from eczema.

Prognosis.—After what has already been said, little need be added in regard to prognosis. While it is obstinate under treatment, yet cures are sometimes effected.

TREATMENT.

Constitutional.—The remedies which will be found of greatest service, are: *Arsenicum, Graphites, Mercurius, Sepia and Sulphur.*

Several years ago I had a well marked case in a child of nine or ten years of age, in which there was prompt recovery under the use of *Sulphur*. No local treatment was employed. There has been recurrence of the disease.

Habits of life seem to have little or no influence.

Local.—If the eruption does not yield to medicinal treatment it is still possible, by local measures, to bring the skin back to a normal state, though the disease may recur.

The aim of local treatment, according to Fox* should be to

- (a.) Soothe the skin;
- (b.) Soften and remove the scales;
- (c.) Promote absorption of the infiltrated patches.

Bathing is very important. The Turkish, or vapor bath is very beneficial and frequently followed by satisfactory results.

If the patches at any time become inflamed, itchy and

*George Henry Fox. *Skin Diseases*. New York, 1885.

irritable, direct the patient to take a warm bath daily, and follow it by an inunction of *Vaseiline*.

Itching, should it become a troublesome symptom, which seldom occurs, may be allayed by an application of a Glycerine and Carbolic acid lotion (one-tenth part acid.)

The crusts can be generally easily softened by warm water and soap, and then removed. If they are so hard and horn-like as to resist this, paint them with Acetic acid and scrape them with a curette.

After the crusts have been removed by the means given the skin may be painted with the following varnish:*

B.	Chrysophanic acid	10 parts.
	Salicylic acid	10 “
	Ether	15 “
M.	Flexible Collodion, to	100 “

Keep it in a wide mouthed bottle, well corked. Apply by means of a stiff paint brush. Should the mixture become thick, add a little more ether.

The coating which this forms generally remains for several days, when it begins to fall off, and should be renewed.

With this local treatment, and the proper internal remedy, all cases of psoriasis may be benefited and some of them cured.

DISEASES ON THE COAST.

Since January 1st, we have had a succession of catarrhal and gastric fever, a few cases of diphtheria and scarlatina among children, and a profusion of bad cold and influenza among adults. Principal remedies, Gels., Bry., Kali bich. and Baptisia for gastric and catarrhal fevers. Ac., Bell., Kali chlor. and Merc. for scarlet fever and diphtheria. Gels. Ars., Nit. sanguinaria and Kali bich., for influenza, etc.

Our weather delightful, all cases abating now, except obstetrics, they come in spite of the weather. Temperature 32 to 70, above zero, while I notice yours at 20 below, and terrific storms. None of this for me, makes me shiver to think of it.

H. KNAPP.

*This is the "Pigmentum Chrysarobini Compositum" of the New York Skin and Cancer Hospital.

NOTES FROM PRACTICE.

CAMBRIDGE, Ohio, March 9, 1885.

EDITOR UNITED STATES MEDICAL INVESTIGATOR. *Dear Sir.*—Prevailing diseases are pneumonia, pleuritis, whooping cough, treatment No. 1, Aco., Verat. v., Bry., Phos. and Chil. No. 2, Aco., Bry., Canth. No. 3, Bell., Nux v., Dros. You ask for report of interesting cases. As I was placed in charge of the Guernsey County Children's Home last June, will give report of case that was of great interest to me at the time.

CASE I. Albert —, aged four, received from County Infirmary June 9, 1884. When received was pale, emaciated, with large head, abdomen large and hard, walked with a short shuffling gait, was always falling down, diarrhœa almost all the time, his appetite was something that could not be satisfied and he was not particular what he ate. Shortly after his arrival one of the matrons informed me, Albert was a regular Nebuchadnezzar, they had to watch him at all times as he would eat any thing that was green, this was found to be the cause of his diarrhœa. The larger children that come from the infirmary with him, says the matrons had to sit up often all night and apply cold water to his head. Well we have never had to sit up with him nor apply cold applications to his head and he is as bright a boy as we have, walks much better.

Treatment was two remedies only, Ipi. 3x until diarrhœa was checked, Sulph 6x, trit. powder morning and night, continued for about two months.

CASE FOR CONSULTATION.

Miss Maggie S. aged twelve years, was taken about five weeks ago with diarrhœa, became jaundiced, stopped diarrhœa with astringents. She was placed under my care 3d inst., found her anæmic, swelling of upper eye lids, pale lips and gums, bloodless. Temperature 101°, pulse 110. Complains of being cold whenever she moves away from fire. The eyes stand out full, very weak, no appetite, complain

of pains in limbs, headache, some tenderness at lower border of liver. Would you be so kind as to give some light on cause of above condition and treatment. L. C. WELLS.

[Has hepatitis with involvement of right kidney. Would suggest Kali carb. for the case. Albert's case is one of special interest. Gastric catarrh with cerebral hyperæmia aggravated by opiates. The prompt action of Ipecac and Sulph. scores a big triumph for Homœopathy.—Ed.]

Prevailing diseases, catarrhal fevers, sore throats, a few cases of diphtheria. Remedies for 1. Febrile stage, Acon. or Bell., later Hepar., Merc. 2. Mer. corr. prot., Kali b. 3. If it commences on right side, with tendency to left, Lycopod. 30th. Cases preceded and accompanied by feeling of *lassitude* and *weakness*, a rather purplish appearance of fauces, Apis 6 and 30th has not disappointed me. Kali bich. 6, 30, cases in which the exudation was tough, adhered firmly, spreading upward into nares, or downward into larynx, pain shooting into ear when swallowing, sputa stringy, has done all I wished it to do. Did not use any *Nitrate of Lead solution* either, and cured *all* my cases to the great chagrin of our Old School friends; but to the satisfaction of my patrons. D. WINTER.

THE REPORT OF THE NEW YORK STATE HOMŒOPATHIC ASYLUM FOR THE INSANE, is of special interest. Dr. Talcott's, the superintendent's, part of the report, is especially valuable, particularly the portions referring to the management and medical treatment of the insane. The fact that 48.22 per cent. of the cases were cured speaks volumes for the Homœopathic treatment of the insane. One cannot read the medical treatment without feeling that the success will be greatly enhanced as the experience with our remedies increase. The wisdom of retaining Dr. Talcott as superintendent for years is very apparent in this report. He seems the right man, in the right place.

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 REBOUND.—"I hope THE INVESTIGATOR will be moved to take cognizance of the certainly remarkable position of "*The N. E. Medical Gazette*," on the question of the Homœopathic law, as expressed in its March issue, in the editorial on the potency question.

Is it possible that the editor is justified in speaking, even for those who make exclusive use of potencies below the twelfth, in such a way, of their claims to the possession of a basic law? After so nearly a century of life has our school only arrived at a "*scientific probability*" of truth, with all that would imply of "*scientific*" *possibility* that we are, in fact, utterly deceived in the appearances of law?

Look at his "if" on page 102, concerning the possibility that statistical tests should prove the expectant treatment to yield as satisfactory results as Homœopathy.

If you can spare the time and have the patience I wish you would critically examine the three articles on this topic which the March *Gazette* publishes, and help toward a "consensus" of views by making editorial comment.

Our school is sure to drift one way or the other, toward greater or less faith in the law of similars. We must depend largely upon our journals for the direction of drift. It seems to me that "*scientific probability*" is rich and deserves currency.

Yours very truly,

XXX.

After we read the above our blood boiled, we got out our "sword's mightier," and prepared to close with the Boston man, when a patient appeared "deaf as a post," and asked if we thought there was any truth in the statement she met in a book that "disease was all in the imagination!" She had believed that she was hard of hearing and put some patent catarrh cure in her ears, and lo and behold! they began to discharge, and she was overjoyed that she could now blow air out through them, but the hearing was worse. I answered her

question by asking her if her ear trouble was all in the imagination. That seemed to fit our frame of mind exactly, and we will propound the question. "Is the limit in potency below the twelfth and all above simply in the imagination?" According to the imagination theory of disease, all drug action (being similar) must be in the imagination also. We have chewed gum enough to get the hard ball in the stomach before dinner to know better. Limit drug action to the 12th potency! Hahnemann thought the 30th might do, Dunham swore by the 200th, Fincke, Tafel, Swan, Skinner, *et al*, believe, as they gaze sunward, that the rebound can be secured with a lighter touch. To crowd all drug energy into a boiler labeled "12th and below" is not safe even if Hughes, Dake and the Boston man sit on the escape valve. Some reckless Allopath hunting after the attenuation of the odor of mush or the potency of light may explode the boiler and "diffuse" our friends. No, no, may they live long and grow wiser.

We agree with a clerical friend to whom we gave Lyc. 30 with disastrous results to his pants and again the 200, that even then "the power had not departed," for he found his sphincter entirely unreliable. The potency problem is to us a surprise.

Brought up under the 3d we still believe in the power of potencies and have concluded to use any we please and to allow our readers to do likewise.

If our Boston colleague attempts to confine the New England profession on this potency problem he may learn that the spirit of liberty still exists outside the field of the microscope. As to the Homœopathic law, it is easy to get confused on diet and remedy and so get off on a contraria trail and a contrary wail. A good remedy to clear up the case is Nitro-glycerine *low*. On the tombstone of this controversy we will inscribe—Homœopathy Excelsior.

CONSULTATIONS.

INCONTINENCE IN THE AGED.

In my experience I have generally found such cases as Dr. Fitch relates, to be associated with a slow pulse, weakness of the action of the heart and dizziness; and that *Digitalis* 3d or 6th attenuation is the best remedy.

G. M. OCKFORD.

WHAT IS IT ?

Wish you would answer following in INVESTIGATOR :
 (What is "*Mentha arvensis* ?" INQUIRER.)

FOR EXOPHTHALMIC GOITRE.

EDITOR INVESTIGATOR. DEAR SIR:—Very rarely I answer any enquiries, but the one page 167, current No. of THE INVESTIGATOR, Exophthalmic Goitre, I would suggest Spongia. I have succeeded admirably. Even with very high dilutions, effecting perfect cures, and have been unable to find as efficient aid in any other remedy, here have not treated so many cases, but some very serious ones. I am greatly pleased with the Monthly Issue and inclined to think "It fills the Bill" better than ever. ISAAC COOPER.

HEADACHE.

Mrs. J. aged fifty-five years, complexion light, medium size, mother of four children. Pain in right temple and right frontal eminence pulsating and at times aching, usually commences in occiput right side and extends to temple and forehead of same side. Burning heat on vertex aggravated by noise, light, jarring, coughing or stooping. Sensation as if it would burst. Nausea, trembling and faintness during headaches but no vomiting. Chilly, with cold hands and feet during pain, at times face red at others pale.

Throbbing all over body after headache. Dry cough aggravated in morning at 6 A. M., from tickling in larynx by talking or laughing. Weakness in chest, aching and soreness of sternum, voice weak, water discharged from eyes and nose during cough, rarely troubled during the night, but in morning and occasionally during day. B.

[This headache looks like what is known as brow ague and which physicians in malarious districts cure with Bell. and China. The train of symptoms point to a central trouble, especially of the nerves that supply the energy to the thoracic viscera. It looks like central cerebral irritation from deficient blood supply. Heat on vertex suggests that view, as well as indicates Sulph. That remedy alone may cure. The spine should be examined as there is evidently a secondary region of irritation in the cervical if not dorsal spine. Attention to nutrition and a careful re-examination of the case, as well as to its history, may clear it up wonderfully. There may be a remedy that covers the whole case as it stands.—ED.]

A THROBBING HEADACHE.

PROF. DUNCAN, CHICAGO.—Will you please be kind enough to suggest the remedy for the following case. Has had headache for years, have tried all school physicians, all have failed to even relieve.

I have used such remedies that would seem to fill the indications but have failed. I can improve the system, but don't cure the headache. Symptoms. Swelling of frontal veins, pains shoot up top of head, comes down in eye balls and extends down each side of face and into the throat like jumping toothache. Headache comes on with a roaring and hissing noise any time of day and any excitement makes it worse so that she has to go to bed, and it debilitates her for many days. Worse at monthly periods. But the throbbing is continual. I have used Bell., Gels., Ars., Nux, Ignatia, China, Bro. am., Bro. potas. and Glon. am at a loss. Now if you can give a key note, will esteem it a great favor.

MRS. C. H. UNDERWOOD.

FORT COLLINS, Colo.

[Throbbing of the carotids, (Bell.) but what starts the pumps so lively? Spinal irritation aggravated by bodily and mental activity? Describe the woman, and report on the condition of the spinal vertebra and the side thereof up to the top of the head, and give condition of all the viscera, as well as full history of the case. In the mean time give Sulph. 200 at night to be followed by Septia 30.—Ed.]

DIET FOR TYPHOID.

I think many of the younger (and may be some of the older) readers, would like to hear from the experienced as to what diet they give in typhoid fever.

G. H. Q.

[We say milk. See Panelli.—Ed.]

FLATULENCY.

Mr. F. aged sixty. For the past fifteen to twenty years every night after retiring, is troubled with fullness in region of stomach; this continues for, say fifteen minutes, when it becomes unbearable, after getting up he discharges upward great quantities of gas, after which he is relieved and sleeps soundly balance of night. There is no taste whatever to the discharge. In all other respects feels perfectly well, appetite good, not excessive, bowels normal, not an ache nor pain, except this sense of fullness half hour after going to bed. The quantity, or kind of food makes no difference. Has taken many remedies, Phos. and Carbo veg. have relieved a trifle. What is the remedy?

G. H. Q.

[Worse on lying down, Bell. Possibly the man may be a Lycopodium subject, but as he is hid we must fire at this "wind bag." Take a shot boys.—Ed.]

RECENT MEDICAL FACTS.

Pleurisy in Diseases of the Heart.—Pleurisy in heart-diseases most often affects the right side; the liquid is serous, rarely purulent, and its quantity is less than might be expected when compared with the dropsies occurring in other parts of the body. Taking cold is a common cause, the need of fresh air to facilitate their breathing leading the sufferer to sit in draughts. Pulmonary hæmorrhages and infarcts are a frequent cause, their site being superficial and accompanied by inflammatory phenomena. This observation is confirmed by the fact observed by the author, that pleurisy is more frequent in aortic than in mitral disease. Pulmonary apoplexy and the infarcts which are the common cause, are observed more especially in patients affected by atheromatous lesions of the aorta, and are accompanied by inflammatory symptoms, giving rise to retrosternal pain and pseudo-anginal symptoms. Pleurisies are not only met with in the cachectic period properly so-called of heart disease, but in a less advanced period of the disease, and following the ordinary phenomena of asystolia. The pleurisies of heart-disease are latent and subacute in character, and may easily pass unnoticed if the patient be not carefully watched, and if the effusion be circumscribed and scanty. These pleurisies, however, add to the gravity of the prognosis; they increase the dyspnœa, oppression, and palpitation, and if there be asystolia, the pleurisy may render it permanent, and precipitate the course of the disease. The effusions, however, are curable, and their deleterious influence renders their prompt removal desirable. For this, the question of thoracentesis presents itself. When the pleurisy manifestly aggravates the cardiac affection, time must not be lost. The indication is formal if, with even inconsiderable effusion, there be intense dyspnœa and aggravation of the condition of the patient. It is not, however, necessary in all cases, and sometimes digitalis may render valuable service.

Fresh Lemons as an Antipyretic.—Dr. Aitken, in the *Brit. Med. Jour.*, Oct. 1884, p. 653, states that he has found great benefit in using a decoction of lemon, as suggested by Dr. Maglieri in 1882. It reduces the temperature in cases of ague quite as well as quinine, and does not produce any bad effects. It is also useful in cases of enteric fever. It is prepared in the following manner: A freshly gathered, unpeeled lemon is cut into slices and put into three teacupfuls of water; this is boiled down to one cupful in a clean earthenware jar, and allowed to stand overnight in the open air, and given the first thing in the morning, after the liquid has been separated from the rind, pulp, and seeds. It does not seem necessary to give more decoction than is prepared from one lemon each day. The only drawback is that a freshly gathered lemon is necessary; and, until the active principle contained in the decoction is extracted, the remedy is useless in countries where the lemon-tree does not grow.

Faradisation in Intermittent Fever.—Drs. A. Kh. Grigorieff and A. G. Musykantoff, of Temir-Khan-Shura (*Russkaja Meditzina*, Nos. 29 and 30, 1884) tried the faradic treatment in forty cases of malarial fever. The patients were divided into two equal groups. The first group was treated by local faradisation in the splenic region, the sittings being of fifteen minutes' duration and repeated daily. The second group was subjected to general faradisation (with electrodes in the patient's hands), lasting half an hour, twice daily. In both instances, the current was supplied by Dubois-Reymond's sledge apparatus with one Grove's cell, and was as strong as the individual patients could bear. When no improvement was observed, electrification was supplemented by the administration of quinine, at first in eight-grain doses, subsequently in sixteen-grain doses. The results obtained by the authors were these: In the *first* series of twenty cases (consisting of fourteen cases of the quotidian variety, two of tertian and four of quartan), eight patients were cured by faradisation alone, on an average after five sittings. In the remaining cases the addition of quinine proved necessary; in four of them, cure ensued from electricity (on an average, after fourteen sittings) and eight-grain doses of the drug; in eight, from electricity and sixteen-grain doses of quinine. In fourteen of these twenty cases there was present an enlargement of the spleen; in all of them, the authors invariably observed contraction of the organ under the influence of electric current [and thus confirmed the experience of Chvostek, Wagner, Harless, Jaschkowitz, S. P. Botkin, Shtchegloff (see *London Medical Record*, April 1882), V. F. Sprimon, etc.]. The *second* series consisted of eight cases of quotidian fever, five of tertian and seven of quartan. Seven cases were cured by general faradisation alone and eight-grain doses of quinine, and in five cases faradisation was stopped to give place to the use of quinine alone (in sixteen-grain daily doses). The general conclusions at which the authors arrived are as follows: 1. The electric current undoubtedly produces a certain influence in intermittent fever. 2. In some cases, a complete cessation of paroxysms may be obtained by faradisation alone. 3. In such cases, cure follows pretty rapidly. 4. When faradisation proves effective, it cures both mild and severe cases without any regard to the type of fever. 5. With some rare exceptions, faradisation does not bring about any diminution in the intensity of the paroxysms. 6. The percentage of cures is not so considerable as to enable faradisation to supersede quinine. 7. Local faradisation produces contraction of the spleen, while general faradisation remains without any influence on the bulk of the organ. 8. Returns of the disease occur after the faradic treatment as often as after quinine. 9. The form of the application of faradisation has no significance for the issue of the treatment. 10. General faradisation is preferable, since it involves less trouble and waste of time than local application. According to

the authors, Professor Shipulinsky was the first in Russia who, in 1854, began to treat intermittent fever by faradisation; he cured sixteen cases of intermittent after one sitting in each instance. (*See the Proceedings of the St. Petersb. Russ. Med. Soc.*, 1854, vol. v., p. 217.) This plan found an ardent sympathiser in Dr. Krasnoglodoff, of Tiflis, who in twenty days cured forty-four patients with non-malignant Caucasian malarial fever. Later on, Dr. Tchulovsky, of Dagestan, published nine successful cases in the *Kavkassky Meditsinsky Sbornik*.

Affections of the Gum in relation to other Diseases.—Dr. Kaczorowski (*Przegląd Lekarski*, Nos. 28 and 29, 1884, and *Vratch*, No. 82, 1884) draws attention to a connection existing between gingival affections and certain other diseases. In four of his cases, chronic gingivitis caused the occurrence of hallucinations, melancholia, nervous excitement and insanity. Extraction of destroyed teeth and appropriate treatment of the inflamed fowl gums were followed, in each of the cases, by restoration of health of the nervous system. Further, the author saw several instances where affection of the gum led to general septicæmia. He thinks, generally, that premature senile debility of the organism may often depend upon dental caries, leading to absorption into the system of septic products of slow decomposition.

Fracture of the Skull with Diabetes and Aphasia.—Dr. Runstrom (*Hygienæ: and Nordiskt Medicin. Arkiv*, Band xv.) relates the case of a farmer, who, while riding, fell from his horse and was kicked by the animal on the head. He was found senseless in the neighborhood of his home. Some hours later, Dr. Runstrom found the patient sensible, but with complete aphasia and paralysis of the right arm. Over the left parietal bone was a large wound, from which portions of brain-substance protruded; and in it was a loose piece of bone, tilted up and pressing on the brain. The pulse was full and tense, 110. There was no vomiting. The fragment of bone was removed with some difficulty, and a dressing of carbolised oil was applied. Under suitable treatment the pulse went down to 55, and the wound healed without a bad symptom. After six weeks speech began to return gradually, first by single words; and the paralysis also improved. At the end of four months he was tolerably well, although his mind was weak and his disposition mournful. During the whole time the urine contained sugar, and continued to do so.

A New Perforated India-rubber Knee-cap.—Mr. H. O. Thomas, in the *Lancet*, Aug. 1882, p. 380, describes a new knee-cap, made of ordinary rubber in one piece, perforated over every half-inch of its surface. The advantages claimed are these. 1. A firmer and better support is given to the affected part. 2. It is more durable and less costly. 3. It is elastic, cool, and exerts less undue pressure upon the joint than the ordinary silk or cotton knee-cap commonly used.

MEDICAL NEWS ITEMS.

Removals.—Herbert A. Chase, M. D., has removed from Cambridgeport, Mass., to No. 561 Superior Street, Toledo, O.

Aaron Walker, A. M., M. D., has located at Jacksonville, Fla.

L. B. Holbrook, M. D., has removed from Clinton to Graniteville, Mass.

S. J. Donaldson, M. D., has removed to "The Chelsea," 222 West 23d Street, New York City.

Dr. Carrie H. W. Manning (formerly Dr. Carrie H. West) has removed to Billerica, Mass.

Dr. H. W. Boynton has removed from Lawrence to No. 12 Blue-Hill Avenue, Boston, Highlands.

S. H. Spalding, M. D., Class of '84, Boston University School of Medicine, has settled in Arredonda, Fla.

Dorothea Lummis, M. D., class of '84, Boston University School of Medicine, has located at Los Angeles, Cal.

A. F. Randall, M. D., from Almont, to Port Huron, Mich., where he takes the place of Dr. Finster, deceased.

John C. Morgan, M. D., has removed his residence and office to No. 108 South Seventeenth St., Philadelphia, Pa.

Dr. G. R. Southwick has removed to 136 Boylston Street. He will make a specialty of midwifery and uterine surgery.

Anna B. Taylor, M. D., class of '84, Boston University School of Medicine, has located at 86 High Street, Charlestown.

Henry A. Jackson, M. D., Class of '80, Boston University School of Medicine, has located at 245 Greenwich Street, Providence.

Dr. James B. Bell has removed his office and residence to No. 178 Commonwealth Avenue, just west of the Hotel Vendome.

B. E. Pierce, M. D., class of '79, Boston University School of Medicine, is associated with Dr. C. W. Breyfogle at San Jose, Cal.

Dr. William P. Wesselhoest has removed his office and residence to No. 176 Commonwealth Avenue, just west of the Hotel Vendome.

After an absence of ten years in the West, E. J. Foster, M. D., class of '69, Hahn. Medical College, Philadelphia, has located in Waterbury, Vt.

Dr. Alonso Boothby has removed from 19 Joy Street to Hotel Hamilton, Clarendon Street, corner Commonwealth Avenue, Boston. He will give special attention to general and gynecological surgery.

August A. Klein, M. D., has located at No. 32 Warren Street, Boston. He has received an appointment as one of the physicians and surgeons to the Eye and Ear Department of the College Dispensary.

N. W. Emerson, M. D., of Dorchester, has received the appointment of recording secretary of the Massachusetts Homœopathic Medical Society, to fill the vacancy caused by the resignation of Dr. Herbert A. Chase, who has removed to Toledo, O.

Dr. John H. Payne, having returned from abroad, where he has been making a special study of diseases of the eye and ear, has resumed business at Hotel Columbus, corner Columbus Avenue and Holyoke Street. His office hours are from 8 to 10 A. M., and 2 to 4 and 6 to 7.30 P. M. He has also resumed his old position as consulting physician and surgeon at the Eye and Ear Department of the Homœopathic Dispensary on East Concord Street, on Mondays and Thursdays, 10 to 12 A. M., as heretofore.

The State Societies that conflict should hold a conference and arrange for a separate day or week for each.

The Index Medicus.—We understand that Mr. Geo. S. Davis, of Detroit, has undertaken to continue the publication of *The Index Medicus*.

M. T. Runnels, M. D., of Indianapolis, has been recruiting his health and medical energies in the New York Hospital for the last six months.

The Western Academy seems to be in the way this year. We suggest that he marry the Mother Institute and give us a grand wedding feast at St. Louis.

Indiana Institute of Homœopathy.—The next annual session of the Indiana Institute of Homœopathy will be held in Indianapolis, on Tuesday and Wednesday, May 19th and 20th. A grand good meeting is expected.

The Editor has sold his interest in the firm and will hereafter attend strictly to the practice of his profession—and preaching in these columns. His office is 100 State St. Drop in on the old man when you are in town boys.

The Illinois State Board of Health will hold its next meeting at the Grand Pacific Hotel, in Chicago, on Thursday, April 16th, prox. This is the meeting at which the annual examination of candidates for certificates is held, and such candidates are notified that the examination will cover the subject of preliminary education.

Thanks.—We wish to thank all our subscribers who have so promptly sent us their subscriptions. We are glad to know the change and new dress of the journal gives such general satisfaction. There are still a few we have not heard from, let us do so at once doctor, please. We would like to receive an article or item from all our readers. When you have anything interesting do not forget
THE INVESTIGATOR.

Mortimer Ayers, M. D., author of *Diseases of the Rectum*, writes: Owing to excessive hard work done this winter, and to escape work this spring, I have decided to take a recreation for a few weeks, and therefore I start for California the latter part of this week, March 23d.

Dr. J. J. Bleecker, Jr., a late graduate of Chicago Homœopathic Medical College, will take Dr. Ayers' place while he is gone.

Our Illinois Society.—We call attention again to the meeting of our State Society at Peoria, May 19th and 20th. The secretary desires that all who have papers to present will send their titles to him as early as possible in order that the final announcement may be out promptly during the first week in May. The Secretary's address is,

CURTIS M. BEEBE, M. D.,
27 S. Ashland Ave., Chicago.

C. H. Cogswell, M. D., of Cedar Rapids, has been promoted. The *Cedar Rapids Gazette* says: Last Tuesday the regents of the State University elected Dr. C. H. Cogswell, of our city, to fill the chair of "Diseases of Children," in the Homœopathic medical department of the university of Iowa City. In electing Dr. Cogswell to a professorship, the regents have made a wise selection, as he is especially successful in this branch of the profession. We congratulate the doctor on his elevation to a professorship and wish him all manner of success." Success old friend.

The Homœopathic Medical Society of the State of Ohio, will convene at Cincinnati, May 12th and 18th, 1885. The session will be held at the Pulte College Building. Headquarters at the Palace Hotel, rates \$2.00 per day. All railroads entering Cincinnati will carry delegates at full fare going and one cent per mile returning by procuring certificates of the secretary before starting. The musical festival which opens on the 18th, will draw many to the "Paris of America" and nature will attire herself in her daintiest robe. The Cincinnati local profession is earnest and zealous to conduct this twenty-first annual session with unprecedented success. The several bureaus are actively at work and a full program will soon be announced.

H. E. BEEBE, Sec'y.

Dr. Bernard Baehr.—There died at Gmunden, on the 21st of October, 1884, at the residence of his host, the Duke of Cumberland, a very notable Homœopathic physician—Dr. Bernard Baehr, of Hanover. Baehr was born at Hanover on the 17th of April, 1828, and studied at the Universities of Gottingen and Vienna. He already became acquainted with Homœopathy while in Vienna, and in 1855 he brought himself prominently to the fore by the publication of his monograph on *Digitalis*, to which the Homœopathische Central Verein of Germany awarded its prize; and then he brought out in 1862 his well known work on therapeutics, *Therapie nach den Grundsätzen der Homœopathie*, which procured him a considerable reputa-

tion in this country and in America. Our lamented colleague died of tuberculosis consecutive to diabetes.

The next Meeting of the I. H. A.—The fifth annual session of the International Hahnemannian Association is called to convene at the Court House, Syracuse, N. Y., on Tuesday, June 23rd, 1885, at 10 A. M., to continue three days.

The purposes of this association are clearly defined, in its declaration of principles, inculcating a firm reliance upon the *law* of similars, the single remedy, and the minimum dose, supplemented by the following incontestible facts. There is no possible way of knowing the primary action of drugs, excepting by actual tests upon the human system. And there is equally no possible way of knowing their curative powers, in whatever potencies, excepting by like actual tests upon those who are sick. These are the *fundamental principles* of all true therapeutics, and the *only* source from which knowledge is to be had to guide us properly in our ministrations to the sick. For these reasons the above named association makes it an especial feature of its work to stimulate and obtain carefully arranged provings of drugs, and to secure and fully and fairly consider all carefully reported cases from clinical experience. Therefore, one and all, whether members or not, who believe this is the safest and surest road to that accuracy of knowledge which we all seek, are cordially invited to attend our next meeting and help along in the good work. A great variety of carefully observed and concisely reported clinical cases is especially desired.

By order of the President.

Deceased. Felix R. McManus, M. D., Died on the 3d of March inst., at 5 A. M., in the 78th year of his age. On the evening of March 4th, a meeting of the Homœopathic physicians of Baltimore, was held at the residence of Dr. Hammond (an early pupil of Dr. McManus), for the purpose of drafting resolutions relative to the death of Dr. Felix R. McManus. Dr. J. Lloyd Martin was called to the chair and Dr. Idrige C. Price chosen secretary of the meeting. The committee n resolutions reported as follows:

WHEREAS, God in his wisdom has removed from our midst Dr. Felix D. McManus, the oldest practitioner and pioneer of Homœopathy in this state; therefore,

Resolved, that we, the Homœopathic Physicians of Baltimore, have heard with deep regret of the death of Dr. McManus, and desire to express our sense of the great loss sustained not only by the community in which he so long practiced, and which always found in him a skilful and sympathetic physician, but also by his confreres, to whom he was ever a wise and prudent counsellor.

Resolved, that we tender to his bereaved family our heartfelt sympathy in the great loss they have sustained.

Resolved, that a copy of these resolutions be sent by the secretary to the family, and published in the daily papers and medical journals.

Committee: { Thomas Shearer, M. D., Chairman.
M. Brewer, M. D.
Elias C. Price, M. D.

[Dr. M. was one of the pioneers in Homœopathy, a most enthusiastic practitioner, the "watch dog" of the American Institute, a most genial companion and one whose place will be hard to fill.—Ed.]

THE
UNITED STATES
MEDICAL INVESTIGATOR.

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SOME OF THE DIFFICULTIES EXPERIENCED
IN THE SELECTION OF THE "SIMILIA"
OR TRUE CURATIVE REMEDY.

READ BEFORE THE TORONTO HOMŒOPATHIC SOCIETY, APRIL
10, 1885, BY R. HEARN, M. D. C. M., SEC'Y. AND
TREAS., OF THE SOCIETY.

How to be guided to the choice of the similar remedy in any case is answered by the Master of Homœopathy in his celebrated "Organon;" it is the "totality of symptoms" which gives us the "key" to the similar and only true curative remedy.

The task of ascertaining the "totality of symptoms" is, in many cases, a most arduous one, and often rendered the more so by, perhaps previous drugging, complicity of diseases, or taciturnity of the patient; and in children by the fact that the symptoms are principally confined to objective ones.

To a young practitioner this getting at the "totality of symptoms" is often a most difficult task, and especially so if

he has been drilled in the Old School method of treating single symptoms by the totality of remedies instead of the totality of symptoms by a single remedy. Of course this is not altogether the plan pursued now though it is to a great extent, and was more so formerly when less was known of medicine than at the present day. There was no science at all in the heterogenous mixtures of drugs poured into the delicate human economy, and how did a man know but that some of these experimental mixtures might prove to be some new explosive compound and perhaps blow his patient out of existence; so leaving him liable to an action for damages.

A case in point is known to the writer, where a man brought into a drug store directions for the mixing up of several ingredients for external application; they were Acid nitric, Mercury and Tr. Myrrh. The bottle was unfortunately corked pretty tightly after the chemical action of the acid and metal had ceased and the man who had placed it in his pocket, did not proceed far before he was suddenly arrested by a violent explosion which destroyed one-half of his coat and vest; himself escaping with a few burns. It is needless to add he used no more of that mixture.

Though our knowledge of pharmacy would now forbid any such occurrence, yet how much nearer are the practitioners of the Old School to any real *law of cure* than they were a hundred years ago?

The recent researches in pathological anatomy have certainly given us a better knowledge of disease but how far have they aided us in its *cure*? The discovery of the cholera microbe has not reduced the death rate of those attacked with this dreaded scourge, nor has the finding of bacilli in the sputa of tuberculous patients given us a specific for phthisis. Some maintain that diphtheria is cured by the destruction of the bacteria incident to that disease; if this be so then how are true cases of diphtheria rapidly and effectually cured by Lycop. and Lachesis in the 30th and

200th attenuation? Surely these are true specifics in each case and obtained from a knowledge of the totality of the symptoms and their being contained in the similar remedy.

The task of finding the totality of symptoms, although giving us the key to the similia has not got it for us; we have yet to select our remedy corresponding to the case in question.

If we could only discover some one or two symptoms in every remedy which would serve as a guide post to the indicated remedy, the rest of the symptoms making up the totality falling in in regular order how simplified would become the study of the Homœopathic materia medica and what a boon it would form to the beginner.

Though there are in some of our remedies so-called *key notes*, yet how few in comparison to the number of our drugs used even in every day practice. The totality of symptoms only gives us an unfailing guide, let us leave out some apparently trifling ones and we are very apt to go wrong.

How often in the experience of all of us has some seemingly unimportant symptom guided us to the selection of the true "similia" in some puzzling case that may have baffled our every effort to cure, previous to the discovery of that one symptom, and yet though trifling and easily overlooked it has served to single out the true specific from the other remedies which appeared to suit the case. Again I might add that sometimes after the most careful selection of a remedy, it may fail to act, not from a want of knowledge in the materia medica or of diagnosis, but from the cause having been lost sight of or from the fact that the patient has committed some gross error in diet, instances of which may have occurred in the practice of all of us especially the younger physicians.

Is it any wonder then, with so wide a field of enquiry necessary to the proper selection of our remedies, that Old School principles of treatment become so largely mixed up with *pure Homœopathy*?

Might not the various drugs in our *materia medica* be arranged in classes; i. e., those whose action most nearly resemble one another placed so as to allow of comparison, instead of alphabetically as is the usual plan in our best works? It would give us a readier method of fixing them in our minds than if they are widely separated.

Again has not also the present classification of diseases done much to confuse the beginner in Homœopathy? Among the Old School physicians the right naming of the disease is regarded as the prime factor in treating the patient and a correct diagnosis is with them considered as perhaps forming nine points of their law; how familiar the phrase "he treated him for the wrong disease" or some such similar complaint.

Woe then to the man who fails in his diagnosis even should he succeed in curing his patient; but if he fails altogether in treatment and yet is a perfect diagnostician, this fault may be overlooked.

However I do not wish by any means to cry down a correct knowledge of disease as very necessary to treatment, for it is most important and especially so in surgical practice, but I do say that the classification of diseases as adopted by the medical profession does not harmonize with the Homœopathic principles of treatment and is therefore a great bugbear to the convert from the Old School.

Take a single instance; a patient comes to me wanting something for "diarrhœa." Now to the Old School physician that one word is sufficient to suggest the plan of treatment to be adopted, but in Homœopathy there are a great many different kinds of diarrhœas and consequently that term means very little to us as guiding to the proper treatment necessary in the case; and so on with the other diseases; treated by the Old School as their name indicates, without regard to varying symptoms and differences of constitution and temperament, etc.

This difference between Homœopathy and Allopathy is one of the hardest things to grasp in changing from the Old to the New School; the former is so used to naming the disease and then, following the line of orthodox treatment that it becomes almost second nature.

The following case from practice I think will illustrate some of the difficulties the physician meets with sometimes in the selection of the true similia; but, once obtained; the result of its administration was most gratifying.

C. P. aged nineteen, dark complexion, nervo-lymphatic temperament, taken ill on Feb. 16th but did not see him till 18th as he thought the symptoms would have passed off. The attacks began with chills and vomiting followed by severe abdominal pains.

Feb. 18th. 11 P. M. Found him in bed suffering great agony from paroxysms of pain referred to the region of the bowels and bladder and occasionally shooting into the perineum. The urine also burned him while passing and the bowels were slightly relaxed owing perhaps to his having previously taken castor oil. The temperature was 103.2, pulse 140, feeble, tongue thickly coated, whitish with red edges, mouth somewhat dry, no appetite, thirst for large quantities of water, pains greatly increased by slightest motion, position on back with legs partly drawn up, there was a feeling of soreness between the pains which were worst just below the umbilicus, while the whole abdomen was quite hard, somewhat distended and tender to pressure, especially in the left inguinal region where on careful examination a slight protuberance could be felt quite hard and very painful on pressure.

Upon inquiring I ascertained that when a boy he had had a rupture in this situation which as far as I could learn was incomplete and had been reduced without difficulty. However, he had been told to wear a truss to avoid any return of the trouble, but this he neglected to do, and although the rupture did not return, he suffered frequently from severe

colicky pains in that region and sometimes in the stomach and bowels. I gave Bryonia 4x, applied hot salt and brandy over the painful abdomen.

Feb. 19th Patient easier, but diarrhoea, with straining, still continued; the effect of the oil previously taken; the paroxysms of pain came and went more suddenly and the pulse was much fuller, the patient was drowsy but could not sleep. I ventured a change of medicine and gave Bell. 5x, but after a few doses the improvement in symptoms ceased and I returned to Bryonia as before.

Feb. 20th. Still improving, pains less, not much thirst, pulse and temperature lower and action of bowels becoming normal; but the left inguinal region still remained painful and hard but not so much swollen.

Feb. 21st and 22d. Steady improvement, convalescing, appetite good, and wishes to get up but I advised rest for a few days.

Feb. 23d. I saw him about 1 P. M., expected to find him almost well; but was greeted with the words, "We will have to draw you over the coals doctor, Charley is a great deal worse." I was somewhat surprised and on inquiring found he had been up the day before "just for a little" and had also eaten heartily of solid food. He had felt worse after rising but did not think such a short time up would hurt him.

My attention was directed to the left inguinal region with the remark that I had not noticed that lump. There was certainly considerable swelling there then; hard, circumscribed, and very painful.

The paroxysms of pain returned even more severe, but confined almost entirely to the left inguinal region. They came somewhat gradually and left in the same manner, were somewhat of a cutting character but remained limited to one spot; the bowels became constipated and urine high colored, the pulse and temperature rose rapidly and there was every symptom of a relapse setting in.

I gave Bryonia but without benefit. The pains became sharp, colicky, making the patient writhe in agony and break into a cold perspiration. *Cuprum* was given but with no result. Diarrhœa set in with great straining and the pain shifted somewhat into the centre of the abdomen. I tried *Mercurius* but failed to give relief.

The patient became greatly prostrated, drank little and often using hot liquids as cold increased the pain, these symptoms with the pain becoming somewhat of a burning character and others seemed to point to *Arsenicum*, but it failed. I then tried *Lachesis* as the surface of tumor in left inguinal region became dark and livid with pain of tearing and pulsating character indicating the possible formation of abscess and as the other symptoms seemed mostly to correspond I expected a good result.

However the case became rapidly worse from day to day, the temperature ran up to 103° and pulse 130 with occasional chill while the pain spread downward and across the abdomen which was now distended like a drum and very tender to pressure; diarrhœa also set in, mucous and liquid stools being passed with considerable straining and very offensive odor. Abscess appeared to be forming in the left inguinal region from the fluctuation manifest. I therefore passed in the needle of a hypodermic syringe to the depth or two inches, but found only serum. Before withdrawing it I injected one-fourth grain Morphia to relieve the intense agony till I could find something better.

He obtained a little broken rest during the night but the next day became still worse and was evidently fast sinking. I was non-plussed and gave very little hopes of recovery, suggesting at the same time consultation, which was fixed for the next day if there was no change for the better.

I saw him again in the evening and again noted the symptoms very carefully. He appeared greatly prostrated with pale, sunken face, hot dry skin, restless when the pains came on but movements seemed irksome from the utter

weakness present, though otherwise he may have been very restless.

The mouth was dry, also the tongue, which I noticed was now thickly coated yellowish-white with the exception of the edges and a triangular portion at the tip pointing along the centre of the tongue which was quite red and shining.

This condition of the tongue at once struck me as peculiar and pointing to a certain remedy, viz.: "Rhus" and since there was also the colicky pains in the lower part of abdomen, flatulence with borborygmus, aggravation of pain by taking cold drinks and profuse perspiration accompanying the pains, I gave this remedy in the 5x every two hours. I saw him again at 12, noon, the next day and found the disease had ceased to progress, he had rested better through the night and every symptom indicated a change for the better setting in.

I therefore concluded not to have consultation and called again in the evening meanwhile continuing the remedy. The change then was most marked; he had broken out into a warm perspiration, the pain had almost disappeared, the temperature and pulse had both fallen rapidly towards normal, the bowels became regular and the abdomen was quickly returning to its normal condition.

No other remedy was given and recovery was most rapid; the patient being up in less than a week feeling well but somewhat feeble.

Aconite in Acute Sciatica.—Dr. Thomas Nichol relates the case of a gentleman who suffered from acute sciatica, which was promptly cured by Aconite 3x. The pain extended the entire length of the limb. It commenced as a dull and painful dragging over the hip, soon succeeded by very acute pains, tearing and lancinating, darting like lightning along the entire track of the nerve. The pain, which was accompanied by numbness and tingling, passed from above downward, and at times it was very deep seated, apparently in the bones. The feet were cold, with occasional cold sweat, and the toes were the seat of sharp shooting pains, alternating with numbness and tingling. Marked relief had taken place at the end of the second day. In less than a week, the cure was complete.—*N. E. Med. Gazette.*

ON THE MODERN TREATMENT OF UTERINE
DISLOCATION.

BY ANDREW MILLER, M. D., HAMPSTEAD, ENG.

Read before the British Homœopathic Society.

MR. PRESIDENT AND GENTLEMEN: It is with great diffidence that I presume to read this paper before you this evening, and as it is the first time I have had the honor of occupying my present position I crave your kind indulgence for what I have to say.

Only my sense of the great importance of the subject would have emboldened me to venture upon such a topic. And when I say the importance of the subject I mean, in the present instance, the importance of having it before the Society and thoroughly ventilated and discussed.

There is little doubt that the earlier Homœopaths, dazzled by the startling superiority of specific medication over the rude and unscientific procedures of their predecessors, were quite inclined to resent or at least to ignore the importance of physical diagnosis.

With brilliant results attending the application of the law of similars it was not to be wondered at that they should underrate the tedious and laborious methods needful for establishing diagnosis on strictly scientific grounds. Hence, alas! this integral portion of progressive medicine fell exclusively to the share of the dominant school. Probably this, may I say, historic fact has brought more odium upon Homœopathy amongst scientific physicians than its brilliant therapeutic success can ever entirely wipe out.

Inspired by the researches of Recamier into uterine pathology, Amussat (of Paris), in 1826, recognized the clinical fact that the uterus was frequently found dislocated either backwards or forwards as well as downwards, and made many attempts to straighten the organ. He was engaged in devising mechanical means to accomplish the

object he had in view, and had invented and tried a variety of extra- as well as intra-uterine sounds and pessaries. His researches, however, in this direction were cut short by the untimely death of a young lady into whose uterus he had introduced an ivory-stem pessary. Inflammation was set up, to which she promptly succumbed. Velpeau and others were about the same time working on the same lines with greater or less success.

The difficulties and dangers attending the introduction of stem pessaries brought them into disuse. The advocates of a mechanical treatment were obliged to fall back upon the use of external supports and bandages. The use of the speculum was by them rarely had recourse to.

Such in very brief was the condition of things abroad when Simpson's essay on *Retroversion of the Unimpregnated Uterus* was published about 1840. In this was strongly recommended a particular form of stem-pessary of his own device. This essay, together with his work on the *Uterine Sound* (published 1843), brought back into some sort of favour with Velpeau, Amussat, and others, the almost forsaken stem-pessary. The earnest and untiring labours of Simpson, and his able and eloquent advocacy of his own theories, awakened a great interest in uterine surgery and therapeutics and led many to the study of pelvic disorders. For until this time in Great Britain, with the exception of prolapsus, displacement of the uterus had received but little attention.

The men I have named, Amussat, Velpeau and Simpson, regarding the displacement as the *cause* of any inflammatory or other lesions which might accompany it, directed all their energies to the discovery of mechanical means whereby they might straighten the uterus.

Other workers in the same field, however, had come to regard the thing from a different point of view. At the head of these stands Recamier, whose researches into uterine pathology gave fresh impetus to the investigation of

this class of disease. Following him at Lapitie we find Lisfranc and Gendrin, men who were constantly using the speculum, and who were of opinion that the displacement was secondary in importance to, or very often caused by the lesions (congestive engorgement or hypertrophy) which usually accompanied it.

It is quite well known that we seldom meet with a case of dislocation *pure and simple*. Other lesions, generally of a hyperæmic or at least a hyperplastic nature are always present, to wit, the various forms of endometritis, cervical metritis, hyperplasia, general hypertrophy, subinvolution, papilloma, etc. Such coexisting troubles may either be the cause of, or be caused by, the malposition of the viscus. The school of gynæcologists who look upon the displacement as the *fons et origo mali*, consider the inflammatory lesions mere epiphenomena, and content themselves with rectifying or attempting to rectify the position of the uterus, believing that this achieved all else will follow.

Those who held the opposite view consider the reduction of the inflammation and cure of all inflammatory lesions of primary importance, and believe that during the successful treatment of these the uterus will regain its normal position, and even if this happy result does not follow, that the deviation from the normal position will cease to cause the patient any sort of suffering or inconvenience, and that it may then be absolutely ignored.

This latter school has been called the *physiological*, in contrast to the *mechanical* school of Simpson and others. To this latter, or physiological school belongs Dr. Henry Bennett, whose work on *Inflammation of the uterus*, published in 1845, was destined to cause a remarkable change in the medical treatment of diseases of the female pelvis.

Dr. Henry Bennett was the first to show, what subsequent experience has amply confirmed, that inorganic diseases of the pelvic organs are primarily and essentially connected with disturbances of blood supply. It is the treatment ini-

tiated by him, though perhaps somewhat modified, which I have ventured to call "modern," and which forms the subject-matter of this paper.

As I desire to occupy myself chiefly with the *treatment* of uterine dislocations it would be out of place to enter particularly into the various displacements to which the uterus is inclined. They are of two kinds, flexions and versions. When the axis of the uterus itself is modified it is said to be *flexed*. The uterus is then bent upon itself. When the uterus is moved *in toto* and changes its position in regard to the conventional anatomical pelvic axis, and no flexion or bend takes place, the uterus is said to be *verted* or turned. Flexions and versions take place in the same directions, so we get anteversions, retroversions, and versions to either side, as well as prolapsus, and the same kind of flexions, that is to say, *anteflexions*, *retroflexions*, etc.

Speaking generally for the purpose of treatment, versions and flexions may be looked at as modifications of the same thing. And here let me remark that the normal position of the uterus is *anteversion*, and that to a much greater extent than is usually figured. The anteversions we are called upon to treat therefore are but exaggerations of the normal position, and are seldom the cause of inconvenience unless very extreme.

Lateral versions are sometimes congenital, more frequently the result of shrinkage from inflammation of the broad ligament. Except as causing sterility they are probably of little importance when they exist alone. The displacements therefore which are of the greatest moment and most likely to cause inconvenience and suffering are retroversion and prolapsus. In retroversion the fundus uteri inclines toward the spine, while the cervix takes an opposite direction, that is to say, you have anteversion of the cervix, with retroversion of the corpus.

In considering the treatment of dislocations of the uterus, we will take retroversion and prolapsus as the typical dis-

placements, and treatment applicable to them would be equally appropriate and useful in any of the remaining forms of deviation which occur.

Gentlemen, I desire to say that the use of *hard* pessaries (vaginal or intra-uterine) plays but a very small part in the modern treatment of uterine dislocations. I think it would be generally admitted that their use has not been entirely satisfactory either to the patient or to the practitioner.

I would go further and affirm that it is quite rarely that they do reduce the dislocation for which they are introduced and retain the uterus in a normal position; that when they do *not* succeed in this they are probably increasing the mischief. They do reduce to some extent a prolapsus uteri and give a sense of relief to the patient, but in all other dislocations they are of little avail, principally no doubt because the cause of these dislocation remains unassailed.

A careful examination of cases treated by hard pessaries will reveal this fact—that the displacement persists in spite of the pessary. Even where the pessary has been well chosen, introduced by the most experienced hands, and borne with comfort by the patient, in a great majority of cases it would be easy to demonstrate that the retroversion or anteversion, as the case may be, remains *in statu quo*. The pessary has done something to relieve the patient's mind, but it has not removed the condition for which it was employed. Is it not, therefore, a very questionable advantage to the patient, especially when we remember that its very presence disturbs the circulation by pressure, interferes with the functions of the adjacent bowel, and induces excoriation and leucorrhœal discharges—even if it be not displaced before the patient leaves the consulting room?

Perhaps it would be well here to mention some of the cases in which the introduction of a hard pessary is positively hurtful. Vaginal pessaries (that is, hard pessaries worn external to the uterus) are always contraindicated in flexions. Unless the flexion be very recent or the result of a fibroid

it is only aggravated by a pessary, however appropriate it may seem. In established cases of retroflexion the pessary increases the mischief by raising the cervix and approximating it more closely to the fundus. Obviously, therefore, it only does harm. Should the flexion remain after the physiological treatment has been successfully carried out, there is nothing for it but to use the intra-uterine stem pessary. This should not be attempted but for the most weighty reasons, and during the few days the stem remains *in situ* the patient should be sedulously kept in the recumbent posture, and ordered the frequent use of hot deodorant douches.

Let us now, gentlemen, consider the remaining or physiological method. And what is that? you ask. I reply—The treatment of the inflammatory lesions which are never entirely absent from any case of dislocation of the uterus. You will find on further and more complete examination that you have to deal not only with a case of displacement, but what is of much more consequence with congestion of the uterus, *or* subinvolution, *or* hypertrophy, *or* endometritis, *or* endocervicitis, *or some* inflammatory condition which is really *the cause* of the dislocation, *or* if not the cause of the dislocation the cause of the patient's suffering. Treat this, I say, and when this is cured you will not find the malposition of the organ (even if it remains) any source of discomfort.

And, gentlemen, if this method *be* the right one how all-important becomes the question of diagnosis! How essential to the proper treatment of such cases as are under consideration must be the ascertaining with absolute certainty every condition, inflammatory or otherwise, associated with the dislocation! For upon the correct and successful treatment of these concomitant evils we rely for the cure of the displaced organ. No pains must be too great, no detail too small for the gynecologist. Let us take an imaginary typical case. It is undoubtedly a case of retroversion and prolapsus. Touch alone leaves no question about this. Shall

we according to the teaching of the mechanical school, find a suitable pessary, reduce the dislocation, place the pessary in position, and send the patient about her business? No, decidedly not! What shall we do then?

First let us place the patient in a position which will enable us not only to *touch* the retroverted *organ* with the tip of the finger, but to pass the whole body and neck of the womb under the examination of both hands at the same time. We shall, if you please, place the patient in the dorso-gluteal position, and practice *the bi-manual examination*. This greatly facilitates the work of the medical man, and the degree of certainty in diagnosis attainable by this means is so remarkable that no one having practiced it and thoroughly mastered it would be content again to base his opinion of a case upon any less reliable method. The index finger of one hand having been introduced into the vagina, and the other hand being placed over the abdomen, a little practice will enable the surgeon to bring the uterus between his hand and finger. By careful palpation he will discover not only the position but also the size, form, mobility, firmness, tenderness, and resistance of the organ. At the same time he will learn the state of the passages, the ovaries, broad ligaments, glandular structures, and adjacent organs.

We will presume that our bimanual examination in this case has revealed a relaxed state of the vaginal walls and a uterus very much enlarged and very tender to touch. If the patient be not *enceinte* we may proceed to correct or verify our diagnosis by the introduction of the sound. The internal measurement of the uterus is thus obtained and many other points are cleared up.

Then the speculum (Neugebauer's is by far the best working speculum, if we except Sims', for operation in plastic surgery of a prolonged character) brings into view the os and cervix. In this case we will assume erosion of the cervix with hyperplasia of the os uteri.

Lastly, with a Playfair's probe lightly clad with cotton-

wool we gently explore the interior of the womb; the probe is withdrawn stained with patches of dark-colored blood. This in connection with what has gone before would indicate a certain degree of endometritis.

If this test (with the Playfair's probe) were improperly or roughly done it would be of little import, but in experienced hands it is of the utmost value. According to the state of the probe when withdrawn we judge of the degree of inflammation or the absence of it in the endometric membrane under examination. Let us suppose, then, that as well as the dislocation we have before us a case of endometritis with congestive hypertrophy and intracervical erosion. Now, gentlemen, the *modern* treatment of this case would be to disregard altogether the displacement and attack the concomitant maladies, and if the treatment were successfully carried out the result would be that the retroversion would in the majority of cases rectify itself, and even if persisting would cease entirely to trouble the patient. The prolapsus would also have been greatly benefited, and the uterus, if it had not quite gained its normal elevation in the pelvis, would at any rate have risen considerably.

The treatment for such a case as the preceding would be somewhat as follows:

Rest more or less complete, according to the degree of hyperæmia and prolapsus. A diet with very little red meat; no stimulants; milk *ad libitum*; cocoa; fresh fish; chicken; and boiled mutton or lamb.

A continuous douche of hot water (105° to 110°) medicated with tincture of Calendula (a teaspoonful to a pint of water) to be used night and morning for thirty minutes at a time. The true value of these injections consists in their *thermic* properties. This vaginal irrigation plays a most important part in the modern treatment of pelvic disease, and about this "douche" there are a few things it is essential to have carried out:—1st. That during the administration of the douche the patient be in the recumbent or in the

knee-chest position. 2nd. That the water be as hot as can be borne without distress. 3rd. That each irrigation should continue for at least twenty minutes. 4th. That it should be done twice daily and persevered in for *months*, perhaps years.

As well as giving these general directions about rest, diet, and douching, the medical man will himself, on each occasion of seeing the patient, make such direct application to the inflamed or diseased endometrium as he may deem best. A little Iodine or Iodized phenol on a strip of lint left in the endometrium for a few hours or introduced only as far as the internal os, if he have reason to believe the mischief stops there, will be found to be a most effectual method of treating the commonest forms of metritis, endometritis, or endocervicitis. In place of the Iodine, Extract of Aconite, Bell., Ham., Secale, Hydrastis, or Sodæ Chlorate may be substituted, according to the special indications for each.

For the ulceration of the os and cervix a little pure *Crystallized Phenol* or a super-saturated acidulous solution of *Nitrate of Silver* may be applied direct to the abraded surface.

Tampons of absorbent cotton-wool soaked in pure anhydrous glycerine are very valuable agents in the reduction of inflammatory conditions of the uterus. Anything but the best glycerine is useless for our purpose, therefore I should recommend that *Price's* best glycerine in capsule bottles be used.

The glycerine reduces the bulk of the organ by abstracting the serous portion of the blood. And we know that the size of the uterus from congestion or other cause was a principal factor in producing the prolapsus or retroversion and, therefore, our tamponade of glycerine strikes at the very root of the mischief. These tampons also are such an excellent vehicle for carrying specific medicines, like *Belladonna*, *Hamamelis*, or *Hydrastis*, into contact with an inflamed or diseased os uteri.

This is the general line of country one has to go over modified, of course, by the special requirements of each particular case.

And now, gentlemen, perhaps I can illustrate better what I mean by the *treatment* of such cases if you will allow me to read to you the notes of one or two cases taken from my private practice.

CASE I. *Retroversion, prolapsus, subinvolution, endometritis, with erosion, pruritus vulvæ, etc.*—The first case which I will read to you is that of Mrs. T. O. W—, age forty-three, a stout florid woman who had borne many children and had many miscarriages.

March 9th, 1881.—Mrs. W— had the entire nursing of her husband for some months, and “injured herself by lifting him so that she could not stand.” I was attending her husband for advanced pulmonary phthisis from which he shortly afterwards died. At the time of which I speak Mrs. W. was very anxious for some temporary relief. She could not possibly spare time either for thorough examination or any prolonged treatment. All she wanted was to be able “to keep about.” On examination I found the womb enlarged, very sensitive to pressure, and dislocated backwards and downwards. As well as I could I replaced the uterus and supported it with a Hodge’s cradle. This helped her to continue the nursing until her husband died. Five months elapsed. I next saw her on the 29th of August. She was dreadfully depressed and weeping, complained of great pain at the monthly time and scanty menstruation. During these five months the pessary had not been disturbed. I now taught her how to remove and how to reintroduce it. I also carefully instructed her in the use of the continuous high- or syphon-douche. Circumstances prevented her undergoing any direct local treatment, and it was more than two years before she again presented herself, which was on the 2nd May, 1883. She said herself that she was obliged to come, she was so much worse. She still wore the Hodge. She

was suffering much from pruritus, copious yellow leucorrhœa; complained of great nervousness, weariness, backache, inflammatory pains, etc.

I will not weary you, gentlemen, with a repetition of the various steps whereby I arrived at a full diagnosis of this case, suffice it to say that I judged my patient to be suffering from *subinvolution* of long standing, chronic endometritis, and a large intracervical and cervical abrasion, together with the retroversion which had previously been diagnosed. The treatment adopted was to introduce a small lint slip, on which a few drops of iodised Phenol had been placed, into the uterine cavity; then, having thoroughly cleansed the os and cervix from mucus and pus, to apply pure crystallised Phenol to the abraded surfaces, and lastly to pack round the mouth and neck of the womb tampons of cotton-wool saturated with glycerine, which dressings were retained for twenty-four hours and then removed. On removing these dressings the vagina, os, and cervix were irrigated with hot water (temp. 105°) medicated with Calendula tincture. This douching was repeated twice daily for twenty minutes at a time, and continued all through the treatment. The local dressings were repeated every five or six days, and here let me say that not only does the glycerine tampon reduce the inflammation in virtue of the properties of the glycerine which it contains, but when properly introduced it doubtless helps mechanically to bring about a rectification of the position of the uterus. As the uterus is restored to a normal position every time the patient is under operation, both the endometric dressing and the tampon help to keep it in normal position so long as they are retained, which may be for twenty-four or thirty hours.

The results in this case were very marked. We must remember that this displacement had been recognized for more than two years, that a comfortable pessary which remained in position had done nothing to remedy it (although we may admit that it helped the patient to get about,

probably by lessening the *prolapsus*, and it was the only treatment possible at the time), and that the concomitant symptoms had steadily increased.

The treatment was borne well, and there was evident improvement, both locally and generally, after the first few weeks. By the 12th July I was able to note the fact that the uterus was no longer retroverted. A great change had taken place in the size of the uterus and condition of the parts. The *prolapsus* was not more than of the first degree and had ceased quite to trouble the patient. The abrasions had quite healed, and I had every reason to believe that every vestige of inflammation had died out. Two months later she reported herself, and I examined to see if the uterus remained in normal position, which I am glad to say was the case.

In such treatment as this the "pruritus" quickly yields to the glycerine and hot water, the leucorrhœa is soon lost sight of, and the backache and other troubles of which the patient complained vanish one by one. This patient has never had the least need or desire to resume the use of the hard pessary.

What the mechanical method entirely failed to accomplish, the physiological treatment was able to bring about in a period rather short of three months.

This is not an isolated case at all, gentlemen, but the kind of thing one meets every day.

The *internal* remedies used were *Ignatia* tincture, 3 t. d. for the nervousness and depression. It helped her wonderfully.

Cimicif. 1x, 3 t.d. was given after this for a while as it covered many of the symptoms. The only other medicine given was *Rhus 1x* for the backache, which persisted in spite of the *Cimicif.*

I have given this case at some length as it is a typical, though not an uncommon one. My next case I will state very briefly.

CASE II. *Retroflexion ; endocervicitis ; abrasio.*—Mrs. P—, aged thirty-three, married fourteen years. No children.

June 12th, 1883.—Scanty, irregular, and very painful period, yellow leucorrhœa, vaginal irritation, much bearing down, backache, pains in inguinal region and cramps in the abdomen. Great depression of spirits.

Diagnosis.—Retroflexion. Endocervicitis, and abrasion of os.

Treatment.—Lint slip with Iodine. Pure Phenol to abrasion. Tampons of glycerine and Secale. Irrigation of hot water (temp. 105°) night and morning.

July 31st. “Uterus recovered the erect posture.” This patient was seen very frequently, and the fundus uteri was kept well supported in a normal position by tampons of elastic cotton-wool.

She remained under treatment for two or three months longer till she could be pronounced perfectly cured.

This case is narrated as an instance of how quickly, in some rare cases, the uterus may regain its normal position.

The medicines employed during the conduct of the case were Merc. cor. 3x, Cimicif. 2x, Pulsat. 1x, and Ignat. tinct.

I will trouble you with but one more case, gentlemen.

CASE III. *Retroversion ; prolapsus ; dysmenorrhœa ; hyperæmia and hyperplasia of the uterus.*—Miss D—, aged thirty.

July 6th, 1883. Nine months ago she received an injury in a gymnasium, since which time she has suffered a martyrdom from backache, occipital headache, neuralgia, frequent, difficult and painful micturition, progression very difficult and painful. The headache and backache increased with slightest exertion. Period scanty and painful. On examination, uterus low down, very sensitive to touch, and retroverted. Replacing fundus gives great pain. In this case there was really a history of two accidents, either one or the other of which may have caused the dislocation of the uterus.

In this case, therefore, one might suppose the retroversion then produced to be the cause of any subsequent inflam-

mation of the organ. However that may be, rest and hot douches and tampons of glycerine with *Secale* and *Belladonna* led to this fact being recorded on the 4th September: "Uterus much higher in pelvis and in normal position." Medicines: *Gels. tinct.*, *Bellad.*, *Secale 3x*, *Rhus 1x*, and *Cimicif. tinct.*

On the 29th ult. this patient called to see me without reference to her uterine troubles. and as I was writing this paper I took the opportunity of examining to see if there had been any relapse into the retroverted condition. I am glad to say such was not the case.

SUMMARY.

To give then, gentlemen, a brief *resume* of the chief indications of treatment of those conditions most ordinarily encountered in dealing with displacements.

Endometritis simplex,—*Aconite*, *Bell.*, *Platina* (the salts of the alkalies, *Pot.*, *Sod.*, *Calc. carb.*, and of the alkaline earths), topical application of *Iodine*, etc.

Endometritis papillosa,—Dilate and curette (*Thomas's dull wire*).

Endometritis crouposa,—*Aconite*, *Iodium*, and *Cyclamen*, with hysterotomy.

Endometritis gonorrhœalis,—*Aconite*, *Cannabis*, *Thuja* (iodised *Phenol* to endometrium).

For all forms of the above the sustained hot douche invaluable.

Erosion simple,—Apply dry *Phenol*; hot calendulated douche.

Erosion callous,—supersaturated acidulous solution of *Arg. nit.* or *Calcium chloride* as local application.

Erosion syphilized,—*Phenol* or *iodoform* to erosion with *Merc. cor.*, *Nux*, *Sepia*, and *Hydrastis* as internal remedies.

Erosion carcinomatous,—*Soda chlorata*, topically and internally, and *Hydrastis*.

Hyperæmia,—Very hot douche sustained, complete rest,

Acon., Bell., Plat., Hamam., tamponade of glycerine with Aconite, Bell., Hamamelis.

Hyperplasia, subinvolution, prolapsus,—Secale, Calc., Caulophyllum, Sulphur. Friction and gentle exercise for the two former. Tampons of glycerine, with Iodine and with Ergot; sheep's wool better than cotton-wool, retains its elasticity when wet. Hot douche, and if cystocele and rectocele exist, revivify edges and stitch up perineum (Bantock's operation).

Anteflexion,—Dilate os and use Routh's vulcanite stem pessary *in bed* with frequent antiseptic irrigations.

Anteversión,—Cure the cervical hypertrophy and the corpus rights itself.

Retroflexion,—Remove hyperæmia and use Routh's stem *in bed* with the same precaution as for anteflexion.

Retroversion,—Remove hyperæmia and use Hodge's cradle if needful.

Finally, versions *may* be treated with vaginal pessaries, flexions never. Flexions if very old and established yield only to a stem, *i. e.*, intra-uterine pessary; they are aggravated by a Hodge or any other hard vaginal pessary.

DISCUSSION ON DR. ANDREW MILLER'S PAPER.

Dr. Dyce Brown disagreed with the essayist in thinking pessaries should be dispensed with altogether, and had seen many cases where they had been of the greatest comfort to the patient. Watching the symptoms was of the first importance, but mechanical means should not be neglected. He (Dr. Brown) did not think it necessary to use the hot douche so often or so hot. Applications to the endometrium he began to find almost useless, a few of the simplest excepted; in fact, treat them as we should ulcerations of other mucous surfaces.

Dr. Roth mentioned the excellent results obtained by Dr. Tripier in the treatment of flexions by electricity, and also the treatment by friction as in Brandt's system. He depre-

cated the very loose way in which frictions were suggested by the essayist.

Dr. Carfrae thought pessaries relieved although they certainly did not cure. Pessaries are of use in mild cases of hyperplasia with prolapse; but in anteflexion all pessaries are utterly useless. In procidentia Schwanke's pessary was useful. He (Dr. Carfrae) agreed with Dr. Brown in thinking the various local applications are of dubious utility. Glycerine pads are very valuable.

Dr. Matheson uses pessaries very much and with very great benefit. In other dislocations than anteversions pessaries are of benefit.

Dr. Dudgeon thought the womb was subject to treatment which no other organ would submit to. Gynæcologists rarely employ one agent alone, so it is difficult to tell which is the effective agent.

Dr. E. Blake thought Dr. Miller's paper very instructive; the linking together of Hahnemannism and modern pathology being most useful. He thought we were indebted to Dr. Miller for pointing out the damage done by pessaries in retroflexion; here a stem-pessary was called for. The hot douche is out of all proportion to any harm it may occasionally cause. Electricity had proved of use in restoring long-absent catamenia, but it had failed in flexion. Displacements do not give trouble unless hyperæmia is present. Dr. Blake defended the use of several remedies at a time, because most cases of uterine trouble consisted of a complex of symptoms.

Dr. Baynes had used electricity in many uterine diseases with satisfaction.

Dr. Drury (in the chair) always endeavored to do without pessary if possible, and thinks that the ordinary Homœopathic remedies, when carefully selected, enabled one to dispense with pessaries. Cases where rest was impossible were exceptions.

Dr. Miller, in reply, said, in answer to Dr. Dyce Brown's

criticism, that his paper was more suitable for students than for this Society, he could only say that he had endeavored to avoid the error into which he appeared to have fallen, it being very difficult to avoid dwelling somewhat on the nature and character of the diseases forming the subject of one's remarks. To Dr. Dyce Brown and to any gentleman who shared his feelings in the matter, he offered his most humble apologies, and said that his position was not so much against pessaries (although distinctly of opinion that they are more often useless and hurtful than beneficial) as against their use to the neglect of the various lesions which accompany the dislocation for which the pessary is applied. Munde insisted upon the water being as "hot as the patient can bear," and in Hart and Barbour's Manual (published 1882), the same thing in exactly the same words was insisted upon. This was the "modern" treatment Dr. Brown must allow, and if he would try it he would find his patients rejoice in it. Dr. Miller thanked Dr. Carfrae for his most kind and gentle criticisms. He did not know to whom he should attribute the honour of initiating in Great Britain the physiological treatment unless to Dr. Henry Bennett. Dr. Carfrae put the case against the pessary even more strongly than he (Dr. Miller) did, and he quite agreed with all that Dr. Carfrae had said. He had mentioned Munde as a gynæcologist, and was glad to take this opportunity of saying how much indebted we were to the American surgeons for their valuable contributions to the literature of this class of disease. We are very far behind them in our knowledge and treatment of pelvic diseases.

W. D. Gentry, M.D., of Kansas City, Mo., has been elected physician by the ladies of the Women's Christian Association to have charge of the health and sanitary arrangements of the Children's Home in that city. They have a large building devoted to that purpose, and furnish a home to about fifty children. When he took charge of it they were using carbolic acid, burned sugar, and every kind of an odor they could think of to disguise the stench; now there is nothing used and nothing disguised. The children are healthy and happy.

STUDENTS PRACTICING IN ILLINOIS.

Springfield, Ill., March 25, 1885.

DEAR DOCTOR:—In reply to yours of the 23d inst. I would say that the law only permits students to prescribe (not practice) under the supervision of a preceptor. The intent is to give students an opportunity to learn how to prescribe. No student can have an office to practice, or be away from his preceptor.

Very respectfully,

JOHN H. RAUCH.

HOMŒOPATHY IN AUSTRALIA.

BY W. R. RAY, M. D., MELBOURNE.

Australia, as you are doubtless aware, is divided into its several colonies, each answering to your several states, with cities of varying size, from that of Boston to those of a small village with its five or six thousand inhabitants. Our numbers in the different colonies do not amount to very many in the aggregate, some fifteen or twenty in all. In Melbourne, where I live, our number is seven; and of these, three must be reckoned as "Eclectics," although flying the flag of Homœopathy. We are, however, doing good work; each individual member having a large practice, and having his time well occupied. We have here a hospital and dispensary, which was founded in 1869, and which has steadily gone on increasing, until now we are building a nice hospital, which, when finished, will hold about two hundred and fifty beds. There are four on the staff—two surgeons and two medical men,—your correspondent being one of the latter. There is an out-patient department which is served by the staff on the several days of the week, the daily average attendance being from forty-five to fifty. Operations are performed as occasion demands.

There is a medical board appointed by the government, who examine all diplomas; it being necessary to be registered before starting practice, as all persons endeavoring to practice without being registered are subject to a heavy fine. The requirements of the Medical Act are, "that he shall prove to the satisfaction of the Board that he has passed through a regular course of study, of not less than three years' duration, in a British or foreign school of medicine, and has received, after due examination, from some British or foreign university, college, or body duly recognized for that purpose in the country to which such university, college or other body may belong, a medical diploma or degree certifying to *his* ability to practice medicine or surgery as the case may be."

You will see from the above that the degree of the Boston University School of Medicine fully meets the requirements of the Act, but that the pronoun used is masculine, as no female has ever offered herself for registration; nor do I think she would meet with the slightest success. I particularly mention this, as I have received two communications from lady graduates, inquiring what prospects of success were open to them. The fees here are much in advance of yours, being \$5 or \$2.50 for consultation, and \$5 for visiting; midwifery fees, \$25 and upwards. I would strongly urge some of the younger graduates to turn their attention this way, as there is plenty of room, and if the man has any ability, a certain success.

The list of diseases here runs much as in other places, phthisis pulmonalis showing itself very prominently; although I must say that fifty per cent. of the cases are those sent from England and other places for the change of climate. There is a peculiar fever, which occurs in the spring-time, which approaches very closely typhoid (the temperature varying from 101° to 105° F.), having the cerebral characteristics, but, instead of diarrhœa, constipation. With such cases, *Baptisia* acts with great success. So much for

my own colony, Victoria. As to the others, there are some four or five in each of the other colonies, who are all doing well. But the general cry is for more men; and, if any venture to come so far, I can promise them a hearty welcome, and an almost certain prospect of success.—*N. E. Med. Gazette.*

THE MEDICAL PROBLEMS.

BY PROF. A. W. WOODWARD, M. D. CHICAGO.

From the Valedictory address delivered at the commencement exercises,
of the Chicago Homœopathic Medical College, Feb. 25, 1885.

* * * * *

The conditions of success being followed with steady purpose, those of you who continue in practice, will in a few years, have become established in business. The struggle for a means of livelihood will then be over: you will have become ripe in your knowledge of *what can* and *what cannot* be done with medicine judging by our present knowledge of disease and our remedial agents. By that time you will have reached the place where most men are content to rest. During the remainder of their lives, they become more interested in outside affairs, their family, their church, society or politics claim their attention, thus they live on respected and honored members of the community, but becoming more and more conservative in their opinions until in a medical point of view they become mummies of the past, with no life giving spirit of enquiry remaining in their souls.

When some of you have reached that point in life where success is assured, this alternative will present itself, to follow the majority, and enjoy the fruits of your success or to make some sacrifice of your business, deny yourself to society and friends, until you are misunderstood and considered a visionary and impracticable dreamer. Do you ask why you should do this? We answer, because you will *then* recog-

nize the incompleteness of medical knowledge, and the necessity for much earnest work. Surrounded as you will be, by a multitude who look to you for counsel, and depend on you for safety in times of sickness, you will sometimes think as you close the eyes of one after another in their last sleep, was this needful?

And when you see a great people standing helpless before the coming of a mighty pestilence that will slay thousands and tens of thousands as it advances, with no means known whereby to stay its coming, you will ask yourselves again, am I doing my full duty to this people when I give them only my pills and potions? You will think, as a master in medicine! as a member of a learned profession! you owe it to your patients; you owe it to the world to do *your* part however little it may be towards bringing more light into this darkness and more knowledge upon this uncertainty.

The same Hand that has placed the planets in their orbits, and fixed the comets in their course, the same inexorable Law that governs the universe, has fixed the metes and bounds of the pestilence, and the conditions that shall permit its coming. It remains to us as physicians and students of nature, to discover the laws that govern these calamities and learn the means needful for their control.

Day by day many men are working silently and earnestly upon these questions, they are interrogating nature in various ways. Some with the microscope to learn the intimate structure of the nervous system, others by medicinal, electrical and toxical agents are learning its physiological operations. Others again are experimenting with disease germs, to learn their mode of contagion and means of prevention therefrom. Not content in these directions, some are striving to find the causes of epidemics by careful observations of cosmic and telluric influences, they are questioning the star dust and the rain, the influence of the planets and drouth, the prevalence of heat and cold, of sunshine and cloud, nothing escapes their observation. And still we

cannot answer why the epidemic comes to-day, and is gone to-morrow, and why it should enter the homes of the rich, with the best sanitary surroundings, as well as the poor in their wretchedness and filth.

But granting that the questions of cause and prevention of epidemics, are on the eve of solution as many believe, if it remains that *they will come*, and though we may temper their violence and in some degree limit their extent, yet many must fall victims before it. At such times the people "ask of us *bread*, and we give them a stone," when we tell them by what means their death approaches and why it must prove fatal. They look to us for a scientific mastery of the problem of *cure*, they demand that we eliminate all chance and experiment from our prescriptions, and learn the precise indications for the use of every medicine.

Word comes from Europe that the usual Homœopathic remedies have not been as helpful in the treatment of cholera this year, as heretofore, that the mortality by this disease under our treatment has been unprecedentedly large.

This brings us face to face with two very practical difficulties in the practice of medicine, one is the variable character of diseases bearing the same name, and another is the varying treatment thereby required for the same complaint. That the disease termed cholera as it prevailed in Europe the past season was not the same disease that formerly prevailed, we know assuredly from the failure of our old reliable and well tried remedies. Doubtless in its principal features it resembled the disease we have known by that name, but the attending symptoms must be very different to call for new remedies. This shows the necessity of a new school of pathology as well as therapeutics. Our Old School authors are experts concerning the structural changes produced by a disease, but they often disagree concerning the attending disturbances in other parts of the body, which, as in the new form of cholera must determine the suitable remedy. If you refer to your text books you find there is but one form

of Asiatic cholera, but one form of croupous pneumonia, and but one form of typhoid fever. What are the consequences of such incomplete teachings? Having been taught that the local affection furnishes the indications for treatment, the medical profession from the earliest times have been baffled and confused by contradictory experiences, the remedy that has been found at one time speedily curative in some particular affection, at another time has proved useless. This experience has been so universal and so constant that a death like skepticism has taken possession of the leading men of the Old School, they stand to-day faithless of medicine, and hopeless of a law of cure, because of these variations. But this question comes home to us, as Homœopaths, are *we* not in danger of a similar skepticism notwithstanding our law of cure. When we were students, we were taught that Belladonna was specific for headaches, that Bryonia would cure rheumatism, and Rhus was specific for typhoid fever. *To-day* we find Gelsem. more often required in headaches, Salyc. acid more useful in rheumatism and Baptisia in typhoids, this illustrates that *our* treatment of the same disease (so-called), is, like that of the Old School liable to radical changes from time to time. It shows further that if we would avoid such contradictory evidence, we must adopt a new system of pathology, that will distinguish the various forms of the same disease, one from another, as it prevails at different periods of time, this must be done by indicating the different complications, and the different remedies thereby required. Only then, can any dependence be placed upon pathological indications for our remedies, and a fixed line of treatment be adopted.

Until such a work on pathology is written, our only resource, if we would do our work well, is to differentiate for ourselves one form of cholera, or typhoid fever from another, by the attending derangements present in one case and absent in another, and we must adapt our remedies accordingly.

In our study of the action of drugs upon the healthy, we must keep this idea in mind, that disease being a multiple condition, exhibiting many derangements besides the local affection, our experiments with drugs should be conducted in a manner calculated to develop the peculiar combination of effects belonging to that remedy; so that when we meet the same combination in disease, we will know to a certainty the curative remedy. If *Veratrum alb.* acts chiefly upon the lungs, skin, spine and bowels, its usefulness in cholera is limited to cases attended by weak voice, cold skin, cramps, and purging, and it can never be curative except in such cases.

This indicates very briefly what the members of the Homœopathic profession must do in the future, if they would save their glorious inheritance and win greater victories. It is not enough that we can point with pride to the immeasurable superiority of the Homœopathic practice, when compared with the Old School. The measure of what we *should* attain with the help of the law *similia*, is far greater than can be expected of the regular practice.

In view of these serious impediments in the way of our greater success, in view of the glorious certainty of results that *may be attained* if we remodel our pathology, and revise our *materia medica* in a scientific manner, I ask you, will you continue to play with science as children with their toys? Will you continue to live with cold indifference to the fact that you have reaped the benefit of others toil, but will not toil yourselves? Will you continue to mingle in society and enjoy its pleasures? Will you still live to accumulate riches wherewith to endow charities or ruin your children? Will you continue to live on the surface of life? Or will you with your hearts touched by Promethian fire, consecrate yourselves to clearing away some of these great mysteries.

SOME BACKACHES.

THEIR CAUSES AND COMPLICATIONS ILLUSTRATED,

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

(Continued from Page 206.)

Perhaps I should not have managed case No. 28 so well had I not had the benefit of the study of and experience with the following unique one.

CASE XL. Mrs. C. aged fifty, large and fleshy and a great worker, fell through the sidewalk four years ago. She fractured the bones of the leg and at the same time severely wrenched her back in the fall. The Allopathic physician (Prof. C. W. E.) who mended her leg could not relieve the constant distress in the back and the vomiting explosions that occurred on exertion. "It aches like the toothache from my waist to the back of my head, but worst just opposite my stomach," was her explanation of the condition; adding: "When it gets so I cannot lie down nor rest then I know I shall have a vomiting spell." The attending physician evidently thinking these "spells" nervous would laugh at her, telling her that she would have them more or less while she lived. I was called when she was suffering with one of these vomiting spells to see if there was no help for her. That one was readily controlled with Arsenicum. I then set about ascertaining the cause. The history as well as the symptoms already given pointed unmistakably to a spinal irritation and I found a back so sensitive that I could barely examine it. I insisted on quiet as one of the means of cure but she was so used to activity that when a little better she must needs go down town. The ride in the street cars hurt her and she went home nauseated and a vomiting attack ensued and persisted until I relieved her. Again she was on the mend and took a trip to a neighboring town which brought on a most distressing attack. Bryonia was needed to control it. This was most annoying and I told her kindly but plainly that it was no use for me to try to cure her unless she followed my directions about quiet. She promised faithfully to follow my orders but I saw that she really only expected relief and not cure. She had an idea that her former physician was correct in his views and that she must

suffer all the rest of her life. Possibly he was right but I believed that if temporary relief could be secured why not a permanent cure in time? She passed the summer very well in fact improved steadily but one bright sabbath she yielded to the solicitations of kind (too knowing) friends and went to church twice. This aggravated the back, increased the hyperæmia, and she had another attack of vomiting accompanied with the almost intolerable distress in the back making rest and sleep almost impossible. Bryonia now singular to say made her worse. Hypericum was equally unsatisfactory. The distress that compelled motion and the great muscular soreness suggested Rhus. This helped most but for a whole month the distressing "toothache in the back" kept up until the "signs passed below the waist" when the "let up" was as sudden as it was satisfactory. Since then she has taken Rhus occasionally and has steadily improved.

There is a prospect that a complete cure will take place in this case if the directions are followed faithfully. Electricity may help to clear up that spine by and by, but there is now too much active hyperæmia bordering onto congestion. How this force acts in these cases we will consider at length by and by. The singular thing about this case is the periodical aggravation and especially from exercise; the irritation that compels motion "could not keep still night nor day" and third, the prompt action of Rhus and quiet. The singular part of it is that the current medical belief is that for these cases there is no permanent cure. It is not strange that friends conclude that it is simply nervous and that she ought to stir out and get her mind diverted. When they come to understand that a spinal irritation either by hyperæmia or anæmia, or both, needs quiet or only passive exercise, many a sick misjudged one will have a happier life and a more rapid convalescence.

CASE XLI. Mrs. D. tall, spare. I was called to attend during an attack of dysmenorrhœa. She complained of pain across her, and in back of head, bearing down pain in small of back, and was withal nervous and hysterical. Bell. relaxed this spasm and she rapidly convalesced. Ignatia was given for the general symptoms that culminated in a

nervous storm. There was no local cause for the dysmenorrhœa. I then obtained the following history: She was married to a man who turned out to be insane with a suicidal tendency. He could not bear her out of his sight and he would let no one be with them. For two whole years he slept on her arm. He finally suddenly disappeared. It is supposed that he committed suicide as did some other members of the family. It is not surprising that the constant vigil told on her nervous energies and that that left arm was nearly paralyzed. Recounting her experience had the tendency to bring on a hysterical nervous attack such as I saw her in. She disliked to see a physician for that called up her distressing history. But vigorous rowing had brought back the pain in the neck and she, fearing another attack, came for medicine. I found a very tender spine between the shoulders. A very mild galvanic current produced such faintness that she would not consent to its use again. Bryonia relieved the distressing shoulderache. Then Ignatia again cleared up the nervous irritation. Two years after she returned again with the old ache in the back. She was now a private secretary in a large establishment, had to take long cold rides was overworking and had undergone unusual excitement. Found marked tenderness of spine between shoulders especially of left side—she being left handed. Left leg and arm numb and cold. Gave Bryonia and ordered rest but that she would not take. Returned worse, has burning of eyes and heaviness of neck. Wanted to use electricity but to that she objected. "You cured me before without it and I guess you can now. I am afraid of it. I don't want to faint to-day. I cannot put my left arm over my head without fainting." Gelsemium was given with marked relief. She could not yet sit to the desk, had to write on her lap, but was much better. She was still nervous and feared another nervous explosion. Ignatia was again given and she has steadily improved, in fact is so well that she calls herself "as well as usual."

It is a great satisfaction to get such a case so far well, but I believe that if she would persevere that I could get that spine all right. She is one of that class of patients who dislike to think that they are sick. She is a most estimable woman, energetic and of clear grit, and it is a pity that her back should be neglected. It must receive

attention some day and the earlier the better, before the visceral organs become more deranged from lack of nervous energy.

(To be Continued.)

SOME CHARACTERISTIC SYMPTOMS.

These symptoms are collected and published, so that those to whom they are not familiar may make note of them. It is a good plan to make immediate record of all good symptoms as soon as found. It is not safe to rely on the memory to retain them.

On lying down, difficult breathing, no constriction of chest; must rise; is afraid to go to sleep; fears suffocation: Baptisia.

Chilly at 11 A. M.; glowing heat in afternoon (in lung troubles): Baptisia.

Wants to be held during chill, shakes so violently: Gels., Lach.

Children peevish, want to be nursed all the time: Ben. ac., Cina, Kreos.

Coffee relieves headache: Cann. ind., Glonoin, Hyos.

Epistaxis, with relief of chest and eyes symptoms: Bromium.

Epistatix, of backache: Bufo.

After stool great relief, as though an irritating substance had been removed: Gambogia.

Sensation of wave from uterus to throat, which seems to impede labor: Gels.

Bleeding piles; prostration greater than amount of blood would seem to warrant: Hamamelis, Hydras.

Facial neuralgia, with a stupid, stunning headache; begins every morning after breakfast; copious urination and disposition for stool: Iris v.

Skin itches; he scratches until he vomits: Ipec.

Watery, gushing diarrhœa in morning; awakes with violent tenesmus, which prevents her rising; later, burning

in abdomen, nausea, and violent straining to vomit:
Kali b.

Cold sensation about heart: Kali b.

Pains occur at irregular times, continue for no definite period; come suddenly or gradually and leave as uncertainly: Kalmia.

Pains are worse when sitting bent, yet feels as though it were necessary to do so; relieved by sitting or standing upright: Kalmia.

Pains in back and legs after eating: Kali c.

Sleepy while eating: Kali c.

Has an intoxicated feeling during and after meals: Gratiola.

Constant dripping of blood from the anus (stools not bloody): Kobaltum.

Increased secretion of urine in morning after drinking coffee: Kobaltum.

A tearing sensation in throat, not when swallowing, but from exertion of mind: Caust.

Mucus in throat; fears he will suffocate if he closes his eyes; lessens when opening eyes and sitting up; keeps awake all night: Carbo an.

Least solid food gags; can swallow drinks only: Baptisia.

Only fluids can be swallowed; solids reach a certain point and are then violently ejected: Natr. m.

Copious urine, with headache: Cinnab., Glon., Iris v., Verat.

Profuse micturition relieves headache: Gels., Kalm., Silicea.

Profuse backache: Lyc.

Profuse with dropsical swelling of ankles and feet: Eupat. per.

Diarrhœa (*i. e.*, an increased stool) relieves headache: Agar., Alum., Apis, Lachnan.

Washing chest with cold water relieves chest symptoms: Borax.

Wetting hæmorrhoids with saliva relieves pain, while cold or warm water aggravates: Bromium.

- Sensation as if drops of water were falling from the heart:
Cann. ind.*
- Gnawing pressure in stomach: relieved after eating, but returns as soon as stomach is empty: *Lachesis*.
- Nausea after cold, not after warm, drinks (in "chills"):
Lycop.
- Fluids swallowed with greater difficulty (and more pain) than solids: *Brom.*, *Cocc.*, *Hyos.*, *Lach.*
- Head and uterine pains, ameliorated by flow of blood:
Lach.
- Sciatica, right side, cannot walk or sit, must lie down:
Lach.
- All symptoms relieved while walking, after sitting down obscuration of sight returns: *Lachnan.*
- Drinking coffee causes pain in all the teeth: *Lachnan.*
- Diarrhoea, stools of green liquid mucus, with suffocative spells about heart, forcing one to lie down: *Lauro.*
- Black tarry stool, followed by distress in liver; worse morning as soon as moves (*Nat. sul.*): *Leptan.*
- Pain under right scapula, causing nausea or vomiting:
Chelid.
- When he sits the urine dribbles from him; when he stands it passes freely: *Sarsap.*
- Most horrible erections at night, causing the patient to *swear* most vehemently: *Picric. ac.*
- So much pain when he passes urine as to cause him to *dance* around the room in agony: *Petrosel.*†—*Hom. Phys.*

NOTES FROM PRACTICE.

MORRISON, Ill., May 4, 1885.—Diseases prevalent this winter and spring have been mostly of a typhoid character, typhoid pneumonia, scarlet fever, some few fatal cases, none among our school of practice. Remedies used are, *Baptisia*,

*Recently verified clinically.—EDITOR.

†The last three symptoms were given by Dr. C. Carleton Smith, who has clinically verified them.

Rhus, Bry., all the main ones in the typhoid variety, Bell., Ac., Merc. iod., Apis, in scarlatina.

With children when lung trouble has threatened, Verat. vir. has acted well, in fact have considered it my "main stay" when I get the case early. Aconite, Phos. and Bry. have also come into play and have acted well. Have not lost a single case among children.

Glad to see the change in THE INVESTIGATOR. Like it better than when it was a weekly. C. J. PEARSON.

DEFINITE SPINAL THERAPEUTICS.

KNOXVILLE, Iowa, April 3d, 1885.

PROF. T. C. DUNCAN, M.D., *Dear Doctor*:—I have read your articles on "Backaches" with so very much pleasure and profit, that I am tempted strongly to mail you my sincere thanks. Now if you will continue the good work by giving us something definite (curative) on acute, spinal and cerebral congestion and inflammation, we will all rise and call you blessed. Very truly, C. C. SHINNICK.

[It is pleasant to know that one's labors are appreciated. We shall continue to elucidate this dark background to the best of our ability. We fear, however, that the therapeutics will not be as full and clear as they should. There are doubtless remedies within reach of all with sufficient symptoms to cure all cases, but until we know the full natural history of these functional back diseases; how they develop, their special symptoms (local and remote), as well as the order of their appearance, and also the aggravations and ameliorations, we are hardly in a condition to match them with a similia. When we strike the proper trail then we can set remedies on the track that will "round them up" in short order. We are now busy gathering the facts, cases, cures, etc. We hope our friends will co-operate, as well as approve.—ED.]

HOMŒOPATHY IN MASSACHUSETTS.

MR. EDITOR: Again the Massachusetts Homœopathic Medical Society has held its annual meeting. It was a well attended and interesting one. The meeting was held in the rooms of the Young Men's Christian Association, the dinner was at the Brunswick. The papers and discussions were interesting and instructive. There was but one session, and the most of the time was occupied by the Bureau of Clinical Medicine somewhat to the displeasure of the members of other bureaus.

Although Homœopathy has had, and has now many able champions in this state, to-day it stands trembling upon a pivot. It is soon to be weighed by public scales; the balances are ready and shall we be found wanting? Very soon the first insane patient in a large state institution in New England will be placed under the care of Homœopathic physicians and upon the success in that institution will depend the future prosperity of Homœopathy here.

A physician to take the charge of those patients has been selected, who comes well recommended, and if he proves to be a man of "back bone," one who will stand up for Homœopathy regardless of any outside pressure, (if there should be any) and give it a fair trial, we have no fears, but if he shall follow the practices and teachings of many throughout the country even some in Massachusetts giving large doses of Quinine in puerperal fever, Ergot in all cases of labor, Bromide of Potash, Chloral, Morphine, etc., in cases of nervous or mental diseases, we may as well abandon hope of the future. These are the remedies freely and faithfully tried by the Old School, and can we give them more successfully than they? We must be more successful to accomplish what we desire. Simply to equal them is to lose all we have asked and fought for.

We are having another fight in Massachusetts over a state medical law. It was proposed by the "Old School" to

have a committee of nine to look after the interests of medical science and so anxious were they to have the bill passed that one of the leading Old School doctors in the state said he would be willing to have the whole nine Homœopaths. At the first meeting of the remonstrants there appeared the dean and one professor from Boston University School of Medicine and one other Homœopathic doctor to oppose it. At the second meeting the opponents were a committee appointed by the Eclectics, mind curers, christian scientists, etc., combined, but the papers gave it as the Homœopaths arrayed against the Allopaths.

To those who were unable to be present at those meetings it seemed unfortunate that members of our school should oppose a bill, which if rightly constructed and honestly carried out would have been beneficial; for since several states have passed laws regulating the practitioners of medicine, most of those who were regulated out of the state have located in this state, a majority of them in and around Boston, while in all that number, that there is not one skillful one educated, one really intelligent person is the opinion of one

DOWN EAST.

NOTES ON CONSUMPTION.

Dr. Chas. Cullis, of the Boston Consumptives' Home, is here, and I asked him about his therapeutic measures. For debility, cough, etc., he finds his best remedy in *Iodine*, 2x, three to four drops three times a day. For cavity, profusely suppurating, *Calc. hypophos.*, 2x, every two hours. For severe fever, *Acon*, 200, a single dose, repeated in two or three days if required. His great experience in this terrible malady makes his testimony of priceless value; hence, I send it for the benefit of your readers.

Fraternally, JOHN C. MORGAN.

BRONCHITIS AND ITS RESULTS.

AUTOPSY AT THE WARD ISLAND HOMŒOPATHIC HOSPITAL, N. Y.
CITY, BY EUGENE CAMPBELL, M.D., OF FAIRFIELD,
IA., EX-MEMBER OF HOMŒOPATHIC STAFF.

In the following you will find a history and autopsy at Ward Island Homœopathic Hospital similar to the one published last January. The case from the symptoms without a thorough examination, followed by an autopsy, would have lead many to think it was a case of phthisis.

HISTORY.—A. C., single, U. S., seamstress. Admitted October 6th, 1884.

DIAGNOSIS.—Sub-acute bronchitis, mitral insufficiency.

HEREDITY.—Parents are living.

MODE OF LIFE.—Has been keeping up a miserable existence by sewing, and has suffered for want of proper food.

PREVIOUS DISEASES.—Rheumatism.

PREVIOUS HISTORY.—A month ago she caught cold, and ever since has had a cough. About three weeks ago commenced to experience a loss of power of right hand and foot. The right foot would drag on attempting to walk, but at present time has no trouble in walking. She has had a diarrhœa for the past three days. The stools are watery and are accompanied by pain in the bowels.

PRESENT CONDITION.—The diarrhœa is some better, has three or four stools daily. Coughs more during the night than during the day, and is accompanied by pain in left infra-axillary region. Appetite is good. She is feverish, pulse 96 per minute, full and strong, constant thirst for large quantities of water, cough dry.

PHYSICAL EXAMINATION.—A systolic murmur synchronous with the apex beat is heard with greatest intensity at the apex, but is conveyed around to the left, and is also heard at the apex of the left scapula. Respiratory murmur is ex-

aggrated, also sub-crepitant rales are heard over the anterior part of chest. Marked emaciation. \mathcal{R} *Phos.*, 3c.

NOTES.—*October 20th.* Cough worse at night, and is accompanied by sharp pains in left breast. Appetite ravenous, eats more than any three women in the ward. Bowels loose, conjunctiva has a bluish cast, has constant pains in abdomen. \mathcal{R} *Phos.*, 3c.

October 27th. Is feeling better, although her general condition is about the same as last week. \mathcal{R} *Calc. iod.*, 3c.

November 3d. Is feeling much better. \mathcal{R} *Calc. iod.*, 3c.

November 10th. Coughs a great deal; cough is aggravated at 9 a. m., and is always dry. She has pain in supra-sternal region, sleeps well, has very poor appetite now. Her diarrhœa is aggravated every a. m. after breakfast; has cutting pains in abdomen before and after stools; is not feverish. \mathcal{R} *Podoph.*, 3x.

November 17th. Her bowels are still very loose, two or three stools daily, and about the same during the night; has pain before but not during stools. The stools are sudden and watery. \mathcal{R} *Phos.*, 3c.

November 24th. Three stools during this morning; pain preceding stools, which are expelled suddenly like from a hydrant, and are *thin* and *watery*. Appetite excessi
 \mathcal{R} *Phos.*, 3c.

December 1st. Cough is very troublesome and is dry; sleeps poorly. \mathcal{R} *Ars.*, 30x.

December 8th. A few days ago (4th instant) she developed erysipelas of the entire face, with a temperature 104.8°. To-day the temperature is 101.5°. \mathcal{R} *Bell*, 1c; locally, *Calendula*.

December 15th. The erysipelatous inflammation is subsiding somewhat. The temperature has varied somewhat. The temperature has varied during the week, the highest point being 104.5°; on the 12th it was 104°; on the 9th it was 100.5°; last night it was 103°; to-day, 100.4°. She has no control over her bowels. Face is now dressed with vase-line. \mathcal{R} *Bell*, 3c.

December 22d. She has been getting better until last night, when her temperature raised to 103.5°, but this morning it is 99°. She still has diarrhoea, which is at present very bad. Died 11:15 P. M.

AUTOPSY.—Time in hospital, two months and sixteen days. Died Dec. 22, 1884, at 11:15 P. M.; autopsy Dec. 23, 1884, at 2 P. M. Height, 5 feet and 1½ inches; head, 20 inches; chest, 29 inches; abdomen, 23 inches.

Body.—Rigor mortis well marked, body emaciated.

Heart.—Weight, 17 oz. Hypertrophical condition of the ventricular walls, especially the left.

Left ventricular.—Dilated and filled with clots.

Cusps of Aortic valves thickened and distended. One segment of mitral valve was increased in size, and has upon its surface extensive vegetations and calcareous deposits. The second segment was contracted.

Left Lung.—Weight, 23 oz.; apex slightly emphysematous.

Upper Lobe.—Edematous throughout, red hepatization.

Bronchial Tubes.—Showed evidences of sub-acute and chronic bronchitis; brown and red patches throughout.

Right Lung.—Weight, 23 ounces.

Upper Lobe.—Emphysematous at apex and œdematous throughout.

Middle Lobe.—Emphysematous.

Lower Lobe.—Congested, œdematous. Chronic bronchitis extending throughout the tubes of right lung.

Liver.—Weight 53 ounces. Capsules non-adherent; substance friable; fully degenerated throughout.

Spleen.—Weight, 8 ounces. Highly congested; substance friable. Splenitis.

Right Kidney.—Weight, 4 ounces. Increase in the cortical substance at the expense of the pyramids; congested throughout; cicatricial on surface, showing old cystic progress.

Left Kidney.—Weight 5 ounces. Condition same as the right.

Small Intestine.—Deeply congested throughout, a free mucous discharge being present as evidence of catarrhal enteritis.

Causes of Death.—1st, mitral stenosis and insufficiency; 2d, hypostatic pneumonia of lower lobe of left lung, chronic catarrhal enteritis, chronic bronchitis; 3d, heart failure.

Dr. Minner assisted me in the autopsy.

LOCAL APPLICATION FOR ERYSIPELAS.

Mr. M. a blacksmith, living at Rosedale, Kansas, called upon me some time since for advice regarding the amputation of his left arm. In striking a piece of hot iron a splinter or scale was detached and which, in its flight, struck and wounded him on the wrist. Inflammation set in and soon after erysipelas. The whole of the fore arm was involved and rapidly approaching a crisis. The physicians at Rosedale, (Allopathic) told him the only hope for him was amputation. He told them he would like to consult me first, which he did and I differed with them. I had used Veratrum before and believed it to be nearly a specific. (If there could be such a thing as a specific.) I saturated a soft cotton cloth, doubled, with Norwood's tincture of Veratrum viride and wrapped the hand and arm with it, and directed him to keep the cloth wet with the tincture till bed time, then let it dry on the arm. He did so but it was just like he had it in fire. The erysipelas ceased to spread and next morning the arm was free from the disease, and with a dressing of Hydrastis canad. 1st trit. renewed daily, as in the case of burns, made a speedy recovery.

KANSAS CITY, Mo.

W. D. GENTRY.

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 choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

CHOLERA AND HYPERÆMIA.—The student of epidemiology finds in the many reports and generalizations presented food for much thought. Why should we have apoplexies and other evidences of central nerve pressure from hyperæmic tornadoes? Why should we have these nerve and blood convulsions precede epidemics? Such inquiries carry us outside of man to his environment. Is it an atmospheric pressure or an electric disturbance? If either or both where is the origin? So the circle of inquiry widens. To attribute cholera or any other epidemic to local filth is to take a narrow view of the matter. Endemic causes may aggravate the epidemic but can do only that. Pure sanitary surroundings tend to lessen the stay of the epidemic but only that. Cholera as it prevailed in the east was the same old terror in spite of the progress of medical and sanitary science.

If it is true that cerebral congestions precede epidemics it is well to cast about us and see if the hyperæmia is the prevalent tendency of to-day. If it is, it should attract attention at once. We have noticed a large amount of muscular rheumatism which some attribute to central (spinal or cerebral) hyperæmia. Possibly this is only because our attention has been centered on this subject.

If the pathology of cholera is related to hyperæmia would that not explain why Camphor, Aconite, Cuprum, Arsenicum, Veratrum, etc., are so promptly curative? If this disease appears this year we should not let the stranger depart without knowing more of the pathology as well as etiology of this singular epidemic. How does this epidemic differ from those that have gone before?

We hope some of our European colleagues will report in full a history of a few cases that we may see the peculiarities of the epidemic.

THE MATERIA MEDICA REFORM has brought forth its fruit. There seems to be a good deal of misconception as to what shape the reform should take. The course taken by the combined American and British societies has met with a varied reception so will this product of that effort.* We have before us the first pages of the promised new materia medica and were not a little surprised to find it only the provings presented in narrative form. It is true to its name, Drug Pathogenesis, but when we turn to Aconite and find 600 symptoms collected by Hahnemann omitted because the day books were obsolete the claim for being a cyclopædia seems rather far fetched. As one scans this work and finds each bundle of symptoms tied nicely together in small type the necessity for another work is painfully apparent. This material with that omitted must be arranged in some form as available for reference and for memorizing. To most of those who have made provings this method of condensing the reports will be objectionable for the startling language and odd disjointed method used to report provings, tends to emphasize the salient features of the drug. There will also exist a lurking suspicion that the symptoms are not presented with the shades of meaning that the prover felt. If provings are omitted when prominent professors pronounce them genuine, why may not vague symptoms be dropped out also. We are sorry that this suspicion should rest upon this revised work. We are extremely sorry to find doubt cast on the work of Hahnemann, Hering and other materia medica workers. We confess to a sore disappointment in this work. It is perhaps fortunate that these societies took it up for if placed on the market it would have been a dead loss to any publisher. It is only available to those who have time to search out the symptoms that are here woven together and buried in the general mass.

The revision of the materia medica has not appeared to us as necessary as a full exhibit of each drug, such as was given in Hale's New Remedies. From a therapeutic point of view, a half dozen lines would give the indicated symptoms of many remedies, e. g., of Agaricus which here occupies fifty-three pages. The fact of the matter is the study of materia medica as materia medica demands the most complete provings, but for the busy therapist only the salient

*A Cyclopædia of Drug Pathogenesis Edited by R. Hughes, M. D., J. P. Dake, M. D., etc.

emphasized symptoms are desired, while for the student a condensed text only is necessary. The reform attempted here seems to miss all of these classes. It looks very much as if we still needed a revised *materia medica*.

CONSULTATIONS.

ERUPTIONS ABOUT THE MOUTH.

Why do we have eruptions about the mouth, especially with digestive derangements? C. S. J.

[That is a poser. We feel more like passing it over to those who study in that line. Why, we might ask, have we hydroa on the lips, call for *Natrum mur.* or cracks in the corners of the mouth *Merc.*, or periodical pimples on the face, *Puls.* or yellow saddle on the nose, *Sepia*. The why is an interesting study. Who will explain?—Ed.]

ANSWER TO WHAT IS IT?

"INQUIRER," in your last number is informed that *Mentha arvensis* is the botanical name of a species of Japanese peppermint, from the oil of which Menthol pencils, the new headache and neuralgia cure, are prepared chemically. Menthol is very much like camphor, differing from it only in having four atoms more of hydrogen.

C. G.

ANTIDOTE FOR RHUS POISONING.

Old sour butter-milk or lactic acid applied frequently to the parts affected will quickly antidote the rhus poisoning. Have used it frequently. W. D. GENTRY.

KANSAS CITY, MO.

HOW I GIVE ELECTRICITY.

T. C. DUNCAN, M.D.—*Dear Doctor*: Your articles on backache in the last numbers of *THE INVESTIGATOR* are exceedingly interesting and instructive; but a few things I would ask not made quite clear yet.

My conclusions are that the galvanic current is the one used altogether. Is it?

In hyperæmic conditions the positive to the spine. [Yes.]

In anæmic conditions the negative. Is that right? [Yes.]

Would one, two or three cells of the gravity battery (*McIntosh*) be the strength? [Some cases yes.]

When is the induced current to be preferred, if at all?

Would the brush or hand be the best in application?

If you can find time to answer these questions briefly and suggest anything else to assist me I will be very much obliged, for I have scores of just such cases. Whilst I remain most respectfully,

J. EMMONS.

[Both forms of electricity are used, but for hyperæmic conditions the galvanic gives the best results, current a way from the back. In anæmic conditions the reverse is best. Here the Faradic also does good service if used judiciously. When I reach treatment this subject will be treated at length.—T. C. D.]

ANTIDOTE FOR THE TOBACCO HABIT.

In response to the request in the January number of *THE INVESTIGATOR* for help in the case of a talented minister killing himself with tobacco, I will give the benefit of my experience. In 1878 was called upon to treat an old lady aged sixty years suffering with pneumonia. The remedy indicated was Bryonia, which was prepared and directions given for its administration with the remark that the patient was not to use coffee or any spices. The question was asked could she smoke her pipe. On being told that she would have to discontinue the use of tobacco, or the medicine would do her no good, she said she had been constantly using tobacco by smoking it in a pipe for forty years, and that she would not consent to discontinue its use. After considerable argument and persuasion on the part of her family and a statement that I could do nothing for her unless she would discontinue it for, at least, three or four days, she at last agreed to go without her pipe for three days. I then changed the medicine and gave Arsenicum 3x trit. every two hours for the purpose of antidoting and relieving the desire for nicotine. The next day I gave the Bryonia as an inter-current remedy, which acted well. I kept up the Arsenicum for seven days. The desire for smoking decreased after the third day, and by the seventh day was entirely removed. The patient made a rapid recovery and did not resume the use of tobacco. Indeed, the Arsenicum made such a change in her that she could not even bear the smell of tobacco smoke afterwards, and up to this day, now nearly seven years, she will not remain in a room where any one is smoking. I have frequently offered her a fine cigar and tried to hire her to smoke it, offering her one dollar one time and five dollars at another if she would smoke a cigar, but she would not entertain the offer, but would give a look of disgust at the idea.

I have used the same remedy in other cases, and with similar results, but I have never used it long enough in any one case to effect disgust. Would like to hear the experience of others regarding this matter.

W. D. GENTRY.

KANSAS CITY, MO.

CASE FOR COUNSEL.

Young man, eighteen years old, quite fleshy rather strong build. General health was very good till a year ago, except that he was once badly poisoned by Rhus three years ago. He was preparing himself for a medical college and went therefore to the college at Salem, Oregon, where in the spring of 1884, he was taken with chills and sudden prostration or better, a feeling of so-called nervous goneness. He improved some under Homœopathic treatment, but far from being well. Hoping that a change of climate would do him good, he, last fall went to Eastern Washington Territory, and stayed with his brother there, helping him on the farm. He thinks the change of climate has done him good, but not altogether, as you will see, by a copy of a letter from him I received a few days ago. Here are his own words, viz. :

"You ask me to write fully my complaint; I will try to give it as best I can. The way it comes on seems to me, is hardly two times the same, but still it seems to terminate to a certain point, which I don't think, I know myself. It seems as if I feel worse when the weather changes. Sometimes I feel so well, that I think I am all right again and I feel real happy. All to a sudden, sometimes in less than five minutes I feel bad; the spells seem to come pretty regular, sometimes they last one day and again they may last up to a week, seldom longer, sometimes I feel worse than others. It is a kind of funny feeling that cannot be fully described. The time I generally get the spells, are any time between ten o'clock in the morning, till about midnight. I always have good ambition to work and when I feel bad, it seems to me, the harder I work, the less I feel conscious of the spell. I do not use tobacco, beer, coffee or tea. My appetite is fair, except when the spell first sets in. Sometimes the warmth of a room will do me good, again the cool air out doors. The way a chill commences is, viz. : When at day time I get a little restless; pretty soon my hands commence to sweat and the same time they seem cold. I have to keep them moving, my cheeks feel hot and look red, sometimes my forehead is hot and again it is sweaty and feels cold. At night, it is the same, only at the beginning I wake up and everything seems so awful still. I have to keep moving till the chill commences. During the chill and after I feel better, but it stays with me, for a few days, that I feel precisely as I ought. Sometimes when I don't have the chill, the pupils of my eyes seem to get larger and I have to rub my eyes and my head feels some funny, sometimes I am afraid to stay alone or change work or move from one place to another. Sometimes I drink a good deal and again I don't. Sometimes it goes to my stomach, then it is mostly on the left side of my stomach. When I have an attack no matter how full I have my stomach, it gets sunken in, it seems as if a weight were

pressing on it, at some point. At night I have to lie on my right side and keep my left arm over my stomach. I mostly have a bad taste in my mouth, it seems as if my tongue got larger, but it don't, and as if I had to chew something out of my mouth. Sometimes I have a slight headache. Anything excites me easy, sometimes spitting relieves. Sometimes I let very much urine, sometimes every ten minutes, it changes in color two or three times a day from a dark brown to clear water, but never scanty. It all seems to have its origin mostly from the left half of the stomach. My hair seems to fall out a little. Now I do not have all this at one time, but I have it and some more, but I cannot think of more just now. For a few days the back of my neck was stiff and hurt me way down my shoulder blades. One time I had it bad in my stomach, Baptisia eased me in five minutes, but not always.

When I have a spell on me, I think I could never study medicine, reading and studying seems to make it worse, I cannot then bear anything in that line, but when I feel well again, I can study without difficulty."

Above letter is in pl.in language, but I am puzzled. Who will help to clear up that case, and give the disease and treatment in full and oblige,

N. YAMHILL,

Yours very truly,

L. HAMERSHMIDT.

YAMHILL Co., Oregon.

[We read this case to a company of doctors and the result of the consultation will be of special interest.

Dr. A. That is a case of malaria, clear case and the remedy is China. I should give him two grain pills every two hours for—let me see, did he say when the chills returned—well till the chills come on then I would stop.

Dr. B. Did you notice that he had been poisoned with Rhus and do you notice the restlessness before the chill. That seems to me a clear case of Rhus poisoning.

Dr. A. Rhus poisoning after four years! Man alive you can see mountains in mole hills! I believe he has been living in a malarious district. Salem, Oregon lies low I believe. It is malaria, a sort of dumb ague.

Dr. B. I am inclined to think that it is a Rhus case possibly caused by rheumatism as Hahnemann says the action of Rhus lasts six weeks.

Dr. A. But see he locates the most distress on the left side of the stomach that is in the spleen.

Dr. C. You may both be right, but I cannot get past that stomach. It looks like dyspepsia to me.

Dr. D. Do you see that it came on while studying. There is a nervous basis that should not be overlooked. Those chills may be nervous, that stiffness of the back, the hair falling out, then menta

work makes it worse. It looks to me like cerebral hyperæmia. The remedy I should think of would be Sulph. and for the attacks a dose of Aconite I believe would cut it short. If these did not take hold of the case I should then give Rhus, for that covers more of the symptoms. The spleen, stomach and other organs are out of tune because of the nervous hyperæmia.

Dr. A. Well perhaps you are right for the nervous system is King but I think you could fall back on Arsenicum finally. Well Duncan you have taken notes, print it all and then let doctor, what is his name report. But that fellow had not ought to study medicine yet any way.—ED.]

MEDICAL NEWS ITEMS.

G. W. Foote, M.D., is mayor of Galesburg—an honor worthily bestowed.

B. H. Cheney, M.D., writes: "On May 2, 1885, I expect to sail for Europe, to be absent about two months. Good luck and good bye."

Colorado Homœopathic Medical Society meets at Denver on June 3 and 4, 1885.

G. F. Coutant, M.D., of La Salle, Ills., is also a banker. He was recently elected president of the Eureka Loan and Building Association.

Correction.—In Dr. Gatchell's article on Psoriasis, in our last number, page 210, line 12 from the bottom, should read: "There has been no recurrence of the disease."

S. A. Kean & Co., Bankers.—We would call the attention of our readers to the card of this firm on another page. Mr. Kean we have known for two score of years and have always found him honest, reliable and a perfect gentleman.

R. L. Polk & Co.—We are pleased to announce that there is in course of preparation a complete medical and surgical directory of the United States. The legal fraternity supports several such publications devoted exclusively to it, and nearly every branch of commerce has its special directory. The medical profession has felt the need of a carefully compiled directory covering the entire union, wherein data supplied by such a medium could be obtained at once. The forthcoming volume will give the name, system practiced, college and year of graduation, and postoffice address of every physician in the United States. It will also give a description of every city, town, village and hamlet from the remotest corner of Maine to the utmost confines of California. It will embrace a complete list of medical colleges, medical journals, hospitals, asylums, sanitariums, health resorts, etc., etc. It will give classified lists of all engaged in the manufacture of anything pertaining to the profession. A summary of the laws of each state as relates to the practice of medicine will also be given together with statistics of each state as regards mortality reports, population, etc., etc. These are but a few of the leading features of the publication, which we are informed will be a work of nearly two thousand pages replete with information valuable to every person connected either directly or indirectly with the profession. We are led to notice this work at length and to indorse it strongly, because we are convinced that the gentlemen conducting the enterprise, Messrs. R. L. Polk & Co., have the facilities for carrying it out successfully—facilities possessed by no other publishers in this country.

They have offices in all sections of the union and have a large force of men thoroughly experienced in collecting data for similar publications. Be sure your name is there.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

Vol. XXI.—JUNE, 1885.—No. 6.

A CASE FROM PRACTICE.

The following case so beautifully illustrating the efficacy of the potentized drug in the treatment of acute hepatitis, a disease so dreaded by our Old School brethren, having come under our observation we thought it might be of sufficient interest to justify us in occupying enough of your valuable space to report the following case: Mrs. H., German lady forty years of age, bilious temperament, fleshy, and a hard worker, was attacked on Sunday, April 19th, by a severe chill lasting about two hours followed by fever, vomiting of bile and severe lancinating abdominal pains causing her to bend double and press upon the abdomen which afforded her relief during the paroxysm. Being in great haste to visit other patients we prescribed Colocynthis. We were summoned again in the evening, the patient had made no improvement and in fact grown worse. The vomiting being severe and accompanied by distressing pain in the head, liver, and stomach caused us to prescribe Nux vom. Called again next morning and found the patient with high fever,

temperature $102\frac{1}{2}$, pulse 120, sharp shooting pains in the region of the liver, the right lobe of which was punched out as large as the crown of a hat and exquisitely sensitive to the most careful touch or motion. The patient complained of dizziness, intense pain in the head aggravated by the least motion or noise, thirst for beer and large quantities of water, urine frequent, high colored, scanty and scalding, tongue coated white, the nausea and vomiting relieved. We prescribed Bryonia 200th, a dose every two hours. Called again next morning and found the swelling in the region of the liver very much reduced, pain greatly relieved, pulse 98, temperature 100, skin assuming a yellowish hue, continued the Bryonia. Called again next morning and found the temperature 99, pulse 76, skin yellow, region of the liver only slightly sensitive and the swelling all gone. Continued the Bryonia and discharged the patient.

Here is a case which our "Regular" friends say usually goes on to the formation of abscess and subsequent death, which by the means of a few doses of potentized Bryonia was restored to health safely, quickly and pleasantly, which as Hahnemann truly says is the full duty of the physician. The symptoms demanding Bryonia were the sharp lancinating pains in the region of the liver and head both aggravated by the least motion or touch, the white coated tongue, the thirst for large quantities of water and the physique and temperament of the patient. We do not say that the tincture of Bryonia in water would not have cured this patient but who could ask for more prompt and speedy effect than was obtained from Bryonia 200th in the above case?

Is there any proving or clinical reports of the action of Zea or the extract of corn silk? ELLIS & NEWTON.

A Case of Excision of the Humerus.—At a meeting of the Imperial and Royal Medical Society of Vienna (*Wiener Med. Blatter*, March 20) Prof. Billroth showed a patient, aged twenty, from whom the whole right humerus had been removed soon after the age of twelve, on account of disease of the bone, the whole shaft being spongy throughout. The periosteum was carefully left intact, but the bone did not form again. In spite of this, the forearm was well developed, and, by means of an ingenious splint, and an artificial shoulder-joint, the patient could use his arm and hand well.

THE UNITED STATES MEDICAL INVESTIGATOR.

CLINICAL NOTES.

We are having in this locality an epidemic something in the form of influenza but quite apt to become pneumonia. Occasionally a typhoid form presents itself. Acon., Bell., Bry., Tart. emet. and Droser. seem to be the remedies from which to make selection, with Gelsemium if typhoid symptoms are present.

I am in want of some kind of an electrical apparatus. Do you consider McIntosh's as good as any? [Yes] and will a twelve cell Galvano-Faradic answer for all ordinary cases? [Yes.] Is there any work on electrical therapeutics any better than Haynes? I mean any elementary work. [No.]

It seems to be a happy hit you have made in changing to a monthly again.

JOHN M. BARDEN.

PRACTICAL NOTES ON MATERIA MEDICA.

A paper read before the Convention of the Homœopathic Medical Society of the State of Kansas, at Topeka, May 7th, 1885.

As my name was put on the bureau of materia medica, I ought to have written a well prepared essay on the subject of our materia medica. Well, it ought to be so, but it is not. I can only say; "*mea culpa, mea maxima culpa*" and promising to do better in future I will give only a few hints on the most remarkable qualities of our most frequently used remedies.

It seems to me no assumption at all, to speak of certain ailments as if they belonged to certain remedies, because those certain symptoms yield so readily and successfully in the very large majority of cases to our well proven Homœopathic remedies.

I will commence with the back bone in our materia medica and proceed somewhat in alphabetical order.

Aconite fever—has a dry burning skin; full bounding pulse and great fear.

Æsculus hip. hæmorrhoids—are blind and very painful.

Antim. tart. cough—has much rattling of mucus in throat and chest.

Arnica soreness—is from mechanical injuries.

Arnica wounds—are bruised.

Arsenicum thirst—is drinking little and often, burning.

Acid nitr. salivation—is from Mercury abuse.

Acid phosph. weakness—is impotence.

Aloes diarrhœa—has stools in “gobs.”

Amyl nitrite fits—Angina pectoris.

Apis mel. pains—are stinging (mostly in uterine and abdominal region.)

Atropinum diarrhœa—is involuntary (do not forget this in typhoid fever.)

Aurum met. mind—has suicidal thoughts.

Bapt. tinct. fever—is a typhoid stupor.

Belladonna headache—is throbbing with violent congestion, wild delirium.

Bryonia stitches—are worse from the least motion.

Bromium cough—we have in membranous croup.

Calc. carb. child—is pale and fair, soft and flabby.

Cactus pains—are constrictive and acute in heart.

Calendula wounds—are lacerated.

Camphora fainting—has icy cold skin. (Use always tincture and give it on sugar.)

Cantharides suffering—is strangury.

Caulophyllum pains—are deficient labor pains.

Chamom. child—is extreme sensitive.

Chamom. fever—one cheek red and hot, the other pale and cold.

Chimaphilla urine—is thick, ropy and of brick color.

China weakness—is from loss of animal fluids.

China fever—is *distinctly* intermittent.

Sulph. of Quinia fever—is *malarial* and *distinctly* intermittent.

Cimicifuga pains—are uterine and rheumatic, or neuralgic.

Colocynth pains—a violent squeezing colic.

Cicuta virosa spasms—are sudden and mostly in upper part of body and limbs (meningitis.)

Cina child—is picking the nose, has canine hunger and distended abdomen (worms.)

Coca tinct.—(Here we are *so near* and *yet so far*. The 510 symptoms as recorded in Allen's *Materia Medica* are nothing to compare with the discovery that Hydro chlorate of Cocaine has such great local anæsthetic power. This discovery which was recently made by Dr. Karl Koller is *the event* in the annals of the latest medical discoveries. We must humbly bow our heads to the stern truth and knowledge that some good may come from Nazareth, i. e., that the ardent labors of our Allopathic brethren are a benefit to mankind sometimes. I have not used the drug myself, and hence cannot verify any laudations of the remedy, but I hope, that some members of this convention who have used the drug will report all that they know about the great Hydro-chlorate of Cocaine.)

Cocculus indicus sickness, is sea sickness. (Now I wish to give you the startling information, if you don't know it yet, that not all that is written in our *materia medica* is infallible. I crossed the Atlantic three times, and each time used quite a number of remedies, and of course the stereotyped Cocc. too. Yet I believe that no remedy ameliorated my miserable condition in the least, and at any rate in my case all remedies against sea sickness proved to be failures. I never got over the sickness sooner, than the fifth day. The second time when I crossed the ocean, and arrived at South Hampton, Eng. I felt quite well. Now I had to wait there eighteen hours to make connection with a steamer to take me to Havre de Grace, France. This short stay on *terra firma* was enough to upset all the marine accommodation power of my system, and I was again as seasick that night as if I had never set foot on board of a vessel.)

Chloral hydrate child—has no rest at all and cannot sleep. The irritated gums (from teething) and the accompanying painful diarrhoea (summer complaint) keep the little sufferer awake continually. In such cases rest and sleep *must* come, or else the strength of the child will give out soon, and convulsions will close the scene. Chloral hydr. given in material doses (in syrup of Tolu) will produce sleep, and help the diarrhoea too, that is, it has done so in my experience.

Coffea nerves—are over-sensitive.

Crocus motion—like something alive in abdomen.

Cuprum convulsions—are mostly in hands and arms.

Digitalis pulse—is irregular, or intermittent.

Drosera cough—a regular old fashioned whoop.

Eupatorium aching—back and legs as if broken.

Euphrasia eyes—have profuse lachrymation.

Glonoine headache—is a bursting, sun headache.

Graphites skin—has eruption oozing out a sticky fluid.

Gelsemium fever—nervous chills, also malaria remittent.

Hamamelis constitution—has a defective venous system (varicose veins.)

Hydrastis skin, or membrane—is excoriated, or abraded.

Hyoscyamus delirium—are mild and muttering.

Ignatius mind—is full of sadness, grief, disappointment.

Hep. sulph. skin—suppurates from the least injury.

Ipecacuanha stomach—has a constant nausea and vomiting.

Iodium glands—are scrofulous affections.

Iodium cough—in membranous croup.

Iodium lungs—are hepatized in pneumonia as well as in phthisis pulmonalis.

Iris versicolor headache—is stereotyped too, but I must confess, that I have not yet stumbled on those particular cases of migrane, when Iris deserved the first rank as a pain killer.

Hypericum spine—is very painful (from injury.)

Kali hydrojodium throat or skin, has secondary or tertiary

symphilitic affections. (In my practice the remedy has proved to be very efficacious, when given in material doses and taken at least one hour before meals. Starchy food decomposes the remedy, and hence it ought to be taken at least one hour before eating.)

Kali chlor. mouth—has apthæ.

Kali carb. cough—comes on about 3 o'clock A. M.

Kreasot teeth—decay as they appear.

Lachesis throat—cannot bear to be touched.

Lilium tigr. uterus—is displaced in one way or another.

Ledum wound—is punctured.

Lycopodium urine—has red sediment like sand.

Musk spasms—are hysterical, even to unconsciousness.

Natrum mur. lips—have fever blisters.

Opium mouth—is open.

Opium breath—is stertorous, snoring.

Kali bichrom. discharges—are tough, stringy mucus.

Kali bichrom. cough—is croupy (membranous.)

Merc. corr. stools—are dysenteric.

Merc. pains—are worse at night.

Merc. binjodat. throat—has diphtheritic deposits.

Nux vom. constipation—has frequent and ineffectual efforts to stool.

Nux vom. pains—are gastralgie.

Oleum ricinus patient—one who cannot be satisfied with small doses of Homœopathic remedies, and to satisfy him, we must prescribe something that has a taste, and produces a perceptible effect on the inner self of the patient. (Podophyllin.)

Phytol. dec. breast—has hard swollen lumps.

Phytol. dec. throat—has diphtheritic deposits of a mild character.

Plumbum constipation—has fæces like sheep's dung.

Phosphor. sputa—is rust colored.

Podoph. diarrhœa—has chalk like stools (child.)

Puls. temperament—is weeping, sad.

Puls. menstruation—is too late, too scanty, too short.

Rhus tox. pains—are aggravated by rest.

Sabina hæmorrhage—is uterine, mostly bright red.

Saccharum lactis patient—cannot live without taking something.

Sambucus spasms—are Millar's asthma.

Sanguin. canad. migraine—is in back part of head, and spreads upwards.

Santonine children—are troubled like Cina children.

Secale cases—in Homœopathic practice are mostly forceps cases.

Spongia croup—is catarrhal or spasmodic.

Sulphur diseases—return again and again.

Sulpho Carbolate of Soda—always as intercurrent in severe cases of diphtheria.

Salicylate of Soda fever—is a severe rheumatic fever (inflammatory rheumatism.) The remedy must be given in material doses. In my practice it has excelled all other remedies.

Thuja warts—are syphilitic cauliflower excrescences.

Silicia ulcer—has ichorous discharge.

Trillium pendulum menstruation—occurs every two weeks.

Valeriana constitution—habitual hysterics.

Verat. alb. face—collapsed, cold.

Verat. vir. pulse—is incompressible.

Zincum motions—fidgety feet, moves them constantly.

Looking over this list I saw that I forgot under the head of M to mention the great pain killer "Morphium." We as Homœopathists do not use the remedy as often as our Old School friends, yet every one will find cases which are helped quicker and better with Morph. than with other remedies.

WYANDOTTE, Kansas.

P. DIEDERICH.

DIRECTIONS TO MAKE LABOR EASY.

Much of the tediousness of labor is due (1) to tenderness and slow opening of the womb, (2) to weakness of the muscles of the hips and bowels.

To make the womb soft and the muscles strong, a noted European physician was in the habit of insisting on prospective mothers, in addition to moderate work and activity, anointing the muscles of the bowels and hips with oil and using some as an injection. To make mothers prize it the receipt was sold for a high price. In this country some lecturers have sold it for as high as \$100.

Before retiring the mother should oil the abdomen and loins well, and rub the oil in vigorously with the hand. It is better to do it before a fire in cold weather. This is to be done twice a week after the sixth month. The last month every other night.

Six weeks before term take a tablespoonful of the oil in a womb syringe, and lie on the back and inject it gently all about the neck of the womb. Do this first twice a week, then every other night, and finally every night. This method ensures a rapid easy labor, unless a weak back or deformity exists.

There are also two remedies, *Uimicifuga* and *Caulophylum*, well known to every Homœopathic physician, that also facilitates labor.

A calm, confiding mind helps to facilitate the work.

In these days of chloroform, forceps and skill, painful, tedious and dangerous labors are few and far between.

See "Mother's Guide, or Feeding and Management of Infants and Children," by Dr. T. C. Duncan, for care of the child before birth.

J. JONES.

INFECTION AND CONTAGION.

SUPPRESSED SCARLET FEVER, ETC.

Infection and contagion are not well settled in the minds of a great many physicians. There are many ideas as to how disease may be spread or prevented from spreading.

I will mention a queer case of scarlet fever which occurred in my practice about eight years since.

A girl aged eleven had scarlet fever for twelve or fourteen days. The redness had all disappeared from the skin, and she should have peeled the cuticle as eight others in the same family did, but she caught cold, and had a run of typhoid fever of twenty-one days, then got better and was around, not well, but did some work and tried to go to school, but did not learn much, and was often obliged to go home with headache. She did not grow much for three years or thereabouts, and then had a sick spell of a week or so; broke out as she did in scarlet fever, and peeled all over as the other cases did. Since that time she has been well, and grew up, and now, at nineteen, is a good-sized, bright, healthy, young lady.

I think in this case that the scarlet fever was suppressed by typhoid disease, and did not develop until the last sickness, scarlet fever being again prevalent.

We have times of epidemic disease, and it ceases. We also have times of contagious disease, and it ceases.

In yellow fever we hear that frosts destroy the contagion. We hear a great deal about disinfectants. A disinfectant, I should think, would be something which would destroy or suppress the disease, change the poison in or take it out of a patient; hence we may as well call it a remedy for the disease.

Epizootic comes unseen to animals. From some unknown cause they sicken and die. Epidemics come to human beings in the same way, and many say, "We have epizootic."

Disease will not propagate unless in a suitable atmosphere any more than grass will grow in the winter. It is not always heat, nor heat alone that makes grass grow; there must be moisture and a suitable soil in order to produce a good crop; so with disease. There must also be a seed or seeds; so people speak of hereditary disease, the seeds of consumption, etc.

We have, in the vegetable kingdom, life-destroying epidemics. Sometimes insects, large enough to be seen with the eye, sometimes too small to be seen without a magnifying glass. The potato-bug, army-worm, weevil, etc., of the first order; also animalcula of the latter order, as mermerous or morest. These have their day and disappear for many years, so with animal disease in the human family.

Four thousand years ago they were considered as punishments. Are they not now the same as these, or rather similar, and similar in cure. Does our meddling do much good?

Hydrophobia (the books say) will develop in after years; so will measles, which often leaves the patient with asthma, weak eyes, etc.

I attended a man thirty-five years ago who had asthma after measles at twelve years of age. He had many sick times, was physicked and bled, and treated by a skillful physician until at thirty-five years of age he was given up to die with consumption. His physician would not do any more for him, and he called me.

He had then been confined to his house and bed for three months, but he soon got better, broke out with a rash, and lived to be seventy-six years of age, with little or no sickness after the time mentioned when he was first restored.

Old ideas of disease are that but one disease can be active at a time. Make your own comments on the above cases. Infection and contagion may lie dormant, it appears, for many years and then develop. This is one way in which to account for the mysterious appearance of disease.

S. W. S.

THE ACTION OF ASPARAGUS.

BY C. LLOYD TUCKEY, M. D., LONDON.

We sometimes hear our friends complain of *embarras de richesse* in regard to our materia medica, but this very richness is, it seems to me, one of the greatest advantages of our system. How often, after exhausting the polycrests and semi-polycrests, are we glad to turn to some drug almost unknown to us, guided to it by the *repertory* or by some remarks of an old writer, to find in it our *similimum* and the way out of our trouble. I think if we kept an account of remarkable cures of uncommon diseases we should find these outside medicines credited with a great number of triumphs.

These thoughts have occurred to me in consequence of having within the last few months met with two cases in which asparagus was given with marked success after other means of cure had failed. That the medicine is less used than it deserves to be is, I think, shown by its omission from most of our text books, and from several of our chemists telling me they have never been asked for it.

We all know asparagus as a succulent vegetable which has a marked diuretic action on most people, and Homœopaths more than forty years ago, led by this fact, proved it in the usual way. The proving is, however, fragmentary, and Jahr remarks that but little is known of the medicine.

Though in using the *repertory* one is occasionally led to think of asparagus in obstinate cases, the symptoms noted by the prover seem to me too vague and general to justify its use in a critical case without good testimony to its reliability. This testimony was supplied to me by my lamented friend, Dr. Hilbers, to whom let me gratefully own I am indebted for many invaluable clinical and therapeutic hints. He, I believe, chiefly used it in palpitation depending upon organic disease of the heart with renal symptoms.

The first case of bladder disease in which I used asparagus occurred about a year ago. A gentleman over seventy years of age had a sudden retention of urine, for which he was treated by catheterization. The operation was so roughly performed that the prostate gland was seriously lacerated, and violent inflammation of the bladder set up.

The disease ran a most tedious and painful course, and for six weeks the only water passed was through a catheter used night and morning. The urine was during this time scanty, and full of pus and epithelial debris from the lining membrane of the bladder. There was frequently painful tenesmus of the bladder and rectum, and large quantities of prostatic fluid came away. Rectal examination revealed an enormously enlarged prostate, which was very painful to the touch and evidently inflamed. The general system suffered much, and there was a great deal of restlessness and palpitation.

In old persons one knows by experience how grave such cases are, and how often they end in chronic ill-health and death from exhaustion. Things looked badly for my patient, and *Terebinth*, *Cannabis*, *Cantharis* and other medicines produced no striking effect. Asparagus 3, however, altered the whole aspect of the case in a few days; the urine increased in quantity, and gradually lost in pus and epithelium, the tenesmus ceased, and the contractile power of the bladder became re-established *pari passu*, with decrease in size of the prostate. In three weeks from the time of the first dose of asparagus, the catheter became unnecessary, except as an occasional precautionary measure, and the patient went to the seaside and finally became quite well.

The second case is still under observation. A gentleman, aged fifty, got an attack of inflammation of the neck of the bladder, apparently from exposure to cold and wet during the late severe weather. The symptoms were of the usual kind; frequent and distressing tenesmus, urine loaded with pus and flakes of the mucous lining of the bladder, prostra-

tion, sleeplessness, and discharge of prostatic fluid. *Cantharis* 3 in a few days effected wonders, but a serious relapse occurred, whether from fresh cold or other cause I know not, and it was then given without effect. Palpitation of the heart, especially at night, was a striking symptom of this attack, and I prescribed *Asparagus* 3 with fair confidence. The result, however, exceeded my most sanguine hopes, for the disease was checked within a few hours; the large patches of mucous membrane in the water became replaced by small shreds, and in forty-eight hours these also had almost disappeared. The subjective symptoms underwent still more rapid abatement, and in less than a week the patient was virtually cured.

Both these gentlemen had been under good Allopathic treatment for some time before I saw them—case No. 2 three weeks—and they at once noticed on changing the treatment how our medicines seemed to go to the part affected and have it out with the disease on the spot.

Alkalines internally, and *Belladonna* and *Morphia* suppositories seemed, according to their account, to affect the system at large, but to leave the local disease untouched.

We expect great things from our polycrests, but when a somewhat despised and neglected outsider does good service and fulfills its indications, we appreciate the resources of Homœopathy and the industry of its founders to the fullest extent.—*Hom. Review.*

NOTES ON FLORIDA.

PROF. T. C. DUNCAN. *My Dear Doctor:* I am just in receipt of THE INVESTIGATOR, April number, for which I have been eagerly waiting several days; I am much pleased with the *journal*, and glean from it many practical ideas which I use to the best advantage, with astonishing results.

In glancing over the current number immediately on its receipt, I observe an article on Florida, by Prof. Eaton,

with which in some respects I concur, in others I demur. In regard to the healthfulness of Florida I can say that many places are extremely healthy, with little or no use for a physician, and other places are sickly.

In contrast with Dr. Eaton, I find much malaria in the form of intermittent fever, pernicious, bilious, remittent, fever, marked ague, and worst of all, Quinine cachexia. I have here found patients in a deplorable condition from the excessive use of Quinine and Morphine, administered by physicians.

In the course of a lucrative practice here for six months past, I have met with but one case of typhoid fever, one of pneumonia, one of scarlet fever, and no cases of other zymotic diseases.

As to consumptives who contemplate a trip to Florida, I would say; come early in the disease, as otherwise the result would be nil, and the comforts of a home are far superior to anything found here.

The atmosphere of Florida is particularly debilitating, consequently a large percentage of the women here suffer from some form of uterine disease or debility.

As to good locations for a Homœopathic physician in Florida, I will say that I fear some may be misled by Dr. Eaton's article. The many places which he means as being good, are nearly all well filled. Gainesville has two Homœopaths, Palatka two, Orlando one, Ocala one, Sanford one, and many more throughout the state. However a few places will bear investigation, as the residents of Plant City, Lakeland, and Tampa desire a good Homœopath, also St. Augustine has no resident Homœopath.

Dr. Eaton in his article forgets to mention Jacksonville, (the place of his winter abode) as a good location, when in fact it is *the best* in the state, having a population of 15,000, and only three resident Homœopaths. However I consider that place well filled, as Dr. Stout and the Drs. Johnson fill the bill with entire satisfaction, and find plenty of time

for leisure during the summer season. Other places in Florida (St. Augustine excepted) have a population of from 4,000 down to mere hamlets.

In connection with the above it is proper to say that nearly one half of the resident population of the cities and villages of Florida are negroes, but good patrons for Homœopathy, and no experienced Homœopath of ability need fear the lack of patronage from the masses, even if he should come *without* a letter of recommendation.

PALATKA, Fla.

ALFRED L. COLE.

ON THE ARTIFICIAL INDUCTION OF CONVULSIVE SEIZURES.

BY FRANCIS X. DERGUM, M. D., PH. D., INSTRUCTOR IN
 NERVOUS DISEASES, UNIV. OF PA., AND ANDREW J.
 PARKER, M. D., PH. D., PROFESSOR OF
 ZOOLOGY, UNIV. OF PA.

Abstract of a paper read before the Philadelphia Neurological Society.

The experiments were performed by subjecting one or a group of muscles to a constant and precise effort, the attention being at the same time concentrated upon some train of thought. The position we most frequently adopted was the following: The subject being seated, the tips of the fingers of one or both hands were so placed upon the surface of a table as to give merely a delicate sense of contact; *i. e.*, the fingers were *not allowed to rest* upon the table, but were maintained, by a constant muscular effort, *barely in contact* with it. Any other position involving a like effort of constant muscular adjustment was found to be equally efficient. Any one object in the room was now selected, and the mind fixed upon it, or some subject of thought was taken up and unswervingly followed.

After the lapse of a variable period of time, *tremors* commenced in the hands. These tremors became rapidly magnified into rapid movements of great extent, sometimes to

and fro, sometimes irregular. If the experiment was now continued, the muscles of the arms, shoulders, back, buttocks and legs, became successively affected, and the subject was frequently thrown violently to the ground in a strong general convulsion. The muscular contractions frequently became tonic, so that opisthotonus, emprosthotonus, and the most bizarre contortions were produced in various degrees.

The muscles of expression, and those of respiration were frequently affected along with the others.

Seizures equaling in violence a general convulsion were by no means induced in all subjects, and were generally the result of experiments repeated many times during the same evening. It should be observed, that the more frequently the experiments were performed, the more readily the seizures were brought on, and, other things equal, with successively increasing intensity.

An analysis of our observations leads to the following results.

In the first place, *no disturbances of sensation* were at any time present.

Disturbances of *motion* constituted the prominent features of the state.

Whenever the respiratory and laryngeal muscles were involved, disturbances of *respiration* and *phonation* were present.

In the severe seizures, the *circulatory apparatus* was profoundly affected. The pulse became rapid, and in extreme convulsions became intermittent. In some instances, when the paroxysm was at its height (*i. e.*, intense clonic or tetanic action of all the muscles), a momentary arrest of the heart's action was noticed. Now and then auscultation of the heart at the end of a severe seizure, revealed a bruit which, though of short duration, reminded one of a similar sound sometimes heard in chorea.

Regarding the *secretions*, with the exception of a flow of tears and occasional profuse perspirations, no other symp-

toms were noticed, except in two instances. In these, after the persistent induction of severe seizures for several hours large quantities of pale urine were voided.

The *reflexes* were distinctly exaggerated.

As regards the *psychic* phenomena, there was, in the first place, *no modification of consciousness* ever observed. There was, however, a *progressive abeyance* or *paresis of the will*.

We observed, also, another curious fact. When one of a number of subjects was affected, one or more of the others would shortly follow. This occurred even when the latter were not complying with the terms of the experiment, provided only that they had previously been affected. This state, therefore, appears to be *contagious*, very much as a yawn is contagious; probably by unconscious suggestion.

Regarding temperament, it was noticed that persons with a neurotic element in their composition were more readily affected than those who were dull and heavy. Those also, who were unable to concentrate their attention for any length of time, proved poor subjects, while others, again, seemed utterly incapable of maintaining a *delicate* contact with the table. They invariably, after a few moments, allowed the fingers to *rest* upon the table. Of course, under these circumstances, no tremor or convulsive movement followed.

Strong and muscular men, other things being equal, were found to be affected less readily than weak men.

Another remarkable fact noticed was, that Nitrite of Amyl appeared to arrest the convulsive seizures at once.

There can be no doubt that the state described in this communication bears a distinct relation to hysteria, if not to convulsive seizures in general. No doubt it bears a distinct relation to many of the phenomena presented by certain religious sects, as the "Shakers" and "Jerkers." No doubt it explains the antics of the supposed victims of the Salem witches, the Tarentism of Italy, the epidemic chorea of Germany, the dancing Dervishes, the contortions of the

Convulsionaries, and a hundred other things too numerous to mention. Possibly, and very probably, it is one of the atoms of truth around which are collected the follies of spiritualism and table-tipping. It is one of those curious states which has been too little, if at all, studied.

Having now in a general way given an account of these convulsive seizures, we now venture to propose an explanation of them. The nervous system, represents, *primitively*, merely specialized tracts for the transmission of motion. With increased specialization many other functions appear. Not only must the nervous system, therefore, be a means of correlating the animal with its environment, but it must also have the function of correlating the various parts of the animal body. It would appear, therefore, that constant adjustments and readjustments are taking place; and further, as we shall see, these changes are rhythmical. Again, we are obliged to refer to those most remarkable inductions of Spencer, one of which is the universality of the rhythm of motion. Without going into a detailed account of the causes operating to produce this universal rhythm, we may safely assert that there continually flows through the whole nervous system of every living animal a constant rhythmical interchange of motion between all parts of the body; and this is what might, perhaps, be called *nervous equilibration*.

Leaving out of consideration the lower animals, with which, at present, we have no concern, we may at once pass to the consideration of the neuro-muscular relations, as they exist in the higher animals, of which we shall take man as a type. In man we find a central nervous system, from which we have passing to and from all the parts of the body nervous tracts. These end in motor organs, glands, etc. In studying the relations of the motor organs to each other, we find that they may be divided into two classes, one group producing motion in a particular direction, whilst the function of the other is to antagonize this action, and bring any part of the body back into the particular condition from

which it was removed. During these actions and reactions of groups of muscles, flexion, extension, pronation, supination, etc., we find that the action is not a *continuous* one. The particular muscle or muscles are thrown into a series of rhythmical contractions. These contractions have been recognized and described, for a long time, under the name of the muscular susurrus.

Thus far we have considered the action of the neuro-muscular system as a mere ebb and flow of motion, without respect to any controlling agency. In man, we find an element entering, which we have thus far not discussed, viz., the will. Undoubtedly the will, within certain limits, modifies and controls the actions of the muscular system. How far the will is able to modify and control, is, we think, tested by these experiments.

A person places his hands, or perhaps any other part of his body, in a position of effort. According to the view advanced above, what must happen? Evidently, as we have already shown, there must be a rhythmical series of motions taking place between the antagonistic groups of muscles, because the rhythms of these cannot be synchronous.

As first the will restrains any tendency to marked vibration in the part; but, as we already stated, let the mind be directed into any particular channel of thought, which simply means concentration, and as a result a loss of intensity in will power as regards other channels. Hence in a case where antagonistic groups of muscles in a state of strain are left, as it were, to themselves, the restraining influence being either diminished or else held almost in abeyance, we find as a result of the exhaustion of neuro-muscular protoplasm that a disturbance must take place. This disturbance must necessarily be rhythmical. Hence we have a rhythmical motion of the part as shown by increased tremor. The action continuing, the tremor is succeeded by to and fro movements. At first it affects only the parts under strain, but this disturbance, which might perhaps be considered a

purely local phenomenon, spreads through the mobile channels of the neuro-muscular apparatus and affects it as a whole. Thus we see that beginning with tremor of the hand, we finally have the flexors and extensors of the forearm thrown into violent clonic contraction. Next the muscles of the arm and shoulder are involved. At last, such a violent explosion takes place that the neck, the back, the legs, the diaphragm, the heart even, is affected. A small cause is thus apparently able to produce the most profound results.—*The Polyclinic*.

SLEEPLESS CHILDREN.

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

Read before the Illinois Homœopathic Medical Association, May, 1885.

A study of children from any point of view is most profitable, if not interesting. By the side of the food question goes that of the sleeping question. The three most important functions of the child are to eat well, sleep well, and to have regular discharges from the bowels. The changes have been wrung on the alvine evacuations from the days of "looseness of the bowels" down to the voluminous work of Bell on Diarrhœa. Possibly the feeding question has been gone over so often that it is threadbare, or musty, or at least stale. But above all and beyond all the sleeping question is the most important. We know that if the brain and nervous system do not get a chance to rest that serious trouble may be anticipated, and that is not the worst of it; we know that if we do not "make that child sleep" after a few trials, there will be a rotation in office—another physician called. Why and when will not children sleep? We cannot always see the reason why. If the child is really sick, there may be an excuse that pain will not let it sleep, but when it looks well, as it often does to the inexperienced eye, then woe betide the doctor if they have "a cradle concert at midnight."

A few points under this head may be profitable as well as pleasant to the members. A child in pain sleeps by fits and starts. If it does not sleep till it is all tired out, then we may expect a disease expression somewhere. If teeth, the mouth motions will point to the trouble. If earache, it will pull its ear or hold the head to one side and swallow hurriedly. If sore throat watch it eat or feel of tonsils outside. If lungs the catching breath will attract the attention, but usually it is stupid, especially in the first stage. During resolution then we have wakefulness; but we will revert to that. In enteralgia the pain will be intermittent. In retention of urine the child will stiffen out. The physician who neglects the urine in a child ought to nurse one all night. The wakefulness of cerebral irritation is so significant that it should not be mistaken. These are the incidental causes of wakefulness in children. The three chief causes are:

- 1st. Gastric.
- 2nd. Enteric.
- 3d. Bronchial.

I. By gastric I refer to a chronic irritation of the stomach chiefly gastric catarrh, although I have met it in gastritis.

When a child don't eat as well as not sleep, then I know the food produces so much irritation of the already irritated stomach that rest and quiet is impossible. Here remember, plenty of drink—warm water—and Arsenicum. Chronic gastric catarrh is above all the cause of restlessness in children. Dr. Bowen says that food will in a measure take the place of sleep. So this stomach craves food and the circulation is surcharged, and the brain extra nourished does not get into the anæmic state that attends sleep. Here if an opiate is ever given, let it be a bromide. A Kali stomach is present and it will aid to remove the cause. Here is where Nux works so nicely. China also aids in curing the bulumia.

It is in this class of cases where the food is so often changed when the trouble is frequently, not with the food but rather with the stomach, and the frequency of feeding. Put hot sweetened water in the bottle and let it satisfy itself on that between times.

II. The enteric trouble is usually but an extension of the gastric one. The quantity is distressing, it keeps the child from sleeping by the pressure on the blood vessels, the brain is surcharged and sleep is not needed, not desired. The amount of gas generated adds to the discomfort of the child. Tardy digestion here may be hastened by Arsenicum, by Bell. and Chamomilla, by Lycopodium and Sulphur, and many other remedies.

III. The child suffering with bronchitis, especially during resolution or in the last stage of broncho-pneumonia, will not sleep, cannot, dare not sleep. The attempt to make it sleep by opiates is to jeopardize life. A few nights only will it be necessary to watch with it when it will be beyond the stage of danger. Here skill in the use of remedies will tell. To keep a child's cough just loose enough and not too loose is nice practice. Here Verat. vir., Bell. and Bry. play into each others hands nicely. These ideas I have not tried to elaborate as they deserve. I perhaps have not painted them in such a manner as to arrest attention except with those who have tried to make a child sleep and have not succeeded. If these hints be the means of calling out a practical discussion from the wise members present, some little good may be accomplished.

HAY-FEVER CURED.

PROMPT ACTION OF NAPHTHALIN, ETC.

In the fall of 1879, while in conversation with a gentleman from Indianapolis, who is engaged in the manufacture and sale of various kinds of roofing material, he spoke of his father's having hay-fever every year. He said, "as soon

as the hay-fever comes on, father goes to work in the shop. In a few days, or not longer than a week, he is cured of his hay-fever." I very naturally asked, what do you suppose it is that relieves him of his hay-fever. He said "the naphtha we use in the manufacture of our roofing material." Acting upon this suggestion, I immediately sent for Naphthalin 1x Trit. I had a case of hay-fever under treatment at the time which I had failed to relieve with Ars. iod., Ars. alb., Grind. rob., and other remedies. I gave the patient Naphthalin 1x Trit. every four hours. Four powders cured him. He had hay-fever the following year, six powders same cured him. He missed the attack the following year, but the next year he had a return of it. Naphthalin cured him in a few days. I have cured every case of hay-fever in about a week's time with Naphthalin 1x to 3x Trit. that I have treated since, in which I began the treatment at the onset of the complaint, or within two weeks thereafter. If the attack had been running for several days, or a few weeks, I have had to give other remedies in conjunction with Naphthalin. I have found Arsen. iod., Arsen. alb., Grind. rob., and Euphorbium off., in the order named to have served me best, either alone or in alternation with Naphthalin. I have found Naphthalin useful in some forms of asthma, as well as the asthma accompanying hay-fever, with labored inspiration, sneezing, fluent coryza, itching of nose and mouth, desire for open air, tendency to throw off bed clothing on account of feeling too warm, sensation of heaviness, oppression, and soreness in left chest, and region of sternum; heaviness, fullness and soreness in the epigastric region with tendency to loosen the clothing around the abdomen on account of fullness and sensation of oppression there. I have never prescribed Naphthalin higher than 3x Trit. I can find nothing in medical literature regarding its medicinal action and uses, except in Stille & Maisch's National Dispensatory. Naphthalin is truly a boon to the hay-fever sufferers. I make this report to the

readers of THE UNITED STATES MEDICAL INVESTIGATOR for their consideration, feeling that I am giving to Homœopathy the remedy *par excellent* in hay-fever, and hoping that some of them will give Naphthalin a trial in hay-fever or rose-cold, prove it, and report results.

MEMPHIS, Tenn.

E. LIPPINCOTT.

REPORT FROM OHIO.

AN INTERESTING AND PROFITABLE MEETING.

DEAR INVESTIGATOR: A convention may be considered a thing of interest in many ways. One never fails to learn *some* thing no matter how small, and the field of observation is large.

The different people, their ways and manners, the interchange of ideas between the men who compose it, their oft-times original reviews and ready outbursts of wit afford a vast resource of amusement and instruction to one who is disposed to be an observer only.

I send the impressions received from this standpoint, of the convention of the Homœopathic Medical Society of Ohio.

The convention met in the lecture room of the Pulte Medical College, on the morning of May 13th, at ten o'clock.

The session opened with a goodly number of strange faces, sprinkled here and there with the familiar forms of our own home physicians.

The attendance steadily increased until the room was comfortably filled. It was noticeable that kindly good feeling seemed to prevail. All appeared determined to make it an occasion of good cheer and genial harmony.

The meeting was opened by the president, Dr. Rush, an elderly man with a kindly face, in which good humor seemed dominant throughout the entire session.

The business of the society was first transacted, reports of committees, censors, etc., receiving their due attention and it was as speedily transacted as possible, in order to reach that which is ever the ultimate object of these meetings, viz.: the instructive bureaus, which are meant to further the interests of Homœopathy and advance its cause.

Dr. Beckwith, as necrologist, reported the death of Dr. Ring.

The bureau of clinical medicine was then opened by its

chairman, Dr. Carter, who gave a clinical case of "Abscess near the hip joint," caused (?) by roller skating.

He supposed that the abscess had no other origin, the lesion being quite extensive, and roller skating over rough uneven pavements, was the only digression from the ordinary habits. Give the roller skating, which is such a delightful amusement, the benefit of the doubt.

Dr. Sawyer, presented for consideration the subject of "Catarrhal Phthisis," which had gradually developed from naso-pharyngeal catarrh until the patient had all the symptoms of rapid disorganization of the lungs.

Cavity in apex of right lung, purulent sputa, chills, anorexia, emaciation and excessive prostration.

The doctor commenced treating with Benzoate of Soda, five grain doses three or four times a day, with topical applications of Olive oil, this treatment produced the most happy results. The patient is now well to all intents and purposes, and pursues his ordinary avocations.

A paper on malaria by Dr. White, of the Central Ohio Homœopathic Medical society.

Typho-malaria, by Dr. N. Warren, of the North Eastern Homœopathic Medical Society, and a triple paper from the Montgomery County Homœopathic Medical Society, presented by Dr. Chas. Walton, subject, Diphtheria, Sub-divisions, Surgical Pathology and Medical. The subject was ably handled.

The afternoon session opened with an address of welcome, delivered by his honor the Mayor, who extended to the stranger physicians, hearty expressions of hearty good will and fellowship, making them welcome, and bidding them return again and again.

Dr. Beckwith, of Cleveland, responded, on behalf of the convention.

Dr. Lounsbury, of Cincinnati, followed in a welcome, on behalf of the physicians of this city, in a speech that was the perfection of graceful eloquence.

Dr. Beckwith again stepped forward in response.

The convention then proceeded to transact its legitimate business. The bureau of pædology was the first opened. This was comparatively empty, but was redeemed by a clinical paper on "Spina Bifida, and its Ante-natal Treatment," from the pen of Dr. Grieste. Treatment consisted of the administration of Calc. phos. 6th, daily during pregnancy.

The case being that of a woman who had passed through several successive deliveries, each child being born dead, each a case of spina bifida.

Her last pregnancy under the care of Dr. Grieste, was successfully accomplished and resulted a live child with a complete spinal column, bearing however, indubitable marks of an attempt at the usual results, even to a depression in the vertebral column between the lumbar and sacral vertebrae with a distinct mark of a cicatrix.

"Infantile Paralysis" was the title of a paper read by Dr. Bamhill, who asked some advice, which was kindly given by Dr. Saunders, who believed in administering high potencies to children in this particular case. Gels. 30th.

The bureau of sanitary science was opened by the secretary, Dr. Eggleston, who read a paper upon the "Ground of Etiologists Faith," in which he believed that the conjunctions of the planetary system had much to do with the great physical disasters which had so many times devastated the earth. Great physical throes and convulsions on the part of nature had followed or occurred at the time of these convulsions.

The paper was well worth the hearing and displayed much thought on the part of the writer, who is evidently a man of thought and culture.

Dr. Beckwith followed with an article on the "Sanitary disposal of the dead." The doctor argued strongly in favor of cremation, and his paper bore the impress of good strong common sense.

He reviewed the various modes of disposing of the dead in different countries, depicted in strong language the horrors of the manner of interment in our own city of New Orleans. Such modes of burial breed disease and the "pestilence which stalketh at noon day," and death, protested against this innovation of cities by cemeterys and even thought that comfort and consolation might be found in having the ashes of our dearly beloved dead in our near vicinity enclosed in urns, convenient for inspection. Discussion ensued.

Dr. Buck responding heartily to the belief expressed by Dr. Eggleston, endorsing without reserve, his views. These are subjects upon which Dr. Buck has expended much thought and research, being a firm believer in the electric forces, thinks there is more, by far, in it than is generally understood.

Dr. Saunders, that poetic eloquent speaker followed with a kindly protest against cremation.

He thought, that to take from the world the *burial* of our dead, would be to rob the earth of much that is sacred and beautiful, there would have been no burial of Christ nor Lazarus, no "Hamlet" without the grave scene, no "Thanatopsis," no harrowing mourners.

None of the poetical invocations with which the brains of poets abound, but so far all would be blank—beside while *he* did not like to be buried, *he* disliked *still* worse to be burned. Dr. Phillips quietly remarked that he might possibly try them both, be "*buried*" first and "*burned*" afterward; the irresistible humor caught, the laugh was universal.

A study of Jaborandi, by Dr. William Owens.

"What constitutes a scientific prescription" by Dr. Eggleston.

And an accidental proving of a bumble-bee sting "small but mighty" comprised the bureau of materia medica.

The subjects elicited some comment, the provings of the bee-sting being quite interesting.

The bureau of O. and O. contributed a paper on Ophthalmic mistakes by Dr. Phillips, who urged care in differential diagnosis. Glaucoma, by Dr. Schell, followed by a recommendation of an eye chart, by Dr. McDermott. I fancied there were many who were disappointed at not hearing from Dr. McDermott. Few know better how to electrify an audience than this gentleman.

The afternoon session of Thursday opened with a moderate attendance which rapidly increased until the room was completely filled.

"Specimens of Pathological Kidneys," by Dr. Miller, opened the bureau of Anatomy, Physiology and Pathology. This subject was beautifully illustrated by photographs of diseased specimens of some kidneys which it had been this doctor's province to treat; the various conditions of disease were admirably depicted.

A paper by Dr. Warren, entitled "Desquamative Nephritis," followed.

Also an article on the "Pathology of a Surgical Kidney," by Dr. Walton. Few there are, who can surpass this gentleman in clear, concise statements of a fact.

Having been a student under the instruction of Dr. Walton I can testify to his rare ability to make any subject which he undertakes well understood.

Dr. Buck read a paper on "Blood Changes in Cholera," remarking that he must only present the "same old story," nothing *new could* be said upon this subject.

Dr. Crawford read a short paper on the bacteria in cholera.

The bureau opened with a paper by Dr. Parmelee, "Have we a Homœopathic Surgery," his subject being well and ably delivered.

An operation for enuresis was then presented by Dr. Walton, which called forth some discussion.

The bureau of insanity was empty with the exception of a paper of Dr. Geppart's, entitled "Speech defects in the Insane."

The remaining portion of the morning session was occupied with business details. Elections of officers and appointment of committees for the ensuing year.

The afternoon session opened with a full obstetrical bureau on obstetrics. "Conduct of Labor," by Dr. Eaton, was given with that exceptional manner which always characterizes that gentleman's remarks. The doctor being one of the few who know well how to promote good fellowship and kindly feeling.

Dr. Stanton followed with an excellent paper on "Breech Delivery" and labor.

It always gives pleasure to listen to the softly modulated voice of this gentleman. The refinement and culture of the man shine forth in every sentence he utters.

An article on "Mastitis" by Dr. Webster. Remarks on the "Use and Abuse of Antiseptic injections in the Puerperal State," by Dr. Geiser; and "Lactation" by Dr. Hoyt, completed the bureau.

The bureau of gynæcology opened and closed with an article from Dr. Claypool. Title "Exploratory incisions into the Abdominal Cavity."

This article called forth some discussion regarding the comparative ease with which these operations could be performed without peritoneal involvements, science having advanced very materially in regard to this point in the last few years.

Dr. Saunders read an obituary upon the death of Dr. Ring. It would be a pleasure to have lived and died if one could be sure of receiving such a kindly, loving eulogy as fell from the lips of Dr. Saunders.

Dr. Buck endorsed the remarks of Dr. Saunders, adding

that Dr. Ring was a perfectly "clean" man in thought and deed, upright, scholarly and ever faithful.

The afternoon session closed with the bureau of gynæcology. All unfinished business was settled and the meeting adjourned to partake of a dinner at the Palace Hotel. The convention will hold its next annual meeting at Toledo, to which city they were cordially invited by the representatives of the Homœopaths of that city.

CINCINNATI.

HELEN VARNER.

SOME BACKACHES.

THEIR CAUSES AND COMPLICATIONS ILLUSTRATED,

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

(Continued from Page 280.)

CASE XLII. Mrs. T., Kindergarden teacher, large, fleshy, brunette, came home from St. Louis with a severe cold, which culminated in sharp pain in the side. The most severe pain was located between the seventh and eighth rib. I traced this nerve round to the spine, where it emerged it was sensitive. I enjoined rest and prescribed Bryonia, and she rapidly recovered.

This is what is called false pleurisy, but in this instance was evidently a peripheral neuralgia from central hyperæmic pressure. She is a very intelligent woman, and I explained that relief was not cure, but that her back needed attention. On applying electricity I found a lumbar tenderness with a retroversion of the uterus. There is also a cervical hyperæmia. Improvement is rapid, constant and satisfactory under the indicated treatment.

Had several cases similar to this one recently. Her work calls into play the whole body, and an increasing lassitude was most annoying. The peripheral pains in chest, head, neck, bowels and limbs had been styled neuralgia, but a very brief explanation sufficed to convince her that the real trouble was in the back. She is just at the change of life which makes the back worse.

CASE XLIII. Mrs. —, a tall, nervous, sanguine woman seats herself sidewise very carefully in a chair in my consulting room. She wants some medicine for dyspepsia and a loose bad cough. Complains of a burning in the stomach, little or no appetite. Does not drink tea. Lives on coffee for breakfast. Bowels sluggish. Urine and menses normal. Has cold hands and feet. Was used up last spring, and does not want to be this one. Has to lie down often to rest. To lie on back relieves the weakness best. Have any back-ache? No ache, but a tired feeling and a tenderness, cannot lean against a chair. Feels worse between the shoulders, and especially *under the shoulder blades*. The tongue is long, red at tip and pointed, back part covered with a brownish yellow coat. She was despondent and low spirited. Changed her position frequently in the chair while talking. *B Arsenicum*.

I informed her that her trouble came from the back. That the dyspepsia was simply a cry of the nerves, that came from the sensitive part of the back, for more blood. When she felt bad to lie down on the back, especially after eating. If food distressed, wash it out of the stomach with hot water. This case reported improvement through a friend. She was too busy dressmaking to come in person. This whole case suggests consumption by and by.

CASE XLIV. Miss J., aged twenty-five, of medium height, fleshy, brunette, was introduced to me by a lady physician as the "spotted" girl. The skin was mottled, with lips and finger nails blue. In cold weather the extremities got blue and one toe purple. The face was covered with brown spots, especially across the nose and on the right side. I thought *Sepia* ought to help her, and gave her some. She was then in a hospital for sick women, being operated on for granulated uterus. Took ergotine pills, fifteen a day, for six years. The *Sepia* she thought helped her right side head-aches and dizzy vomiting spells. I lost sight of her for years, when she returned with a huge seton in her back. Almost starved and despondent she comes to see if Homœopathy cannot do something for her, especially for her wakefulness. I gave her *Ignatia* for a steady remedy, and *Cactus* for the angina that preceded the dizzy vomiting attacks, and she went into the country. I told her to enjoy the

fruits, fresh vegetables, etc., that the country afforded. She returned in the fall improved in flesh, and after a careful analysis of her case I sent her to one of our professors of nervous diseases. He pronounced her case epileptiform, as did another professor, who wrote out a voluminous opinion of the case. In each the treatment was to be electricity and diet. She returned to me for medicine, as electricity had been tried faithfully for two years, and she was tired of dieting and of Bromides. She now presented the following symptoms: Could not look up nor reach up without dizziness. This, if allowed to go on, would produce nausea and vomiting. Bowels very constipated, menses scanty, no displacement or hyperæsthesia, urine normal. Could not lie on the back for palpitation, dizziness and soreness it produced. No headache, except from dizziness. Very wakeful. When headaches bad, affects eye on right side. A brief examination of the back revealed a tenderness of the spinal right side from under the right shoulder blade up to nape of neck and top of head, right side. Pressure on dorsal spine would go to top of head, produce dizziness, palpitation and nausea. "Oh, don't do that!" she would exclaim. Pressure on cervical vertebra produced pain in eyes. The negative pole run up the back, or placed at the cervical sympathetic, would have the same effect. No disease of the heart was found, except, I could detect, on steady pressure on the back, a slow auricular contraction.

It was with difficulty that I could get a full history of the case, for all physicians had attributed it to being crossed in love some years before, about the time the vomiting and mottled skin first appeared. She was diffident about referring to this. But there was nothing wrong in her life. She was modest and retiring; no abuse of any kind could be elicited. No fall or injury could be unearthed. Finally she gave me her full life. Her mother was fleshy. As a child she could not swing without being dizzy and vomiting. Stomach always very sensitive. Small and thin as a child; could not eat. At thirteen fleshed up rapidly so friends hardly knew her. Began to menstruate soon after. Always a poor sleeper. Was a romp, jumping the rope, etc. Was at school most of the time and learned rapidly. When seventeen aunt was very sick, did all the work and attended school. Could not go to sleep, and studied all night.

Worked so several months, when began to have dizzy spells, which continued two or three days. Young company and overwork. Still sleepless. Two months after the first attack had a bad attack with vomiting, when the black spots appeared. After that miserable, bloated, wakeful night after night, no sleep, unwell too often, exertion would bring it on. Had horrible dreams when asleep; felt as if some one was trying to catch her. Dry cough all the time. Was very pale. Young man bothered her life out. Feet cold as ice all the time. Head hot, small of back ached. Had cramps in back between shoulders and under right ribs. Caught breath. Afraid to go into another room alone. Hot bottle to back, sleeps all night. Took about this time $\frac{1}{2}$ oz. Bromide of Potassium a day. Used to buy it a $\frac{1}{4}$ lb. at a time. Be so weak could not raise hand, and a big dose would tone her up.

I have treated her two years, can now lie on side, cannot lie on face any longer. Fleshed up and more hopeful, except after over-work, when will have dizziness and vomiting. Now sleeps on left side best. Cannot read without a rush of blood to head. Glasses selected by oculist do not help any. Better from absolute quiet, but of this gets tired.

One physician applied ice to spine. Made her sleep better, but gave her rheumatism, so had to stop it. Gels. is doing her good and takes the place of the Bromide.

Physician called said she was pregnant. She thought she would go insane. Very nervous. Afraid of being alone or in dark. Fears will commit suicide. Some palpitation, but not short of breath. Face now dark; think it liver troubles, others ulceration of womb. Had local treatment without benefit. Bromide of Potash and tonics were her daily diet. Was ordered to be sent to Chicago, or to an insane asylum. Had to lie on face, could not lie on the back for years. Treated in the Chicago hospital for granulated uterus for eight months, then turned over to professor of nervous diseases, who kept her on low diet, used electricity, and actual cautery, and sent her off with seton in back.

This is another persecuted, misjudged one. Let us analyze this case a little. That restlessness of youth was induced by a congenital hyperæmia. (Her sister, whom I have treated, has a hyperæmic lumbar back.) That extra work

while growing, sleeplessness and excitement, especially the heavy work of washing and ironing, brought on hyperæmia between shoulders, worse on the right side. The palpitation, the hepatic derangement and vomiting are explained by it. The mottled skin shows the sympathetic deeply involved as in epileptics. She has spinal trouble enough to account for the symptoms. The fact that cold to the spine has cured epilepsy will help to light up this case. It is a wonder that she survived the treatment. What this girl needs is quiet, cheerful company, but as she has to work for her living, and is alone much of the time, the progress towards cure is slow, even when on the right track. Electricity is not as efficient here as remedies. But of this and other points in the case more anon.

The favorable progress of the above case gave me grounds for encouragement in the following one:

CASE XLV. Mrs. M., a large, fleshy blonde. Sept., 1884, comes for relief from spasms that occur about twice a month. They would be preceded by a tired feeling and very low spirits. Would sit down and stiffen out. The eyes would be rolled up and fixed. In a few moments she would rouse up. These attacks would last a few moments to be followed by others of longer duration, sometimes lasting two days off and on.

I elicited the following history: A year ago they continued for six weeks. Then they began with fainting and continued with a full feeling in the head. Arms so stiff could not move them. Movement of bowels and urine caused sharp pains, followed by heat, finally had congestive chills. Sometimes knew what was transpiring and sometimes not. Took two men to hold her down. Was watched the whole six weeks. Had two Allopathic physicians; one was a professor of nervous diseases. They pronounced them hysterical convulsions, and advised her sent to an asylum, but the attacks became less, and gradually she got better. Now only had slight attacks.

She had a drunken husband, and it was difficult to get back of his abuse and neglect. Finally she told me that for years she had attacks of a tired feeling which would go off after five or ten minutes, leaving her very hungry. Had

nervous attack once or so a year. First one a week after marriage; been working hard; came on after supper; caused, she thought, by knowledge of having a drunken husband. Had a backache (lumbro-sacral), since a supposed miscarriage, twelve years ago. Neighbor taken suddenly sick with great pain in chest and died suddenly. That was way she flowed, first water, then two chambers of blood continued to flow for two months. Had backache between the shoulders for five or six years. Had to work hard. Never had headache, but a dull feeling on top. Had ulcerated sore throat fifteen years ago; throat sensitive since. About that time had dizzy spells and stomach-ache. Relieved by mustard when applied to both back and front. These nervous attacks would be ushered in by a day or two before not being able to speak without crying. Had no laughing, did not think she was hysterical.

While so bad a year ago would be worse from 9 or 10 to 4 A. M. Had slight spasms in the daytime. Did not menstruate without fainting. Washing and sweeping hurt her shoulders. Was housekeeper, and was out evenings considerably. Hand and feet were like ice.

I prescribed Bell. and rest from work. But this she would not do until she had attacks every night for a week, lasting from 9 P. M. to 4 A. M., taking several men to hold her. Bell., Gels. nor any remedy controlled them until I gave Bromide of Soda.

In a few days she was able to come to the office for electric treatment. I found a sensitive spot at the lumbo-sacral region. There was no uterine disease, except a slight prolapsus, but she was suffering severely with piles. The anus was fissured, and the hæmorrhoidal veins had given way above. From the shoulders to the top of the head the whole was sensitive, and at the sixth and seventh cervical vertebra there was evident swelling. The application of a mild current sent her off into one of her "spells." It was a tonic tetanic spasm. She had three before she left the office. I cut short the last one with chloroform. She was able to ride home. Gels. helped this case most, but I noticed a monthly aggravation about the full moon. If this occurred about her menstrual period they were worse. Menses were normal in quality, but more scanty than when in health. She steadily improved under constant treatment for six months and quiet. But excitement and use of the

arms was sure to tell on her. The appetite was good and digestion ample, except when the back was bad and extended down below the shoulders, as it sometimes did. Ignatia, Bell., Bryonia, Rhus, Nux, Hyosc., and other remedies were tried to study their effects upon her. Bryonia helped up to a certain point; when the back got worse, especially at upper part of cervical region, Bell. would come in; but when all bad, Gels. seemed to control best. She now only has light spasms once a month, and I allowed her to visit friends in a distant city.

This is an interesting case viewed from any point. Is it a case of epilepsy or epileptiform convulsions, or as it was diagnosticated, hysterical epilepsy? There is evidently a spinal hyperæmia, yes, even congestion at times. How far the cerebrum is involved, and when this is removed, will the attacks cease, is a problem still unsolved. I am inclined to the opinion that if the back is put to rights that the spasms will disappear. But will an epileptiform habit be established. She is not an hysterical person, but cool, calm and hopeful. She is also restless, ambitious and obliged to work. I have often wished that some rich one would establish a home for just this class where they could get rest of mind and body for months, so that they could obtain the treatment especially adapted to them. Overwork has brought on a weak, diseased back that only absolute rest and proper treatment can or will cure. I know of several such cases who have no friends to care for them, and must suffer on a martyrdom "that only they who feel it know."

CASE XLVI. "Why does my boy run so stiff and seem so clumsy? He is bright, too smart I fear. He was a frail infant until two years old. A great eater, but could not digest well. Always passed a great deal of urine. Has trouble to hold it. Complains of leg ache or sore at times." He is fair, has dark eyes, tall and exceedingly bright. Head measured twenty-one inches around. Body fairly nourished, and well developed. Stomach sensitive to touch. Spine all right until the last lumbar-vertebra is reached, when he complains of hurting. Kidneys not sensitive. Very thirsty and always sweats at night on retiring; cools

off in the night. Had attacks of night terrors. Prefers to sit and play, draw, etc., rather than run, play ball, skate, etc. From his symptoms one physician prescribed Bryonia, and it meets the pathology very well.

This is a type of a class of cases by no means few nor far between. As a child he disliked to have his legs elevated. Never had a fall nor injury. The local spinal trouble may not account for all the symptoms, and again it may be an important factor. Its function is evidently much impaired, and this action of the nerves that come out from the lumbar and lower dorsal do not perform their function properly. Spinal trouble in a growing child is a serious matter. The mother wonders if patting him on the back could have caused it. This habit is a bad one.

CASE XLVII. Consulted for a young girl, who has attacks of palpitation of the heart, especially on exertion, but only at times. She is tall and spare, poor appetite. The heart while she lies reveals nothing abnormal. When she sits up it works more rapidly, but not irregularly. On examining the spine I find a sensitiveness on the 3d dorsal vertebra. All the rest of the back normal. Arsenicum met the general conditions and symptoms, and proved a valuable remedy.

This is a case that needs nipping in the bud before she blossoms into womanhood and spinal helplessness. It is a satisfaction to put one's fingers on the pathological spot, but a greater one to find a remedy that will rout the enemy. When people understand that there is something more than nervousness, they can comprehend that it will take more than growing to strengthen a spot that is being strained every day. Quiet and nutrition are the auxiliary measures demanded.

CASE XLVIII. Dr. B., of O., very fleshy, comes to consult me in reference to a supposed heart trouble. They come on from over-exertion. There is a sensation as of stoppage of the heart followed by a vertigo. I found a weak, irregular pulse. The heart beat was at times regular, at others less forcible, with a slight, prolonged beat, as if the contraction was not as powerful as it should be, but

there was no regularity in this irregularity. There was evidently a trouble with the nervous energies back of the heart. A tender spot was located two inches above the apex of the heart. Tenderness was traced across the chest. A less tender spot was detected on the right side of the sternum. Was there any trouble with the back? "No; you asked me that when I first met you two years ago. Why do you ask?" Her position in sitting suggested spinal restlessness. I now examined it carefully, and found a tender spot at the exit of the nerves that passed to the chest in front, left side, also a one less so on the right side. Farther down, opposite the stomach, on deep pressure, I could detect another sensitive spot. She then told me that since she was fifteen she had severe attacks of what was called *gastralgia*, or gallstones. At the exit of the sacral nerve on the left side was a numb spot, the result of a severe fall from her buggy a year before. She informed that she had been having these attacks of dizziness followed by a rush of blood to the head, with flushes or black spots before the eyes, lasting but a few moments; at other times the face would be pale. They were always due to over-taxing the nervous energies. The serious question is: Is there heart disease of any kind? The intercostal tenderness is evidently dependent upon a spinal hyperemia, which when extensive affects the sympathetic nerves of cardiac innervation is my explanation. The lower spot is traumatic. The remedy is *Rhus.*, rest and galvanism. While in the city the electric current was driven from the spine to the periphery. After the first treatment she expressed a relief. After returning home a few days after she wrote:

"Had not realized I had any 'sore spots,' though I took quite long rides over rather rough roads. Thanks to you go to work with my eyes open a little wider and with some new ideas. I believe you have given me a key wherewith I shall be able to open many a dark closet. I can never thank you enough."

CASE XLIX. Mrs. B., nursing twins, an active, fleshy brunette, with a consumptive family history, has attack of spasms in the back that prostrate her for days. The attacks are attended by a chill, followed by high fever, headache, occipital and temporal, and delirium. Sometimes there is vomiting, great thirst and muscular soreness. These attacks last two or three days, when by proper treatment she is

soon up and about, but the soreness of the back persists. It has been much worse since a fall a year or more ago. She tripped on the stairs and fell and hurt her back across the hips, could not walk, stir nor move in bed. Miscarried and was in bed many days. Back very weak and lame. Had several attacks before, and while pregnant, and I feared miscarriage again, but she went to full term and was delivered of two fine boys. Had several attacks as soon as able to move and get up or from any excitement. They were readily controlled by Bell., Gels. or Bry. I then obtained this history: When a child was pawed in the small of the back by a horse, and always had a weak back since then. Remember the first time she had the cramp or spasm in the back. Her mother was sick with consumption, and she, young thing, tried to do the washing. Stooping over the wash-tub brought it on, and she fell flat on the floor. Since then had many such. When the ache gets up between the shoulders and back of neck it uses her up. Has to go to bed and keep still. She is full of ambition and energy, and as soon as head clears and shoulders better she is up and does not spare herself; in fact, calls herself well. Since the fall and severe wrench of back it gives out easier, or rather the hyperæmia more rapidly involves the whole spine, and an attack ensues. It is, as she expresses it, "a catch" in the back—middle of the back.

This is an interesting case from every point of view. She has a family of six children living. The two oldest girls are in their teens. One, fleshy, suffered with chorea, while the other, always spare, had to leave school, and is able for only a little work on account of spinal anæmia. She is growing rapidly, and is giving her time and attention to physical training of the passive variety. She is a poor sleeper. With care and attention she will get well and strong. The oldest boy has incontinence. He is plump; has a weak back. The baby twins were both spare when born, but have fleshed up rapidly, but like the mother are poor sleepers. They are good illustrations of the fact that much food compensates for sleep. Like most mothers with a consumptive history she has plenty of rich milk for them. They both have gastric catarrh and inclined to eczema. I

judge they also have a tendency to dorsal hyperæmia, hereditary. At least I shall study their growth and development with interest. I am, however, trying to treat and train both mother and babies so that they will escape weak backs. The father is tall, large and finely formed, so that the children inherit a fine physique, notwithstanding the hereditary bias. Over-work gives him nervous twitchings that Ignatia controls.

(To be Continued.)

REPORT FROM OREGON.

(Special report to THE UNITED STATES MEDICAL INVESTIGATOR.)

The ninth annual meeting of the Oregon State Homœopathic Medical Society, convened May 5th, 1885, at Portland. The president, Dr. Wm. Geiger in the chair. Members present, Dr. Wm. Geiger, Dr. C. E. Geiger, Dr. S. A. Brown, Dr. A. Pohl, Dr. K. L. Miller, Dr. W. L. Miller, Dr. Z. B. Nichols, Dr. Geo. Wigg, Dr. L. Henderson, Dr. F. D. Miller, Dr. A. S. Nichols. Report of executive committee read and accepted, minutes of last meeting read and accepted, treasurer's report read and showing the society to be in an easy condition financially, the annual dues for the year were omitted on vote of the society. Censors reported favorably the names of Dr. B. E. Miller, Dr. S. L. King and Dr. E. C. Brown, who were elected members of the society. Report of legislative committee read and accepted. A committee of three were appointed to act jointly with committees from other state medical societies in framing a bill to regulate the practice of medicine in this state.

Election of officers for the ensuing year resulted as follows.

President, Dr. L. Henderson, of Salem, Oregon; 1st Vice President, Dr. Geo. Wigg, of East Portland; 2nd Vice President, Dr. B. E. Miller, of Portland; Sec'y, and Treasurer, Dr. K. L. Miller, of Portland; Corresponding Sec'y, Dr. E. C. Brown, of Portland; Censors, Dr. C. E. Geiger, Dr. S. A. Brown, Dr. Jessup, Dr. A. S. Nichols, Dr. S. L. King.

The following committees were appointed by the president to act for the ensuing year.

Legislative Committee, Dr. L. Henderson, Dr. Jessup, and Dr. A. S. Nichols. The president placed his own name on this committee by special request of the society as his residence at the capital city gave him better opportunity to serve than other members.

Executive Committee, Dr. K. L. Miller, Dr. C. E. Geiger, Dr. S. L. King.

Special committee for framing a state medical bill, Dr. S. A. Brown, Dr. C. E. Geiger and Dr. W. S. Miller.

The following bureaus were appointed to serve for the coming year. Gynæcology, Dr. Z. B. Nichols, Dr. B. E. Miller, Dr. F. D. Miller. Ophthalmology, Dr. A. S. Nichols, Dr. E. C. Brown. Materia Medica, Dr. K. L. Miller, Dr. S. L. King, Dr. Geo. Wigg. Surgery, Dr. W. L. Miller, Dr. Jessup, Dr. C. E. Geiger. Pædology, Dr. Wm. Geiger, Dr. Pohl, Dr. S. A. Brown. The secretary was ordered to send printed programmes of the next annual meeting to each and every Homœopathic physician in the state one month prior to meeting. The routine business of the meeting being finished, interesting papers were presented and read, Dr. S. A. Brown presented an interesting paper on Asiatic Cholera, Dr. C. E. Geiger a paper on Spinal Irritation, Dr. K. L. Miller, presented an able paper on Leprosy. Dr. A. S. Nichols presented a few thoughts on the cause and effect of Laceration of the Cervix Uteri and their remedy in the Emmet operation. Dr. F. D. Miller presented an interesting paper on poisons and their antidotes. The reading of each paper was followed by interesting discussion by the members of the society. Meeting adjourned the third day to reassemble in one year.

A. S. NICHOLS, Sec'y.

A Calculus Formed on a Ligature.—In the Berlin Medical Society, on March 12 (*Deutsche Med. Wochensch.*, March 20) Dr. Landau exhibited a calculus which he had removed from the bladder of a woman, who had undergone ovariectomy two or three years ago, had suffered from parametritis some months afterwards, and soon afterwards from vesical trouble. The calculus was found to have formed round a ligature which had been used in the ovariectomy, which must have entered the bladder through a small opening in the walls, and have remained there long enough to form the nucleus of the stone.

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 choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

HOW TO REPORT A SPINAL CASE.—It is often difficult to analyze the report of a case of backache, especially when complicated, from the fact that the examination is not as complete as it should be. Recently I have received so many letters asking for advice that I am constrained to give a few directions as to how to report a backache case.

(1.) Give a clear description of the person, age, sex, temperament and especially whether fleshy or spare.

(2.) Then should follow a clear description of the present condition. All the aches and pains should be enumerated and located. Give all the head symptoms including the sleep. Appetite and condition of digestive organs, stomach, bowels, urine. The condition of the throat, lungs and heart should be given. Add diseases or disorders of the generative organs. Don't mix the history of the case with this part of the report.

(3.) Now give the previous health and general condition before sickness. If never well then go back to infancy or before for

(4.) History of the case. Give, if possible, the complete history as it developed. It is sometimes necessary to have the person recount their whole private life year by year or stage by stage. Spinal irritation, hyperæmia or anæmia is often of slow development. The condition of the organs in front from time to time only hinting at a possible progressive spinal complication. Falls, blows or strains should always be mentioned.

(5.) The treatment received may have had much to do with developing or retarding the progress of a spinal trouble so that should be given if any has been received. The fact that Strychnia grips and

shakes the spine as a terrier does a rat, should not be forgotten. Powerful drugs leave "footprints" here.

(6.) Now we come to the most important part. Give an accurate description of the back when lying, sitting and standing if necessary. If the back is sensitive the examination must be the most gentle. It is often only necessary to have them locate the sore spots. It sometimes takes weeks to repair the injury of a rough handling. The vertebræ may be lightly passed over and the extra sensitive ones noted. This may be done through thin clothing with the fingers or on the bare back with or without an electrode. Then the sides of the spine should be next examined. If there is any neuralgia in front, trace the nerve to its spinal origin and note the result of pressure. Examine the neck and especially the sides and front carefully. Note and report all the sensations produced by the examination. Sensitive and mesmeric patients may need repeated examinations. The relative tenderness of the different parts of the spine should be noted, especially with reference to the progressive history of the case. The anæsthesia of an old spot is often as confusing as the hyperæsthesia of a recent one and *vice versa*.

The exploration of the back should be conducted with gentleness and caution. It is sometimes necessary to use both forms of electricity, especially as a means of verification. If there is marked hyperæsthesia or anæsthesia the back symptoms will be exaggerated or clouded. In the former the back will overshadow every thing to the exclusion of any visceral neuralgia or functional disease, while in the latter the visceral disorder will be magnified to the neglect of the back.

(7.) Describe accurately as to position in lying and sitting. Bad habit often causes spinal distress. State if can lie on back or not or only on sides. If backache or distress or headache or other pains are relieved by any special position. Give causes for being worse and what relieves.

With the picture of the individual and present condition we have a general idea as to the pathology as well as something to compare the drift of the disease by. The history of the case may be clouded by the treatment received. The natural history of a neglected back is to grow worse steadily and to dip deeper complicating more organs as the whole nervous system becomes involved. If an acute attack lays

the patient aside for a time that should be noted for it has a marked bearing on the prognosis.

One word as to prognosis. Most backaches can be cured if not dependent upon deformity, or organic disease. Even here the skillful use of remedies with proper attention will in time work wonders.

COLLEGES IN GOOD STANDING.—Our state board of health created for the purpose of passing on “the genuineness of diplomas,” “examining non-graduates” for and “to regulate the sanitary affairs of our state” has, it seems to us, transcended its powers. Here is its latest general order :

OFFICE OF THE SECRETARY, SPRINGFIELD, May 4, 1885.

DOCTOR: At the regular quarterly meeting of the Illinois State Board of Health, held in the city of Chicago, April 16-17, 1885, the following preamble and resolutions were unanimously adopted :

WHEREAS, Many medical colleges do publicly announce that an entrance examination of candidates for admission to their lecture courses will be exacted, and do honestly and impartially enforce such examination; while, on the other hand, a number of schools either avoid making such announcement, or evade the practical enforcement of any requirement of general education preliminary to the study of medicine; and

WHEREAS, These conflicting practices result in lowering the standard of medical education by attracting to a certain class of schools students who are poorly prepared for the study of medicine: Therefore, be it

Resolved, That, in order to secure the recognition of its diplomas as in good standing for the purposes of the medical practice act in this state, it is necessary that each college shall distinctly state in its annual announcement that the conditions of admission to its classes are: 1. Credible certificates of a good moral character. 2. Diploma of graduation from a good literary and scientific college or high school, or a first-grade teacher's certificate. Or, lacking this, a thorough examination in the branches of a good English education, including mathematics, English composition, and elementary physics or natural philosophy.

Resolved, That the secretary of the board be, and hereby is, instructed to furnish a copy of the foregoing preamble and resolutions to the dean or secretary of every medical college, and to the editors of medical journals, in the United States.

* * * * *

Resolved, That since the publication of the names and addresses of matriculates is desirable for purposes of information, the secretary be authorized to request of all colleges desirous of being accounted in good standing in this state, that they publish in their successive annual announcements complete lists of the matriculates, as well as of the graduates, of each immediately preceding session.

Very respectfully, JOHN H. RAUCH, M. D.

Secretary.

It seems that a diploma is not enough, nor that it be from a legally chartered medical institution, but the whole thing hinges on the standing of the college. Now the good standing is to turn upon a "preliminary examination." This preliminary qualification is supposed to have been passed before the student enters upon the study of medicine. If aimed at any one the preceptor should be regulated. We are surprised at one thing that the *amount* of mathematics and physics or philosophy is not fully specified. The next general order hailing from the next quarterly meeting will doubtless do that up. Our board works on "an inclined plane." They have taken the job to raise the standard in all the medical colleges of all the states. Illinois reigns supreme. That "good standing" can be screwed up several notches. Nothing like "physics," if you give it a chance.

ANOTHER HAY FEVER REMEDY comes to the front with more of a scientific atmosphere than any yet presented, not excepting Dr. Beard's Quinine Germicide. 25,000 hay fever victims will arise to call Dr. Lippincott blessed if his new remedy cures them all. It will dissolve the United States Hay Fever Association and cause wailing among the hotel keepers, on the mountains of Bethlehem, *et al.* Try it brethren and report results. This may prove a more valuable discovery than Cocaine and more profitable. Many a man would give \$1,000 to be cured of hay fever. Proceed to accept these standing offers and remember Dr. L. with at least 2 per cent of the result. Seriously we esteem this a very valuable contribution to practical therapeutics.

ALLOPATHIC CONVULSIONS.—They have had them again at New Orleans. It may have been "Jim Jams" as some suppose, but as there were premonitory symptoms a whole year we think it a "proving" of

Homœopathy. The symptoms of the attack closely resemble those given on page 292. The light touch of Homœopathy in New York three years ago was effectively convulsive, electric. The body Allopathy was split in twain. Now they must explain the code so as to unite the fragments and correct "misapprehensions." But ethics will never make *them* practice as *we* practice. Similia must be accepted. Our materia medica, our therapeutics, our literature must be recognized, appreciated and endorsed. Until then we nail our flag to the mast inscribed "Homœopathy Excelsior."

CORRESPONDENCE.

THAT "SWORD'S MIGHTIER."

Ho, ho, ho! I can't help it, and you couldn't if you had seen it. This evening a boy handed me a foot-ball to kick. I fancied I could hear the shouts of congratulation that more than thirty years ago, nearly burst my bosom on old Dartmouth common, forgetting that in ten minutes later I was on my way home to bathe my side in cold water; so I *kicked*. The boy didn't have to go after the ball but I did ask him to bring my foot back. I limped down to my office and read your article in the April number of *THE INVESTIGATOR* about "Sword's Mightier," and I said he would feel just as I do if he only knew it, and I laughed. Don't go for the editor of the *New England Medical Gazette*, he is a nice young man, just starting out in life; a graduate from Boston University School of Medicine, and of course gives the results of his teachings there. He is the mouth-piece of that institution and must voice its opinions, or "off goes his head." You should know that in that school they teach you boiled down Homœopathy. No thirteenth attenuation wanted there. There have been teachers there who had advocated and gave attenuated medicines. Two of them saw the error of their ways about the time they entered that school as professors. The others, where are they? Gone, save one, and I would not give ten cents for his chances of remaining. Although they have struggled so hard to establish a "*possibility*," it was only last year they got a firm basis established, and for that Dr. Hughes must have the credit. He made things firm, for after one of his lectures one of the graduating class said, "Now we have got something *tangib'e, something to rely upon*." How fortunate that it came before he graduated. You might possibly get the impression that no one in New England gave attenuated medicine, but such is not a fact. There are many who give the 30th or "200" and some higher. The Homœopathic doctor who does the

largest business in Boston and therefore in New England, and perhaps in this country, never gives low attenuations, and I think it is rare that he gives lower or as low as the 200th.

Swing your "Sword's Mightier," let your "blood boil," and go for the old sinners, but spare the young and innocent.

A. M. CUSHING.

HOMŒOPATHY IN MICHIGAN.

MAY 28th, 1885.

EDITOR INVESTIGATOR: The Allopaths in Michigan, as elsewhere, have the idea that they "own the earth," at least in a medical way. Two years ago the friends of Homœopathy here, after an heroic struggle, secured the passage of a law to place the new Northern Insane Asylum when completed (which will be in October next) in charge of a Homœopathic medical superintendent. The Allopaths have boasted ever since that "the law would not be enforced," and that we "would never get in there," etc. Hence we expected that at the present session of our legislature they would endeavor to repeal the act of 1883. A concerted effort was made at the last election, and eight of them were elected members of the House of Representatives.

Now in the most sly manner possible they got up a bill to "revise and consolidate the laws governing insane asylums," in which the Homœopathic law of 1883 was ignored and consequently repealed. We said nothing about their scheme to the House members, and hence it passed that branch. But yesterday it came before the Senate, whose members we had well prepared for this "cat in the meal." It was fiercely discussed nearly all day on an amendment which provided that the law of 1883, placing the institution under Homœopathic treatment should remain in full force and effect. The bill *as amended* passed sixteen in favor to eight against it. So the enemy of humane, progressive and scientific medicine is beat again. Indeed, they are defeated every time they seek any advantage before the legislature of our State.

They die hard; but we should take courage, for the prospect is fair that by another generation the world will be rid of these whisky, quinine and morphine *poisoners*.

There are now two insane asylums in our State both under Allopathic control. It was only just and fair that the new one should be under Homœopathic management. Our legislature has now twice said this, and the Allopaths must submit.

The new asylum is located at Traverse City, in the northern part of the State. It is an immense structure, and will be first-class in all its arrangements.

Michigan is building also a new asylum for insane criminals at

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Ionia. It will be ready for occupants in a few weeks. Dr. O. R. Long, a well-known Homœopathic physician, has already received the appointment as superintendent of the same. Thus Homœopathy is steadily and surely making progress in our State. It will everywhere if its disciples do it justice.

E. R. ELLIS.

DETROIT.

“THAT ARSENIC THIRST.”

I was much interested in a recent article in *THE INVESTIGATOR* questioning the credibility of the “dryness of mouth” with “thirst for small quantities of water” as symptoms indicating the use of Arsenicum. If there are unreliable symptoms for the use of our various drugs, the sooner they are discovered and weeded out, the sooner will Homœopathic literature become standard, and lose some of its grotesque and seemingly contradictory statements.

Touching this very point I had a test case lately that may be worth recording, in that it confirms as reliable the well known “dry mouth,” “thirst” and “restlessness,” symptoms of Arsenicum.

A healthy, robust farmer came to me complaining of his inability to get to sleep the fore part of the night. Here is his complaint *verbatim*: “I am not sick, have a good appetite, and feel as good as I ever did; but somehow I can’t get to sleep before one or two o’clock, and sometimes later; am restless, can’t lie still, keep turning over, no sooner am I on one side before I have to change my position again; finally towards morning I become terribly sleepy and drop off into a heavy sleep, and when chore time comes I have hard work to get up, am so drowsy. My mouth gets so dry that I keep a pitcher of cold water at my bedside, and take two or three swallows about every ten minutes; sometimes I have to raise up every minute almost, and take a swallow, or the dryness becomes so bad that I can’t use my tongue to talk, and I feel it creeping back into my throat, and I know I would choke to death if I did not get a drink of cold water at once.” I had just read that article, and I thought I saw a clear case to prove or disprove the value of the symptoms in question. This was about four P. M. Gave him three powders of *Ars. 3x* to be taken at intervals of two hours, with blanks to take afterwards. Saw him a week afterwards; said he went to sleep the same night by 8 o’clock, and never woke until morning, and has had no trouble since; no restlessness, no dryness of mouth or thirst.

I hope this will aid to bring out more clinical verifications and cases from other members of the profession.

A. G. ANTHONY.

CONSULTATIONS.

TELLURIUM FOR BACKACHE.

DR. DUNCAN: Once in a great while I get time to read a journal. To-day read your article on backache. I have had some success with *Tellurium* in 30x, where *Arnica*, *Hyperic*, *Kalmia*, *Calc. phos.*, *Puls.*, etc., failed, and suggest it to your attention. J. F. EDGAR.

LEXINGTON, Ky.

CATHARTICS AND LONGEVITY.

In the October 11th issue, page 244, I made an inquiry about a small treatise, which I imagined I had read in *THE INVESTIGATOR*, 1881 or 82, in regard to *the harm of cathartics, statistically proving that they shorten life*. But as I could not find them I concluded I must have read it in another Homœopathic publication, some other journal sent as a sample. I received no answer. Is it possible that nobody of the whole fraternity has read the inquiry, not even the author to the interesting treatise? I hope this may reach the eyes of the knowing, and that this time I may receive an answer, as I want to use the knowledge conveyed in said treatise in a lecture. And I beg not to have asked in vain, as every case of consultation sent by me for the last three years has been unanswered, except once with something that must have been intended to be witty, but the sense of which I could not grasp. Especially am I sorry that no answer came to an important chronic case, which now seems to be hurrying to a successful end, but which if answer had been received might have been cured now in a community where it will cause a great boom for Homœopathy, which yet has hard times. When success has crowned my efforts, and the advice just received from another physician, I shall report. G—E.

[We do not remember such statistics. The effect of strong medicine is undoubtedly to shorten life.—ED.]

PERIPHERAL NEURALGIA.

Mr. M., aged sixty-seven, very stout, always been healthy, three years ago was attacked by a pain like pricking of hot needles in right calf and heel. After suffering for months it was removed by painting with Iodine. Soon after a similar pain appeared in region to right of scrotum where adductor longus muscle joins pubis bone. Pain covers an area as large as silver quarter. Nothing abnormal can be seen or felt, nor is there hyperæsthesia or anæsthesia of surface. *It is relieved soon after lying down, whether day or night, but returns again soon after rising.* Right leg and hip are weakened, and he is nervous and depressed. Has tried many physicians and remedies to no avail. After I began treatment he improved every way.

Suddenly a similar but much more severe pain seized him in region of right ilium and kidney. As I was treating him by letter I advised him to call in a physician to relieve these acute attacks. The doctor told him he could soon cure him, but these attacks would return at periods of one, two or three weeks, and he grew worse under his treatment. He then procured an electric belt and wore it six weeks without benefit. Now he returns to me worse than ever, with constant pain in both the above named locations, and right leg and hip quite weak. Is always relieved entirely while reclining. Urine has never given any trouble. Sp. gr. normal, and have found neither sugar nor albumen. Have not examined it microscopically.

Have given *Kalmia lat.*, *Arg. nit.*, *Stryc.*, *Berb. vulg.*, and other remedies, which nearly relieved pain at original seat when it appeared at second named place. Since he returned to me have given *Berb. vulg.* What is the disease? What the remedy? An answer is earnestly solicited.

Yours, U. A. S.

[Would examine right portion of spinal nerve at lumbar region (3d and 4th) for local hyperæmic pressure. The pain being relieved on lying down would look towards *Bryonia*. But a history of a fall or injury might decide on *Hypericum* or *Arnica*. For the acute attacks *Colocy.* or *Cuprum* may be needed. There is evidently pressure on the obturator nerve at its exit. It would be well enough to examine for a pressure as of hernia at obturator foramen. But it looks as if the trouble was of spinal origin. Rest and local electricity (galvanism) down the limb may be needed to cure.—Ed.]

IT IS NEURASTHENIA.

Dr. Hamerschmidt's case I believe to be one of "Neurasthenia" from some cause with all that that name implies. To intelligently prescribe for it without a thorough examination of the urine is, from my standpoint, utterly impossible. I mistrust, from the symptoms given, that "oxaluria," probably from indigestion, is the pathological condition. If so, the urine will be found strongly acid with epithelium from the kidneys and ureters, and some of the forms of calcimine oxalate crystals. If spermatozoa should be found, this would be another kind that would signify much. These are exceedingly obstinate cases to handle, and demand the most serious consideration of the physician. Owing to sub-oxidation these crystals are dropped into the urinary passages and must be handled accordingly. They are formed as one of the intermediate stages of retrograde metamorphosis, hence may result from the imperfect oxidation of starchy, fatty or albuminous food.

It will readily be seen that the first thing of importance in the treatment is a properly selected diet; discover the objectionable element and eliminate it, so far as is practicable, from the daily menu. If the urine is deficient in quantity, have the patient drink liberal quantities of water *free from lime*. I know of nothing that will so effectually promote oxidation and dissolve these crystals as the officinal nitro-muriatic acid, and when the emergency of the case demands it I give five drops of the strong acid in a glass of water three times per day. I claim nothing for it upon a *Homœopathic*

basis, but by utilizing this—one of the laws of cure—we can overcome the necessity of resorting to “cold steel” in removing a renal or vesical calculus. For the peculiar paroxysms of pain mentioned, I know of nothing equal to Bismuthum, 1x or 3x. At first I supposed this remedy only palliative—hence anti-pathic—but the size of the dose and permanency of the results have convinced me to the contrary. Then comes the more profoundly acting *Lycopodium*, with possibly an occasional substitution of either *Ignatia*, *Nux*, *Collinsonia*, *Anacardium* or *Gelsemium*. If my surmises are correct, I think that you will find the patient benefited by following these suggestions. Sometimes I have found the application of a mild Galvanic current passed through the spine beneficial in allaying the nervous irritability. By all means keep the young man away from his studies and promote oxidation by plenty of out-door exercise with some, but not too much manual labor.

COLDWATER, Mich.

JAMES C. WOOD.

BACKACHE AMONG THE MORMONS.

The Mormon men and women suffer very much with weak back, or rheumatic back, and the treatment of their rheumatism with medicine is slow work without electricity properly applied. *Rhus* and *Cimicifuga* are most useful. Sometimes we meet with a *Bryonia* case, but not often.

R. W. N.

[We would suggest the study of *Hyoscyamus*, *Agnus castus* and *Muriatic acid*, etc. This may be a myalgia or more of central origin. Still rheumatism is very common in mountainous countries.—ED.]

MEDICAL NEWS ITEMS.

C. W. Crary, M. D., formerly of Lake City, Minnesota, has taken charge of the Palmyra Sanitarium—a good man for the place.

Peacock's Fucus Marina, prepared from seaweed, is claimed to be an antidote to malaria. Send for sample and mention this journal. See ad. on last page of cover.

Notice.—Physicians wishing to attend the International Homœopathic Association at Syracuse, N. Y., on June 23, will address T. S. Hoyne, M. D., of Chicago, for reduced rates.

Thanks.—We desire to thank all our readers who have sent us items or articles for publication. We would be pleased to receive papers read at societies from any of our physicians, also all items of interest.

How It is Appreciated.—I have been watching and praying for just such a book as “Eggert’s Treatment of Uterine Displacements.” Out of a library of 500 volumes, none have been studied harder than the little pamphlet of his on *Prolapsus Uteri*.

VISALIA, Cal.

E. H. RUSSELL.

DEAR INVESTIGATOR: Score three for Homœopathy. Dr. R. W. Carr, my old preceptor, has been elected health officer for the third

term, thus showing the appreciation of progressive medicine by the officers of the young and thriving city of Sedalia, Mo.

SEDALIA, Mo.

E. V. FRASIER.

Dr. Moses T. Bunnels, who has been a prominent Homœopathic physician of this city for the past ten years, enjoying a large and lucrative practice, will remove, in a few days, to Kansas City, Mo., which he will make his future home, and where he will practice his specialty of diseases of women. The Doctor, as is well known, is specially noted in sanitary science, and will carry to his new field a knowledge that was of value to this city when he occupied a position on the Indianapolis Board of Health. He is a graduate of the Cleveland Homœopathic Hospital College, and has since spent two years in study and practice in the large hospitals in New York.—*Indianapolis Journal*.

What is Indianapolis' loss is Kansas City's gain in this case.

Prof. H. P. Gatchell, M. D., who passed away recently at Asheville, N. C., was well known to most of our old readers. He was an early convert and able exponent. He was a devoted scientist, a most enthusiastic physiologist, and an able representative of the cause. He was a most popular professor in the colleges at Cincinnati, Cleveland and Chicago. He was also a sanitarian of the highest rank and an authority on consumption. We repeatedly urged him to write a work on these subjects, but failing health drove him South to test what he had long believed, that the three elements for consumptives were altitude, dryness and warmth. His scattered writings, much of them controversial, would show that he was ahead of the profession on most scientific subjects. Like most positive men he had strong convictions, which rendered him a warm friend or *vice versa*. He leaves a large family of boys who inherit the father's scientific bias. They are all physicians, and some well known writers.

Died B. F. Joslin, M. D., of New York. At a special memorial meeting of the Homœopathic Medical Society, of the county of New York, held May 27th, 1885, the following resolutions were read and adopted.

A. B. NORTON, M. D., Secretary.

WHEREAS, It pleased Almighty God to lay aside from the active practice of his loved profession our esteemed associate, Benj. F. Joslin, M. D., and lately to remove him from this life,

Therefore Resolved, That we bow to this providence, believing that he has found in the world beyond, as certainly as in this, that service for others that constitutes one chief source of felicity.

Resolved, That we recognize in the service of Dr. Joslin, as an active member of this society, as its presiding officer; as the superintending physician of the Five Points House of Industry; as a wise counselor in the emergencies of general practice, an earnest, enthusiastic, devoted physician; one who added lustre to the honored name he inherited; a Christian gentleman, whose example we may emulate.

Resolved, That a copy of these resolutions be sent to the family of our late colleague as an expression of our deep sympathy, and that copies be furnished our medical journals for publication.

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POST PARTUM SEPTICÆMIA.

BY Z. W. SHEPHERD, M. D., WATERLOO, IND.

Having recently treated a case worthy of note I will append a few notes for the benefit of those who need it. Mrs. B., aged twenty-six, primipara, was delivered May 12th inst. after a severe labor of sixteen hours, made rapid and excellent recovery until May 18th, when I was again sent for in haste, found the patient in the following condition: Face pale and anxious, tongue white with red edges and tip, pulse 110, urine scant, with uneasiness in vesical region, milk partially suppressed, also the lochia, and worse than all for the patient a terrible, severe, dry, spasmodic cough, almost bursting the head at each paroxysm and producing great soreness and tenderness in the diaphragm and abdominal region, with involuntary micturition with the coughing and complete anorexia. I diagnosed septicæmia and gave her a thorough uterine and vaginal washing with warm soft water (100°) slightly tinged with castile soap, followed by injecting one pint of water with one drachm of

Calendula, same temperature. I gave Lycopod. 4x for the cough ("involuntary micturition" "fan like motion of the alæ nasi," "rumbling in the abdomen" and "feeling of distension.") This was done at 11 P. M., at 12 the patient fell asleep, slept four hours without waking, awoke refreshed, feeling better every way, but was hungry. A few doses of Arsenicum afterward, with Lycopod. at longer intervals, completed the cure and patient is doing very finely.

THREE POINTS FROM THE ORGANON WITH ILLUSTRATIVE CASES.

READ BEFORE THE MINNESOTA STATE HOMŒOPATHIC
SOCIETY BY G. E. CLARK, M. D.

There can be no doubt, to even a casual peruser of the Organon, that Hahnemann most thoroughly believed in and rigidly adhered to:

- I. The single remedy.
- II. The minimum dose.
- III. The uninterrupted action of the administered remedy.

In paragraph 272 he declares, "In the treatment of disease *only one simple* medicinal substance should be used at a time."

In paragraph 246 of the Addenda he makes use of these words. "In the former editions of the Organon, I have recommended that a single dose of a well selected Homœopathic remedy should be allowed to terminate its operation before the same or a new remedy is repeated, a doctrine derived from the certain experience that the greatest amount of good can scarcely ever be accomplished, particularly in chronic diseases, by a large dose of medicine (a retrogressive measure recently proposed,) however well selected; or, what amounts to the same thing, by several small doses administered in rapid succession, because a procedure of this

kind will not permit the vital force to undergo imperceptibly the change from the natural disease, to the similar drug-disease. On the contrary, it is usually excited to violent revulsive action by one large dose, or by the quick succession of several smaller doses, so that the reaction of the vital force, in most cases, is anything but beneficial, doing more harm than good. Therefore while it was impossible to discover a more salutary method than the one proposed by me, it was necessary to obey the philanthropic rule of precaution, *si non juvat, modo ne noceat*; in accordance with which maxim, the Homœopathic physician considering human welfare to be his highest aim, was to administer but one most minute dose at a time of a carefully selected medicine in the case of disease, to allow this dose to act upon the patient, and to terminate its action. I say *most minute*, since it holds good and will continue to hold good as an incontrovertible Homœopathic rule of cure, that the best dose of the correctly selected medicine, will always be the smallest in one of the high potencies for chronic as well as for acute diseases, a truth which is the invaluable property of pure Homœopathy, and which will continue to stand as an imperishable barrier to shield true Homœopathy from quackery as long as Allopathy (and no less the practice of the modern mongrel sect composed of a mixture of Allopathy and Homœopathy) continues like a cancer to undermine the life of suffering men, and to destroy them by large doses of medicine."

I have presumed before this somewhat lengthy quotation that we may thoroughly understand what was the teaching and practice of the great master on this most important subject. I am persuaded that a large proportion of Homœopathic physicians have not only never read this book, the groundwork of our faith and practice but are grossly ignorant of its precepts and instructions.

With these thoughts as a text, I will proceed to illustrate by a few cases treated according to the above instructions.

CASE I. Flora C. aged eighteen, has had the ague for the last six years, lately of the quartan type. The chill appeared between 5 and 8 p. m., but felt very badly all day. Early in the morning an aching in the wrists appeared, followed by a deep, sore pain in all the body. Yawning and stretching all day.

Great distress in the stomach with sour vomiting during the chill. High fever with terrific headache, very restless, must turn often in bed. Sept. 13, 1882, following the paroxysm and during the apyrexia I gave one powder of Arnica 40m.

The main indication was the ever present, sore, aching pain in all the body.

Two, much lighter chills followed, then ceased entirely and have not since returned, though still living in a malarial climate. I may add this patient had consulted physicians of eminent Homœopathic talent, with only temporary relief. From my acquaintance with the physicians consulted, I have good reason to believe *only* the lower dilutions were employed. The improvement was general, prompt and continuous.

CASE II. E. P. aged twenty, small and spare; has suffered from asthma since he was two years old. During the last eight years has had the affection almost constantly, and very severely at times, being confined to his room for weeks. Upon careful examination the following history was elicited: When three months old had an eruption which covered the entire scalp with a thick scab, from beneath which oozed a profuse yellow discharge. This condition remained till the child was eleven months old, when a tar plaster was applied to the scalp, and other means employed which the mother could not remember. In a few days the eruption dried up and disappeared and has not since returned. Twelve months afterward the asthma, which has been the bane of his life, appeared, and has grown more continuous and severe each year.

The family history is not good. The father's mother and sister died of consumption. The father had a light attack of tinea capitis when a lad; he is also now slightly asthmatic at times. The mother's mother, three sisters and one brother died of consumption. An elder brother of the patient has been under treatment for over a year for a similar eruption of the scalp. When a babe the patient was fat and chubby. Fontanelle large and open, did not close till late. Dentition did not commence till a year old and was very difficult, accompanied by a very intractable and offensive diarrhoea during the whole process; did not walk till two years old; sweat a great deal about the head and neck, wetting the pillow far around; takes cold easily. Is worse in cold or damp weather; cough loose and more severe in the morning; appetite very poor indeed; *bowels obstinately constipated*; rarely has an action without taking "pills."

March 29. Prescribed Cal. carb. 85m; one powder in the morning.

April 8. Reported a loose evacuation of the bowels the second day after taking the medicine, and have remained regular ever since, though not so free to-day. Has had little or no asthma since taking the medicine; very much better than he has been for years; appetite ravenous; spirits excellent.

April 14. Bowels less regular for the last three days; weather damp; did not rest well during the night; had a light attack of asthma, appetite not as good. Calc. carb. as before.

April 19. Marked improvement; no asthma since; bowels regular; appetite good; Sac. lac.

Some months thereafter he reports enjoying the best health for years. During the summer has been running an engine on the river. Has not had such an entire freedom from asthma for over eight years. Appetite is good and is gaining flesh.

The Calc. carb. was the only medicine given and the result was such as to stagger the most skeptic.

CASE III. Edna D. aged six. One year ago had a severe attack of spinal meningitis, for which she was Allopathically treated. Since that time she has had frequent attacks of chorea minor. There was some jerkings of the limbs and irregular motions of the body, during the day, but at night assumed a more violent form. Shortly after falling asleep she would scream out with a startled cry and take on at a violent rate for some time. These attacks were repeated as often as from three to four times a week and were growing more severe and frequent. From the aggravation at night while asleep, from fright or sudden emotions; the violent delirium in a semi-conscious condition, as well the well known action of the drug in causing cerebral and spinal congestion, I gave Gels. 2m; one powder before retiring at night. Sac. lac. was dispensed at appropriate intervals, but this one powder was the only medicine given. That was in February last; since which time there have been no further manifestations at night, and the general health and condition of the patient have also greatly improved.

CASE IV. That we may not seem to draw our illustrations entirely from a class of diseases of the lighter and less malignant order, I will mention a case of diphtheria, in which the high dilutions acted equally well, indeed with apparent improvement over that of the lower.

Wm. K. was taken July 10th with a light chill, great lassitude, aching in the bones, high fever and delirium, lasting all the following night. In the morning inspection showed the fauces to be deep red and highly inflamed. The tonsils and walls of the pharynx were thickly coated with a dirty, grayish deposit. The breath was so offensive as to make it difficult for the attendants to remain long in the room. Bell. and Merc. cyn. in the third decimal potency were given and persevered in till recovery, which took place about a week thereafter. "

Four days after the first attack a younger sister was taken in much the same way, same high fever, great prostration,

throat very red and sore. In this case however, the membrane appeared first upon the right side of the throat and spread to the left. Aggravation in the afternoon and after drinking cold water. Considering these good indications for Lyc. and also a very excellent opportunity to test the value of the high and low dilutions, I gave the highest potency I had with me, viz., the cc. (200.)

In point of severity and surrounding conditions the two cases were almost identical; hence I awaited the result with no small degree of interest; both to accurately test the case and also because it was with no small fear and trembling I rested so grave an affection on a potency I had often employed, but never in a case of this character.

I am sure the result was much more prompt and satisfactory, the second case recovering in two to three days less time than the first.

These cases together with a more or less extensive experience of a like nature have convinced me of *three* things:

I. A careless routine treatment, coupled with only a *general* knowledge of the materia medica leads to the alternation of remedies. It is true the most extensive and painstaking perusal of the materia medica will at times fail to bring out the clear cut single remedy, nevertheless this is the desideratum for which we are most earnestly to strive and I am satisfied such a course will give better and prompter results than any amount of alternation.

II. Although you may not all agree with me as to the value of the high potencies, still I am persuaded there are many here to day who are convinced that even so-called Homœopaths too often give too much and too strong medicine, and that a smaller dose and less often administered would have healed more promptly and thoroughly, developed fewer unfavorable complications, and allowed less uncured cases and symptoms to remain as ghosts to remind us of our incompetency.

This we do claim, the evidence of the validity of the higher

potencies is founded upon as accurate and reliable a basis as that of the lower dilutions. The diagnosis of the case; the careful and painstaking collation of the symptoms; the fine differentiation and affiliation of the remedy are as good and reliable in the one case as in the other. If now there is a removal of the pathogenetic symptoms and a return to the healthful functions of the body, as promptly and thoroughly in the higher as in the lower dilutions, a claim to their validity is incontrovertably established.

III. Many a brilliant cure is often interrupted or even spoiled by a too frequent repetition of the remedy employed. I have a case in point where an affection of years standing was improving nicely and continuously until in my haste to push the recovery, I commenced a *repetition* of the high potency then in use. The improvement stopped and I never since have been able to do more than palliate the attacks as they appeared.

Our master builder was a wise observer and we do well to ponder his instructions thoroughly and well.

LEPROSY.

AS SEEN IN DISTRICT OF HANA, MAUI, HAWAII ISLANDS.

As the subject of leprosy is being agitated in the States and more especially in the west where the Chinaman has so strong a hold, a description and history of the disease which has proven such a terrible scourge to these green, sunny islands, may prove of interest to your readers.

Leprosy is uninfluenced by climate, exists at the same moment in the tropics and near the poles, preferring the coast; is presented in its different forms in nearly every clime and country in the world. This disease which comes on so insidiously, seizing upon young and old alike; of which so little is really known; its study being so greatly neglected by scientists in consequence of the prejudice

against, and the repulsiveness of the disease, and still more that no encouragement is held out; of its pathology hence little is known.

This disease known since the law of Moses, concerning Leprosy (Levit. XIII.) is still better known to-day, becoming stealthily, gradually, but surely more wide-spread.

There is still a crowd of the poor, unfortunate, repulsive victims of this horrible malady, asking alms at the gates of Damascus and of Jerusalem. What has been done to lift these miserable, shunned outcasts from their fearful condition?

Can leprosy still, as in old scriptural times, Numb. VII. 10, also 2 Kings, V-27—be the result of a divine rebuke or judgment? And is this the reason that man's weak efforts and resources are, and always have proven inadequate to cope with the disease?

There are two varieties of the disease LEPROSY, on these islands. The *tubercular form* or *elephantiasis tuberculosa*, also called by ancient writers *elephantiasis graecorum*.

2nd. *The anæsthetic form*, or, as it is called in Barbadoes, *joint evil*. The native name for the disease is *Mi Poka* (Chinese sickness), the disease, they claim, being brought here by the Chinese.

The disease found a rich field among the native Hawaiians for propagation where syphilis had already rendered their systems susceptible to the disease of leprosy. Probably 95 per cent. of the natives have syphilis, either acquired or hereditary. Syphilis I consider one of the greatest predisposing causes. Next to this comes their mode of living and the food they eat. Immorality and licentiousness certainly do not tend to a high standard of health.

Their chief articles of diet are poi, raw fish and sweet potatoes. The national dish being poi, made of taro root which is cooked and then pounded to a paste and left to ferment. Their constant use of this as an article of food, next to syphilis tends to render their system peculiarly susceptible to the disease leprosy.

Of the two forms of the disease the first, or *tubercular* form has occurred most frequently in my practice.

The cutaneous phenomena being under our visible observation are the first to attract our attention; and they are by no means the least important, for the morbid processes depicted may be identical with those that are taking place in the hidden parts of the economy. In the skin we have an excess of black pigment deposit, resulting undoubtedly from destructive metamorphosis of the red corpuscles of the blood. The skin of face becomes thick, rugose, tuberculated and insensible, while the skin of feet and legs becomes dry and chapped.

In the cutaneous exanthem the nerve filaments are pressed upon by the enlarged and distended capillary vessels, after a time inducing anæsthesia.

The skin of forehead, and most particularly of the eyebrows and of cheeks, *alæ nasi*, ears and chin become tuberculated. The hair often drops off, while the frowning of the rugous, hairless eyebrows, with eyes fierce and staring, gives the strongly marked leonine character to the countenance.

The mucous membrane of mouth, fauces, pharynx, larynx and nasal passages, and covering tongue and vulva may be studded with tubercles. With the spotted buccal membrane, a thickening of the columns of soft palate, the enlargement of mucous glands of pharynx, and thickening of mucous lining of the glottis, and *chordæ vocales*, rendering the voice harsh; the pituitary membrane discharges a fœtid secretion and the sense of smell is impaired. The conjunctiva is usually congested with a net work of dilated capillary vessels. The lower eyelid may be averted. The whole causing a frightful deformity of countenance.

The dark black spots covering legs, back and other portions of the body often ulcerate, as also may the tubercles. The genital organs are usually not fully developed or become atrophied according as the disease began before or after puberty. The inguinal glands become enlarged.

In *lepra tuberculosa* the back of hands and fingers are swollen.

In *lepra anæsthetica* there is an absence of the tubercles. The premonitory stage is indicated by a numbness and coldness of extremities with loss of power, along with loss of sensation of certain fingers and toes or of a hand or foot. The muscles of the affected limb become atrophied. The fingers and toes become contracted and flexed. Ulcers appear on the foot or hand, sinking deep into the soft tissues until it reaches the bone; then the exposed bone when it is absorbed or discharged through the ulcerous opening; the ulcer contracts, the sore heals and the member is distorted by the loss of its osseous support, the nails being often found on the remaining stump. Whether the disease is arrested in the middle of a bone or at a joint the osseous surfaces are thoroughly protected by a soft covering and so well is this performed that leprous amputations resemble more the amputations performed by a skillful surgeon.

It is also remarkable even when the disease has removed the phalanges that a vestige of the nail may remain on the metacarpal stump. In these instances the nail matrix is not entirely destroyed; a remnant is left which reserves its secreting action and is drawn gradually backwards until it comes into contiguity with the second phalanx, or with the first, or with the end of the metacarpal bone; the transposition being affected by the shrinking of the intervening skin. The muscles of hands and feet are wasted. The patient lifts knee high and there is a peculiar hitch to the walk.

The *anæsthetic* form seems to be principally manifested on certain portions of the spinal nerves; on those of upper and lower extremities primarily, and secondarily on the spinal cord itself, and on the cerebral nerves which supply the face, giving rise to anæsthesia and atrophy of the extremities, destruction of the joints, partial or complete paralysis of the limbs, palsy of the facial muscles, with perverted nu-

trition of all the parts dependent on the cerebro-spinal system for nervous influence.

These two forms of the disease very frequently co-exist; they must be regarded as modifications of one morbid process or condition.

The disease appears insidiously with ill-defined constitutional symptoms preceding the local development.

Leprosy corresponds with the exanthemata and with constitutional syphilis in having its period of latency and its period of activity. But the period of latency of scarlatina and variola is only a few days duration, the period of latency of syphilis a few weeks; while the period of latency of leprosy may be many months, possibly years. Even the exanthema of leprosy may be developed in the skin by so insidious a process as to remain undiscovered until it has been in existence for many months. Sooner or later the exanthematous relations of leprosy are declared; usually after several days of constitutional febrile excitement.

Rubeola, scarlatina, and variola having entered upon the exanthematous period, run a specific course and cease, never to return from the same infection. But after the exanthematic period of syphilis has subsided, it may return from time to time intermittingly and at irregular intervals for a number of years. So, also, it is with leprosy; after the first exanthematous attack has subsided, an interval follows of more or less complete rest; and then a similar succession of febrile excitement of exacerbation and subsequent rest constitutes the course of the disease for the remainder of patient's life.

Leprosy approaches more nearly to syphilis in its phenomena than to any other disease with which we are acquainted. In both there is a long period of latency; in both the exanthematic fever, the eruption on the skin, the affection of the mucous membrane, the neurotic symptoms, the ulceration of the soft tissues and the affections of the bone; in both there are the lengthened intermissions, and

the recurrence of the same series of symptoms during the entire lifetime of the sufferer. In both also there is a destructive metamorphosis, more or less complete of the tissues which are attacked.

But there are differences also as well as resemblances. Syphilis often tends in its processes to a spontaneous cure; leprosy has hitherto been deemed incurable. The intermissions of syphilis are periods of complete suspension of morbid action. The intermissions of leprosy are simply of the severity of the symptoms; a temporary retirement of the disease to be followed by possibly a powerful reaction; differences in appearance as well as in symptoms. The leonine countenance and the terrible distortion of the features are lacking in syphilis, while they are always present in the tubercular form of leprosy, the neurotic pains of syphilis are not present in leprosy; on the contrary there appears to be a general numbness of the sensibilities. In admitting therefore an analogy between leprosy and syphilis, we should be unwilling to recognize an identity, however remote.

The following brief history of three cases are of interest as illustrating the different varieties of the disease as here represented.

CASE I. *Kanaka Owlie*, male, sixty-eight years. In this case the tubercular and anæsthetic forms are combined.

I first saw this case on my arrival here two years ago. He had been arrested and was to be taken to Honolulu for examination and treatment and from there to be sent in all probability to the leper settlement on Molokai, where I have now sent him. The policeman hearing of my arrival brought him to me. The case was then not far advanced. About one year previous he had an attack of chills and fever lasting ten (10) days and soon followed by ulcers appearing on different portions of the body, principally upon legs and back. At time of my seeing him first, the eyebrows and lower portion of forehead were covered by large flat tuber-

cles with several of same appearance on cheeks, ulcers on legs, and legs and back covered by the dark discolorations spots. A slight atrophy of muscles of hands existed. The man was stout and hearty for his age and did not complain of suffering from the disease. I put him upon *Arsenicum* 6x and for the febrile attacks *China* 3x. Ordered him to call for examination every two weeks. There soon appeared a marked improvement in all the symptoms, the tubercles nearly disappearing in three months, and the ulcers drying up while the febrile attacks were less frequent. About eight months after first seeing him he suddenly disappeared.

He was again brought to me last week and the change in his condition has indeed been a sorry one. The tubercles have not regained their former size, but about one year ago as he says he was greatly troubled by numbness of hands and feet followed by anæsthetic condition of same, with ulcers on fingers and toes. About six weeks ago he was pulling tarrow and was greatly surprised at finding he had pulled one of his thumbs off. He could hardly realize the fact for the ulcer on the thumb appeared small and not to involve the thumb to so great an extent. He noticed no pain and bleeding was very slight, the stump healed readily. All the fingers are now involved in this destructive process and have lost one or two phalangeal bones each. The febrile attacks have returned and the disease appears to be hurrying the patient on to rapid dissolution. There is a general fatty degeneration of entire muscular system and entire body is covered by the black spots with a contracted scaly condition of skin. The fauces are white and bloodless, a flabby condition of face, staring glassy eyes. Complains of a creeping, crawling sensation of flesh.

Patient has led a very licentious life and gives history of syphilis. Has had three wives and five children, all dead but no history of leprosy.

CASE II. Kamalama, native, fifty years old. *Leprosy anæsthetica*. Disease appeared about eleven years ago after

an attack of intermittent fever. He first noticed a numbness of extremities; soon after ulceration of the fingers and gradually the phalanges were discharged through the ulcerous openings or else absorbed until now but one finger remains and that is undergoing the same course. On several of first phalangeal and on metacarpal stumps a portion of the nail still remains. The eyes are greatly affected owing principally he informs me to a course of treatment he underwent at the hands of a Kaluma (native doctor so called) who claimed that the disease he could cure by an operation on the eyes and with a sharp fish hook caught up the conjunctiva on eyeball and lid cutting a strip off with a knife. As a consequence the lids are everted showing a great red eye ball with profuse lachrymation running down cheeks and inability to close lids. There is the dry chapped condition of the skin principally of legs and the dark irregular discolorations. Dark streaks in fauces. Genital organs atrophied but claims no loss of function. Complains of chills. Has had syphilis. Has three grown up children with no symptoms of leprosy. Can find no history of the disease in family.

CASE III. *Tubercular leprosy.* Kakaha, native male fifteen years old. Patient large and well developed. Disease made itself manifest when he was twelve years old; first a numb sensation of limbs and hands followed in few months by a dry chapped scaly condition of skin of legs. About one year after first appearance ulcers were formed on toes and legs at same time tubercles appearing on face.

Present Condition.—Features greatly distorted; face, nose, and ears covered with tubercles. Eyebrows heavy and frowning giving face the leonine expression, nose flattened and *alæ nasi* enlarged by numerous small tubercles; the lips are also greatly thickened by tubercles, severe conjunctivitis, and eyelids enlarged and swollen covered by numerous small tubercles and partly everted. A streaked condition of the buccal membrane and the fauces studded with numerous

small tubercles. Back is covered by dark blackish spots of irregular shape and size. Fingers and hands swollen and bluish-black; tubercles on fingers about size of pea.

Angry looking ulcers on legs with bluish black borders. Swelling of inguinal and axillary glands. Genitals are developed. Paraphimosis. Boy was removed from school two years ago on account of the disease.

Patient's parents have both suffered from syphilis but show no symptoms of leprosy. There are twelve children in family. A sister of patient died of *leprosy tuberculosa* at age of twenty years. None of the other children except this boy show symptoms of the disease.

Patient suffers no pain, numbness and chilliness of feet and legs are only things that cause his trouble.

This patient with the other two above mentioned I was obliged to send to leper settlement on Molokai from my inability to keep them under control.

The above histories are very meager principally on account of a careless lack of observation on part of the patients, but tend to illustrate the different forms of the disease.

It will be interesting to know how this little Island Kingdom has treated this subject of leprosy. What it has done and is doing to ameliorate the condition of its hundreds of afflicted subjects. I can not give you a better idea than by quoting briefly from the report of the President of Board of Health to the Legislative assembly of 1884.

“Total expenditures of Board of Health \$238,508.56. Of this sum over \$100,000.00 went to the support of leper settlement of Kalawao. This is a large sum to be expended by a government of less than 75,000 people, for the care of the health of the community; the amount is about 10 per cent. of the whole revenue of the kingdom.

“In this state it may be said that the government undertakes the whole charge of the hospital treatment of the sick poor of the nation.

“It may be said that Hawaii has to meet a calamity of wide

spread disease, at least 2 per cent. (nearer 3 per ct.) of her entire population being attacked by a fearful and supposed incurable malady of an exceptional character (leprosy) that demands separation and isolation. She is laboring under a state of suffering that calls for all the energies and resources of the state, and I am warranted in saying that Hawaii has faced her great calamity *bravely*, and has made provision for her suffering people that will compare most favorably with the efforts made by any other enlightened state to meet a similar exigency."

In the leper settlement of Kalawao there are upwards of 1,000 lepers all dependent on the government for their support.

During the year 1883 there were 142 deaths among the lepers. Males 95, females 47. Twice as many males as females. More males are affected with the disease than females but in what ratio I am unable to state positively at present; probably three to one.

Dysentery and pneumonia cause a great number of deaths among the lepers. Indeed I believe that leprosy very often terminates in this way; more probably dying from intestinal and lung complaints than from the direct effects of the disease.

The board of health is doing a good work by employing a German scientist, Doctor Edward Arning, who is at present devoting his time to cultivation experiments of the bacillus lepræ.

Some months ago a condemned criminal, native, was given the choice of death or commutation of sentence to confinement for life, if he would allow an attempt to inoculate him with leprosy. The attempt was made without any apparent results up to this date.

I will be pleased to give a report of some of Doctor Arning's researches at some future time; also a report of several cases of leprosy that I am now treating. I wish to give Homœopathy a thorough trial in leprosy and have firm hopes of happy results; but I have much to contend against.

My patients being ignorant, and superstitious; often I am afraid I cannot rely on their taking medicine or following my directions and I cannot keep them under control having no hospital advantages. G. ALWARD RAWSON, M. D.

Government Physician to District of Hana Island, Maui, Hawaiian Islands.

A CASE OF CONTRACTION WITH RIGIDITY
OR CARPO-PEDAL SPASM.

BY A. A. WHIPPLE, M. D., QUINCY, ILL.

The subject of this case was a boy nineteen months old. The parents are healthy, and the child had usually been in good health. He was large for his age, slow in teething and in bony development generally. He was still nursing, but also eating moderately from the table, of such food as milk and bread, crackers and oat meal. He had also been allowed an orange or the juice of one each day which had always seemed to agree with him, and of which he was very fond. On the 18th day of March, 1884, he had the juice of an orange at 4 P. M., and at 7 P. M., ate oat meal and milk. At 2 A. M., of the 19th he awoke vomiting, which continued every few minutes until I saw him at 5 A. M. There was no food thrown up, but the retching was severe. I gave Ipec. 3d in water which stopped the nausea and vomiting.

At 6 A. M., he had a convulsive seizure, which was general lasting only a few minutes. Following that was gradually developed the carpo-pedal spasm, which remained constant without any relaxation until the night of the 23d, when partial relaxation came on during sleep. On the 24th contraction continued followed by relaxation again at night.

On the 25th contraction was much less, and the day following did not appear at all, nor has it since.

The symptoms were as follows: The thumbs were drawn down into the palms of the hands, the fingers strongly

flexed at the metacarpo-phalangeal articulation, the phalanges themselves remaining extended and the fingers adducted or drawn together. The hands were strongly flexed upon the forearms. In the inferior extremities, the toes were flexed, the feet extended upon the legs, the contracted muscles of the posterior tibio-fibular region were hard and rigid to the touch. The instep as also the backs of the hands, looked swelled and cushiony. Any attempt to open the hands or flex the feet was painful and caused crying. The child was fretful but did not appear to be sick in any way except from the painful contraction of feet and hands. Nux v. was given at first following the general condition, afterward *Cicuta virosa*.

TREATMENT OF CHOLERA.

BY DR. P. JOUSSET, PARIS.

(Translated from the French by F. A. G.)

Indian cholera is the most important of pestilential diseases; it is characterized by upward and downward evacuations of a whitish fluid, and by cramps; but principally by a greater or less diminution of the chemical phenomena of respiration; hence coldness, lividness, smallness and absence of pulse. Cholera is contagious; its seat of origin is the valley of the Ganges.

Cholera presents itself under four forms: *The common form, the benign form, the atonic form, the foudroyant form,* or culminating asphyxia.

I. *Prophylaxis*.—Consists in *quarantines*, strictly enforced. Their necessity lies in two facts: the contagion of cholera and the impossibility of its spontaneous development in our country. Cholera is always an imported disease, preventible by quarantine; we have been able in 1883 to see the danger of infringing the just severity of quarantine and the efficacy of its re-establishment. The non-observance

of quarantine allowed the cholera to enter Egypt where it raged furiously; the re-establishment of the prohibitory system prevented the scourge from spreading over all Europe. Twenty years ago cholera only invaded France and Europe because certain self-willed minds of the board of health would not admit it was contagious and consequently would not strictly enforce the quarantine regulations.

Quarantines need not be very long, because the period of cholera incubation is very short. I have noticed cases in which it has been less than twenty-four hours. Quarantine was often fixed at eight days.

Complete *isolation*, at less than five hundred metres from an infected locality, has sufficed for protection of habitations. Hence the protection to certain convents and prisons. Choleraic evacuations constitute the most active agent for the transmission of the disease. However night-men do not seem to take cholera. Burg's statements have shown that workers in copper are generally safe in the midst of epidemics.

Homœopathic physicians agree generally upon prescribing Copper, Arsenic and Veratrum in alternation as preventive medication to cholera. These drugs are taken in the 6th or 3d dilution, one dose daily at first, then after fifteen days, a dose every two days. A copper plate worn next to the skin has also been recommended.

The regimen should be extremely strict during the time of the epidemic; not only should all table excesses be avoided and the use of food and beverages which may cause diarrhœa, but chills and all kinds of fatigue should be guarded against. Alcoholic excesses are certainly the most powerful occasional cause of cholera.

M. Jules Guerin has laid much stress upon the treatment of the *premonitory diarrhœa of cholera*. But the distinguished surgeon, inventor of the *sub-cutaneous method*, is a physician with whom the spirit of system takes readily the place of clinical experience.

When diarrhœa appears as the first symptom of cholera, which is the rule in mild cases, it is not stopped with a few drops of laudanum, because cholera in evolution is not stopped any more than variola or typhoid fever in evolution. If M. Jules Guerin has said that diarrhœa in time of cholera epidemic must be treated severely, he has only expressed ordinary opinions by reason of their truth. As to the story of premonitory diarrhœa as described by him it is a mere romance.

II. *Treatment of the benign form*—The mild form or *cholérine* is usually characterized by a watery, pale, rice-water diarrhœa. In a higher degree, vomiting and cramps but never any sign of asphyxia.

1. The principal drug is *Phosphori acidum*; it is indicated by the character of the diarrhœa; it should be prescribed in the third dilution, a dose every two hours.

2. *Ipecac* will be alternated with *Phosphori acidum*, if the diarrhœa is complicated with vomiting; the dose is the first decimal dilution, one dose every two hours.

3. Finally, should the case be more serious, with cramps, *Veratrum* or *Cuprum* would be indicated.

III. *Treatment of the common form of cholera*.—The common form shows evacuations upward and downward, cramps and asphyxic symptoms. But it is characterized by the regular succession of two periods: *coldness* and *reaction*.

A. *Treatment in the cold period*.—Quite at the outset, if the diarrhœa exists alone, *Phosphori acidum* will be the principal drug to administer as in the benign form; if vomiting accompany the diarrhœa unless the coldness be already pronounced, *Ipecac*, 1st to the 10th trit. should be prescribed every half hour. But if the general symptoms precede the evacuations, *Camphora* is a heroic drug.

1. *Camphora* quite at the outset; coldness, great weakness, lipothymic condition, cramps, commencing lividness, no evacuations or very few in number. Camphor is prescribed in the form of spirit, a few drops on some sugar, a dose every ten minutes.

2. *Veratrum* is the principal drug for the completely developed cold stage. It is specially indicated by very copious rice-water evacuations; by decided coldness, violent cramps, and sometimes absence of pulse. In the Charroux epidemic, with globules of the sixth dilution only, we had remarkable success. Generally, the third dilution is used in preference; some physicians prefer the mother tincture; the doses should be given every half hour.

3. *Arsenicum*.—Acute poisoning by arsenic shows a perfect picture of cholera in the cold stage, as in the case of the Duke de Praslin, who poisoned himself with arsenic. Louis diagnosed a case of cholera. I. P. Tessier, towards the end of the epidemic of 1849, preferred Arsenic to *Veratrum* in serious cases without having it preceded by *Veratrum*.

The symptoms specializing the indication of Arsenic are restlessness, agony and a more decided fear of death than usual, *sensation of internal burning*, with most violent thirst, completely suppressed pulse, pronounced asphyxic symptoms.

The third trituration is usually prescribed, two or three doses in the space of an hour; we may descend to the 2d and 1st centesimal trituration. In the latter case, the drug being much repeated, not more than twenty centigrammes must be put in two grammes of water, a spoonful every twenty minutes.

4. *Cuprum* is specially indicated by violence and persistence of the cramps; by the predominance of the vomitings which are violent and painful. Hahnemann preferred it even to *Veratrum*. The 3d and even the 6th trituration have always seemed to me sufficient. Allopaths have used enormous doses of Acetate of Copper without much success.

5. *Aconitum*.—Aconite is a drug suitable to the cold stage of completely developed cholera. The picture of choleraic indication is met with in poisoning by Aconite and Aconitine; even coldness of the tongue, cyanosis, imperceptible and irregular pulse, cramps and suppression of urine.

Dr. Hempel, thirty years ago, called attention to Aconite in the treatment of cholera. Dr. Cramoisy presented a paper to the Academy of Medicine on the efficacy of Aconite in cholera; he published numerous observations of cure. Strong doses of the mother tincture have been prescribed by Hempel and Cramoisy.

We would remark that Aconite does not respond so well as Veratrum and especially Arsenic to the suppression of the pulse and urine, in short it has not that notoriety for it like the three drugs used by the generality of the followers of Hahnemann, and that it will need further observation to fix its real worth.

6. *Carbo vegetabilis*.—When the collapse is near to agony and resists other drugs; when asphyxia is advanced and pulse absent, we have still one resource in the use of *Carbo vegetabilis*, and English physicians are wrong in not using this drug. We must not expect this or any other drug to bring the dead to life; but it is sufficient that in certain apparently desperate cases *Carbo* has arrested the collapse and brought on reaction, that it should be looked upon as a very energetic and very certain medicament. We have always used it in globules of the thirtieth dilution, dose every quarter of an hour.

B. *Treatment in the reactionary stage*.—Febrile movements, inflammations, and visceral congestions; suppression of urine will fix the indications.

1. *Aconitum* is indicated by a clearly established febrile motion; pulse strong and full; redness of the face; general heat and thirst; continuation of the diarrhoea is a further sign for the prescription of Aconite.

2. *Belladonna*.—Belladonna should be prescribed if the brain is affected during reaction. Congestion of the face, throbbing of the carotids, eyes brilliant and protuberant; dilatation of the pupils, delirium, pronounced albuminuria.

3. *Opium* on the contrary will be indicated when somnolence prevails, and especially if the coma is complete with

stertor and dilated pupil these two drugs are prescribed in the 6th or 3d dilution; a dose every two hours. If the diarrhœa is persistent during the period of reaction, Arsenic will be still the principal drug unless the diarrhœa continues in spite of the use of this drug during the cold stage.

4. *Mercurius corrosivus* is prescribed if the stools are small, green, sanguineous, slow, with colic and tenesmus; the 3d dilution is usually sufficient.

5. *Secale cornutum* is extolled by Drysdale and Russell for watery, abundant and painless stools, (Richard Hughes, *Manual of Therapeutics*, p. 105.)

6. *Phosphorus* and *Phosphori acidum* are used when the diarrhœa is persistent after the disappearance of other symptoms. For absence of urine after the cessation of the cold stage, Richard Hughes thinks highly of *Cantharis*, *Terebinthina* and *Kali bichromicum*. To which I would add *Digitalis*—a precious medicament of true anuria.

IV. *Treatment of the ataxic form.*—This form also called the typhoid is characterized by the apparent mildness of the cold stage, by the length and gravity of the following reaction, in cases of death by a terminal cold period.

Treatment of the cold stage is the same as in the preceding form, with this difference that Camphor is more often indicated. Independent of Aconite, Belladonna and Opium, whose indications have been formulated as to the common form, and which would often find their use in the reactionary stage of the ataxic form, we would notice three remedies, *Lachesis*, *Secale cornutum* and *Nux vomica*.

1. *Lachesis*, like *Secale cornutum*, suits the treatment of visceral inflammations, progressive and terminal chilliness, which is the pathological characteristic of the ataxic form. *Lachesis* is more particularly indicated by the inequality of the reaction, whether the warmth reappears only in one part of the body, whether having reappeared, it disappears again to still reappear. The lipothymic state and tendency to syncope is again an indication for *Lachesis*; as it is also

the same for the predominance of cerebral affection and for the comatose condition mingled with asphyxia resulting therefrom.

2. *Secale cornutum* is chiefly indicated by cold and other symptoms of collapse and principally by the continuance of a copious diarrhœa, rice-watery and painless.

3. *Nux vomica* has been often used by I. P. Tessier, in the reactionary period of the ataxic form, against persistent vomiting, but this drug would not be suitable if collapse had commenced.

V. *Treatment of the foudroyant form.*—This asphyxic form, *black cholera* of authors, is characterized by culminating asphyxia. In the common form the symptoms of asphyxia show themselves successively; in the culminating form, cyanosis is present from the outset at the same time as the cramps and evacuations. Let us add that the cyanosis acquires from the first hour a great intensity and that the pulse weakens and disappears from the beginning.

This form is nearly always mortal. This fatal ending is due as much at the same time to the violence of the disease and to the want of absorption preventing the action of the medicines. I have not succeeded with inhalation, pulmonary absorption being suppressed as is that of the stomach. Dr. Drysdale has administered arseniated hydrogen by inhalation. I do not know if he was thus successful. Medicines administered by the hypodermic method might perhaps be more successful.

Hydrocyanic acid.—This drug is indicated when the patients are suddenly struck down, the pupil dilated, the eyes prominent, sight diminished or gone, breathing weak, intermittent, insensible, pulse small or insensible in one arm or completely disappeared; general coldness; involuntary evacuation.

Dr. Sircar, who practiced in India, speaks in these terms of hydrocyanic acid: "And in fact, it is the only remedy when the pulse disappears, the breathing is slow, deep,

painful or difficult and spasmodic, separated by long intervals during which the patient appears dead. If any drug deserves to be spoken of as a charm it is certainly this one; it seems sometimes to resuscitate a corpse." (Richard Hughes loc. cit. p. 105.) The dose is not mentioned. We have used the fifth dilution; we think a stronger dose might be used, the second dilution, for instance. As to ponderable doses, it must be remembered that in patients struck with foudroyant cholera absorption is suspended and consequently medicamental doses may accumulate in the stomach and become toxic at the reactionary period.

Veratrum, Arsenic, Camphor and Carbon may be prescribed according to the indications named in regard to the treatment of the common form.

VI. *Regimen and hygienic rules.*—During the cold period every effort shall be made to warm the patient by dry friction and especially by accumulation of heat to the exterior; rubbing the limbs to lessen the cramps; giving iced and gassy drinks to satisfy thirst and prevent vomiting. In certain cases very hot alcoholic drinks are desirable and comfort more than cold drinks. During the period of reaction broth in very small quantity as food is given, and a strict regime must be observed during convalescence.—*L' Art Medical.*

NOTES FROM PRACTICE.

The journal is a welcome visitor to me, your last change is a great improvement. Generally healthy in this section of Florida. Diseases are generally of a bilious character with malarious influences developed in them. Diseases are generally not severe but quickly controlled with proper remedies.

H. LEARNED.

POMONA, Fla.

REPORT FROM KANSAS.

The Homœopathic Medical Society of the state of Kansas, convened at Topeka, May 6th and 7th. The attendance was rather small, but all those present took an active part, either in reading original papers or in discussion which followed each paper. I don't think a single one of those present regretted to be there, and everybody expressed delight about the interesting meetings and the social and pleasant entertainments afterwards.

Having no time to report fully, I will give only a few extracts.

(1.) The address of the president was an able and grand effort of Dr. A. P. Forster, of Ft. Scott, Kansas. It was received with thundering applause, and ordered to be printed.

(2.) The report of our treasurer showed that the financial condition of the society is prospering. Mr. Editor, do you know our treasurer? If you don't, you ought to. He is the genial Dr. G. H. T. Johnson, of Atchison, Kansas, and he is the president of our state board of health. This board, which is the creation of our last legislature, consists of nine members, which are appointed by the governor. The governor selected four Allopaths, three Eclectics, and two Homœopaths, and these nine sages elected amongst themselves their president, and I am proud to tell you they elected our Dr. G. H. T. Johnson for this high office. Now, in regard to the duties and rights of the board I could not learn anything definite, and I am told the law is very imperfect. Well, that may be so, Mr. Editor, laws are like other things sometimes very defective, but we are glad to have a state board of health anyhow. And the board being very inexpensive to the commonwealth (no salaries to the members) surely we can afford to have one.

(3.) Dr. H. F. Klemp, of Topeka, read a very scientific and interesting paper on cholera—causes, emetics and cathartics. Dr. Klemp makes it a special study to investigate and observe the electrical changes which take place in the atmosphere, and makes comparisons between these and the prevailing diseases. He is convinced, that with a good set of meteorological and tellurical instruments he could tell in advance for a day or even longer all the changes which would occur in the character of every disease. Now that would be a

great step in the advance of scientific medicine. But I am too selfish yet, and hence cannot appreciate the great goodness of certain things. I will explain. Our society endorsed Dr. Klemp's views and wants to encourage him in his study. To this end a resolution was carried, to petition our state board of health to take interest in the matter and through the state board of health request our legislature to employ a scientist to make observations in the above indicated direction. Now if our legislature would make provisions for such an office, and if Dr. Klemp would succeed in getting it, I am afraid it will be disastrous for many of the poor M. D.'s who have to buy their bread and butter from their professional fees. You see, as soon as the sanitary observatory would be in good running order, the doctor would issue his daily bulletin, and give all the changes which occur in sickness during the next twenty-four hours. If this was all, it would not hurt, but he might add the particular tissue remedy (Schuessler's) which ought to be taken to make up the deficiency in the system, and which would equalize the opposing electrical changes, and restore health and happiness to suffering mankind. In such a case people would go right straight to a pharmacy, buy their drugs and leave us poor disciples of Æsculapius in the cold.

(4.) Dr. P. Diederich, of Wyandotte, Kan., read a paper on materia medica. It was a rather original handling of the subject, and was favorably commented upon by all. Long and elaborate essays on materia medica do not take well nowadays, but short and shot-like indications are welcome by every one.

(5.) A paper, Delivery with Forceps, by Dr. — (I am sorry to have forgotten the name of the author) was followed with a lively discussion, pro and con, how, when and where to apply the instrument, also medicinal and external auxiliaries in such cases, all was debated thoroughly.

(6.) Dr. H. W. Roby, of Topeka, reported on rectal diseases. He was listened to with great attention, and his paper also was discussed by several.

(7.) Many more able papers and reports were presented, but I close with the remark to those who were conspicuous through their absence, "you missed a good thing."

(8.) The officers for 1885-86 are: president, A. E. Scheble, Parsons, Kan.; vice president, Anna Warren, Emporia, Kan.; recording secretary, L. A. Ryder, Topeka,

Kan.; corresponding secretary, E. R. McIntyre, Topeka, Kan.; treasurer, G. H. T. Johnson, Atchison, Kan.; board of censors, Dr. George Dick, Topeka, Kan.; Dr. —, and Dr. P. Diederich, Wyandotte, Kansas. The next annual meeting will take place again at Topeka.

MEDICUS.

ABOUT CONTAGION.

“THE LITTLE THINGS OF THIS WORLD DO CONFOUND THE MIGHTY.”

Read before the Illinois State Homœopathic Medical Association of 1885.

In presenting a few thoughts which have occurred to me during the past year, I make no claim at treating even any part of the subject exhaustively, but it is my intention rather, to cull from the immense amount of material, a few facts that will help us all to see more clearly where we really stand to-day.

I know full well, that there is a very large element in the profession as well as out of it, that seems to ignore all claims of the germ theory of contagious diseases; and even cares very little, and thinks still less about the laws of Sanitation.

But we are confronted with this truth. These germs do exist. Whether they spring from insects, animalcules, or any kind of vegetable organisms; whether they have originated in the external world and seized upon man; whether they have been derived by direct descent from the normal living bioplasm of the organism; be all this as it may, one thing is certain, that if man is not, indeed, responsible for their origin, he has himself imposed the conditions favorable for their growth and dissemination.

Rather than take up your time with dry details regarding the more recent rules and regulations by which man is to bring his surroundings into the most healthful condition, I will pass this phase of the subject in a few words.

It is, as all will admit, to our interest to so construct our habitations, and so order our homes and methods of living that we not only may, but that we must, have absolute cleanliness.

It is a true saying, that dirt is simply matter out of place, and the antipathy to dirt on the part of the average man is such, that you may rest assured if all the appliances designed to dispose of the waste are so constructed and arranged as to be in sight or easy reach there will be less need of the doctors.

As already stated, these so-called germs do exist, and it is my purpose to spend a few moments in their consideration.

Allow just one word by way of explanation, or rather for the purpose of correcting a very common error.

Many of the profession have the idea that it is useless for any one to attempt the study of the life-history of micro-organisms unless they are skilled microscopists. This is really a very serious mistake. It is not, in the nature of things, possible for us all to be adepts in the use of the microscope, any more than we can all be skillful surgeons or expert chemists; but we can, and ought to make ourselves sufficiently acquainted with the life, growth and effects of all the lower forms of life to have an intelligent idea of the subject.

After this somewhat lengthy digression let us return to the subject matter proper.

All germs require the proper pabulum wherein to grow. This must not only have the proper elements in due proportion, but it must also contain the proper amount of moisture as well as the requisite degree of heat.

Thus we find them possessing these characteristics in common. Proper food, required amount of heat and moisture. You notice I have not mentioned air as one of the prerequisites.

Having occasion to refer to this again I will merely state

here, that air is not necessary for some kinds, but really impedes their growth.

With this common understanding we are able to comprehend and agree upon a definition of a contagious disease, which, in itself, is nothing more nor less than a conflict between the vitality of the person smitten by it, and the specific organism which grows and multiplies at his expense, appropriating his heat and moisture, disintegrating his tissues, and may be poisoning him by decompositions incident to its growth.

The generally accepted definition, that a contagious disease is one which is transmitted, by direct contact, by clothing, air, etc., is incomplete as it only gives one of its usual accompaniments or characteristics.

I presume the idea that foul drains, cesspools and impurities of every sort do, of themselves, cause disease is daily losing ground. Whether these germs are the cause of disease or not, all will admit that foul drains, cesspools, etc., do of themselves furnish the most favorable conditions possible for the maintenance of these germs.

In order to a better understanding of what is to follow it will be wise to say a few words about what has already been referred to as artificial culture of micro-organisms. The description of this process applies to the culture of all kinds and classes of germs. Those of fermentation, putrefaction, and slow combustion, as well as the pathogenic varieties.

The first and all important thing, after the proper nourishing material has been obtained, is to keep out all forms of life but the one being investigated. Failure in this particular has been the cause of many blunders, wherein some scientists have claimed to transform the harmless into the more virulent class, and *vice versa*.

This is now conceded to be an impossibility.

The necessity of this method of study will strike us Homœopaths with double force as it is comparable only with our method of proving drugs.

There is no other way in which the life-history of these organisms can be accurately studied.

Let us return to our culture media again.

Broths made from the different kinds of meat are preferable because more easily obtained at all times.

After these are thoroughly sterilized "*Secundum artem*," the desired germ is placed therein and its progress carefully watched.

At the proper time a drop, or the smallest possible amount, of this preparation, is put into another flask of sterilized fluid. With the proper precautions this process may be continued indefinitely, with the following marvelous result, viz.: If a drop of any one of these cultures be injected into the veins of a healthy animal it will, in the case of pathogenic organisms, produce the characteristic disease.

The same is true of the ferments, that like produces like.

This fact effectually nullifies the Chemico-vital theory of Liebig.

Louis Pasteur, of France, undertook a series of experiments with these so-called microbes, for the express purpose of obtaining virus of the proper strength, which by being inoculated into a healthy animal would not kill and yet would protect from a fatal attack of the original disease.

This he only hoped to accomplish in the case of the non-recurrent diseases.

He found it to be true of some diseases that if each culture was allowed just time enough to reach a certain point of development, each successive culture would contain the same degree of intensity, of virulence if you choose to call it.

With some the time required was twenty-four hours, in others more time was needed.

But by extending the time to one, two or more days there was a continual and gradual weakening of the virus, and by numerous experiments he was able to obtain a culture virus of the proper strength to protect from a fatal attack of the disease.

In other words, the animal was successfully vaccinated.

This modification of the virus was due to the action of oxygen which was obtained from *absolutely pure* air. As all the aerobies, (those requiring air to live) have not yet been investigated this one distinction will not do for a classification. There is of course nothing new in the mere fact of protective vaccination.

But this discovery of Pasteur's is, nevertheless, a positive and very valuable fact added to our knowledge of the virulent diseases. We have to do with a disease or diseases caused solely by a microscopic parasite, a living organism; which can be cultivated outside the animal body, and the attenuation of the virus is within the power of the experimenter.

He creates it, he modifies it, he does what he wishes with it.

All this he obtains from the maximum virulence by manipulation in his laboratory.

With due care in its preservation this virus can be preserved as long as desired and is effectual when needed. Dr. Koch's method of preserving on dry slides is the best.

It was found that this attenuated virus could be restored to its pristine vigor by the proper change in its cultivation, so that inoculation would kill in a few hours.

Is it not possible that these weakened microbes are such as we find all about us, but shorn of their strength? And may they not return to their old-time virulence? Science is telling us of the influence the heavenly bodies have upon all things terrestrial, and why not upon these germs.

If these myriads of living things have lost their power for evil, may they not again assert their sway?

Will this account in any way for some of our great epidemics?

I simply throw out these thoughts without taking time to amplify them.

In another class of cases, of which splenic fever (th

malignant pustule of man) is a type, it was found that up to a certain point the culture developed the same as the class already described, but it was also found that any amount of exposure to pure air did not modify the virulence of the cultures.

So here he was met with what seemed to be an insurmountable difficulty.

But nothing daunted, Pasteur continued to experiment and investigate, until he found that at a certain temperature, 113° F. or 45° C., there appeared an entirely different process, viz.: that of forming spores, and these were not affected by the oxygen of the air.

Here was a little light, but he was not yet done.

His ultimate object was to obtain vaccine which would protect but not kill.

This he also desired in such form that it could be preserved.

The thought occurred to him that by keeping the culture media below the spore forming temperature he might succeed, and sure enough he did.

Another positive fact added. And to what a marvelous discovery did this lead. By bearing this one fact in mind it was easy to account for outbreaks of splenic fever, that otherwise were beyond solution.

If these spores would resist ordinary temperature and air indefinitely out of the ground, why not in it. With this idea in his mind he could and did trace the origin of many epidemics to the graves of those buried months and even years before. These spores are liable to be brought to the surface by earth worms and in many other ways as well. These are then carried by the rains to the springs and wells and thus find their way to the stomachs of those drinking the water. You can all see what is quite apt to follow the drinking of such water.

Even the grasses and grains growing over these graves have been found to contain these spores, and the disease is

transmitted by them also. Now I just want to ask a candid question. Is not this fact of spore formation a strong point in favor of cremation? Time bids me not enlarge upon this subject so vast in importance.

Soon after Pasteur had announced the results of his researches in splenic fever, there arose numerous objectors and critics, many of them men prominent in the scientific world.

They all acknowledged that the inoculation of the strong virus meant the death of the animal inoculated; but as they were, many times, unable to find any bacteria in the blood or the tissues of the victim, they argued that the germ was not the poison itself—was not the cause of the disease.

But Pasteur was equal to the emergency and soon was able to demonstrate why they could find no germs, and in so doing hit upon some more very valuable truths.

He still, after oft repeated experiments, found it to be true that if the virus was taken within twenty-four hours after death in cold and within twelve hours in warm weather, the one inoculated died of splenic fever, and the characteristic bacteria were found in the blood, before, at time of, and for a few hours after death.

But he also found, and herein lies the pith of the whole matter in dispute, that if the virus was not taken until a longer interval, than the one above specified, had elapsed, the result, as in the other case, was certain death and frequently the death came quicker than in the first case.

But the symptoms were a little different, and no splenic fever bacteria could be found in the blood, before, at the time of, or after death.

However, these objectors and critics were soon silenced by the following facts being well established.

At death the bodies of the splenic fever victims were filled with the splenic fever germs.

These germs, as we have seen, require air or oxygen for their continued growth, and this they obtain from the blood

of the animal during life. As soon as the life has departed, their supply of nourishment is cut off, so they are unable to do more than simply form spores, and these do not develop unless they find the proper food and that in the proper condition for their growth.

We now come to what seems to me the most remarkable discovery thus far made in connection with this subject, which, coupled with the discovery of the spore forming process, really furnishes the keynote to the proof of the germ theory of contagious diseases.

Following close upon the death of all animal life is the process of putrefaction.

This has long been acknowledged by all to be caused by the action of, or better, is the work of little organized beings called vibrios of putrefaction or septic vibrios. These are exclusively anerobic, that is, can only develop when protected from the air.

Thus they find in dead bodies the best possible food for their nourishment with none of the disadvantages. As a natural result they multiply with wonderful ease and rapidity.

So that within twelve or twenty-four hours after death they hold undisputed sway, and their growth is sure to check the growth of the germs which had caused the death of the animal.

The germ which grows with the most ease and rapidity, in other words, eats the most, soon robs the other class or classes of food.

If blood or any of the fluids be taken from the body at this stage of disintegration and injected into a healthy living body, death will as surely follow as though it were taken immediately after death, but the death comes from septi-cæmia and not from splenic fever.

This is due to the fact that the septic germs being already active are able to cause death before the splenic fever germs have time to develop. These, you remember, are in the form of spores at the time of inoculation.

The reason why the objectors and critics were unable to find the splenic fever microbes is now plain.

It has long been known that after a sufficient time has elapsed there is not the danger from dissecting wounds, which is easily accounted for on the theory that when the sceptic vibrios have used up all the nourishing material they must cease their activity.

One other fact of great practical importance occurs to my mind in this connection.

While this fact is valuable of itself, it also goes to strengthen one already referred to, viz.: that heat is a necessary element in the growth and development of all germs.

The ox, sheep, rabbit and guinea pig are easily inoculated with splenic fever. The dog and pig rarely and the fowl not at all.

And who but Pasteur would have solved the mystery.

If the blood of the fowl is lowered to the temperature of the ox and sheep, it is easily inoculated, and soon dies, but if, after inoculation, and before the disease has gone too far, the blood be again brought to its normal standard the fowl recovers.

The explanation of this fact is as follows: At the health standard the globules of the blood have such an avidity for oxygen that the fever germs could not obtain any or at least sufficient oxygen for their growth.

This fact explained and the mystery is solved. What a flood of light does this throw upon the phenomena of life in its relation to external, physical conditions, and what an important bearing must it necessarily have upon our faith regarding the influence of external media and internal conditions upon the life and development of living contagia. And also upon our management of these media and conditions as well as upon our treatment of the diseases which they cause.

One word as to the manner these germs act in the human

body, with a single *hint* as to treatment, and I will trespass upon your time no longer.

In all nature we see every form of life endowed with the means of self-protection, and it is but natural for us to conclude that, since diseases must needs exist, the Creator has made some provision for our protection against them.

The process of nutrition is carried on in, and by, the ultimate cells of the different tissues. These cells secrete, and when irritated by the food or some substance from without, they excrete a digestive ferment called a soluble ferment.

This differs from an organized ferment in that it is the product of cell life, of vitality, if you please, while an organized ferment is simply a separate and distinct entity by itself, the work of a germ or mass of germs proper.

When the human organism is at its full vigor it has the power of throwing out this soluble ferment in such quantities and of the proper quality to kill the germs of any disease.

But when weakened by exposure, by fatigue, lack of food and proper care, or may be by some hereditary tendency, it falls an easy prey to disease.

Just another point. The symptoms following the administration of a drug to the healthy are simply the manifestations of nature's efforts to eliminate that drug.

If we give a *drug* which has a tendency to effect certain parts of the system more than others, the vitality intended to protect that part, the soluble ferment so to speak, being used up in resisting the effects of the drug, leaves that special part unguarded against the encroachments of the germs of disease.

Allow me to quote from Dr. Black's book, entitled "Formation of poison," a book by the way, you all ought to read.

The doctor goes on to say that we have experimental evidence to establish the fact that nature intended this soluble ferment as one means of protection.

But we quote from page 143, "Sonenschein found that

certain bacteria failed to grow when injected into the tissues of an animal. From previous experiments he was led to believe that Sepsin [which is the poisonous product of the Sceptic germs, really, an alkaloid or one of the so called "ptomaines"], this being injected with the bacteria favored their development, and already knowing sepsin to be similar in effect to Sulphate of atropia (the alkaloid of Bell.) he injected a small amount of that drug with the organisms, and found that under these conditions they grew and produced Septicæmia.

It is difficult to see how the atropine could and did favor their development, except by temporarily paralyzing the tissues, thereby preventing their resistance until the germs had time to develop.

Numerous other experiments have developed facts of a similar nature.

By this we see the need of care in not giving too strong remedies.

We as Homœopaths give just enough to arouse, but not exhaust the energies of the patient.

Is not this one of the reasons of the success of our glorious Science of Therapeutics:

"Similia, Similibus, Curantur."

ROCK ISLAND, ILL.

C. B. KINYON.

A Most Complete Model of the Human Brain.—There has just been received for exhibition in the army medical museum the largest and most accurate model of the human brain in America. It was ordered by Dr. John S. Billings, U. S. A., last year, while he was in Europe, attending the sessions of the international medical congress at Copenhagen, and is the work of Prof. Alby, the celebrated Swiss anatomist. It occupies about the space of a three-foot cube. It is made of wires, representing the nervous fibers which connect the various centers in the brain and cord, the connections being indicated by different colors. Its appearance might aptly be compared to a huge globular, parti-colored spider's web. The whole work represents the very latest discoveries of the German anatomists as to the functions of different portions of the brain and the paths taken by nerve currents in various sensations.

SOCIETY PROCEEDINGS.

REPORT FROM WISCONSIN.

The twenty-first annual session of the Homœopathic Medical Society of the State of Wisconsin, convened at Janesville, May 29.

The meeting was called to order by president Dr. E. F. Storke, of Milwaukee. Drs. O. W. Carlson and Louis Sherman, of Milwaukee, were appointed assistants to the secretary.

The minutes of the last meeting were read by Secretary E. W. Beebe, of Milwaukee, and adopted. The president appointed Dr. H. F. Boardman, of Monroe, and Dr. E. W. Clark, of Neenah, censors *pro tem*.

The secretary then read the report of the semi-annual session which was adopted.

Dr. Sherman, chairman of the board of censors, reported the following names, all of which were unanimously elected to membership.

Dr. Isaac Buckeridge, Beloit; Dr. Geo. Fellows, Appleton; Dr. E. W. Boardman, Janesville; Dr. G. G. Chittenden, Janesville; Dr. W. C. B. Jaynes, Beloit; Dr. H. R. Clark, Beloit; Dr. Theo. F. Johnson, East Troy; Dr. W. A. Reed, Berlin. The president invited all to participate in the discussion.

The secretary's annual report was read and referred to a committee consisting of Drs. Martin, Hall and Carlson.

The treasurer not being present, his report was deferred; also the report of the necrologist.

Dr. C. H. Hall, of Madison, chairman of the committee on legislation, made a report, which was adopted. Dr. Hall was re-appointed chairman of the committee. Dr. Beebe, chairman of the committee on publication, made a report which was adopted.

Communications from Drs. Paine, of Manitowoc, and W. N. Churchill, of Reedsburg, were read by the secretary.

The hour having arrived for the reports of bureaus, the bureau of clinical medicine was taken up. In the absence of the chairman, Dr. H. E. Boardman was called to act in his place, and presented a paper on the "Treatment of Pneumonia of Children," which was accepted and discussed at length by Drs. Hall, of Madison; Hand, of Elkhorn; Clark, of Beloit; Sherman, of Milwaukee; Clark, of Neenah, and Smith, of Chicago.

The paper was then referred to the publishing committee. None of the other members of the bureau being present, the bureau closed.

Dr. E. W. Boardman, of Janesville, was allowed to present a clinical case of *crusta lactea* which was discussed by Drs. Carlson, Ford and Sherman, of Milwaukee; Smith, of Chicago; Hall, of Madison. Referred to committee on publication.

Dr. Q. O. Sutherland, of Janesville, then took the chair, to allow Dr. Storke to read a paper on "Pneumonia."

Dr. Chittenden, of Janesville, was allowed to introduce a clinical case, which was thought by Dr. Sherman to be one of aneurism; Dr. Carlson believed the case to be one of cerebral trouble. The case was discussed at length by Drs. Hand, Carlson, Sherman, Ford, and E. W. Clarke.

A paper was presented by T. C. Duncan, of Chicago, on "Sleepless Children," and was read by Dr. Storke and referred to the publishing committee without discussion.

Dr. G. G. Chittenden, of Janesville, presented a paper on "Pleuro Pneumonia," which was referred to the publishing committee.

On motion the society adjourned to meet again at 7 o'clock p. m. at the same place.

EVENING SESSION.

The evening session was called to order by President Storke at 7.20. The board of censors reported the name of Dr. C. W. Crary, of Palmyra, who was unanimously elected.

Dr. Boardman read a dispatch from Dr. G. E. Richards, of Platteville, regretting his inability to be present.

The auditing committee reported favorably on the report of the secretary. Adopted.

Dr. Sherman was called to the chair and Dr. Storke proceeded to read his paper on "Pneumonia," which was listened to with great interest.

At eight o'clock a public session was held at Cannon's Hall, which was comfortably filled with an intelligent audience comprising numerous members of the bar, divines and a goodly number of ladies. Hon. Pliny Norcross, to whom was assigned the duty of delivering the address of welcome, made one of his characteristic make-yourself-at-home speeches, full of pith and point, and which put his hearers in excellent good humor to receive the balance of the programme.

Dr. E. F. Storke, of Milwaukee, then delivered the president's address, which, although over an hour in length, was replete with good things, valuable suggestions and throughout showed careful thought and no little labor in its preparation. It was well delivered, and while such addresses, as a usual thing, are tedious to the average listener, the audience seemed well pleased with the effort.

All present were then seated at tables around the hall, and some very palatable ice cream and cake was served by the proprietor of the Sea Side.

Toasts were next in order. Dr. Q. O. Sutherland, of this city, acted as toast-master, calling upon the following persons present, each of whom responded in a happy manner, productive of much enjoyment to the auditors:

- "Our Specialists"—Dr. E. W. Beebe, Milwaukee.
 "Our Pharmacists"—Dr. Lewis Sherman, Milwaukee.
 "Our Pioneers"—Dr. D. S. Smith, Chicago.
 "The Ladies, Our Best Plants"—Dr. O. W. Carlson, Milwaukee.
 "Our Lady Physicians"—Dr. Julia Ford, Milwaukee.
 "The Press"—Col. N. Smith, Janesville.
 "The Law"—William Smith, Janesville.

THE SECOND DAY'S SESSION.

The State Homœopathic Medical Society convened in the Myers House parlors at eight o'clock, pursuant to adjournment, and was called to order by President Storke. A paper presented by Dr. Churchill was deferred. Dr. Boardman was appointed chairman of the bureau of clinical medicine for the ensuing year. President Storke's address was referred to a committee consisting of Drs. O. W. Carlson, R. Martin and E. W. Clark.

The bureau of surgery was next on the programme. The chairman, Dr. W. Danforth, of Milwaukee, was absent. Dr. E. W. Clark, of Neenah, reported a case treated by him, which was referred to the publishing committee. A paper by Dr. R. K. Paine, was received, read and referred to the publishing committee. Dr. E. W. Clark, of Neenah, was appointed chairman of the bureau of surgery for the ensuing year. Dr. H. Sparre, of Milwaukee, read a paper on the Swedish movement cure, which was discussed by Drs. Ford, Carlson and E. W. Clark, and referred to the publishing committee. G. T. Spencer, of Dayton, was elected a member of the society.

Next came the bureau of obstetrics. The chairman, Dr. Q. O. Sutherland, being absent, President Storke presided. Dr. O. W. Carlson, of Milwaukee, read a paper on "Prophylaxis of Puerperal Convulsions," which was followed by a paper by Dr. Storke on "Primary Symptoms," being another branch of the same subject. These papers, together with one prepared by Dr. Q. O. Sutherland, and read by Dr. Storke, were discussed by Drs. Boardman and D. S. Smith.

The bureau of gynæcology, subject "Hysteria," Dr. Julia Ford, Milwaukee, chairman, was opened by Dr. Helen Bingham, of Milwaukee, who read a paper on "Hysteria," describing twelve cases arising from different causes. Dr. G. G. Chittenden read a paper prepared by his father, Dr. G. W. Chittenden. Dr. Ford, of Milwaukee, read a paper on "Hysteria". All the papers were referred to the publishing committee.

The bureau of eye, ear and throat practice was taken up. Papers by Dr. Jos. Lewis and Dr. Beebe were read and referred to the publishing committee.

W. A. Mellin, of Beloit, and W. P. Roberts, of Evansville, were

admitted as members. Papers on obstetrics were read by Drs. Clayton, Hand, Storke, Boardman, Johnson, Ford and Clark.

The motion to adjourn to one o'clock then prevailed.

AFTERNOON SESSION.

The afternoon session was called to order at one o'clock. The bureau of anatomy and physiology was called. Dr. L. W. Alger, chairman, was absent. A paper was read by Dr. W. D. Jaynes, of Beloit. The chair appointed Dr. Reed, of Berlin, chairman of the bureau of anatomy and physiology for 1886.

The bureau of materia medica was then taken up. Dr. Lewis Sherman, chairman, read his paper, illustrated with charts, showing the rise and fall of temperature under the use of certain drugs. The paper of Dr. Paine was read by title, and referred to the publishing committee. The papers were discussed by Drs. Chittenden, Crary and D. S. Smith.

The board of censors presented the following names for membership: J. B. Crandall, Clinton; C. C. Blanchard, Delavan; J. Whitford, Milton Junction, who were elected.

The committee on the president's address, recommended its publication in full.

Dr. O. P. Robinson, of Janesville, was elected to honorary membership in the State Society.

The following officers were elected for the ensuing year: President—Dr. H. E. Boardman, Monroe. Vice-president, Dr. O. W. Carlson, Milwaukee. Secretary—Dr. E. W. Beebe, Milwaukee. Treasurer—Dr. Helen M. Bingham, Milwaukee. Censor—Dr. Q. O. Sutherland, Janesville. Committee on Publication—Dr. E. W. Beebe, Milwaukee; Dr. Lewis Sherman, Milwaukee; Dr. C. H. Hall, Madison. Delegate to American Institute—Dr. L. Sherman, Milwaukee. Delegates to Western Academy, St. Louis—Dr. G. G. Chittenden, Janesville, and Dr. C. W. Crary, Palmyra Springs. Delegate to Iowa State convention—Dr. H. W. Danforth, Milwaukee. Michigan State Convention—Dr. E. W. Beebe, Milwaukee. Illinois State Convention—Dr. N. B. Delameter. Minnesota State Convention—Dr. C. W. Crary, Palmyra Springs.

The following resolutions were unanimously adopted:

Resolved, That a vote of thanks be extended to the Homœopathic physicians of Janesville, for their kind and courteous treatment of the members of the society, and to the ladies who have graced our deliberations with their assistance and presence.

Resolved, That a vote of thanks be extended to the hotels and press of the city of Janesville, for their kind attention, and to the railroad for their reduction in the price of transportation and favors.

It was decided to hold the next meeting in Milwaukee. The meeting then adjourned.

CONSULTATIONS.**TRAUMATIC SPINAL HYPERÆMIA.**

Mrs. W. H. J. aged twenty-eight. Married six years; mother of four children. Is rather large and picture of good health. Eight years ago fell from porch and struck her back against step, but gave her little trouble. A month afterwards, one morning on awakening found her back very painful at seat of injury between shoulders; was unable to rise; impaired motion of lower extremities, was confined to bed and lounge for a month, when she was able to go about, but the pain still continued in her spine until after she was married and her first child was born, when the pain gradually left her spine and settled in her head where it has continued ever since. The pain is continuous, but has aggravations and ameliorations but she is always conscious of its existence. The pain is first felt on awakening in the morning; but gets a little better after rising; then begins to grow worse as the day advances; the pain starts in the occiput and extends forward to the front of the head involving the eyes, hot flashes and burning on top of head; scalp sore; pain seems to extend through brain; sensation as if brain was expanding and everything was being pressed apart; throbbing at times; is not relieved by lying down; blood all seems to rush to head; has to be propped up with pillows when pain is severe, cannot lie in recumbent position on account of pain. Patient is naturally of a bright cheerful disposition, but the continuous pain has made her despondent and nervous. Headache worse from mental worry; anxiousness; better while pregnant; worse while nursing. First menstruated at ten years; has always been regular; no pain nor uterine trouble, stomach, heart and bowels perfectly normal. Examination of spine, found tenderness at lower angle of scapula and another opposite stomach. Has been treated by Old School physicians with cups, leeches, etc., with temporary benefit.

J. C. DAILY.

[This case is very clearly one of neglected spinal hyperæmia. The fall produced traumatic hyperæmia to such an extent that paralysis threatened and she had to lie up until it partially subsided. The hyperæmia has now extended up the spine to the head so that the local circulation in the head is impeded when the body is erect. Final relief from lying suggests the line of treatment. Bryonia, quiet and daily or twice weekly galvanic current from back to stomach should clear out those old hyperæmic spots. Bryonia, Hypericum or Arnica ought to give relief. If not send her away from home.—Ed.]

PROVING OF NATRUM SALICYLICUM.

Can you inform me through *THE INVESTIGATOR* or does any one know of any provings of "Natrium salicylicum" except the one case

of poisoning reported in Allen's *Materia Medica*? If so where can I get them? I had very good results from it in rheumatism with large doses.

J. D. HEINEMANN.

FOR CASE ON PAGE 217.

In case on page 217, April 1885, would't *Dioscorea* hit the mark? Allen, p. 136.

LEECH.

CURVATURE OF PENIS.

During winter of 1884-5, patient had disagreeable coldness of penis when not exposed, but when otherwise comfortable. In February or March, 85, noticed curvature upwards of the anterior two-thirds forming almost one fourth circle with slight numb feeling of dorsum as though the corpus spongiosum was paralyzed. No pain at any time. No urinary or other disease. Never had any disease of sexual or urinary organs. Sexual desire moderate, less during past one or two years and no pain or difficulty in intercourse. Aged fifty-one years, married twenty-eight years. Wife healthy and has six healthy children. General health always good, never had any illness to deter from doing ordinary business, and have no disease that I know of. Have had right inguinal hernia for past twenty-five years, but no discomfort more than the constant wearing of a truss would naturally cause. Temperate in all things, do not drink or use tobacco. Slight dyspepsia from certain things, and occasionally a little rheumatism of right shoulder, light complexion, sandy whiskers, nervous sanguine temperament, with some melancholy at times, good appetite and sleep well about six hours of the twenty-four.

CONSTIPATION AND PURGATIVES—NAPHTHALINE.

In reply to G—e, page 325, I would call his attention to first section under Constipation in C. Hg. Domestic Physician (in sixth Am. ed., page 251); though no statistics are given, it presents the matter in a nut-shell. Concerning Naphthaline in asthma, especially such as is produced by blowing on wind-instruments, see Grauvogl.

T. BACMEISTER.

Homœopathy in Massachusetts.—The committee on registration and statistics of the Massachusetts Homœopathic Medical Society have prepared an interesting report. Great pains have evidently been taken to rescue from the early records of the society, which extend back to 1840—forty-five years—full and exact status of its members. Its list of 196 active working members comprises most of the best men of our school in that state. The society, we are pleased to learn, was never in a more prosperous condition than at present. Its papers are interesting and valuable. Vol. VII. of its publication takes the same high rank enjoyed by its predecessors. Dr. Talbot's hand is evident in its preparation. May the society continue to prosper and produce such publications.

CORRESPONDENCE.

HOMŒOPATHY IN CANADA.

TORONTO, April 24.

T. C. DUNCAN, M.D. *Dear Doctor*:—Yours of the 16th to hand. I will certainly inform you of anything new when it occurs, but I must say we are too slow in Canada as far as Homœopathy is concerned, and need some pushing live men here who have the good of the Homœopathic system at heart and will use every effort towards its advancement.

There are at present about sixty Homœopathics in Ontario, besides about thirteen who are practicing in the United States and members of the Ontario Council.

The great trouble here is we have no Homœopathic college, and a man must either take the regular curriculum of the Council and Universities to obtain his degree and license and take up Homœopathy afterwards, or if he takes a Homœopathic course in the United States, he must first pass both *primary* and *final* examinations appointed by the Ontario Council before he can obtain a license to practice, and since the great majority of the examiners are old school men, a Homœopath has a pretty hard time to get through.

There are at present five Homœopathic representatives on the Council Board who hold office for five years, and may be re-elected for several terms if the members see fit so to do.

The term of office of the present board expires next month, and we propose putting in at least one new man, viz., W. H. Oliphant, through whose instrumentality, to a great extent, the present society in Toronto was organized. He is a clever and pushing young physician, and having been through the *mill* of the Ontario Council knows all its ins and outs, and will, I have no doubt, make a good representative. If you can give him a good word through your Journal it will be to the benefit of the profession.

As regards openings for Homœopathic physicians here in Ontario, I am sure there are many not only in the cities but in the towns and outlying districts, but owing to the drawbacks above mentioned there are not men to fill them.

Yours truly, R. HEARN.

RHEUMATIC COMPLICATION.

WINCHESTER, KY., April 25th, 1885.

T. C. DUNCAN, M.D., Chicago, Ills., *Dear Doctor*:—I enjoy your new monthly very much and think it the best journal I take. I send you the following case for insertion in the consultation department.

About the 15th of January last Rev. J. H. G. went into his cellar to measure some apples, and worked for about an hour in the damp cellar; became overheated and came out, took off his coat, and sat down in a draft to cool off. The next morning he was laid up in bed with muscular rheumatism, which affected every muscle in his body. I was called and put him on Aconite and Bryonia, which relieved him some, but he was laid up for two weeks. He has complained ever since with a weakness of his back and right hip joint. He now complains of a general weakness and lassitude; or, as he expresses it, a feeling of "no-accountedness." Weakness and pain across the small of the back (rather low down) and hip. On stepping down a pair of steps right hip gives way. Inability to get up out of a chair without something to take hold of to assist him, but can get up easily if he holds his back perfectly straight. Can not stoop to pick up anything. Feels as if back would break. Symptoms worse in evening and during damp, rainy weather. Have tried Bry. 3x, Rhus. 6x, Arnica 3x, Phytolacca 3x and Nux vom. 3x, without much (if any) relief. What is the treatment?

H. M. MARSH.

[This is a case that might be called chronic rheumatism. It is in reality a spinal hyperæmia of the lumbar nerves. Rest, Rhus. and electricity ought to help him out. Try the Rhus high, if that does not do go down. If no help, look up Rhododendron. Who will tell us what remedy has this muscular weakness?—ED.]

NEW BOOKS.

THE HOMŒOPATHIC TREATMENT OF EPIDEMIC CHOLERA. Therapeutics and Repertory. By B. F. Joslin, M. D., L. L. D., with notes and additions by P. P. Wells, M. D. Chicago: Duncan Bros. 50 cts.

This is a reprint of a work that was very popular with the profession thirty years ago. Joslin was a close careful observer and his analysis of remedial action and indication was such that success followed his teachings. This edition has been revised by no less a sharp shooter. The *Homœopathic Physician* that issues this as a supplement No. 6 apologizes for the low dilutions mentioned in the work but it wisely suggests to the reader to give in a case of cholera the potencies they have relied upon. We believe that the potency question has not been a subject of much controversy in the presence of cholera and if the coming epidemic can be met and treated by the higher dilutions we shall be glad to know it. The reader can either follow Joslin or Wells, as they prefer, low or the high potencies. One who reads this work should not forget that we have had three epidemics since it was written and as each epidemic seems to emphasize one remedy above others that fact should not be forgotten. The value of Camphor in the

first stage varies with its duration and severity, Sulphur in the boots and a few doses of Camphor may arrest it. But if not then the remedy may be Arsenicum, Veratrum, Cuprum or some other agent. As the cases go on the type of the epidemic becomes more and more emphatic so as to bias our selection. It is in clearing up the cases that the great variety of remedies come to the front.

There is one thing that we should guard our families against and that is the abuse of Camphor, especially with children. It makes bad work.

We commend the work to our readers and advise them, especially if they never saw a case of cholera to get the remedy indications by heart as well as the general directions for the management of cholera patients. We cannot be too well forearmed.

THE SECOND ANNOUNCEMENT of the San Francisco Hahnemann Medical College is before us. The success of this college gives promise for a better course next June when the regular term opens. They occupy the building formerly used for the Allopathic College. They had a class of twenty-five and graduated seven. That speaks well for their thoroughness.

HOW TO LIVE A CENTURY AND GROW OLD GRACEFULLY. By J. M. Peebles, M. D. New York: M. L. Holbrook & Co. Chicago: Duncan Bros. Price 50 cts.

This little work is full of thought and will come as an inspiration to many who think that they are old at fifty and ready to die at seventy. The art of prolonging life has not received that attention from the masses that its importance demands. There is a current belief that all people should die on or before they reach seventy. "Three score and ten" is the limit that many place on their brief existence. It would be interesting to gather statistics as to the longevity before the fearful drugging period of fifty years ago and the mild methods of a recent date. How often is a death beyond sixty put down as old age when the true verdict should be "old doctor" or "over dosing." That now and then we meet a person who has run the medical gauntlet and lives on would give color to the views of this work that it is possible to live beyond the "four score" limit.

My family is not a long lived race is the reason assigned why a person does not expect to live long. "Weaker and wiser" is the general verdict of humanity to-day, so such a work as this comes like revelation. This book is dedicated to Dr. Peebles' mother who in her eighty-seventh year rises early, lifts her window, airs her bed, takes care of her room, knits, sews, bakes for the family and works from choice.

In the body of the work we find a list of the old folks. The author believes that pure air and deep breathing are necessary to longevity. He believes that the sleep should be most in the early part of the

night with the head to the north. The diet he advises is whole wheat bread and fruits. For drink he advises "soft spring water." The clothing should be adapted to the seasons. In the way of medicines he advises old fashioned compounds. If Allopathic patients live 100 years, Homœopathic patients should live 130 years. His directions for the management of babies are commonplace. While constitution has much to do with longevity habit of life has doubtless much more. Let the old men keep young.

DOCTRINES OF THE CIRCULATION. By J. C. Dalton, M. D., Philadelphia: Henry C. Lea's Son & Co. Chicago: Duncan Bros. \$2.00.

This interesting work gives a full history of the ideas of the circulation of the blood from the days of Aristotle. This is a subject of deep historical interest and those who go over the views of the ancients and the gradual unfolding of the idea that led up to the discovery of the true circulation by Harvey, will find this book most interesting. This book shows vast research and is the product of the physiological gleanings of this noted author. We, who to-day cool the feverish patient with Aconite and relieve the congested head with Belladonna can hardly realize how important the bearing of the knowledge of the circulation had upon the therapeutic theories of Harvey's colleagues. Disorders of the humors gave place to those of the blood just as now the nervous system has supplanted much of the importance formerly attributed to the blood. So we go on and the wonder is if the views of to-day will be supplanted by those of to-morrow. Theories do not sway the profession as do facts. The important thing is to be sure of your facts. Harvey and Hahuemann were both able to *show* the faith that was in them.

LECTURES ON DISEASES OF THE NERVOUS SYSTEM, especially in women, by S. Wier Mitchell, M. D. Philadelphia: Lea Brothers & Co. Chicago: Duncan Brothers. Cloth, \$1.75.

This is a second edition of a work which appeared some years ago. It deals largely with hysteria and chorea. The gist of the treatment advised is seclusion, rest, massage, electricity and full feeding. One cannot read the work without the conviction that the term hysteria is most confusing and should be abandoned for some definite pathology. It is surprising that so good a diagnostician as this physician does not attempt it.

A SYSTEM OF PRACTICAL MEDICINE, by American authors, edited by W. Pepper, M. D., L. L. D., assisted by Louis Starr. Philadelphia: Lea Brothers & Co. Chicago: Duncan Brothers. Vol. I., pp., 1095, \$6.00.

This is the first volume of an American Cyclopædia of medicine which is to consist of five volumes. It takes up pathology and general diseases. General pathology and hygiene include morbid pro-

cesses, general etiology, diagnosis and prognosis, hygiene and sewerage. The general diseases are simple fever, typhoid, typhus, relapsing, variola, varicella, scarlet fever, rubiola, rotheln, malarial fevers, parotitis, erysipelas, yellow fever, diphtheria, cholera, plague, leprosy, meningitis, pertussis, influenza, dengue, hydrophobia, glanders, anthrax, pyæmia, puerperal fever and beriberi. These articles are treated at length in twenty to thirty pages. The subjects are more concisely and we believe more practically handled than in Ziemsen's. Otherwise there is a close resemblance.

The publishers work is up to the high standard of Henry C. Lea's works.

A SYSTEM OF MEDICINE based upon the law of Homœopathy, edited by H. R. Arndt, M. D. Philadelphia: F. E. Boericke. Chicago: Duncan Bros. Vol. I. pp. 968, price \$7.50.

This is the first of a series of three volumes that is expected to cover the medical field. We pass by the singular title (a system based on the law of similia) and proceed to examine the work. As we run over the list of writers we are struck with the large number of young practitioners. There are, however, some veterans among the authors. The subjects treated are physical diagnosis and local diseases of the organs of respiration, circulation and digestion. This goes over a good deal of ground for one volume and we turned to find what part had been "squeezed," and we regret to find it where we would expect it full in a system based on the law of Homœopathy. The singular part is that the law is neither explained nor defended. The constant reference in the therapeutics would suggest that this work is not complete. As this is to be a sort of grand representative work we regret this lack of a full illustration of Homœopathic therapeutics and not as if ashamed of it, making it brief and briefer yet by small type.

We have not space to notice many of the articles, but the one on croup lacks an exactness that we are surprised at. To separate croupous pneumonia and bronchitis seems splitting hairs. The same is true of lobular or broncho pneumonia and capillary bronchitis. Confusion of names will not harm if the therapeutics hit the symptoms and meet the supposed pathological condition. We are surprised to find gastric catarrh and gastritis confounded. We cannot here point out all of the shortcomings of the book, and are only surprised at the success of the work as a whole under the circumstances. Where one is familiar with monographs on the various diseases, a condensed article does not satisfy. Some of the best parts of the work are abstracts from monographs. It will perhaps be some time until we have able monographs by able men so we must take what we can get. As a reference work it is perhaps the best work on Practical Medicine that has been issued by our school. Typographically the work is creditable, but we think the price is rather above the average of similar works. Still a good book is beyond price.

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ON CHOLERA.

A PAPER READ BEFORE THE HOMŒOPATHIC MEDICAL
SOCIETY, AT THEIR ANNUAL MEETING, MAY 6, 1885,
BY DR. H. F. KLEMP, OF TOPEKA, KANS.

Having given the outline of the genesis of disease in general at the meeting of the society in 1881, which was copied in *THE MEDICAL INVESTIGATOR* of the same year, and having outlined the genesis of catarrh in particular, at the annual meeting held in Emporia two years since, and again having presented a brief sketch on the topic of constitutional predisposition in my address before the society last year, I will now continue the detailing of the causes of diseases in particular.

The particular subject for this discussion shall be emetocartarrhic and its extremes, or the cause of cholera.

Not only are scientists and physicians at the present engaged in the problem of cholera or the solution of its causes

and cure, but whole nations, as well, are occupied in the work.

Many a medical bow is drawn across the string of casualty of disease, intoning concerning the impurities of drinking water from the well, the river and other sources as the great initium, others strike the string of miasm and contagion, and amid all there wells up the bass of Koch's bacteria.

Since Berlin, the headquarters of the German states, sent Dr. Koch to Egypt during the prevalence of cholera there, to investigate its causes, and since he discovered in the intestines of those who died of it small thread-like worms or little bar-like fibres called bacillus, and exclaimed, "bacillus is the scapegoat of cholera," the cry has been repeated by thousands upon thousands, so that to-day the medical sounding board is hardly able to bear up against another single tone of intelligent consideration for the intense vibration that bacillus-bacteria of Koch and Pasteur has imparted to it.

But do not forget for a moment that however pretty the plaything, however lively the rattle box for the children who are amused with them, the prettier and livelier the tone, and the more incessant their use, the sooner do they weary of them, and casting them aside do they peer around for something new. So with the rattle box of Koch's bacillus. But I will be brief and come to the facts of our theme.

Whenever a single or individual thing is discovered in science and proclaimed to be a cause, the position is in error to just the extent that the thing so proclaimed is disassociated and individual.

If we search for causes we must not be content with the discovery of the peculiar, we must reach out as well after general forces, and must be careful to discriminate between causes or casual forces and products.

Whatever exists or is produced is the result of the proportional elements found in the constitution and arrangement of matter and the respective phenomenal influences

exerted or brought to bear upon it. Here we have the resolution of the processes in nature. Some of them may be termed disease, and some false growths—even the simplest fermentation in a bakers' shop, in a vinegar factory, in a distillery or a brewery, depends not only upon the proper admixture of flour and yeast, but upon the forces surrounding the admixture, as well. Before a thunder storm the baker says, "the bread will not rise." Fermentation of any kind easily turns to putrefication, and that, too, in accordance with the states and conditions of the forces preceding the storm.

At different times I have spoken of the seven general forces of nature, and their influence upon organization. I will here repeat them briefly: They are, first, electricity; second, magnetism; third, evaporation; fourth, temperature; fifth, barometric conditions; sixth, direction and speed of winds; seventh, solar rays. In proportion to the prevalence of one or the other of these, their degree of tension and their various co-operations, chemical or physical processes will be determined in their marches.

Prof. Horn, of Munich, remarks, after a number of years of careful observation, that emeto-catarrhics prevail in times when first, the magnetism of the earth shows a considerable decrease in tension, that is in the number of its oscillations from 22 to 30 per minute; second, when negative electricity of the air exists, from 4-5 or 5-6 of the length of the day, and also the diseases are of a more malignant character the more negative electricity prevails both as to duration and tension and the longer the decreasing oscillations of magnetism continue. Again, in proportion as these forces prevail both as to duration and tension, vomiting and diarrhœa will be turned into cholera morbus, yes, into cholera itself.

Now let us look for a moment at the physiological results of the prevalence of these forces. The negative electricity of the air is a highly dangerous factor. Bear in mind that

the air consists of 19 parts of oxygen and 79 parts of nitrogen with some other smaller admixtures. By the presence of positive electricity in the air the oxygen becomes negatively electricified, and so becomes ozone, a highly beneficial agent for animal or organic life. But the negative electricity of the air depolarizes its oxygen and changes to a high degree, according to its tension the nitrogen which becomes positively electric and enables this subtle gentleman from one function to form new bodies tending to organization; but from another he becomes a highly dangerous fellow to animal life.

The chemist teaches us that carbon prefers association with the electro positive hydrogen instead of the negative oxygen, and the types of anhydration by ammonia are represented by the oxide of carbon—the production of prussic acid and water. The formation of ammonia rests principally upon the positively electrified nitrogen, which is consequently the generator or father of prussic acid. So, likewise, the negative electricity of the air becomes the mother of the positively electric nitrogen, or the grand-mother of prussic acid.

It is now almost thirty years since Prof. Horn analyzed the blood of cholera patients and discovered prussic acid in it. Is it not quite remarkable that we lost sight of it, and that no one of the great army of scientists has given attention to his valuable discovery, until quite recently a chemist from the little Swabian land, Julius Hensel, toots through the same *horn* and announces prussic acid in the system as the main cause of cholera.

Now, if we compare the symptoms in cholera with those produced by prussic acid poisoning, we find the two to be identical. So we legitimately conclude that the presence of negative electricity with low oscillations of the magnetism of the earth are the prime causes of cholera, and bacillus is one of the products of cholera developed from the decomposition of the glutinous matter secreted into the intestines.

IS SCARLET FEVER CONTAGIOUS, AND WHEN?

Your April number contains an article with this heading, which claims it to be a mooted question, and carries the impression that scarlet fever is not contagious. With your permission I will give my opinion and experience on the subject, which is entirely opposite to the teachings of that article.

First, as to its being a mooted question, I have yet to find the author, either Homœopathic, Allopathic or Eclectic, who claims that it is not contagious, and I would not consider the question disputed if half the laymen in the country claimed it was not contagious, so long as all authors and teachers, those who have treated thousands of cases, and the only ones competent of knowing, claim that it is. It is not necessary for all who are exposed to a disease, to take it, to make it contagious, but if one in ten or one in one hundred or a thousand, takes a disease by being exposed to the contagium, that disease is contagious. And as for quoting the transactions of the American Medical Association in the columns of THE INVESTIGATOR as authority, it is perfectly absurd, as the opinion of that body like their practice changes every season.

I like to get their transactions to keep as curiosities, to see how they change from year to year. I see now, according to their transactions of the last meeting of the Association held at New Orleans, that they interpret their code of ethics so that it does not, or never did, debar one of its members from consulting with doctors of any school of medicine.

There may be some cases of scarlet fever of a very mild form, where there is very slight if any redness of the skin, without any exfoliation, that is very slightly contagious. But that even those mild cases are contagious according to the severity of the attack cannot be questioned. I have seen some who had been exposed to the mild attack have

the most malignant form, and, vice versa, some who had been exposed to the malignant form, have very mild attacks, showing them to be one and the same disease, and that the difference lies in the constitution of the patient.

The only question where there seems to be any difference of opinion about the contagiousness of scarlet fever is, does it ever originate *de novo*, and at the time of its being most contagious.

That those who believe in the non-renewal of scarlet fever, that it does not originate from certain atmospheric or telluric conditions, but is produced by a definite specific principle, have strong arguments in favor of their belief cannot be disputed, since countries have been free from it for centuries till it was imported by commerce.

It was brought to North America about the year 1735, from where it extended to South America in 1829. It entered Iceland in 1827, and Greenland in 1847. This seems to be the strongest argument in favor of their theory. But the disease was never clearly and undoubtedly portrayed anywhere in medical literature, until the sixteenth century, which I consider as proof of its recent origin.

Our atmosphere becoming more and more surcharged with impurities, may account for some of the new diseases which are making their appearance amongst us. Like causes will produce like effects, and I cannot see why scarlet fever could not be produced anew just the same now as when it first originated, provided the same causes were present. I have seen some sporadic cases that were so isolated that I could not account for their origin except by *de novo*.

As to the time of its being most contagious, some authors simply claim it to be a very contagious disease, implying it to be contagious the same during the whole attack; while others claim it to be more contagious at the time the fever is the highest, or soon after the appearance of the eruption, and that the contagiousness of an attack declines with the fever, and that during the period of desquamation

is scarcely contagious at all. While others claim it to be most contagious at the time of exfoliation. The latter has been my experience. I find there is not care enough taken to keep those who are convalescing from an attack of scarlet fever away from their companions until the exfoliation has entirely ceased. I consider the anginose variety without any eruption equally as contagious as diphtheria, and the malignant variety with excessive exfoliation far more so. I do not consider those cases where the stress of the disease falls upon the throat only, with no eruption and exfoliation as contagious as those with excessive exfoliation, for the simple reason the contagium is thrown off by the breath only. While in those with exfoliation it is thrown off from the whole body. What constitutes the contagium is not definitely known, but that the exfoliated epidermis from the body, and mucous membrane within the body contain the contagium I believe to be perfectly clear. And any one wishing to see the volatility of these desquamated particles has but to lay his patient in the direct rays of the sun and throw off the covers, and notice the cloud of light dust rise. Or simply take the patient's arm at the stage of exfoliation and rub it in the rays of the sun and they will produce the same effect. And right here although I am not going to enter upon the treatment, I think it a good practice to wash the patient with warm water and lubricate them all over with vasoline, which softens up the skin and prevents those particles flying about so freely, thereby quieting the patient and reducing the danger of contagion. I have seen it claimed by some, that scarlet fever was not contagious beyond six or eight feet. But that depends upon the condition of the atmosphere. If the air is perfectly quiet, the dust or breath might not reach beyond that distance, and the contagium settle down close to the patient, but if there is the least movement of the atmosphere it is contagious at any distance. I believe that to be the cause of some of those sporadic cases one meets with. Those fine particles

of epidermis being so near the weight of the atmosphere it requires only the slightest current of air to keep them from settling. But that there are cases which are produced by some other means than by contagion, one cannot doubt.

What these causes are is yet to be found out. But it seems to be on account of an electric condition of the atmosphere, for certain it is that those who have it the most, and the most severely are children whose system is at its highest state of alkalinity, viz: from two to five years of age. After this age the danger of taking the disease, and the severity of the attack diminish as acidity of the system gains the ascendancy. But after the germ is once produced, it will by either a catalytic or fomentative process keep spreading and destroying so long as it can find any soil adapted to its ravages.

One thing more I have noticed, and that is that such children as Professor Duncan describes as acid children, who take scarlet fever are more subject to the anginose variety, with more danger of nephritis, and albuminuria than those of an alkaline constitution.

I will present a few cases which I have had in my practice. The first cases I will describe more fully as they were in my own family and I was with them day and night.

1. Several years ago I had four little girls aged, G., eight years; A., six years; H. and B., four years, respectively.

One day A. came home from school feeling very bad, with vomiting and high fever, and all the premonitory symptoms of scarlet fever. She said she sat with a little girl in school who had been very sick and just came back to school the day before, and whose skin was all peeling off. The rest of the children were sent to their grandparents immediately, and A. went through a fearful attack of scarlet fever. She is of acid constitution, and she had the worst throat I ever saw a child have and live. She also had nephritis with albuminuria.

After she had been about the house for several days we thought we might venture to allow the other children to return, so two days before Christmas the bed clothing, and the camp cot upon which she had lain during the whole sickness, were thoroughly washed and she was also washed, and the steam from boiling vinegar allowed to fill the room, and Carb. ac. spray thrown over everything in the house. (In fact the Carbolie acid had been thrown all through the room in which she lay every day once or twice during her illness), and the following day the children were allowed to return home. They got home at just 10 A. M. All of them had been feeling well up to this time, and had been taking Bell. on pellets twice a day. But for all, the next day, at 5 A. M., just nineteen hours from the time of entering the house we were awakened by H. vomiting, and at 8 A. M., G. complained of feeling bad, and at 10 A. M., B. lay down with her Christmas dollie, and in just nineteen hours from then she was dead. Perhaps she would not have died so soon, but three weeks before she had a fall upon the back of her head which knocked her unconscious and she was ill for several days. Within a few hours from the time she came down with scarlet fever she commenced to have spasms with opisthotonos, she turned as white as marble and remained so during her short illness. The rest came around all right, G. having it the lightest of any, she being also the oldest. G. and B. were of the alkaline type and did not have any severe throat symptoms, while A. and H., both acid constitution, had very severe throat troubles with sloughing, etc. Both had nephritis and albuminuria.

These cases solve several very prominent questions and several minor ones. The prominent ones are: 1st, that scarlet fever is very contagious. 2d, that it is very contagious at the stage of exfoliation, and after all fever has disappeared. 3d, that Bell. is of very little value as a prophylactic in that variety of scarlet fever, at least. 4th, that the stage of inoculation may be of very short duration. 5th,

that where the patient has had any local injury, that the disease attacks those parts more readily. 6th, Carbolic acid or vinegar do not destroy the contagium.

2. Mr. H. lives in a double house and has four children. The family in the other part of the house has one child which got the scarlet fever at school. The child was kept isolated during the attack, but after it had been up for several days it was allowed to go in and play with H's children. Inside of twenty-four hours one of the children came down with the disease, and inside of forty-eight hours all the rest were down with same. The oldest, a boy twelve years old, of an alkaline constitution, had it the lightest. He did not have but very slight redness of the fauces, with no albuminuria or nephritis.

Next oldest, a girl eight years old, alkaline, had it same as boy. These two children are by a former wife. The other two were acid and both had fearful throats. The youngest, about two years, died on my hands. The other got through the scarlet fever all right, but nephritis and albuminuria, with swelling of the glands of the neck set in. The submaxillary gland suppurated and I wished to lance it, but they would not allow me to do so, and so I threw up the case and would have nothing more to do with it. I heard afterwards that the child died. I presume of albuminuria.

3. W. M., aged six, alkaline constitution, came down with scarlet fever, had it quite mild. No other cases in the city, and there had been none for over a year. On that account an old school M. D. told one of his families just across the street, that it was not scarlet fever, and that there was none around. So they allowed their children to come and play with my patient as soon as he was able to be around the house. In a few days every one of those children came down with it and one died, while one of my families who lived next door, and who had six children who had been playing with W. close up to the time of taking to his bed, they even went into the house and talked to him as

he lay on the lounge too sick to be up. But as soon as informed what ailed W. remained entirely away for several weeks after W. was up, did not take the disease at all.

This goes to show that the disease is more contagious at the stage of desquamation and after the fever than just before or during.

4. Mr. B. had three children. All had scarlet fever, and one died. After the other two got well enough to sit up in bed, the mother covered them with a new blanket while she washed the old ones. After the old ones were dry, the new one was hung out and aired, did not think it necessary to wash it as the children were so near well and it was used for such a short time. After it was thoroughly aired, it was folded and laid away. Five weeks after, his sister visited him with her little boy, aged two years. The child becoming sleepy, this blanket was taken out and the child laid upon it where it took a long nap. She went home that night. In a few days the child came down with the disease. Whether it took the disease from the blanket or from the folks one cannot say. But the mother is positive it took it from the blanket. There were no other cases in the neighborhood.

This shows that the poison retains its force for a long time.

I could give a number of cases, but it has been the universal rule, that where it was carried from one family to another, it was after exfoliation had commenced.

J. R. S.

HOW I TREATED ERYSIPELAS.

EDITORS INVESTIGATOR: I will report one of the many cases I have had of erysipelas. Called on 9th inst. at 6.30 A. M., to see Mrs. F. blonde, aged about thirty, an *erysipelas subject*. I found her in bed with a bright red spot of two and a half inches across, on left side of face, near to and adjoining the anterior portion of ear. (She was taken with

furtive chills, evening of 8th, had washed clothing and also *picked strawberries* in the afternoon); pulse about 106, tongue coated white, but edges clear and red, much burning in the eruption, restless, eruption *quite* swollen. Gave Apis mel. each hour, teaspoonful doses. June 9th, 5 P. M., eruption spread over to the mesial line and about the entire surface of left face, pulse 108. Same prescription. June 10th, 9 A. M., passed a bad night. Eruption over on *right* side of face, also up in the scalp, face badly swollen, burns like fire. Gave locally, tincture Veratrum to the eruption and covered with cotton, change each hour and Apis and Bell. in alternation, teaspoonful each hour. 5 P. M., *slight* improvement, but vesicles have formed, pulse 118, *great* restlessness; no thirst, scant urine. Gave Apis mel. and *Rhus toxicodendron*, alternately each hour, locally, Verat. tincture on cotton bathing. June 11th, 9 A. M., *very weak*, pulse 112, not much burning, vesicles numerous, swelling on entire face, also over scalp; *but* the menses appeared in *menorrhagic* form, few days too soon. (I had advised and given beef tea with little wine at the *first* to keep up strength.) "My face itches very bad, doctor." I now found it necessary to look in *another* direction. I found the bowels running *very* active. Gave Muriatic acid in water, dose each two hours *alone*. Locally the same, *no more wine*. 5 P. M., the *flow much* limited, almost normal, *but* the eruption darker, terrible itching, pulse 115. Gave *Rhus toxicodendron* and Bell. alternately every hour; locally Hydrastis can. saturated solution (the bowels are now closed,) on cotton bathing. June 12, 9 A. M., better, prescribed same. 5 P. M., (storm came up, heavy thunder storm) she is *so* restless, takes a long inspiration frequently, says she will never get up out of this. Gave Aconite in water alone each hour till asleep and then let her alone. 13th, better, pulse 85. She is sweating, induration softening, growing paler, vesicles on the right face. Gave *Rhus tox.* teaspoonful each hour, locally the same. 5 P. M., improving. 14th, 9 A. M., is about herself again.

THE UNITED STATES MEDICAL INVESTIGATOR.

Gave same, locally same, the monthly is stopped, bowels regular, urine abundant. Gave same and I think to-morrow will let me off with a case, which at one time was in a very precarious condition. The face is now peeling off; no burning, no throbbing, no itching; appetite has come back. The regulars here have lost some of *their* cases, the treatment is so scientific the poor patient can't keep up with it. What with febrifuge in form of *Quinine*, cathartic in form of *Calomel* or *Elatarium!* tonic? in form of *Iron*, hypnotic! in the regular *Morphine* dose, and *all* of these in the twenty-four hours, the patient finds in a few twenty-four hours run that he will go home to his friends and let the doctor attend to his body. The doctor! then retires with the remark, "DISPENSATION of *Divine providence.*" O. J. LYON.

SABETHA, Kansas.

PETROLEUM FOR HÆMORRHAGE FROM THE KIDNEYS.

CASE I. Was called to see Mrs. P., aged seventy-two, with hæmorrhage when urinating. Blood being mixed with the urine more or less every time she passed water, which was quite frequent. Sometimes it was dark and thick but no appearance of pus, at other times it was bright red. Previous to this attack she had been troubled with it several times, at one time she was treated by an Allopathic doctor but he did not succeed in getting it stopped, and I was called to see her and stopped it that time with Bell. and Cantharis 3x, without any trouble. But in about six months after it came on again and I was sent for and succeeded in stopping it again in a few days and treated her for a short time and thought I had cured her. But in about a year after found that the disease was not cured, for it made its appearance again, and this time worse than ever, the hæmorrhage was bad, looked bad, and had its affect on the patient, both physically and mentally. I treated her over a year, giving her,

as the common saying is, everything, but nothing seemed to entirely stop it. Some days she would be quite well then it would return again. Lycopodium 200 at one time I thought was going to help me out, but it would fail. Many, yes *many* times I felt like abandoning the case, being discouraged of ever helping her, and the patient more discouraged than I was, made me feel like giving up the case as a hopeless one. Sometimes I would find her feeling much better, then I would take more courage again, only to be disappointed. In studying the case carefully and different remedies, I resolved to try Petroleum, and when I called to see her, I found her entirely discouraged of ever being any better, and had made up her mind to doctor no more for it. But I persuaded her to try one more remedy, and I mixed up ten drops of Petroleum 2x in half a tumbler of water and gave her two teaspoonfuls at a dose, telling her to take it every two hours through the day until I called again the next day. After taking the second dose she had one considerable discharge of blood and that was the last. The next day I found her feeling much better and cheerful. Continued the medicine a few days then omitted giving her any medicine and it is now over four years and she has had no return of the disease or any symptoms of it. But has had good health and her back is well and no pain in it since.

Have had several cases, will speak of one more.

CASE II. Mr. F., Soldier in late war, troubled with hæmorrhage from kidneys, had been troubled more or less ever since his discharge from the army. Had been treated by a good many doctors both Eclectics, Old School and Homœopaths, also had taken a good many different kinds of patent medicines. When he called on me he was unable to do any kind of work, could not ride in a wagon or buggy, could hardly walk. I examined his urine, or the discharge from his bladder, found it very bad, and smelled bad. I gave him a vial of the 2x of Petroleum with a small vial of Aconite 3x, directed him to take two drops of the Petroleum

at a dose in a little water once in four hours alternately with one drop of the Aconite, and in less than a week he was cured and is now rugged and healthy and has been for the last two years.

C. L. MISICK.

PRACTICAL NOTES.

THE EPIDEMIC REMEDY.—SUCCESS IN OBSTETRICS.

The epidemic remedy.—While attending Hahnemann Medical College of your city eight years ago, I had a little boy with whooping cough. The child was quite badly off. I consulted considerably about the case and gave the recommended remedies, as Ipecac, Drosera, Cuprum and Coral rub. but none seemed to give relief. One day it happened that you had charge of the children's clinic in Hahnemann Hospital, when a physician asked, "Professor, what is good for whooping cough?" You looked up rather amused and said, "I believe that Kali bichromicum is the epidemic remedy this year." I had not heard the remedy mentioned before for that disease, but immediately put my child on Kali bich. and was surprised at the relief given by its use. Since then I have been much interested in occasional articles that have been published on "epidemic remedies." I believe they should be sought for and published, and that the principle of the *epidemic remedy* will prove of service often to the physician.

HOMEOPATHY AND PUERPERAL FEVER.

I was not a little impressed with the statement of Prof. Mitchell in THE INVESTIGATOR, a few months ago, that out of a thousand cases of child birth he had not one case of puerperal fever. I do not think that such an exceptional experience can come from good luck alone, but that Prof. Mitchell's treatment of his lying-in cases must be exception-

ally good. Can not the professor be induced to give us, through this journal, his usual management and treatment in the cases referred to. It would be of much benefit, I am sure, to many of his medical friends and those who would like to improve their record.

O. N. HOYT.

DULUTH, Minn.

THE PLYMOUTH EPIDEMIC.

BY HARRY K. LEONARD, M. D., PLYMOUTH, PA.

Plymouth is a coal-mining town of nearly 10,000 inhabitants, situated on low ground between the Susquehanna river and the foot of Shawnee Mountain. The ground on which the village is built was originally low and swampy; but has been filled up, (especially the streets) with coal ashes; this leaves many of the lots, and nearly all of the cellars in a condition to be the receptacle of stagnant water. During a wet spell, if you have a dry cellar, you must keep it so by pumping. Through the centre of the town flows a stream, fed mostly by water pumped from the mines, which is strongly impregnated with sulphur. This stream is simply an open sewer, cesspools line its banks, and all sorts of refuse are dumped into it. In midsummer it is nearly or quite dry, and the stench can be better imagined than described. Three miles below at Nanticoke is a State dam which renders the waters of the river stagnant to a point above Plymouth.

Taken altogether, the natural surroundings of the borough seem complete in every particular for an unhealthy place; and when you add to this a population four-fifths foreign born utterly indifferent and ignorant, in regard to sanitary laws, you have a hot-bed of disease, which is all the while smoldering and at opportune seasons heads out into a fierce and withering flame. Malaria is the prevalent complaint, it assumes all shapes: chills and fever; remittent and intermittent types of fever; "brow agues;" neuralgia

attacks in other parts of the system, dyspepsia and the thousand and one different ways in which a system saturated with malarial poisoning gives expression to it, (and right here let me interpolate.) During my five years experience in this practice, I find *nothing any better in the long run*, taking one case with another, than good old reliable "Similia." You may put a pin right there, and write my name and address underneath if you wish. I have used Quinine fully, freely, and to my *entire* satisfaction. What is the result? Why, that I *have stopped using it entirely*, and it would not give me the least pang of regret, did I know that I could not purchase another grain of it. I have seen *so much* of the *positively pernicious* effects of it, as it is used by my competitors here, and so *little* of its good effects, that I have dropped it entirely, and it is not from prejudice, because if it would cure my patients promptly and *safely*, I would use it "first, last and all the time." But to return to my subject. On the 10th of April, people began to get sick. The disease spread with extreme rapidity, about fifty cases occurring daily and from that time to the present, by the reports of the relief committee a little over 900 people have been prostrated. All cases were not alike, but an average of the symptoms would be about as follows: Chills, prostration, giddiness and inability to walk, *intense aching and soreness* all over, headache, especially marked at the base of the brain, in some severe cases there was a tendency to retraction. The temperature was almost invariably the highest at the onset, 104 and 105 not at all uncommon the first days of the attack. In some cases bleeding at the nose and pain, tenderness and looseness of the bowels followed in a few days with all the other symptoms of severe typhoid, excepting the roseola, this I was not able to detect in a single case, not even in cases where all the other symptoms were complete. The irregularity of the temperature I account for from the malarial complication. Some of the cases had nothing to complain of except a tired weak feeling, loss of appetite and a fever, which was invariably much higher in

the afternoon. They would drag about the house, it being nearly impossible to keep them quiet. These were what I called my "walking cases." I had numbers of them that *would* persist in being about, even going out on the street, with temperature varying from 102° to 104°.

As to the cause, Plymouth is supplied through a system of pipes and hydrants with what is usually clear sparkling water from the mountain just back of the village. When this supply fails, (which it does either from drouth or severe protracted freezing) water is pumped from the Susquehanna river directly into the mains. From March 20th until March 26th, river water was added to the scanty mountain supply, *but did not entirely supercede it*, during this period the river water was usually befouled by sewage from Wilherbane, (three miles above) and was frozen solidly over, in fact the river was jammed full of broken ice and the water found its way among the blocks as best it could.

During the winter there was on the mountain, within sixty feet of the stream and just below the upper dam, a case of typhoid fever. The nurses at night were in the habit of carrying out the evacuations of the bowels and throwing them on the ground towards the stream, in the day the dejecta were emptied in a privy which had no excavation beneath it, but rested upon the ground which here sloped towards the stream. During January, February and March the ground was frozen and most of the time covered with snow. About March 25th, a thaw began and lasted several days, and by the 2nd of April considerable rain fall had taken place. A large part, if not indeed the whole, of that portion of the three months dejecta which had been carried out in the night, was, no doubt, suddenly washed into the brook not sixty feet distant. The stream is rapid and flows over a rocky bed.

The point where this contamination took place is not two miles from the lower reservoir and the current is faster than a man can walk. About the time of the thaw, and a little

before it the patient had copious and numerous hæmorrhages from the bowels, usually in the night.

About three days before the epidemic appeared the winter accumulation of snow went off leaving all the refuse matter lying on the ground in the borough. This was *not* followed by washing rains, but *was* succeeded by several days of almost *midsummer heat*.

Plymouth is never exempt from typhoid fever, last fall there were seventy-five cases within a mile of my office of which I treated about fifteen without a fatality. Indeed until the present epidemic, Homœopathy had not lost a single fever case. I am the only Homœopathic physician located here and in a few days had sixty cases on hand, which was about all I could do justice to, so I stopped taking and put a sign on my door to that effect.

I am sorry since that I did not call on outside help. I could have furnished employment to at least, two more of our school, but the people here are so wretchedly poor I could not have guaranteed them even expenses, so I kept quiet. The pastor of the Christian Church, Rev. L. S. Brown, is an able physician, a graduate of the New York Homœopathic Medical College. He does not enter into active practice, but treated about twelve cases, had he been disposed, he could have had all he could possibly have attended, enough additional cases were treated by physicians of our school from Wilherbane, Kingston and Pittston, to make the total eighty-five.

As to the Allopaths their name is legion. The town literally swarmed with them, there is an average of about sixteen located here permanently, they are coming and going every spring and on the outbreak of the epidemic they came trooping in from all directions to reap the golden harvest. Their antics were simply amusing. Diagnosis was as follows, until after they commenced to hold post-mortems. "Bilious remittent," "typho-malarial," "Typho-malarial meningitis," "malarial fever," etc., they came very

near getting rattled, at one time their patients were dying at an appalling rate. One morning there were fifteen fever patients awaiting burial within half a mile of my office.

They held a consultation and decided not to use any more Quinine. One doctor drove around the next morning and stopped the Quinine on all his patients. He resumed it again in a few days. They simply didn't know what to do if not give Quinine, and the effects of the drug on their cases that had marked cerebral symptoms (and many were that way) was terrible, wild raging delirium and in some cases convulsions, some of their patients lived only four or five days after being taken.

I treated personally about sixty cases and have about half a dozen on hand at present. I was ably assisted during an enforced absence of over a week by Dr. Harry Crosby, of Wilherbane, Pa., formerly of Wichita, Kansas, who took charge of my practice during the time I was absent. Out of the sixty cases we lost three. One was an invalid lady who was taken with a most malignant form of the fever. I gave her up the third visit. Another physician was called. She died the second day following. Number two was a party who was literally frightened to death. He was coming down with the fever at a time when the mortality was the greatest. (You could look out of the window and see crape on half a dozen doors.) He was *very* nervous, but at no time was his temperature above 101°. Finally I was compelled to acknowledge to him that he was getting the fever. The next day his temperature was 104 and he was bed-fast. He lived about a week and died during my absence. The third victim came into my hands after two weeks "regular" treatment. He was convalescent, was over fed and departed.

In one house where I had five cases, (the mother had previously died under Allopathic treatment) I one day asked the father "how did your wife die, what were her symptoms

before death." He replied, "A few days before she died, and she hadn't seemed so very sick either; the water began to run out of her mouth. It would soak cloth after cloth full, finally patches of skin came off her tongue and up out of her throat. Her teeth all got loose and just before she died I had a chance to look down her throat. It looked all black and rotten." Comment is unnecessary. This was about the time they quit using Quinine. Now as to the lessons to be drawn from this epidemic, national in its importance, and teachings. First the vital importance of disinfecting and placing beyond all possible chance of doing injury the dejecta of "fever patients" be they ever so slight a resemblance to typhoid. A majority of the cases here lacked nearly all of the diagnostic symptoms of typhoid, yet every post mortem revealed ulceration of Peyer's glands and in a great many cases the fatal perforation. Secondly, the superiority of Homœopathic treatment, although I am only an ordinary practitioner, four years out of college and an "alternationist" at that. Out of the about seventy cases I have treated this spring only five or six have been any anxiety to me, the balance have went along charmingly, only one hæmorrhage, and none of the terrible worry, turmoil and anxiety, and "just-alive-and-thats-all" condition of affairs that has been the rule with the Allopaths.

As to any new clinical knowledge, I don't know as I have much to offer. One thing worth mentioning is the fact that I controlled four-fifths of my diarrhœa cases, as to that particular symptom, with Carbolic acid 2x dil. as recommended by "Hale in his New Remedies." I used in about two months over eight ounces of Gels. tinct. about the same amount of Eup. per. tinct. You must remember that malaria is the controlling element in this region. I don't know as it is possible to abort true typhoid fever, but I do know that I stopped short in from four to ten days, cases that had *all the* symptoms common with the other cases that went on to true typhoid, and oftener with Gels. and Eup. tinct.

than any other two remedies, sometimes China tinct., Nux 3x or Bapt. tinct. would take the place of one or the other of the first mentioned remedies. These cases that yielded were the exception rather than the rule, but I would name a dozen or fifteen well authenticated instances as an illustration. George C—, engineer, a robust young married man, living in the midst of a "regular nest" of fever cases was taken as follows: Alternate chills and fever, *marked* prostration, to use his own words, "If I'd staid half an hour longer, I'd had to have been carried home," terrible headache, mostly at base of brain. Giddiness, unable to walk, "felt just as if he was drunk," *intense aching and soreness all over body*, tongue thickly *coated*, bowels sore and painful. Temperature $104\frac{1}{2}$. Gave Gels. tinct., Eup. per. tinct. about fifteen drops in one-third glass of water, teaspoonful alternate every hour. I am not sure he was getting typhoid fever, but I know that scores of them died that were taken with a much less formidable array of symptoms than he, and in four days George C—, was free from fever and pain, although very weak and haggard and convalesced nicely. But now for the most important part and then I will close. From the reports of the chairman of the relief committee there were in round numbers 900 cases of fever, with 124 fatalities. Making general average of losses, 13.7-9 per cent. Number of cases treated Homœopathically 85, Homœopathic loss, four cases.

Homœopathic loss, .047 per cent; number of cases treated Allopathically, 815. Number of fatalities, 120. Percentage of loss, 14.118-163.

These figures are *authentic*, and cannot be *gainsayed*. We could just as well have treated 300 cases as 85, but my capacity was limited.

Whooping Cough.—Eucalyptus globulus has produced marked relief in this painful disease, very materially modifying the effect of the paroxysms.

A CASE OF INTUSSUSCEPTION OF THE
ILIUM AT ITS TERMINATION INTO
THE CÆCUM.

Was called about ten in the evening to see Mrs. F., aged about seventy-three. Thin, spare woman, health poor, troubled with rheumatism for long time; but had been feeling quite well for some time. After going to bed she was taken with a pain in the right iliac region and soon began to vomit, was vomiting hard when I arrived, I suspected it to be a case of rupture but on examination found it to be intussusception. She being so thin in flesh I could trace the bowels and found the enlargement to be about three inches long, and it soon became very tender to the touch.

Treatment.—Gave medicine to stop the vomiting and pain, and applied hot applications to the parts, cloths wet in hot water and strong spirits of Camphor, continued that through the night and also gave injections of warm water soaped to make it slippery, gave them as long as I could get any fæcal matter from the bowels which relieved the pain and vomiting also the tenderness of the bowels. Then I began to manipulate the bowels rubbing it and stretching it from right to left until I got it nearly out so there was only about half an inch which seemed to be fast, I then gave her two injections of sweet oil about four ounces at a time about an hour between them. In about three hours after giving the last one her bowels seemed relaxed and I succeeded in removing the trouble entirely. The patient got easy and went to sleep, slept two or three hours and when she woke up had a slight passage from the bowels, mostly oil. In about six hours had a thorough operation of the bowels. No more pain since in the bowels.

Gave liquid food for several days after until bowels got regular.

C. L. MISICK.

SANDWICH, Ill.

PRACTICAL OBSERVATIONS.

BY E. H. PECK, M. D., CLEVELAND, O.

EDITOR INVESTIGATOR: (1.) In July 1885 number, you ask who will give the remedy for great muscular weakness. You evidently want some one besides the editor to do some of the talking. Well, I will give a guess, viz., Gels., Colchic., Conii. and Prussic acid. The last "takes the cake."

(2.) The case for counsel of spinal trouble, caused by falling against stairs, seems to me to be a good case for Hypericum cc. once or twice a month. I used it for a case of rapid and powerful heartbeat (say) about 120 per minute that had followed a blow between the shoulders by falling from a swing at thirteen and had existed with many other nervous symptoms for about fifty years, with a result to reduce the pulse to near normal and general relief. Also gave it to another sexagenarian, who had asthma for about thirteen years, following concussion of spine from falling down stairs, cured. I would like Dr. Daily to give said case one dose every two weeks before trying galvanism. Of course be a good sanitarian in the experiment.

(3.) Dr. H. W. Roby says *the very worst cases* of purpura hæmorrhagica can be cured by persistent use of *Crotalus horridus* and *Millelotus* (?) Be more explicit, doctor and tell how you do it.

(4.) I am glad to see the use of right names. You call Dr. Marshe's case of rheumatism, spinal hyperæmia. So we might call many eruptions about face and body that exist in isolated areas, nerve irritations. We imitate our contemporaries, who sail medical seas without a rudder when we call every eruption a blood disorder and every pain rheumatic.

I beg pardon, I did not intend to write more than a postal card full.

[Your observations are practical. Come again.—Ed.]

ON THE PATHOLOGY OF PAGET'S DISEASE
OF THE NIPPLE.

The relation between certain diseased processes of the nipple and areola, and the subsequent development of mammary cancer, first pointed out by Paget, has already evoked some discussion. The importance of the subject is apparent and it ultimately resolves itself into the question of distinguishing between ordinary disease of the nipple and another similar cutaneous pathological process, which on good grounds is believed to lead to the formation of malignant disease of the mammary gland. The histology of the two diseases as already indicated by Thin is distinct. But the question of paramount importance is to settle the exact relation between the cutaneous affection and the subsequent development of cancer in the gland. Drs. Duhring and Wile have made a careful microscopical examination of sections taken from a case of Paget's disease of the nipple. The following is a summary of what they observed: 1. Horny layer of epidermis present in thin, loosely adherent, partially exfoliated layers, and in some places absent, so as to expose the papillæ of the rete malpighii, which in turn is occasionally absent, exposing the papillæ of the corium. 2. The rete malpighii is in a condition of abnormal growth and degeneration. In each papilla there is formed an alveolus or concentric arrangement of the cells, in which there is a central zone of degeneration and a peripheral zone of proliferation. 3. The papillæ of the corium, infiltrated by dense masses of lymphoid cells, are encroached upon, compressed and finally obliterated by the proliferating rete. 4. The upper layers of the corium, with the exception of a varying amount of perivascular lymphoid exudation, are the seat of little change. 5. In the middle and lower layers are variously sized alveoli of epithelial cells, regarded as typical cancer new formation. 6. The stroma in more recent formations is embryonic, in later stages, it is atrophic, almost

cicatricial. 7. The cicatricial-like connective tissue, under the site of the nipple, may contribute much in bringing about retraction. 8. The larger lactiferous ducts though carcinomatous change has already taken place in them, are present with intact walls. They are filled with epithelial cells. The smaller ducts are also filled with cells, and occasionally a breach through the entire wall is observed, and, in the immediate vicinity, typical cancer structure may be seen. 9. Sections from the border of the diseased cutaneous tissue show a sudden transition from healthy to diseased structure. 10. The affection is regarded as an abnormal proliferation and degeneration of the rete with secondary destruction of the papillæ of the corium, and subsequent development of scirrhus cancer of the atrophying variety. 11. The cancerous change takes its origin from the epithelium of the smaller ducts and advances from below upwards and outwards as far as the skin is concerned; later it attacks the gland structure. 12. The retraction of the nipple is an early sign of carcinomatous change.—*Amer. Journ. Med. Sc.*

THAT ARSENICUM THIRST.

DEAR SIR.—To lose Dr. Berridge's confidence would be a grief to me, but that he has never encouraged me to believe that I possessed it. Lest, however, what he has written in your last number should impair any degree of it which I may enjoy in the minds of your readers, I must ask for the insertion of a few lines in reply.

(1.) The review for which I am responsible says that the supposed characteristic of *Arsenicum*, "patients drinks only a small quantity at a time," has been demonstrated to be unfounded either in pathogenesis or in practice. The reference is evidently to a paper "On the General Indications for Arsenic," published by me in the *Monthly Homœopathic Review* for August, 1878. I there write, under the head of "Thirst":—"This is an early and marked symptom of its

action on the healthy body, and is always present in febrile states to which it is suitable. But it has been added that the arsenic patient, unlike the one whose condition calls for *Aconite*, 'drinks little but often.' This statement is founded pathogenetically, on observations obtained from Stapf and Wahle in Hahnemann's proving of *Arsenic*. It is also cited as from Richard, but in this author's brief narrative of a case of poisoning, to which reference is made, I can find no trace of it. Nor does it appear in any of the numerous toxicological records on which Dr. Allen has drawn; and in his *Encyclopædia*, the next symptom but two after the 'drinks much but little at a time of Stapf and Wahle is, 'Thirst so violent that he drank eleven jugs of water in half a day.' This is from a poisoning case. Therapeutically, I find that the symptom in question has been used as an indication for *Arsenic* in fevers, and with good results; but there is no evidence that its absence, or the presence of thirst for larger quantities, contra-indicates the remedy. Desire to drink, but inability from the irritable state of the stomach to take more than a small quantity at a time, is a frequent symptom of gastritis, and so might truly call for *Arsenic* when present; while in inflammations occurring elsewhere, and in general fevers, the thirst may be as insatiable as possible without forbidding its employment."

It will thus be seen that I was quite aware of the facts brought forward by Dr. Berridge, but maintained that they were insufficient to establish "drinks little but often" as a *characteristic* of *Arsenic*. I went on to point out that the thirst for large quantities of water which always exists in cholera has been supposed to exclude *Arsenic* from the list of its remedies, and that this was a *reductio ad absurdum* of the notion combated.

(2.) The second fault alleged against me is the result of a mistake of Dr. Allen's. In the notes I furnished him for Hahnemann's pathogenesis of *Arsenic* (in the *Chronic Diseases*) I append to symptom 93, "Not found." This was

one from Amatus Lusitanus, and stands as S. 2 in the *Encyclopædia*. Dr. Allen evidently read my "3" for a 5; and so has appended the note to S. 95 (S. 179 of the *Encyclopædia*), where it is quite out of place. Dr. Berridge might have remembered that my task was simply with Hahnemann's cited matter, and that I could not have intended so to designate a symptom of his own. We are indebted to him for the emendation; but why put it in the form of an impugnement of accuracy?

(3.) Dr. Berridge, in the third place, returns to the charge that my statement of *Arsenic* having no hepatic action is at variance with the best authorities. He first made it (of all places!) in the *Lancet*, where I did not care to follow up the controversy. Let me, however, here say that I was quite aware of the fact that *Arsenic* causes fatty degeneration of the liver in common with other organs, but do not allow that this involvement of the organ in a general process proves any such elective hepatic action as should make the drug a remedy of value in primary disorders of the liver; and I appeal to the rest of its pathogenesis as pointing just the other way. Compare it, for example, with *Phosphorus*.

Allow me to take this opportunity (as I cannot do it in the *British Journal*) of explaining my repudiation of Dr. Ray's quotation from me in the note to our review of his book. He is speaking of *Veratrum* in cholera, and writes: "Dr. Hughes says, 'Tendency to copious diarrhœa and vomiting, with prostration, fainting, coldness, and cold sweating. It will benefit almost every case, of whatever kind it may be.'" I certainly could not remember or find that I had ever so spoken of the drug in this connection. Dr. Ray now refers me to the bottom of page 875 of the last edition of my *Pharmacodynamics* as bearing out his quotation. But I am speaking of the use of the drug in disease generally, and say, "In fact, where the general condition characteristic of *Veratrum* is present—tendency to copious diarrhœa and vomiting, with prostration, fainting, coldness,

and cold sweating, it will benefit almost every case, of whatever kind it may be." To cite this dictum in connection with cholera, and to put a full stop after "sweating," was to change its whole meaning and to prevent my recognizing my own utterance. I am glad thus to acquit Dr. Ray of anything but inaccurate quotation.

Yours very faithfully,

RICHARD HUGHES.

THE "SIROCCHÉ."

The sensation of riding up this (Andes) railroad, together with the rapid ascent from the sea level to the mountain's crest, produces a sickness called "sirocché," often fatal, and usually sending people to bed for several weeks. The symptoms are a terrible pressure upon the temples, nausea, bleeding at the nose and ears and faintness; but the effects can be avoided by taking precautions and observing rules that experience has suggested, the chief one being to drink a glass of brandy and keep perfectly quiet, as the slightest degree of exercise will floor the strongest man. People who are compelled to make the ascent, if they have not become accustomed to it, usually take two or three days for the journey, stopping off at the stations along the line and going to bed at once upon reaching the town of Chicala, which stands at the summit—15,000 feet. CURTIS.

[The remedy for this mountain prostration ought to be *Bryonia*, or the *Coca* so highly prized by mountaineers.—Ed.]

NOTES FROM PRACTICE.

I. Friend Duncan, in the June number of THE INVESTIGATOR, under Clinical Notes, J. M. Barden gave some clinical facts that brought quite vividly to my recollection some remarks made by Prof. Cole before the children's clinic of Hahnemann College and Hospital during the winter term

of 1878 and 1879, in relation to that new remedy *Sulpho-carbolate of Soda* in such diseases as scarlatina and diphtheria, etc. His conclusion from practical experience with said remedies was that the best results were derived from the use of said remedies in such diseases by using it in alternation with the indicated remedy. "That is" the Sulpho-carbolate of Soda would so change the morbid condition existing that the remedy indicated would with greater certainty eliminate the disease and effect a cure.

II. In my experience I have in several instances come to the same conclusion as Prof. Cole, with other remedies in such diseases as acute inflammations, rheumatism, pneumonia and typhoid fevers, etc. In the summer of 1880 it was my province to have a case of acute rheumatism to treat. The doctor first called said the case would last at least three months. In about a weeks time thereafter I was called to the case and prescribed the remedies that seemed to be indicated for several days. At first improvement followed, then the case relapsed, and I came near losing the case, all was lucky the Allopath doctor was so mad to think that hated Homœopath had been called to the case he would not go, so I did not lose the case. On my next visit I concluded to come that night and stay with my patient and so told him. My object was to make a trial of Salicylic acid which was then so much praised as the remedy. Well, the result was quite to my satisfaction. But I soon learned that the acid alone would not cure my case, so I used such remedies as the case seemed to call for, with it, giving the acid four times a day at first then twice a day, giving the remedies the rest of the time with the best of success as the sequel shows. In two weeks from making my first visit my patient was able to be out and I took my leave of the case, feeling that Homœopathy was a success in such tough diseases. On reflection in this case I concluded that there existed some morbid condition that the Salicylic acid changed or removed, giving the remedies a clear field to act on the disease, effecting a speedy and permanent cure.

III. In the study of Joussett's Clinical Lectures I was led to a similar conclusion for the use of Phosphorus in pneumonia, that is, give *Phos.* and with it if skin is hot and dry *Aconite*. If head symptoms prevail use *Bell.* or *Bryonia*, if patient is thirsty and wants to be very quiet, *Tartar emetic* or other remedies as called for. But use *Phos.* all through the case.

IV. But in typhoid fever *Baptisia* holds the place of honor used with such remedies as *Rhus tox.* *Bryonia*, *Bell.*, *Gelsemium* and *Hyoscyamus* as called for. Also *Nitric acid*, *China* and *Arsenicum*. If symptoms call for them also *Colchicum* in case of a sudden sinking away, etc.

My experience has been such in the use of *Phos.* in pneumonia and *Baptisia* in typhoid fever as above stated that it would take strong evidence in favor of some other line of treatment to change my present convictions in the treatment of said diseases. The above conclusions I have learned by practical experience and if others can show a better and more satisfactory way I would like to see it and study it. I might adopt the better way. I fear I have over-reached your patience in this communication. D. C. J.

CONSULTATIONS.

EXPERIENCE WITH NAPHTHALIN.

I have a case of hay fever here that Naphthalin, 2x trit. did a splendid thing for me. A lady who has been troubled for the last eight years had found no relief. I gave her five powders and she came in cured so far, something different than she is used to, as she now sleeps all night and feels splendidly. W. C. D.

OAKFIELD, Wis.

MOTHER'S MARK—CASE FOR CONSULTATION.

A baby boy, born with red upper eye lids. Looks like "Mother's mark." and yet there is no sufficient cause known.

Beginning with the inner canthus extending outward along the border of the upper eye-lashes, and upward into the eye-brows; on the right eye-lid, one-half its width, the left lid about three-fourths its width, the lid is red. At birth it was a strawberry red, it has faded out very slightly now at six months, but looks as if it would remain so. When the lids are closed the whole vascular network of the lid stands out fully, being outlined as clearly as if it were outlined with red ink. The husband was absent during the last six months of the mother's pregnancy, and she had an occasional cry. Delivery was very rapid and easy. Mother and child are in good health. Otherwise the babe is perfectly formed. What is the remedy? C. N.

[*Thuja* has the reputation of removing these marks. It should not be given during the hot months because its effects are too prostrating.]

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.

MEXICO AS A HEALTH RESORT.—The tour of the Mexican editors through the United States will direct the attention of the masses to that country. They will want to know of us its merits and demerits as a winter resort. Some of our readers doubtless can give facts on these points. The City of Mexico we have for years heard lauded as a most delightful resort for winter and that consumption is very rare there. The ease of transit will make Mexico a rival of Texas as a resort for invalids. One great objection to Mexico has been the language barrier. This is rapidly disappearing, for in the common schools, since the exit of Maximilian, English has been taught. Those who think of visiting Mexico should learn the Spanish—a beautiful strong language which we are assured is more easily acquired than French. Young women could learn it so as to act as nurses and traveling companions. Students should learn it so that they can travel anywhere with sick ones. Mexico we understand would welcome a few first class Homœopathic physicians, although Homœopathy has we learn a strong hold in that Republic. They have a medical journal, a pharmacy and many able physicians.

The location of Mexico with its table lands gives almost any climate one could wish. It will doubtless yet rival California, Texas, Colorado, Florida, Georgia and the Carolinas as health resorts. We want to know more facts about it, however, so that we may know just what class of cases to send there.

HOW TO PREPARE TO WRITE.—“I have no time to write” is a repeated excuse that comes to editors oftener than any other. We have cross questioned many and many of these men who cannot write and found that they not only had plenty of original ideas and

valuable observations but that they could express themselves well. The real excuse would come up at last, "Have no time to put things in shape." Now it is just here where the mass of the profession need a little assistance by way of suggestions. The best writers that we have in our ranks shape what they write while riding from patient to patient. "I chew it over as I ride" explained one ready writer, "and after I have it well chewed, arranged and re-arranged it takes very little time to write it out. I have written it all out in my mind first and so it needs very little correcting." This man has a large practice but he has formed the habit of dropping each patient at the door and taking up his mental knitting and while he drives mechanically to the next house he has woven an article, address, report or lecture. He becomes methodical and so escapes the fret and friction of listlessness. Much of his reading and all of his writing really is done while on his rounds. Try this plan and see if a little practice will not evolve some practical, profitable, pointed reports.

NEW BOOKS.

DISEASES OF THE NARES, LARYNX AND TRACHEA IN CHILDREN.

By T. Nichols, M. D., L. L. D., S. C. L., etc., New York: A. L. Chatterton Publishing Company, Chicago: Duncan Bros.

We learned indirectly some years ago that our friend Nichols had MSS. for six large volumes on Diseases of Children. When compiling our own work we saw how easy it was to be elaborate. Like the minister who apologized for his long sermon he had no time to condense it. It is no easy matter to make a work to answer all of the demands of the profession. We have sufficient concise abridged works on pædology and are rather pleased that we are to have a more comprehensive work. There is a danger in a large work that is to be guarded against and that is the multiplication of subjects unnecessarily. We cannot see any good reason for a "scarlatina croup" any more than for a measles croup simply because croup may be a concomitant of both diseases. This work is really a series of essays on the various subjects. The various authors from Underwood of a century ago down are quoted. The writer may be too prolix to suit the busy practitioner but for the pædologist it will be read with a relish.

DECLINE OF MANHOOD. Its Causes and Treatment. By A. E. Small, M. D. Chicago: Duncan Bros. *Third Edition*. Price \$1.00.

Father Small has had a long and varied experience. His success in general practice and his large office work has brought him many

whose manhood began to decline before the time. He here handles the subject like a philosopher and points out the management of these sensitive subjects with all the tact and skill of one who always succeeds. Get it, read it and profit by it.

HOW TO SEE WITH THE MICROSCOPE. By Prof. J. E. Smith, M. D.
Chicago: Duncan Bros. *Second Edition.* Price \$2.00.

This practical guide has reached a second edition and it is no small comfort to the author that his book has done a good work and is appreciated. Those who have a microscope should certainly have the help this work can bring. The chapter on "urinary analysis" is alone worth the price of the book to any physician.

PELVIC AND HERNIAL THERAPEUTICS. By G. H. Taylor, M. D.,
New York: J. B. Alden. Chicago: Duncan Bros. \$1.75.

The proper title of this work should have been pelvic gymnastics, although really it covers the whole mechanical method for remedying chronic diseases of the lower part of the trunk. It is full of hints that physicians can make available.

THE OLEATES. By J. V. Shoemaker, M. D., Philadelphia: F. A. Davis, Atty. Chicago: Duncan Bros. \$1.00.

This is a little work that contains an investigation into the nature and action of the oleates, chiefly mercury, lead, iron, silver, zinc, alumina, arsenic, copper, etc. The author uses the Oleic acid obtained from oil of sweet almonds and petroleum. The action however, is that of the base. We should prefer it in a less greasy shape, still where fattening as well as medication is desired, the oleate might be preferred. This book is well worthy of perusal.

DISEASES OF THE DIGESTIVE ORGANS. By C. S. Verdi, M. D.,
Philadelphia: F. E. Boericke. Chicago: Duncan Bros. \$2.00.

This work is really a series of articles on progressive medicine which have a wide range of applications. They will interest the reader if he does not get choked off with polypharmacy so evident. Notwithstanding, some really practical ideas may be found in its pages.

THE DIAPHRAGM. By J. M. W. Kitchen, M. D., Albany, N. Y.:
E. S. Werner. Chicago: Duncan Bros. \$1.00.

This work considers the diaphragm especially in its relation to respiration and the production of the voice. It is a prize essay and a valuable one.

DISEASES OF THE EAR. By C. F. Sterling, M. D., New York: A. L. Chatterton Publishing Co. Chicago: Duncan Bros.

This is a manual designed for students and practitioners. It is larger than Cooper's excellent little work and more concise than Winslow's. It is a sort of condensed guide for the general practi-

tioner who is not up in the technics of otology. It looks like a book of sterling merit.

REPERTORY TO ECZEMA. By C. F. Millspaugh, M. D., New York : A. L. Chatterton Publishing Co. Chicago : Duncan Bros. Price 25c.

This is a small work containing a practical repertory of the more important remedies for eczema. It will be a convenient reference in stubborn cases.

A TEXT-BOOK OF HYGIENE. By G. H. Rohe, M. D., Baltimore. Chicago, Duncan Bros. 8 vo., pp., 309. \$3.00.

This is designed as "a comprehensive treatise on the principles and practice of preventive medicine from an American standpoint." It is essentially a concise compilation on hygiene and contains necessarily very little that is new. It can be consulted by the physician as well as used by the student as a valuable guide.

MAN'S BIRTHRIGHT OR THE HIGHER LAW OF PROPERTY. By Edward H. G. Clark. New York : G. P. Putnam's Sons ; Chicago, Duncan Bros. Price 50 cts.

In brief this work is an echo of David Reeves Smith's book on "ownership and sovereignty" which rests on the broad basis that "the unconscious elements of the universe exist solely and exclusively for the use and benefit of the conscious." "The unconscious element" is wealth. Wealth is property. The national right is common ownership." "A yearly tax of two per cent *ad valorem* on all assets is the precise collection due mankind." If cholera, or careless, not to say ignorant doctors prevail, the assets might be, ought to be more than two per cent ! Priority, skilled labor or a fast horse even does not seem to enter into this man's problems. Abstractly all men may have a birthright to property as they have to air, but if a man is too lazy to work or breathe, what good will it do him. Better lessen the span of that generation below fifty years, by skillful medical attention, so that property would revert sooner to the next generation ! Man's physical birthright is activity of mind and body. If all activity is not equally remunerative the reason is often found in errors of judgment. Sound judgment, as evinced by this "echo" is not the inheritance of all men. Get it, read it and tell it to your dyspeptic patients, if they have no homicidal tendency. Go in for your birthright.

SYSTEM OF MEDICINE. Vol. II, Philadelphia : Lea Brothers & Co., Chicago : Duncan Bros. Price \$6.00.

This very comprehensive work has reached the second volume. This volume continues the general diseases and then takes up diseases of the digestive system in a series of able and exhaustive essays by various writers. In looking these over, while we find much to

approve, we find something to condemn. The many writers have we believe unnecessarily multiplied the subjects to the confusion of the ordinary practitioner, *e. g.*, we have here acute, sub-acute and chronic rheumatism, muscular rheumatism, rheumatous arthritis and gonorrhoeal rheumatism to say nothing of gout in all of its varieties. Under stomatitis we find mercurial salivation described as only an old Allopathic sinner can produce and portray it. Many other points might be noticed but on the whole the work is an able one.

THE SANITARY SURVEY of the state of Illinois is being undertaken by the state board of health, who have prepared an exhaustive schedule, that if filled out will be a valuable collection of facts. Our profession should aid their town authorities in this matter.

PAMPHLETS RECEIVED.

Catalepsy, by J. Martine Kershaw, M. D.

Cholera. A few suggestions with reference to hygiene and mode of living during an epidemic, by J. Martine Kershaw.

Bacterial Pathology. A series of papers on the exhibits at the biological laboratory of the health exhibition under the charge of Watson Cheyne. Price 25 cents.

The Effects of the Abuse of Alcohol on the Circulatory and Respiratory Organs. By J. W. Dowling, M. D. Price 25 cents.

Asiatic Cholera. A sketch of its history, nature and preventive management, by Oscar C. De Wolf, A. M., M. D., Chicago. Price 15 cents.

SOCIETY PROCEEDINGS.

THE WESTERN ACADEMY MEETING FOR 1885, AT
ST. LOUIS.

The Western Academy of Homœopathy opened its annual session at the Lindell hotel. The academy consists of about five hundred members, and the fact that there are not more than twenty-five members present is due to a misunderstanding. The selection of St. Louis as the place of meeting was made a year ago and subsequently an invitation was extended to the American Institute of Homœopathy to meet here also, the date being fixed as June 24. As a large majority of the members of the Western Academy are also members of the American Institute, it was considered unwise to have the two organizations meet within three days of each other, as many of the physicians could not remain away from their patients long enough to attend both conventions. Dr. A. S. Everett, of Denver, president of

the Academy, together with a number of the members, were in favor of having only a business meeting of the executive committee at this time, and of making the meeting of the Institute the Homœopathic event of the year. This proposition, however, was opposed by some of the members of the Academy who were not violently in love with the Institute, and steps were taken to defeat it. Dr. Everett was written to, but he seemed to be in no hurry to answer the letters, and the Homœopathic Society of Physicians and Surgeons of St. Louis took the matter in hand, with a determination to show the physicians of the country that they could entertain two conventions within a week and do it well. Circulars were sent out through the West urging all the members to come here and promising them most hospitable treatment as well as a most profitable convention.

These physicians meant well, but they labored under difficulties. It was found that the members of the Academy were inclined to take the same view of the situation as that taken apparently by the president; that it would be impossible to draw out a full attendance under the circumstances, and that if they had to take their choice of the two gatherings they would choose the American Institute, as it represented the whole Homœopathic brotherhood of the United States, while the Western Academy had a membership from Western states only. Of course, there were other features of the matter, one of which was a rumor that there was a scheme on foot to swamp the Western Academy, but all these only served to keep alive ill-feeling, and the membership of the St. Louis society are now anxious to bury them. Their efforts now will be directed to making the session of both conventions pleasant and profitable to all the delegates.

THE OFFICERS.

The present officers of the Academy are: A. S. Everett, M. D., president, Denver; H. R. Arndt, M. D., vice-president, Grand Rapids; C. H. Goodman, M. D., secretary, St. Louis; N. B. Delemater, M. D., provincial secretary, Chicago; G. W. Foote, M. D., treasurer, Galesburg, Ill. Board of censors—Drs. W. C. Barker, J. E. Gross, M. M. Eaton, S. B. Parsons and A. McDonald. Those who responded to the call yesterday were: Dr. Harris of Grand Rapids, Mich.; Dr. C. H. Goodman of St. Louis; Dr. C. Gundlach of Edwardsville, Ill.; Dr. C. Link of Litchfield, Ill.; Dr. G. W. Foote of Galesburg, Ill.; Dr. H. R. Arndt, of Grand Rapids, Mich.; Dr. S. Harris of Galena, Ill.; and Drs. George S. Walker, J. C. Cummings, E. C. Franklin, L. S. Ordway, May B. Pearman, W. A. Edmonds, W. G. Harris, J. Martine Kershaw, S. B. Parsons and J. T. Boyd of St. Louis.

Dr. Harris took the chair, and after the transaction of routine business Dr. Boyd read an interesting paper on diphtheria, which was discussed by Drs. W. J. Harris, Cummings, Pearman, Walker, Ordway, Franklin, Edmonds and Kershaw.

A recess was taken for dinner.

THE AFTERNOON SESSION.

The convention was then called to order at 2:30 o'clock and Dr. S. B. Parsons delivered the annual address of welcome, which was full of pleasant things eloquently said.

Dr. Foote then opened the discussion upon diphtheria which proved of a very interesting and instructive character. Dr. Franklin spoke at length of the use of mercury in this disease.

The board of censors reported favorably on the names of Drs. L. S. Ordway, A. H. Schott and A. B. McKibben, who were admitted to membership.

Dr. E. C. Franklin opened the bureau of surgery with a carefully prepared paper on "Surgical Diseases of the Mammæ."

Dr. Parsons read a paper on "Necrosis of the Tibia" by Dr. W. D. Foster of Kansas City and also one written by himself upon "Foreign Bodies in the Bladder."

Dr. S. Harris read a paper on "Water Treatment in Pregnancy and Parturition," and also one by Dr. M. M. Eaton of Cincinnati, on "How to Prevent the Laceration of the Cervix Uteri and Perineum."

The convention then adjourned.

SECOND DAY.

The second day's session of the Western Academy of Homœopathy at the Lindell Hotel, was well attended and was exceedingly interesting. The physicians present were: Drs. S. Harris, Galena, Ill.; G. W. Foote, Galesburg, Ill.; A. C. Cowperthwaite, Iowa City, Ia.; E. H. Green, Clinton, Ia.; C. Garvin, Alton, Ill.; C. Gundelach, Edwardsville, Ill., and J. T. Boyd, F. T. Knox, W. A. Edmunds, L. S. Ordway, J. C. Burgher, S. B. Parsons, E. C. Franklin, N. Franklin, M. B. Pearman, C. H. Goodman, J. Martine Kershaw, W. J. Harris, J. C. Cummings, A. B. McKibben, E. S. Larat, H. L. Wilcox, J. A. Campbell, F. G. Comstock, A. H. Schott, E. Morrow and A. Chapman, of St. Louis.

Drs. E. S. Larat, H. Tyler Wilcox, A. C. Cowperthwaite and A. H. Schott were elected to membership.

Dr. Ordway read a paper by Dr. M. M. Eaton, of Cincinnati on "Uterine Hæmorrhage," which proved of great interest, and was discussed at length.

Dr. M. B. Pearman read a paper on "Pelvic Cellulitis," and Dr. J. Martine Kershaw read one on "Cerebral Hæmorrhage," both of which were discussed at length.

At the opening of the afternoon session Dr. J. A. Campbell read an interesting paper on "Hyperopia;" Dr. T. C. Duncan of Chicago, followed with a valuable essay on "Sleepless Children," and Dr. W. A. Edmunds read one upon "Polymia." After the discussion of this paper, Dr. J. C. Cummings read one on "Diet of Infants and Young

Children," and "Cholera Infantum," after which the Academy adjourned.

Dr. J. Martine Kershaw gave a reception and entertainment to the members of the Academy at his residence, 3,500 Laclede avenue, last night. The parlors, halls, dining-rooms, every part of the house indeed, were filled with invited guests, among whom were a number of the most prominent physicians and lay people of St. Louis and the surrounding country. Numerous telegrams and letters of regret were received from every state and territory of the West. For the special entertainment of guests a regular programme was prepared. Spilling's orchestra rendered the musical selections and Prof. E. L. McDowell gave a number of his inimitable recitations. The programme was as follows: Music, march, Bial; overture, "Pretty as a Picture," Catlin; recitation, imitation of Henry Irving while reciting "The Seven Ages of Man;" music, selection, "Beggars Student;" recitation, "Trouble in the Amen Corner;" music, polka, "Gerster," Bial; music; waltz, "Bucavalle," Waldteufel; recitation, "Mercutio's Description of Queen Mab," music, selection, "Merry War," Strauss; music, "Fra Diavola," Auber; music, "Quadrille Artist," Strauss; recitation, "The Formalists and Informalists of Gulchburg Wrestling with Shakspeare;" music selection, Heart and Hands," Lecocq; music, "Polka de Concert," Bral; music, "Babes in the Wood;" recitation; "Ring Down the Drop. I Cannot Play."

Pechman, the caterer, had charge of the tables and served an elegant repast during the evening. Among the invited guests were: Mayor Francis, Hugh McKittrick, Rev. John Snyder, Wm. McMillen, E. S. Rowse, Bishop Robertson, Joseph Franklin, Wm. H. Thompson, Col. A. G. Hayward, G. Paddock, Orvill Paddock, E. C. Simmons, James Adkins, Thomas Scudder, Wm. Stevenson, Judge Woerner, Rev. Dr. Githens, H. C. Evans, Wm. Woods, C. J. Wise, Paul Bakewell, Fred Crunden, Richard Perry, Thomas Jacobs, Dr. W. H. Eames, J. M. Garnett, R. P. Hanenkamp, Frank Deming, E. L. Metcalfe, C. W. Whitney, C. C. Gardner, Robert Aull, Wallace Delafield, T. K. Sage, W. H. Stone, J. S. White, James A. Waterworth, H. B. Slaughter, H. Hazelton, J. S. Boyden, John W. Good, John W. Munson, George D. Barnard, H. Dunphee, W. G. Clark, Jas. F. Aglar, F. B. Brownell, and Drs. E. C. and N. Franklin, T. G. Comstock, G. S. Walker, Charles Gundelach, W. A. Edmonds, C. H. Goodman, J. C. Cummings, James A. Campbell, S. R. Parsons, J. T. Kent, J. T. Boyd, J. M. Stevens, Charles Vastine, L. S. Ordway, M. B. Pearman, C. Luyties, A. Schott, A. Uhlemeyer, W. B. Morgan, W. W. H. Harris and W. C. Richardson of St. Louis.

THIRD DAY.

The Western Academy of Homœopathy opened its third day's session with the following members present: Drs. George S. Walker, C. H. Goodman, G. W. Foote, J. A. Campbell, C. Carriere, E. C. and N.

Franklin, W. S. Harris, C. Wilcox, A. C. Cowperthwaite, L. B. Parsons, L. S. Ordway, M. B. Pearman, Florence S. Holden, F. T. Knox, E. King, A. B. McKibben, J. T. Boyd, J. L. Burger, A. H. Schott, C. Gundlach, J. Martine Kershaw and M. Warren.

The morning session was entirely occupied by a discussion of an unusually interesting paper on "Potency," by Dr. H. R. Arndt, who also read one upon the same subject written by Dr. Clotar Muller of Germany.

At the afternoon session Dr. W. J. Harris read a paper on "The Physical Culture of School Girls," and another upon "The Cholera Contagion." Both productions were full of interest and discussed freely.

The annual election of officers then took place with the following result: President, Dr. H. R. Arndt of Grand Rapids, Mich.; vice-president, Dr. C. H. Goodman of St. Louis; general secretary, Dr. W. J. Harris of St. Louis; provisional secretary, Dr. J. Harts Miller of Abingdon, Ill.; treasurer, Dr. G. W. Foote of Galesburg, Ill.; board of censors, Drs. J. Martine Kershaw, E. C. Franklin and S. B. Parsons of St. Louis; J. C. Burger of Boonville, Mo.; and E. M. McAfee of Clinton, Ia.

The president appointed the following chairmen of bureaus for 1886: Pharmacy, J. E. Gross, M. D., of Chicago; obstetrics, G. S. Walker, M. D., of St. Louis; surgery, J. Harts Miller, M. D., of Abingdon, Ill.; clinical medicine, C. H. Goodman, M. D., of St. Louis; nervous and mental diseases, E. F. Storke, M. D., of Milwaukee, Wis.; ophthalmology and otology, J. B. McDermott, M. D., of Cincinnati; pædology, Sarah C. Harris, M. D., of Galena, Ill.; gynecology, M. T. Runnels, M. D., of Kansas City, Mo.; materia medica, A. C. Cowperthwaite, M. D., of Iowa City, Ia.; sanitary science, N. A. Pennoyer, M. D., of Kenosha, Wis.; legislation, registration and statistics, George W. Foote, M. D., of Galesburg, Ill.; anatomy, physiology and pathology, A. S. Everett, M. D., of Denver, Colo.

The academy then adjourned to meet at Galesburg, Ill., in May, 1886.

SOME PRACTICAL OBSERVATIONS,

BY THE PRESIDENT OF THE KANSAS STATE HOMŒOPATHIC SOCIETY
H. F. KLEMP, M. D., BEFORE THE SIXTEENTH ANNUAL
VENTION, AT TOPEKA, KANSAS.

LADIES AND GENTLEMEN:—While enjoying the honor of congratulating you upon the assembling of the sixteenth annual meeting of the Homœopathic Medical Society of the State of Kansas permit me to indulge myself in the pleasure of briefly calling your attention to a subject hitherto unknown, or not duly considered, which I will

name: "The chronic disorder of the human system together with its peculiar mode of treatment."

If the same shall secure your approval and acceptance, the ends attained, I am assured from my own experience with patients, will exceed the best results hitherto obtained in Homœopathic practice.

Of course the great principle—the guiding maxim for the practice of medicine "*similia similibus curantur*" must ever be kept in view as well as the essential process of the reductive preparation of the doses we administer, since the system itself has no means of accomplishing it, nor must we lose sight of the relative efficiency of the various remedies in general, and, if you please, of the tissue remedies in particular.

That the advancement of the natural sciences in our century, has benefited the science and practice of medicine in general, and that of Homœopathy in particular, is clearly evident. It has built a solid foundation for the theory of Homœopathy to stand upon, and has supplied it with an iron-clad armour capable of resisting any attack of its antagonists.

The various kinds of investigations, by experiments, by researches, by the chemical laboratory, by analysis or the revelations of the microscope, meteorological, astronomical, geological, etc., all these have benefited our school more than any other.

In sight of all these considerations to the comprehensive student, there will arise the question:

"What is health, and what is disease, where does each begin, and where does each end?"

This question involves more of profound investigation and of thorough mathematical inference for solution, than is commonly thought of. Our schools, Allopathic, Homœopathic as well as any other pathic, describe two principal classes of diseases, acute and chronic, but they all fail to define the process of their development, and the constitutional grounds upon which the various kinds of disease grow; nor are we informed of the genesis of one or of the other. Our observation teaches us that a certain class of people suffers from a certain class of disease during the prevalence of a certain class of weather, while another class remains quite well. For instance, fog and dampness in December, in this locality, engenders in a number of the people, sore throat, while others remain undisturbed thereby.

This same affection will appear in the same class of persons whenever the same kind and quality of atmosphere reappears, and so with other kinds of illness by other kinds of influences. Again, some will suffer in warm weather and some in cold, some in wet and some in dry, some at night and some in the day time; some in the evening and some in the morning; some in the spring and some in the fall, and so on—some severely, as with diphtheria, and some lightly as with common attacks of cold. In some there will reappear an old long-cured

scrofula; and all these occur over and over again as soon as the same conditions of the atmosphere again prevail.

And again, as the patient advances in age, the susceptibility will change proportionately with it. The predisposition or tendency to sore throat gives place to that of stomach or bowel affections, or of the liver, spleen, kidneys, bladder, uterus, or the ovaries, and so on. We treat and cure our patients every time; but they are only safe until the next appearance of the same external influences.

Now, should we not readily apprehend that there are constitutional bases in the system favoring the attack of the various influences? If so, what else have we to do for our patients than to free them from their acute attacks? Are there not indications of the necessity for a reconstruction of the ill ordered constitution?

Let me resort here to a brief illustration. If we take two kegs, one filled with nails and the other filled with gunpowder and introduce into each one a spark of fire, what is the result? The keg of powder will explode, while the nails remain unaffected.

This example teaches us that different fundamental conditions will differently resist the same influences or causes, and that "in proportion to constitution and arrangement of matter." And now this rule indicates to us that different diseases grow upon different constitutions.

This being true, the question naturally arises when we consider a given constitutional condition, why is it so, where has it come from and what can we do to change the weak organ to a better one of more resisting power?

Various theories concerning the foundation of various diseases have been propounded, as psora, sycosis, syphilis, leukemia, etc., and when Hahnemann gave us the anti-psoric treatment it was crowned with great success. Herpes, ulcers, and the whole class belonging to this category disappeared. So in sycosis, syphilis, etc. This treatment, nevertheless, up to the present day does not extend beyond the disappearance of the object treated, as in the cure of scrofula, ophthalmia, cancer, abscess or herpes, etc. But are our patients really freed from the fundamental conditions wherefrom proceed these outbreaks of all of the kinds of skin and other chronic diseases? And even those attacked with acute diseases from a simple cold down to dysentery, typhoid fever or pneumonia are they cured by the removal of these simple attacks? I answer no! Do they not need treatment during the intervals of apparent health from which they shall derive more benefit? Yes indeed!

I consider the treatment of an acute disease as nothing more than the repair of an additional impaired condition of the system and the treatment given while the individual is usually esteemed well, as the principal treatment because it frees him from the predisposition to sickness.

These conditions may be acquired or hereditary. They demand, and should receive proportional treatment.

But if we have hereditary diseases entailed from our parents they could only have been propagated in the primary constituents and the connective tissues of the primary cell, and as this cell is the product of the reproductive or generative organs by the sanguinic fluid, we infer that: "The reproductive organs or the blood, or both are the seats of hereditary diseases." But since these organs not only receive material from the blood for reproduction but for nutriment as well, for the support of their own existence, and as their secretions for the building of the primitive cell depend upon this nutriment it becomes evident, that this secretion and its manufactures depend upon the quality of the blood, and that "the next fundamental source of disorder appears in the constitution and the quality of the blood." But the chain of disorder does not stop even here. Let us for a moment look upon the process and consider the material whence the blood is made.

The blood cell and the serous fluid are converted from the food we eat, the gastric juices and the various glandular secretions combined.

From facts we know that like causes produce like effects and we can expect that like food with like juices and glandular secretions combined, make like blood cells. Therefore, individuals at the same table eating the same food, can only have different blood when their gastric juices and glandular secretions differ. So that persons having unhealthy or ill constituted blood cells must necessarily so far have ill constituted secretions and consequently, to the same extent, ill constituted glands. In order then to purify the blood it becomes necessary to purify the secretions, and in order to do this it is necessary to supply the glands with good nourishment and material for reconstruction and vice versa—from blood to glands and from glands to blood.

And now, since we know, that acute as well as chronic diseases rest upon a certain disordered condition of the system as a base—hereditary or acquired—it becomes our duty to free the system from these disordered conditions as well as to rid it of the acute or chronic attacks from which it suffers.

HAHNEMANN CLINICAL SOCIETY.

The Clinical Society of Hahnemann Hospital met at the Grand Pacific Hotel July, 11. Dr. J. E. Gilman read a paper on the sanitary condition of Chicago. He said the city had within the last few years gained an enviable position by reason of its continually improving condition. From being a place where disease was rife and deadly in effect it had gradually emerged into the front rank and leader of all the large cities in the world, with the lowest death record per

thousand of any place of not less than one hundred thousand inhabitants. Scarcely was there a New England country village that had such a low percentage of deaths as this great city. While it was filling up its vacant lots with buildings and thus closing up breathing places and adding thousands to its population the death rate diminished. The disadvantages of the city to be overcome were ground elevated but slightly above the level of the lake, soil saturated with water, and imperfect sewerage and drainage, and inundations in the spring time. As the city grew its outfit was too scant for its necessities. There were streets without sewers, an absence of pavements, too many vaults. A large foreign element had very little regard for sanitary observances and refused to improve the condition of their habitations. Some manufactories, distilleries and brewers had an injurious influence on the public health. Slaughtering houses, stock yards business, the carrying trade of meat in transit made Chicago the rendering establishment for the world. This made a problem for sanitary solution. The renovating and regulation of work shops and homes of the working people thought was perfect, according to Dr. Gilman. He goes on to say that in view of the likelihood of the advent of cholera, the health department, under Dr. DeWolf, has been enabled to carry out the plan of the Commissioner for the investigation of the dwelling houses in this city. Chicago was greatly benefited by its facilities for pure air; it was also supplied with pure water. There was danger, however, from a contamination of the water, and it was to be hoped that the near future would give an intercepting conduit that shall receive the sewerage, conveying it far out of the city limits for utilization as a fertilizer. With these things accomplished Chicago might reach the ideal death ratio and our homes preserved from the invasion of zymotic diseases.

CORRESPONDENCE.

"DREAMS ARE BUT —."

The Shah of Persia having established a protectorate over the United States, and taken active measures to improve the quality of our literature, and having appointed our good Dr. Duncan to the office of Vizier, and having myself an attack of *cacoethes scribendi* I thought to hie me away to Chicago with the expectation—not having been an "offensive partisan,"—of being appointed office editor. I expected to find our genial Duncan as aforesaid, in his luxurious harem, lounging on a silken divan and smoking his fragrant nargileh.

Imagine my surprise then, on finding him in his work-day sanctum, while his disordered hair, the restless wildness in his eye, the fiendish bowstring and bloodthirsty poniard on the wall, told of sanguinary deeds. The door opened and a tall and beardless youth with paper

in his hands began: "You are aware that a goodly share of my useful life has been spent in the endeavor to modify the present mental wear and tear of medical practice so that it shall become easy and delightful. I have already demonstrated that—thanks to our old-school brethren, we are in possession of a specific for ague and diphtheria respectively, and now I announce a specific for"—whereupon the features of Ali Duncan relaxed into a smile. "Not in health, my brother Amasa?" said he, and extending his hand he gently tweaked his nose, when forth a great quantity of water flowed therefrom so that it covered the floor to the depth of a span, "verily," I said in the vernacular of the Yankee maple sugar maker, "it is a good sappy day," and as I beheld, Ali Duncan took up the remains of the hapless youth which had shrunk and withered like unto a collapsed air-bag, and out of the window he cast the wrecked and ruined thing. As he ceased speaking, behold another lad, presenting his claim to have settled the potency question. With no lack of time he received a through ticket to Fiji. "Truly, a succulent dish for the king of the Cannibal Islands," chuckled the jocose prime minister.

And then appeared a stranger, and alien, bearing upon his shoulders an immense burden. "What hast here?" "An article on Fatal —" "Told not I you to *boil it down*?" roared the Vizier as he rushed upon him and smote him with the paste pot, and when I recovered from my choking and coughing behold the dust upon the floor had licked up all the water. "Now will we have an asphalt pavement" quoth the Grand Vizier. "Is the slaughter over?" anxiously I inquired. "Not so, my son; the ball has just opened, and the Shah is determined to stay till the land is purged of its plague spots," said he as he gave me a scrutinizing glance. While I gazed upon the man who seemed to rejoice in the ruin he had wrought, my knees smote together, and I suddenly bethought me of the wife of my bosom, and I sighed because of the distance which lay between me and Port Huron, and being fearful of sudden calamity, with many a grand salaam I backed out of the open door, and saddled my camel, and lo! it was but a dream.

A. F. RANDALL.

HOMŒOPATHY IN FLORIDA.

They are busy revising their constitution in Florida, just how it will affect Homœopathy we can see by Dr. Stout's letter to the editor of the *Times Union*:—The article reported at the Constitution Convention for the formation of a State Board of Health, provides that its medical members shall be members of the State Medical Society, which means they shall be exclusively Allopathic. It provides that this board shall examine all physicians desiring to practice in this state. This means that any physician who presents himself for examination who does not belong to the Allopathic school of medicine will be remorsefully "plucked." They have a similar law in South Carolina, and it is almost impossible for any but an Allopathic physician

to pass the examination. I do not think there is another state in the Union, unless it is Alabama, that tells its inhabitants that they shall not have the liberty of choosing what mode of treatment they may employ, and it is insulting to the intelligence of the people of this state that the Allopathic State Medical Society should presume to dictate to them that they are at liberty to employ only an Allopathic physician. It was attempted to pass a similar law in Texas the past winter, but it was overwhelmingly defeated. The most that should be attempted as to regulating the practice of medicine, should be to require that a physician should be a graduate of a legally chartered medical college. This is all that most states require, and is sufficient, and the people are at liberty to choose for themselves. The state has no more right to show favor to a system of medicine than it has to a system of religion.

THESE views of Dr. Stout are endorsed by the editor as follows:—The new article on Public Health will be a very valuable feature of the new Constitution, providing as it does for a properly constituted and sustained State Board of Health. Twice in succession a niggardly Legislature has refused to provide for a body which Florida needs as much as any State in the Union, and it is well to place the matter beyond the whims and local prejudices of Legislators. We think, however, that Dr. STOUT'S protest against restricting the Board to one particular school of medicine should be considered.

Dr. STOUT'S protest is a very proper one, and neither Constitutional Convention or Legislature should undertake to determine between rival schools of medicine. To establish a State Board of Health will be to render an excellent service to the people, but the Article on the subject in the Constitution should either be confined strictly to that, or should content itself with empowering the Legislature to provide for examining boards, to which all physicians in good standing should be eligible, who shall examine and certify to the competency of all who propose to practice medicine in the state. Proficiency should be the test, not the belonging to any particular school of medicine.

A Gray Beard Turns Black.—The funeral of Charles Walsh was yesterday attended by many friends, including government and city officials. Deceased was convicted during the war of conspiracy to attempt to release the prisoners at Camp Douglas, and was sentenced to five year's imprisonment in the Ohio penitentiary. He was afterward pardoned by President Andy Johnson, and when he reappeared among his old friends his hair and beard had become perfectly white. He has been ill for a year, but until a month ago had been enabled to be shaved daily. Since then his beard has been allowed to grow, and to the astonishment of everybody it came out as black as it was twenty-five years ago. Chief Doyle, in speaking of this singular circumstance, said that none of Mr. Walsh's latter-day friends could possibly identify the corpse. The doctors are puzzled.

RECENT MEDICAL FACTS.

Galvanism—Backache of Dysmenorrhœa.—The following is from an article contributed by William R. D. Blackwood, M. D., in *Medical Bulletin: A. E.*, a delicate girl, nineteen years old, consulted me some years ago with a history of bad neurasthenia. During the entire month her backache was constant, but at the time of menstruation it was almost unbearable. She had dysmenorrhœa, but although she had gone through a radical course of both medical and surgical nature for five years before coming to me, and the morphia, chloral, bromide, etc., had utterly destroyed her appetite and digestion, the painful menstruation persisted. I placed her under galvanism three times a week, and in three months she was discharged cured. The positive electrode was placed on the genito-spinal centre, and the negative for fifteen minutes in the cervical canal, except during the week preceding menstruation, when the current was applied from the center to both ovaries by a divided rheophore. Nothing else beyond liberal diet was done, and with the attainment of painless menstruation her nervous symptoms disappeared, and she is now a well-developed and perfectly healthy young lady.

Levis's Metallic Splints for fracture of lower end of the radius. Made in two sizes—adults' and children's. The correct nature and mechanism of the ordinary form of fracture of the lower end of the radius is now, after much controversy, generally admitted and properly comprehended. With this proper understanding the indications of treatment become rational and decisive.

In the usual and very characteristic fracture of the carpal end of the radius the primary line of the fracture is, with little tendency to deviation, *transverse* in direction. Associated lines of fracture are generally those of comminution of the lower fragment, and are caused by the upper fragment being driven vertically into it and splitting it, usually in directions towards its articular surface.

The displacement of the lower fragment is towards the dorsal aspect of the forearm, and its articular surface is inclined in the same direction, abnormally presenting backwards and upwards.

The mechanism of the fracture is its production by falls upon the palm of the hand, which, with the carpus, undergoes extreme extension, and the fracture is caused by an *act of leverage* or *transverse strain*. This direction of force has also been called *cross-breaking strain*.

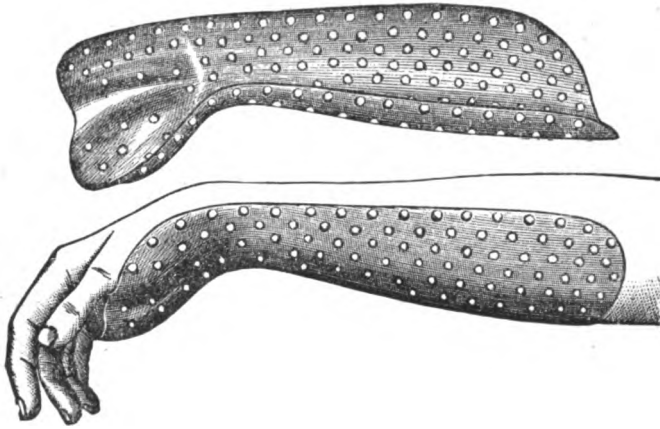
In this fracture, actual displacement of the lower fragment may not exist at all, or it may be to the extent of complete separation from contact of the broken surfaces, varying with the amount of force applied and with the retaining influence of the surrounding dense structures.

The first essential of the treatment of fracture of the lower end of the radius is *the complete reduction of the displacement*. The action of replacement must be directed to the lower fragment itself. The reduction of the fracture can usually be thoroughly effected, under anæsthesia, by *strong extension applied to the hand, associated with forced flexion of the wrist, and with pressure applied directly on the dorsal surface of the lower fragment*. Unless vertical splitting or comminu-

tion of the lower fragments exists, the maintaining of partial flexion of the wrist, with pressure of a pad on the dorsal surface of the fragment, will prevent return of deformity.

With the object of retaining the apposition of the fractured surfaces, by overcoming displacing forces, I have practiced for many years on the principles involved in the splint here illustrated, the application of which will not require much description.

In the treatment of fracture of the lower end of the radius it is essential that proper allowance be made for the curvature of the anterior or palmar surface of this part of the bone. This is insured in the splint which I have devised, which follows correctly the radial



NO I. RIGHT AND LEFT.

curvature; and the fixing of the thenar and hypothenar eminences of the hand in their moulded beds, maintains the splint immovably in its correct position with reference to the radial curve.

To neglect of complete primary reduction of the displacement of the lower fragment, and to inefficient restoration and retention of the normal radial curve, are due the frequent unfortunate sequences of this fracture.

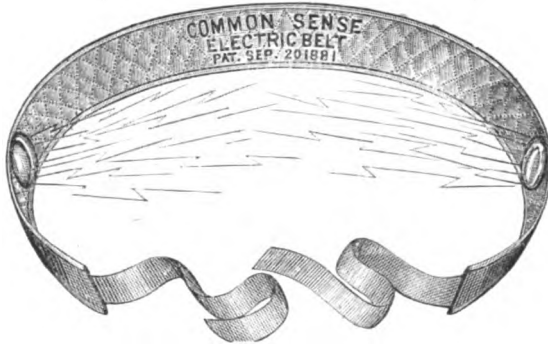
This splint is made of copper, so as to be readily conformable by bending to suit the peculiarities of size and form of forearms. The slight roughness left on back of splint from perforations is for the purpose of keeping the bandage from slipping. It is nickel-plated to prevent oxidation.

The splint will usually fit the forearm so accurately that but little padding will be required, and a piece of woven lint, or of cotton or woolen flannel is all that is necessary for its lining. No dorsal splint is needed, but, as before referred to, a small pad will, in most cases, be required over the dorsal surface of the lower fragment. For retention of the splint an ordinary bandage, two inches and a half to three inches wide, is all that is necessary.

This splint has the merits of being applicable to all cases of fracture of the lower end of the radius, and also to many other injuries involving the forearm and wrist, and, as now supplied, is very inexpensive.

Price, \$1.00 for each piece. For sale by Duncan Bros.

Common Sense Electric Belt.—The question of the advisability of treating a large class of diseases by application of electricity seems to be no longer a debatable one. As to the best and most practicable method of applying it, we feel assured that the experience of most physicians who have used electricity has been similar to our own, viz.: That the best therapeutic results have been secured by the application of a *mild, continuous current for a considerable length of time*, and that so much time must be consumed in obtaining the desired result by the ordinary mode of application, as to make it un-



profitable to both physician and patient; hence the disuse of this invaluable agent in curing many forms of disease that might be successfully treated by it. These Belts are a galvanic battery, simple yet scientific in construction—the electrodes are constantly charged—and will last for years. They should not be confounded with other Belts, requiring the frequent application of acids (vinegar, etc.), as the latter may soon become polarized, and hence useless. Price, \$3.00, \$4.00 and \$5.00 each, according to finish, aiming to bring them within the reach of all classes. For sale by Duncan Bros.

The Ancient Medical Model.—See how it fits you. Susruta, who flourished among the Aryans a thousand years before Christ, laid down the following as an ideal to which he would have medical students aspire. "The physician must utterly abstain from love and from hate, from anger and laziness, and from greed for gain. He must pay consideration to his external appearance, and have care that his clothing is appropriate and cleanly. He must be a servant of truth. He must show the same respect to the Brahmins, to his teachers in medicine, to his friends, and to all who turn to him for help. The doctor must wear his hair short; his nails must be clean and closely cut; he must never leave his house except with his cane or sunshade, and above all he must avoid any undue intimacy with women. He must be handsome, well built, amiable, earnest, but without self-deceit, friendly, and full of spirit; his speech must be soft, yet encouraging as that of a friend; his heart must be pure and honorable; he must be a patron of cleverness and sagacity, and

must love his patients better than relatives, friends or parents. One may have a fear of a brother, a mother or a friend, but never of his doctor."

Case of Incontinence of Urine from Malposition of the Female Ureter.—Dr. More Madden, in the *Brit. Med. Jour.*, September 1884, p. 464, relates the case of a young lady, now in her sixteenth year, who consulted the author for incontinence of urine, four or five years ago, previously to going abroad. Iron with Belladonna, blistering the sacrum, etc., were prescribed, but proved of no benefit. Ultimately she was brought to London for medical advice, and went the round of several eminent physicians and surgeons. Still the incontinence remained. As the flow of urine was incessant, an examination was decided upon, when a minute aperture was discovered about half an inch above the meatus urinarius, from which a small stream of urine was continually escaping, almost *guttatim*. Dr. Madden arrived at the conclusion that the case was one of malposition of the right ureter. An operation was suggested, but the parents of the girl have not yet consented, and any hint that others may suggest would be gladly accepted by the author.

The Radical Cure of Hernia by Torsion of the Sac.—In the *Brit. Med. Jour.*, Sept. 1884, p. 461, Mr. C. B. Ball sets forth the advantages of twisting the sac in operating for the radical cure of hernia. The advantages claimed are these. 1. There is more thorough closure of that portion of the sac situated in the inguinal canal than can be obtained by any simple ligature, no matter how high up in its place. 2. The twisting has the effect of tightening and throwing into ridges the peritoneum for a considerable area surrounding the abdominal opening. 3. The danger of septic peritonitis is diminished. The author's experience is as yet small, but he urges other surgeons to give this operation a trial, so that by reliable statistics comparisons may be made between this and other methods of operation.

Bicycle Riding and Perineal Pressure.—Dr. Strahan, in the *Lancet*, September 1884, p. 490, points out the evil caused in bicycle riding, by causing pressure upon the perinæum in growing boys, affecting directly the prostate, the muscles of the bulb, etc., and indirectly the whole generative system. The bicycle saddle is now reduced to the smallest possible limit, and the motion produced by riding the machine causes irritation and congestion of the prostate and surrounding parts, and tends to produce exhaustion and atrophy of the delicate muscles of the perinæum. Attention is then drawn to the organs of generation, and this leads to masturbation in the timid, to early sexual indulgence in the more venturesome, and ultimately to early impotence in both. In subsequent pages, Dr. Strahan's statements are strenuously denied by many observers.

Therapeutic Hints—Lobelia—Extreme tenderness over the sacrum. She cannot bear even the pressure of a soft pillow. She cries out if any attempt is made to touch the part. She sits up in bed, leaning forward to avoid contact with bed.

Lobelia.—After each vomiting spell, she breaks out all over with sweat, followed by a sensation as if *thousands of needles* were piercing her skin from within outward.

Chelidonium.—Dry cough through the day, with pain and stitches in *right side*, with severe *hourseness* each evening at five o'clock, so that her voice could scarcely be heard.—C. CARLETON SMITH, M. D.

MEDICAL NEWS ITEMS.

Dr. W. E. Keith of Franklin Falls, N. Y., made us a pleasant call, on his way to California for his health.

McIntosh Galvanic and Farad:c Battery Co.—It is with no little pride we announce to our readers this company took the first medal on their batteries at the World's Exposition, at New Orleans. This leaves no doubt but that the McIntosh battery is the best.

The Illinois State Board of Health is now engaged in revising the "Official Register of Physicians and Surgeons." Any notification of changes, omissions, or errors, will be regarded as a favor; as the Board wishes to make the coming register as correct as possible. Address, Secretary State Board of Health, Springfield, Ills.

Pay up.—We are thankful to all our subscribers who have so promptly sent us their subscriptions. There are some yet we have not heard from, please let us do so at once doctor. You may think your amount is small and does not make much difference, but put several together and then see. Of your abundance send us our mite.

How to Preserve Your Journals.—See here! Preserve your journals; and the best and cheapest way to keep them until you have enough to bind, is to get a harness maker's punch, and as soon as a number comes, punch it, put a string through, add the next number when it comes, so you lose none and they are right at hand when you want to consult one.

A. F. R.

Dr. S. Delevan, of Albany, N. Y., we regret to learn met his death by drowning in Lake Saranac, Aug. 8th. Dr. D. was an intimate friend of President Cleveland and labored for his election. He was, as we learn from a paper kindly sent us by Dr. Paine, highly esteemed by the best people of Albany. He was an active member of our profession and will be sadly missed.

Dr. A. M. Cushing, of Boston, can well be congratulated upon the honors won by his three sons one week. The oldest, Mr. J. B. Cushing of the Holyoke high school, was given the degree of A. M., by Amherst college; the second, Mr. A. M. Cushing, Jr., graduated with honor from the Boston latin school; and the youngest took a prize at the same school, the fifth in three years.

The Rock River Institute of Homœopathy held its sixteenth session at Dixon, Ill., on Wednesday, July 1st, in the office of the secretary, Dr. Blackman. Ten members were present. A very interesting and profitable session grew out of and from the papers presented, and cases given from the field practice. This Institute was formed for the purpose of enabling Homœopathic physicians living within easy traveling distance of each other to meet together and confer upon the practical subjects pertaining to the profession. It is emphatically a practical society and its influences are most prized by those who are most regular in attendance. The next regular session will be held in Clinton, Iowa, Oct. 7, 1885.

A Good Thing for Every One.—At trifling cost. Not only farmers but city people, indeed those of all occupations, and particularly housekeepers, will find much most valuable, practical information in the *Prairie Farmer*, as now edited by Orange Judd, whose writings and teachings have been read and appreciated for 32 years past. The paper is neatly printed, finely illustrated, and has a most valuable Housekeepers' Department. To enable all to become acquainted with this paper, as it is now, it is offered at *half price*, for six months (26 weekly issues) or, for the nominal price of 50 cents. No other investment of so small a sum will bring returns so ample. The number for July 25 is alone worth a full year's subscription price. Send fifty cents for half a year, or at least send for a specimen copy. Address *Prairie Farmer*, Chicago, Ill.

Our Cotemporary in Trouble.—It says: An impudent nostrum vender of Rochester, N. Y., cut out of our April number a portion of the editorial on General Grant's case, and adding thereto a puff for his so-called "kidney-cure," succeeded in getting the whole published as reading matter in a number of the leading dailies throughout the United States, representing the same to be entirely from our journal. Very many persons who do not see the *Homœopathist* have thus been led to believe that we lent ourselves to such quackery. We never indorsed this or any other nostrum, and the editorial columns of the *Homœopathist* are not for sale. It was a clever trick to steal the cloak of respectability to cover his nepritic nostrum, and the audacious individual probably supposed that we would supinely submit to such misrepresentation; but he has already discovered that he woke up the wrong customer. Immediately upon the appearance of this fraudulent notice we telegraphed to its author that we should demand exemplary legal damages for his unwarranted use of our name. The daily papers in New York gladly rectified the matter as far as they were able, when their attention was called to it; but it's a lively truth that can catch up to a lie that has twenty-four hours' leeway. We will be very grateful to any of our readers who, having seen this advertisement (printed as reading matter), in their local press, will cause a correction to be inserted. It is impossible for the editor of the *Homœopathist* to know where or when this matter may crop up, and he will be greatly obliged to any friend who will aid him in sitting down heavily on this brazen knave.—*Am. Hom.*

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A RESUME OF THE ÆTIOLOGY OF ASIATIC
CHOLERA WITH COMMENTS THEREON.

BY PROSPER BENDER, M. D. BOSTON, MASS.

One of the most pleasing features of our present civilization is the greatly increased care of the public health manifested by the rulers and leading members of society. Nowadays our social and political magnates have thoughts beyond the gratification of their own whims and inclinations, and the promotion of their own interests. The well-being of the masses receives considerable attention from them. While on the one hand the various influences of our high-pressure civilization admittedly combine to damage health and shorten life; on the other, our constantly increasing sanitary improvements contribute much to warding off disease, and particularly those old, common and violent forms of it, which, frequently as epidemics in the by-gone

time slew the people by tens of thousands, terrifying and impoverishing whole nations in a few weeks or months.

This great change in the moral habits and tastes of the leading classes is something to be thankful for, and well calculated to cheer us in any forecast of the future. How to pamper self and gratify private desires and pride, may yet be a problem which will attract much attention; but other questions compete with it vigorously for notice, including the best means of contracting the power and domain of disease, and involving the best methods of increasing the forces of health and recuperation.

No subject now commands more prompt and earnest consideration on the part of all concerned with public interests, from the heads of the state to the humblest municipal functionary, and from the most famous philanthropist, to the youngest physician, than that of essaying the dissipation of the most trifling ailment. Although all admit the nobleness of the mission of fighting disease and prolonging life, the best means of pursuing it, of accomplishing the largest results still constitutes the crowning difficulty to be overcome.

The old experience in this matter continues more or less familiar, the popular appreciation of it finding expression now, as in past times, in a well-known saying—"doctors will differ." But while this habit must be recognized, it is but fair to say as well as encouraging to know, that notwithstanding such evidence of the weakness that one portion of humanity is liable to, the subjects on which it is agreed, affecting the physical and moral well-being of the race, are more numerous than ever, with a constant progress towards still greater harmony. And the evil of the difference among doctors, if it be an evil of the serious kind, is largely compensated for by the wider and more exhaustive discussion thus secured to questions possessing many sides, with the natural result of attaining a larger measure of truth, valuable in itself as well as advantageous to humanity.

The nature of cholera and its causes is one of those serious questions with which both the medical profession and statesmen are at this time occupied. Nor could anything be more appropriate considering the ravages it has made hitherto, and is making at present in Spain. I shall in this paper present the principal views of the different schools on this subject, as correctly as I can within the brief space at my disposal, interspersing therewith such reflections as have occurred to me in the task of condensation and comparison. While myself leaning to one theory, my controlling desire is to witness the fullest and fairest discussion, with a view to the triumph of the right, to the discovery and practice of all the truths important to science and valuable to mankind. Above all things, I repeat, no matter whose theories or crotchets suffer, let us have the truth, which is the more valuable sometimes, in proportion to the difficulty of its discovery. It must also be recognized that our science demands time and experiment, under all sorts of conditions for the arrival at exact and reliable conclusions. And no conclusions are so important to our race as those affecting materially its health and life.

With regard to the ætiology of the fell destroyer cholera, happily much more is now known than formerly, owing to the wise and liberal action of the European governments that have, during the last two or three years, sent commissions, composed of able medical men, to Egypt, Italy, France and Spain, as well as India, the unfortunate theatres of its recent operations, to investigate its cause, pathology and mode of propagation. As is natural enough, different opinions have been expressed by the various commissions with regard to the theoretical or tentative problems concerning the real origin of the disease and the methods of its dissemination, and the results will doubtless ultimately lead to the solution of the vital question of prevention, comprehending the best sanitary measures for the different races and regions afflicted. This is a great gain to humanity

at present, and one full of cheering promise for even the early future.

I think in a general way I may conclude that, as respects the real nature of cholera and its forms of development, the bulk of the learned practical opinion endorses the germ theory, which is now credited with the origin of many other diseases. While many ascribe its cause to a minute bacterium, others believe it to be due to the influence of a living ferment, the representative of a parasitic organism. Certainly, from present appearances, the former theory, which is the outcome of much patient and intelligent experiment and research, appears the more influential and the more likely to excel in the early struggle for converts.

These two rival theories at present dispute the field. They will be better understood when the subjoined views of the experts and savants mentioned are considered; one favors the contagion theory, the other the local or effluvial. Among the prominent advocates of the former are Koch, Surgeon General DeRenzy, Macnamara, Watson-Cheyne and many others. The "localists" count Pettenkofer, Surgeon General J. D. Cunningham, Sir Joseph Fayer, Sir Geo. Hunter and Drs. Klein and Gibbes.

But with regard to the interest of this subject for Americans—for all, indeed, who can spare a thought for one of the greatest plagues which mankind is periodically afflicted with, and particularly for the best means of fighting its terrors—it is but right to observe here, that the recrudescence of cholera in Spain justifies the apprehension that it will soon spread to our shores. This scourge, as is well known, follows the lines of human traffic, and the constant flow of travel between both continents must inevitably bring us, ere long, face to face with the dread disease. In view of the possibility of such a visitation, it behooves us to understand its causes, its mode of progression and diffusion, and its pathology. Without such knowledge it will be impossible to adopt effective measures to check its propagation or to ascertain the best therapeutic expedients.

All who have studied the subject, no matter what etiological theory they may hold, believe that the most potent factor in the spread of the disease, is the accumulation of filth, which forms a breeding soil for the cholera germs and a focus for their dissemination. In localities where cholera prevails for any length of time, insanitary conditions must exist. Places well drained and supplied with pure water are seldom affected, and when they are they soon lose the susceptibility to cholera. During the European epidemic of last year, the number of cases and mortality were in direct proportion to the insanitary state of the places. The more strict the hygienic regulations the fewer the cases and the smaller the mortality. The general adoption of such precautionary measures will not only benefit the public health but render the individual less susceptible to disease generally. In the event of an attack of cholera, the malady will lose much of its virulence and its fatality will be greatly lessened, which are matters of considerable moment.

Previous to last year very little comparatively was known as to the exact nature of cholera. True, Hahnemann more than half a century ago wrote that "the contagious matter of cholera probably consisted of excessively minute, invisible, living creatures," and his description of their propagation was not unlike that subsequently given by Tyndall and Carpenter. And Dr. A. H. Hassall in 1853 detected and described a micro-organism similar to those which Koch now says are an advanced stage in development of the comma bacillus, and Pacini of Florence made a similar discovery the year following; but it was reserved to Koch, who headed the German expedition, to demonstrate the presence of a characteristic and constant form of bacterial life in the intestinal contents of the choleraic dead and to assert that it stood in the relation of cause and effect to the disease. He describes it as shaped like a comma (,) and belonging to the spirillum rather than to the bacillus. It differs microscopically and morphologically from any other form of bacteria; it lives

and multiplies outside the body and thrives in damp and soiled linen, but fortunately is short lived, is easily destroyed by certain disinfectants and by dry heat. For the latter reason he says the disease cannot be transmitted by merchandise or by letter—a statement, however, which facts do not bear out. It multiplies rapidly in alkaline solution, but acids are fatal to it. In healthy subjects the bacillus does not reach the intestines owing to the acidity of the gastric juices. The putrefactive bacteria are inimical to it, and where they thrive the bacillus perishes. This assertion seems extraordinary in view of the fact that we are told the accumulation of filth favors the dissemination of cholera. The bacillus is as harmless to the healthy subject as the bacteria of decomposition and ferment. Special circumstances are necessary to its multiplication, but these have not yet been fully elucidated. It may spread by human intercourse, but its chief mode of propagation is by the water we drink. It is found in abundance in the dejecta of the patients, but seldom in the vomited matters. In no other class of cases did Koch find this bacillus, and his followers say that those who pretend differently did not submit the bacillus to the several tests which he employs.

The "contagionists," whose theory has been greatly strengthened by Koch's discovery, state that cholera is an importation from India where it prevails endemically, especially in the delta of the Ganges. They attribute its cause to numberless micro-organisms, which find entrance into the circulation, through the air we breathe, or the food we eat, but more particularly through the water we drink. They believe that these mycetic germs abound in the dejecta of the patient and by means of defective pipes and drains, privies and sewers, they find their way by filtration into drinking water and are thus introduced into the human body. Their dissemination is influenced by seasonal and local disposition; and the severity of the attack is incidental to the individual susceptibility. When these germs gain access

into the circulation they cause irritation first, and then necrotic changes in the mucous membrane of the intestines with hæmorrhage and putrefactive conditions, followed by symptoms produced by the absorption of decomposing products, and known as cholera-typhoid.

The recent discovery by Dr. Emmerich, of Munich, of the general distribution of a new cholera-microbe of a specific character, with distinct pathogenetic properties throughout the tissues of the body of the cholera patient, is another link in the chain of evidence favorable to the views of the contagionists. And since, Hans Buchner, one of Naegeli's prominent pupils has ably advocated those views. Emmerich has succeeded in isolating the choleraic microbe he claims to have discovered, and its inoculation has caused symptoms resembling cholera. Crookshank, however, says that it is "nothing more nor less than a pyogenic or septicæmic bacterium."

The Belgium government also sent a commission to Marseilles last year, in the person of Dr. E. Van Ermengen, who after a thorough investigation became convinced that Koch's conclusions were correct. He expressed the opinion that the "comma bacillus" possessed specific characters which satisfied him it was the *causa causans* of cholera.

The report of the English commissioner to Egypt, Sir Wm. Hunter, was to the effect that cholera had prevailed epidemically in Egypt since 1865; the epidemic of 1883 was but "a resuscitation" of the previous visitation in a more violent form than that which existed in the interval, and was classified by native practitioners as choleraic, choleric or even diarrhœa. This, he stated, explained the high rate of mortality from that class of disease, which was ten per cent of the total mortality. He believed cholera was not contagious, but due to local influences; and the malignity of the disease depended upon the varying conditions of locality and climate.

Last year the British government despatched to India, Drs.

Klein and Gibbes, who reported that the dead body of choleraic patients did not contain organisms which could be regarded as specific and pathogenetic. In all true infectious diseases, mycetic germs are present in great numbers in the morbid products of the disease, but such was not the case with cholera patients. Water containing choleraic discharges did not produce the disease, but linen and clothes, not even soiled, could convey the infection; the evacuations of cholera were harmless from actual experiments. They believed the virus to be dependent upon locality, that it was a chemical ferment, having its breeding ground in a suitable soil, and when absorbed into the system was the real poison at work, acting on the blood and nervous tissues and giving rise to cholera. Persons not sick could convey the disease, which proved that the dejecta were not necessarily the cause of its propagation. In the different tanks and pools of Bengal where the cholera patients' evacuations are constantly draining into them, the water is drunk with impunity. They found Koch's "comma bacillus" occasionally, but not invariably; they therefore concluded it was not the infective agent. They discovered small straight bacilli; but considered neither possessed morbid element. They did not detect any organisms in the tissues of the intestines, in the blood or elsewhere.

Might not this new bacillus as well as Emmerich's be the same as Koch's in a different stage of transition or undergoing changes with the varying external conditions? This is the opinion of Watson-Cheyne, Crookshank and Koch too, and seems to me a likely solution of the problem.

The believers in the Koch theory are positive as to the constant presence of the bacillus in cholera, and its cholorigenic power. Its mode of growth under artificial cultivation and morphological peculiarities is decided and unmistakable. And Koch states there is "no analagous instance of a bacillus being secondary to a disease with which it is solely associated." Dr. Crookshank in the *London Lancet*, of the 13th June last, writes: "The last link in the chain of evi-

dence is afforded by the effect of the inoculation of a pure culture of Koch's comma bacillus in animals. Nicati, Rietsch, Koch, Ermengen and Babes have inoculated the bacilli with success in the duodenum."

The *London Lancet* in a recent issue when alluding to the discovery of the German scientist says: * * "the time will surely come when we shall no longer be content with enforcing the principles of sanitation, useful and fruitful as that labor is, but shall be possessed of measures aimed more directly against the causes of these diseases. To be sure, there are many who doubt the significance of the micro-organisms which appear to constitute the virus of so many of these diseases, and who believe that the parasitic theory is being pushed too far, blinding us to the broader features of epidemic influences. But evidence in support of that doctrine accumulates on all sides and grows stronger day by day. Mistakes, even grave errors, will often be made from lack of sufficient care in observation and experiment, or from too hasty generalization, but the main principle remains unshaken, the principle of zymosis."

Important as is this discovery, Pettenkofer believes it does not supply a solution of the cholera question, but he admits it is a very promising field for pathological not epidemiological inquiry. It does not explain, he adds, "the dormant conditions of the disease during winter, its recrudescence and the influence of time and space."

The "localists" or "infectionists" who find in Dr. Klein a strong supporter say that cholera is non-contagious, non-specific, owing its genesis to a living entity, a micro-organism generated and propagated independently of man, and that it affects definite localities. They deny that cholera can be conveyed from one place to another by air, water or any other of the usual channels through which contagious diseases spread. Cholera never shows itself outside of India in a locality which had not been previously in communication with an infected place; that the germs are short-lived unless

the necessary relation of time and space be favorable to its development. How long the germs may remain latent in a locality they have no evidence, but a whole year may elapse before a recrudescence of the disease may occur. Outside of India the germs die out, and they must be imported again. The infection, they say, never outlives a long journey; Pettenkofer states that neither the Cape of Good Hope nor Australia has ever been visited by the cholera. Koch, however, gives instances of ship epidemics of long duration. The "localists" are positive that the dejecta do not contain the pathogenic micro-organisms; if they did, they argue, physicians and nurses would be more generally stricken with the disease, while it is generally admitted they are as exempt as most classes. Surgeon General Irvine, principal medical officer of the English troops in Egypt, however writes: "Contrary to the general experience in cholera epidemics, the attendants on the sick suffered in a much greater degree than the rest of the troops, and this was also the case with patients in hospital compared with the healthy men." The incidence of cholera is always greatest in the most insanitary regions. The similarity of cholera to ague, they hold, is marked; the chill at the commencement and the terminating fever are points of resemblance, and furthermore like the zymotic diseases, its distinguishing characteristics are not constant and invariable. Wherever ague exists cholera finds a favorite locality for its dissemination.

The infection, they contend is located in certain districts; remove a regiment or the prisoners from a jail or an infected locality, and the disease will disappear, even if the sick accompany the party. The following instance is often cited by the "localists" to illustrate this: During the Burmese war, an English steam frigate (Moozuffer) was shipwrecked at Pantano, India. Cholera existed on board at the time. The crew was saved by that of another steamer. The next day two of the men of the Moozuffer were stricken down

with cholera, no other cases happened, although the crews of both freely commingled. Surgeon General Cunningham says: "The whole practical action must be based on the truth that measures should be directed not against the freedom of the person, but against the sanitary condition of the place in which he lives." And yet the excellent authority already quoted from, Surgeon General Irvine, says: "Notwithstanding every precaution being adopted by evacuating the barracks, encamping the troops and moving the camps when requisite, the disease spread among them." During some epidemics in India, cholera will follow a body of pilgrims and soldiers for days and then suddenly disappear.

Virchow ably sums up the theory of the "localists" in the subjoined brief words: "up to the present not a single case was known where the existence of a cholera germ in the soil had been proved." He "would not deny its possibility, but he disputed the exclusiveness of the soil theory."

Drs. Strauss and Rouse of the Pasteur mission to Egypt and Toulon found several kinds of micro-organisms in the mucous membrane of the intestines and in its contents. In very acute cases, however, they could not find them and, therefore, they came to the conclusion that although bacilli might play an important part in cholera, they had no ætiological relation to the disease. They, however, discovered organisms in the blood, due to special changes in hæmoglobin, and which they believed, were the initial cause of cholera. Koch states that these germs have no causal significance, and that they are present in the blood of typhus and pneumonia patients.

Dr. Tommasi-Crudelli, the Italian cholera expert defines cholera as a "contagio-miasma," a morbigenous germ, proceeding from a diseased human body, which never diffuses itself epidemically except when the excrementa containing it find in the soil conditions favorable to its multiplication.

Epidemiological influences must not be overlooked in studying the cause of epidemics and the means of prophylaxis.

We all know that cholera is capricious in its movements. One time it scourges one locality, skipping another not distant, and apparently more suitable for its operations, while a second outbreak finds it acting wholly different. To give but two instances; during the cholera last year, in France, it raged in Marseilles and Paris, avoiding Lyons, midway between them and on the same railway. In 1854 cholera reached Berlin from Munich, while in 1866 the latter escaped a visit, notwithstanding both cities are in constant communication. Koch believes that the atmospheric transmission of cholera occasionally occurs, but generally it only affects an epidemic to the extent that the power of the virus is longer in force in moist air, while it is rapidly lost in the dry. "Localists," moreover, lay great stress on the fact that the epidemic always proceeds from the plains, in India, up to the hills, and contrary to the course of the river. Humidity of soil, particularly in the superficial layers wherein organic matter is in active decomposition, favors the spread of cholera, and also porous and clayey soils, but not stony and compact ones. In high localities where drainage is good cholera gains no foothold, while in low-lying regions it prevails. The Himalayan mountains, those of Lebanon and the Alps are generally free from cholera.

It is also generally acknowledged that there are cosmical conditions which play an important part in the generation and extension of epidemics. The share of these various influences it would be a beneficial achievement of science and philanthropy to trace. The probability of their early and approximately correct demonstration is hardly doubtful. Science and honorable ambition continue marvellously active, and their successes hitherto justify the hope of further glorious conquests. Meteorological states and magnetic forces like stillness of the atmosphere, a high temperature, absence of ozone, mistiness and sultriness of aerial elements have all been noted as immediate precursors of epidemics, or steady accompaniments. In India when the atmosphere

clears and the sky is bright the mortality lessens. Who does not know that when the air is still and oppressive deaths are more numerous, corporeal susceptibility to disease and to its aggravation being thereby enhanced? Individuals sicken and die of the disease and communicate it to others, but with relatively little spread of the epidemic, unless they happen to be traveling in the direction and at the rate in which some unknown epidemic influence is itself proceeding—whatever the total effect of such influences, they greatly affect the patient and jeopardize his chances of recovery. Pettenkofer does not deny “the influences of human intercourse in the spread of cholera; but this alone does not suffice to evoke an epidemic. Local and seasonal influences must determine this.”

The enormous influence of insanitary conditions, including impure air and water, overcrowded tenements, and last though not least, deficient nourishment of many of the hardest workers, with distracting anxiety about circumstances occasioning great loss of needed sleep, all now admit. Such mental states affect the brain and nervous system, as well as the digestive and other organs. And who can adequately estimate, for example, the terrible, the contagious, the weakening effects of fear, during epidemics or times of public calamity?

In pursuing our investigations in the causation of cholera, there is danger in assuming the correctness of any theory until it be proven, for it unwittingly gives a bias to our methods of procedure. A careful and thorough examination of the subject must be made before we reach or accept any conclusion. We must remember that its prevention as well as its limitation depends in a great measure upon the theoretical conception we form. It is generally conceded now that a germ exists which is the active agent, but many consider the question an open one, expectantly looking to scientists for a solution of the question.

We must continue in the path of honest, patient investi-

gation, trusting to time and the clearer gaze of an ever-growing intelligence to solve problems of vast concern to humanity, which serve now to excite our intellects to higher flights of honorable effort, and our hearts to nobler aims for the general good.

NOTES FROM PRACTICE.

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

Mrs. A. B., aged thirty-three, relates that since childhood the presence of a cat in the house is sufficient to develop symptoms of a bad cold, not unlike those of hay asthma. If one jumps upon her lap, the effect is immediate. It lasts until she is separated from the proximity and is thenceforth well.

Symptoms.—Stuffed nose; fluent coryza; great thoracic dyspnoea; aching, heavy and distressing, from back to front of chest. Severe wheezing, particularly during expiration.

FILES.

Mrs. R., tall, slender brunette of forty-two years. *Æsculus hipp.* nightly, one week; omitted one week and resume; relief of piles, right side of anus protruding, great itching. One large one, with smaller ones around it, with pain in front region of right ovary, stitching to posterior part of hip; pain seems to go *around* the hip. (*Sulphur*, through the hypogastrium to back; *Cimicifuga*, from ovary to ovary.)

Whilst taking *Æsculus*, shooting from right ear to right temple, also in left parietal protuberance, "neuralgic" pain. (Had taken previously *Arsen. iod.* 3x, in water, for a small abscess, with itching in perineum, the piles being unaffected by it apparently.)

(Two months later,) finds herself getting fleshy, also observed that an old sick headache, usually weekly, and worse at menstrual period has been absent ever since taking the *Æsculus*.

Later, some pain in head, and much in back and hips, while still taking *Æsculus*.

EFFECTS OF FERRUM PHOSPH. 30c.

Mrs. V. aged forty-seven years, taken three weeks, three times a day. After great improvement in her health, (rectal ulcers, hæmorrhoids, anæmia, debility, having previously had *Ferr. chl.* in large doses); had change of symptoms. Constipation.

“Miserable feeling,” obliged to lie down all day; very weak, suddenly. Rectum painful; whiskey internally, hot sitz bath. “Hollow feeling” in stomach. Worse forenoon. Better afternoon. Gripping in bowels. Stool darker than before. Palpitation of heart. Pain in bowels, 3 and 3.30 A. M. Weakness next morning.

SICK HEADACHE FROM COFFEE.

Mrs. S. B. G. Symptoms: Waking at midnight, or later, with headache mainly in vertex and occiput, better by walking the floor and rubbing the head; relieved after eating something in the morning.

Cured by ceasing to drink it.

THE “ACID CHILD” AND ITS REMEDY, NATRUM PHOSPHORICUM.

Schussler has given us the biochemic keynote to this morbid condition, which applies to the diseases of infants as well as adults; in articular rheumatism, in dyspepsia, and in summer complaint alike. With it, he has indicated the remedy *par excellence* for this state—the Lactic acid diathesis. (See 9th edition, pages 46, 47, 64, 85, 174, etc.)

The theory is, that the presence of Phosphate of Soda in the blood determines the transformation of Lactic acid into carbonic acid and water as fast as formed by muscular action, etc., from the glycogen derived from the liver; Iodium hypo-phosphite may likewise be serviceable, and that the lack of this salt in available molecular condition, *pro rata*

determines the presence of free Lactic acid in the blood and secretions. Hence the *Natrum phosphoricum*, 6 to 30, may be confidently given in cases of acidity.

GENERAL CEREBRAL PARALYSIS OR PARALYSIS OF THE INSANE.

READ BEFORE THE ESSEX CO. MEDICAL SOCIETY, BY JOHN K. MULHOLLAND, M. D., NEWARK, N. J.

Flint says paralysis of the insane may be distinguished from all other forms by its almost constant association with brain disease. It develops very gradually, commences imperceptibly and has made much progress before it can be recognized as a paralytic affection. The same is true of the mental aberration which may be known by extravagance in ideas and actions which usually relate to the acquisition of wealth, great mental powers or superior personal advantages of some kind; writers consider the first stages to extend to the period when its symptomatic characters are well marked.

In the second stage the mental symptoms increase, thinks he is immensely rich, imagines himself some distinguished personage. These delusions are not fixed but constantly shifting. Paroxysms of maniacal fury sometimes occur and may lead to homicide. In some cases the insanity takes the form of melancholia. The paralysis affects the whole or greater part of the system of voluntary muscles on both sides, and embraces muscles animated by the cranial nerves. The paralyzed muscles are affected, not successively, but simultaneously. The tongue is protruded with effort and is tremulous. Twitching of the facial muscles accompany the acts of speaking. The articulation is thick and mumbling, resembling the speech of drunkards. The muscles of the face are relaxed, causing elongation of the mouth and more or less impairment of the facial expression. Paralysis of the

lower limbs is manifest by an increase of exertion in walking by a shambling, straddling, tottering gait, and the legs being widely apart while standing. The muscles of the upper extremities are involved, as shown by defective grasp and clumsy movements of the fingers. The special nerves as a rule are not notably affected, general sensibility, however, appears to be somewhat blunted. Austen states that the right pupil is dilated in cases of melancholia and the left in maniacal delirium. Also that pin hole pupils are often present in the first stage of the affection. Appetite and digestion are frequently unaffected and pulse regular.

The third stage is characterized by an increase of the paralysis, patient cannot walk or stand, and mental imbecility is generally apparent. The patient passes his evacuations in the bed and is insensible to ideas of cleanliness and decency. Contraction of muscles follows and difficulty of deglutition, from which sudden death is likely to follow. Death is not caused by this accident, or some intercurrent affection, but is a result of exhaustion or inability to carry on respiration from paralysis of the respiratory muscles. It is stated by Brierre and Duchenne, that the paralyzed muscles in this affection respond to the electric current, whereas they do not in general paralysis, dependent on spinal lesions. Bucknill and Sanky, however, have found that excito-motory movements are not readily produced by tickling the feet. All writers agree that the prognosis is extremely unfavorable. A few cases of recovery only are on record, and in these cases the affection had not progressed far. In the great majority of cases, however, death takes place within the space of three years.

Examinations after death show marked morbid appearance of the brain. Austin states that in twenty-six cases the thalnia optici in twenty-two were either softened, indurated, atrophied, hyperæmic or anæmic and considers this portion of the brain as the special seat of the affection. This disease occurs much oftener in males than females. The age is between thirty and fifty, but may occur at any age. It may

be caused by moral shocks such as loss of friends or fortune, remorse, etc., and is attributable to intemperance. The great majority of patients affected with this disease sooner or later are received into the lunatic asylums.

Mrs. A. aged thirty-six, mother of six children, came under my care about the first of October, 1884, when I learned the following history: At the birth of her first child, now twelve years old, she sustained an almost complete laceration of the perineum, a few fibres only remaining of the sphincter ani, which caused her much annoyance since from incontinence of the bowel. When a desire was felt to evacuate the bowel she would have to reach a water closet quickly or soil her underclothing; for this trouble she was advised to use paregoric, which she did and continued its use up to the time I saw her, with no effect except to create a morbid appetite for stronger stimulants. For two years she has complained of aching pains and soreness all over the body; was very easily fatigued, hands and feet numb on awaking in the morning; face became bloated, memory much impaired, seemed to lose all care for her children and household duties, talked and acted childish or silly, seemed to give all her attention to dress and visiting, seemed to be no more than a visitor or boarder in her own house, did and said many things that excited comment and surprise among her friends, came home one day without her gold watch and could give no intelligent account of its loss. Another day came home without some of her teeth which were all fine and sound and said that Mrs. — teeth were so nice (being artificial) that she thought she would have hers extracted and have a new set like them, but the dentist perhaps seeing something was wrong, refused to extract any more sound teeth. Then she fancied her husband (a man of the strictest morals and well advanced in years) was untrue to her and made things pretty lively (about this time it was noticed that when angry or excited the muscles of the right side of the face would tremble and twitch frightfully), and so on from one absurd idea to another until their

family relations were pretty much broken up. About the first of last August, she found she was unable to get out of bed, she thought some one had tied her limbs to the bed for a joke, she then discovered that she had lost control of the lower limbs and hands from the wrists down. A little later she passed her evacuations in bed and became entirely insensible to cleanliness and decency. The upper and lower limbs became contracted, would ask all about her own appearance, as for instance, if she did not look cross eyed, felt a constant buzzing in her head, burning soreness and pricking as of pins or needles in hands and lower limbs, which were painfully sensitive and icy cold to the touch. The family physician (Old School) diagnosed correctly, thought the case incurable and advised her removal to the insane asylum; it was thought better, however, to remove her to the hospital; after calling in all the most prominent physicians of this city who each in their turn pronounced the case incurable, she was accordingly removed to St. Michael's Hospital of this city, and was placed in charge of the gynecologist of that institution; after six weeks treatment she was discharged as incurable and recommended to the insane asylum.

She was taken home, however, and given to my charge. I frankly stated that I had never treated or seen a case of the kind, but that I had such unlimited confidence in the law of similia and as she had a fair amount of vital energy to draw on, I was not without hope of helping her. I found temperature 100, pulse 120, looked up the remedy and selected *Rhus tox.* 30x, and prescribed it. In a few days she informed me that in January, 1883, she slipped and fell on the ice while walking on Broad street, with the whole weight of the body on the sacrum, was unable to regain her feet and was carried into the nearest store where she remained until feeling better; she walked with much difficulty, fearing then that she was losing control of her limbs from the peculiar sensation produced by the fall. I then prescribed *Arnica* 30x, with the happiest results. In a few

weeks the paralysis of rectum and bladder were entirely removed, she has not since soiled the bed, the mind became more rational, but no apparent improvement in hands or lower limbs. I put her again on Rhus 200x which she has had off and on with an occasional dose of Nux or Sulphur (high) as from time to time seemed advisable, she is now to all appearance well, except a little of the œdematous swelling of the feet and ankles that I have omitted speaking of, and which was largely present from the knees down, the paralysis has entirely disappeared, her mental faculties seem fully restored, she is cheerful and happy, walks nearly as well as ever, calls at the office occasionally and comments humorously on her past peculiarities; the partial incontinence of the bowel due to the laceration of the perineum still remains, has no desire for stimulants, she will not consent to an operation on the perineum for the removal of the incontinence of the bowel, but still thinks that paregoric might be used without injury for its relief.

There can be no doubt, however, as to the diagnosis of this case, as it came under the observation of all the most prominent physicians of the Old School in this city, and all agreed as to the nature of the disease and pronounced it incurable.

Strange it is that in this day of advancement those gentlemen, otherwise well advanced in all things medical, should seem not to know, or if knowing, ignore the fact that there is such a thing as a Homœopathic law of cure that is fast demonstrating its power all over the land, making cures, and brilliant ones too, of the very cases on which they have exhausted all their skill and sentenced to the grave or public asylums.

Our law is generous and bountiful, it never fails the studious physician who believes in its efficacy and will take the time and trouble to fit the symptoms to the remedy, it matters little whether it is the tincture or the hundred thousandth potency, it will yield him brilliant results and amply repay him for his time and trouble in seeking it.

Are there any well authenticated cases of cure on record?

CASE OF CHRONIC DIARRHŒA DUE TO
AMYLOID DISEASE FROM SYPHILIS.

A gentleman of about thirty-five years; always well in summer in the woods; comes near dying every winter. J. C. M. was called to see Mr. W. W. B. with Dr. M. (*Secale* 2c had previously helped much,) Thursday, March 30, 1876. After getting hold of as many symptoms as possible at the first visit, and finding that all of the usual remedies for such cases had been tried, I remembered a fragmentary proving of Petroleum by Dr. P. O. C. Benson, of Skaveatitiss, N. Y. (my successor) recorded in the 6th Vol. of the Transactions of the Homœopathic Medical Society of New York, on pages 297, etc.

Some of the symptoms recorded there are almost identical with those in this case, namely, "the weakness in the rectum, pain in the bowels below the umbilicus and a frequent desire for movements between the passages, also bloody and slimy discharges."

Acting upon these hints we gave Pet. 6. Friday, March 31st, found all the symptoms improved, less blood and slime and eight less passages than the day before; continued the medicine. Saturday, April 1st, still improving and made no change. Sunday the 2d, no improvement from the day before we gave Calc. carb. 30. On visiting him today, April 3d, we find he has had but eight passages, much less pain, appetite good, rests well and very hopeful, the stools not so changeable, being very nearly alike, no blood and very little mucus, and so thick as to partly retain their form in the vessel.

He got much better and gained flesh and enjoyed the summer as usual; with the coming of cold weather got worse again, but did well on *Arsenicum* 6th, with *Nux vom.* occasionally for indigestion; revived with the coming of the next summer, but died during the next winter.

I have used Petroleum in several cases before this in

chronic dysentery with good effect, but as I have no notes of the cases cannot give them from memory.

I hope we shall yet find a very useful remedy for such difficulties in Petroleum, but as one man's experience, however extensive his practice may be, is of but little value alone, I take the liberty to give you at some length the result in this case, in hope you may have opportunities to give it a trial and also call the attention of other physicians to it.

WM. R. GORTON.

CAMPHOR IN INTERMITTENT FEVER.

J. C. MORGAN.—*Dear Doctor* :—Last summer I had two cases, one a boy, the other a girl, which had defied all the efforts to relieve. I was about to give them up in despair, or rather they were about to give me up.

I had tried Nux, Rhus, Eup. per., Cinchon., Sul., Dextro, Quinine, and several means without avail. I had always seen the girl on her well days, except this one occasion when I prescribed Camp. When I saw her she was in the sweating stage of the paroxysm. Her face looked cold, pinched, pale blue, anxious, and was covered with a profuse sweat.

As I looked at her, I thought, if you were suffering from cholera, I would give you Camphor. Why should I not give you Camphor now in this sickness? I gave her Camphor 2x trituration, about three or four powders a day. I can assure you I was agreeably surprised to find that she did not have a recurrence of the chills, and has remained free of them ever since.

Her fever was of the tertian type.

I immediately went and gave the little boy Camphor 2x trit.

I don't think I can give you the exact symptoms of the boy. He had one condition, however, which was not a Camphor indication, but was relieved by the disappearance of the chills.

This condition was a deep yellow skin and eyes, showing

a large absorption of biliary matter by the system. He was of a bilious temperament, which may explain away some of this jaundiced appearance. I confess I gave him the Camphor empirically. Then again, I don't think I ever saw him on his unwell days.

As to the subsequent cases, I have no recorded symptoms of any kind.

I had a singular circumstance happen on Monday just after writing my note to you. The very first patient that came in afterwards was a man with chills. He told me that day, Monday, was the first attack; that he never, but once before and that was last fall, had chills. I gave him Camphor last fall which stopped the chills immediately. He lives in a malarial district, low, flat, damp part of the outskirts of the town (Frankford).

When he came to me he was in a profuse sweat. He said that the chill was about an hour long, followed by a short, quite unnoticeable fever, but followed by a profuse sweat of several hours duration. As Camphor did so well for him last fall, I gave him Camphor this time. When he comes again I will collect his symptoms carefully and note them down.

I have never used Kali phos. but promise to do so real soon.

I remain yours fraternally,

RICHARD C. ALLEN.

NOTES FROM PRACTICE.

Prevailing diseases now: Typho-malarial fever: Remedies, Bapt. tinct., Ars. 6x, Bry. 4x. Diphtheria mild, Phytolacca 3x internally and gargle of tincture from fresh green root every hour alternately, Sulpho-carbolate of Soda one to two grains every four to six hours, intercurrent. Successful in every case.

S. A. NEWHALL.

NEWTON, Kan.

DYSENTERY.

BY EUGENE CAMPBELL, M. D., FAIRFIELD, IOWA.

Definition.—A febrile disease, characterized by frequent and painful stools of mucus and blood, accompanied by tormina tenesmus and great nervous depression; by inflammation and ulceration of the glandular structure and lining of the large intestines.

Causes.—The most frequent cause is sudden changes from hot to cold weather or sudden checking of the perspiration, impure water, green fruit, tainted meats, also sleeping at night with insufficient covering, especially in August when the days and fore part of the nights are warm, but after midnight chilly, sleeping on the damp ground or over a wet cellar. It is more likely to occur in this climate in summer and autumn, and malarious districts are more subject to epidemics of dysentery. The effluvia from dysenteric stools is contagious and the longer they are exposed the more infectious they become. It attacks both sexes and at all ages and one attack increases the tendency to another.

Pathological anatomy.—First we have hyperæmia of the mucous membrane, commencing at the folds of the large intestines, varying in color from a slight pink to a deep red or purple, according to severity of inflammation. As the disease advances the glands of the intestines begin to enlarge and are surrounded by circles of congested vessels; as the glands become congested and œdematous the inflammation extends to the submucous tissue and it becomes swollen and infiltrated with serum. This is soon followed by softening, ulceration and disintegration of the mucous membrane, which occurs irregularly, being mostly detached in fragments excepting in the fibrous or croupous when it becomes detached in tubes and followed by severe hæmorrhage. In some cases may be followed by gangrene, perforation of intestines and peritonitis. Repair takes place by formation of cicatrices which are smooth and devoid of glands. Abra-

sions of the liver occur frequently in tropical countries with dysentery, but is seldom found in this country except in epidemics of dysentery occurring in large charity hospitals where the patients have had a very intemperate life or in malarious districts in the southern states.

Symptoms.—These vary according to the type of the disease; there is usually a prodromic or preliminary stage. Mild cases of dysentery run their course with little if any constitutional disturbances. Acute dysentery usually begins with a chill, followed by quick pulse, hot dry skin and a feeling of uneasiness in abdomen with soreness to the touch, followed by tormina—colicky pains. The stools are very offensive and usually commence as a diarrhoea and are thin and watery, mixed with liquid, and covering the faecal matter is a transparent slime.

As the faecal matter diminishes the stool changes to a jelly-like substance streaked with blood which soon assumes a dirty reddish gray appearance which has a cadaverous smell. There is an irresistible desire to go to stool, with violent straining which gives no relief and the patient sinks back in bed prostrated and covered with a clammy sweat. The number of stools varies from half a dozen to as high as thirty a day. As the dysenteric inflammation subsides the stools become less frequent, lose the cadaverous smell and faecal matter again makes its appearance, although there will still be discharges of slime, but with the absence of tormina and tenesmus the nervous depression disappears and a return of the normal alvine discharges soon restore the patient to health.

In the severe epidemic form, dysentery is much more malignant, fever higher and the patient delirious, stools more frequent, consisting of blood and gangrenous shreds of membrane; the tormina and tenesmus accompanied with nausea and vomiting; the tongue assumes a dry brown appearance; the urine becomes scanty and at times suppressed; abdomen sunken, face cadaverous. In malarious

districts dysentery is generally in a severe form and is often accompanied by bilious and remittent fevers.

Prognosis.—Is generally favorable, but where the patient exhibits great nervous prostration from the start and about the fifth or sixth day the stools become a chocolate color and of a cadaverous odor; brown, dry tongue; involuntary stools; suppressed urine; hiccup with delirium; be guarded in your prognosis for there are “breakers ahead.”

Treatment.—If the dysentery begins after sudden checking of the perspiration; with chill followed by high fever; great distress in head with restlessness; stools scanty and painful, Aconite will often check the disease and no other remedy be needed. But unless you see a change for the better do not continue with Ac. longer than twenty-four hours. *Mercurius* is a remedy that is most often indicated, especially Mer. sol. and Mer. cor. Mer. sol. will be found most useful in the mild catarrhal forms of dysentery, while Merc. cor. is used more in the malignant forms when the stools consist usually of blood; discharge excruciating; violent cutting pains preceding stool; after stool great tenesmus; worse at night; body covered with sticky perspiration. Next to the Merc's, *Ipec.* will be found of great value, especially in dysentery occurring in autumn and dysentery of children when caused by eating unripe fruit; stools frothy, fetid and streaked with blood; great tormina with nausea and vomiting.

In Colocynth we have a great help, in fact there is no remedy that will relieve a patient that is suffering with *colicky pains* and all drawn up in a knot, as quickly as Colocynth. *Ars. alb.* will be found useful in cases that have assumed the typhoid form; excessive weakness; covered with cold clammy sweat; lies in a stupor; great thirst; urine and fæces very offensive. Often when you see a tendency to assume a typhoid form, a few doses of *Rhus tox.* or *Bapt.* will make a complete change in the symptoms for the better. China and China ars. will often be called for in malarious districts.

Carbo veg. will often give relief when *Ars.* has failed and should always be studied where you meet with those most *fetid discharges* and in general collapse. In chronic dysentery China and Rhus will be most often indicated.

Accessory means.—The patient should be kept quiet in a well ventilated room and not allowed to be in a draft. No solid food should be allowed, but the food should be nutritious and in sufficient quantity. Milk is the best diet and if there is much nausea, a few powders of *Ipec.* will generally relieve it or one-fourth lime water with the milk will often prevent vomiting; oyster soup, beef peptoids, soft boiled eggs, chicken broth, especially if young chickens, beef or mutton broth. Ice cream will often be found beneficial in relieving thirst and burning in stomach. Be cautious about returning to solid food but do not fear to feed your patients; do not starve them, for there is quite a loss of albumen which, if not replaced, will soon lead to collapse.

In regard to poultices, flannel cloths wrung out in warm water and placed over the abdomen and a dry cloth or oil silk placed over this will often afford relief. All the evacuations should be immediately removed from the room and buried, and the vessel used thoroughly disinfected.

CHOREA THERAPEUTICS.

TAMAQUA, Penna.

JOHN C. MORGAN.—*My Dear Doctor:*

I have no special line of treatment for chorea, but have cured some very bad cases with *Agaricus mus.*, *Tarantula* and two with *Mygale*. The first two of these never failed me when indicated. I use both in the 6x and repeat the doses three or four times a day, until I see some decided impression on the symptoms and then suspend treatment until there is no further improvement. I of course, regulate the diet to suit the case. I think I have failed in nervous dis-

eases and also in some others by neglecting to insist on strict hygiene. I may say, parenthetically, that as a school we have lately neglected diet too much and our rivals of the opposite school are in advance of us, at least in my experience.

Yours sincerely, C. B. DREWS.

A SINGULAR OBSTETRIC CASE.

AN INTESTINAL PRESENTATION.

Having met a peculiar and interesting case lately, I feel as though it might interest the medical profession as it has myself.

Early in the day I received a note from a lady nurse to come to Mr. C's. place as soon as possible, as "there was a large substance coming before the baby's head." Of course this gave the necessary intimation of the business in hand and the thought would come, what could the substance be. It would naturally cause us to think at once of placenta prævia as possible if not probable, and if so, the difficulty and danger would be the prominent thought. I hastened to the place and found the patient to be a young person about twenty years of age, of full physical development and above medium height. She, being a primipara and afraid of physicians, was being attended by several ladies. They being afraid in this time of necessity, were only too glad to shirk the responsibility and send for help. I soon calmed the fears of the patient, and then proceeded to ascertain the trouble. To say I was surprised would not convey a true representation of my feelings at the discovery made. My hand came in contact with a substance that scarcely any intelligent physician would fail to recognize by the touch, viz., intestines. Sight quickly confirmed the decision and increased the wonder how this could be. Passing the hand over the abdomen and carefully noting its form and condition, I found it less than the normal size at maturity of

fœtus. The head could be felt just level with the umbilicus on the left side. The right side was apparently filled with placenta. The head being high up and to the left and the intestines presenting, favored the idea that an abdominal presentation was present. I made as thorough a vaginal examination as possible, using two fingers, passing them beside the protruding mass. I expected to trace them to an orifice of some kind, but was mistaken in this, for I could find no orifice of any kind, but could trace or follow the ligamentous attachments of the intestines back to a hard form where they seemed to be attached. This hard form did not feel like the head or any other bone of the body in their natural condition. The protruding intestines were dark chocolate color. In this condition I could scarcely hold to the diagnosis of abdominal presentation nor decide the position. I felt a little like the ladies, that I did not want to bear all the responsibility in the case and called for help, for I felt it better to have help near at hand if needed.

Examining the chest I found no contrary indications and had decided to use chloroform, change the position and deliver the child. While waiting for counsel, the pains endured by the patient being very severe, I began giving chloroform in a small amount to lessen the pain to a bearable point. During all this time labor seemed to advance slowly, and more of the intestines protruded. The bony substance came lower in the pelvis and could be outlined as a portion of the pelvis, but badly distorted. From this time on labor advanced rapidly, and before counsel came delivery was completed.

The placenta quickly following, I kept all together. There were no unpleasant conditions following the labor. Expecting to take the fœtus with me, I did not examine it so closely as I might have done at the time. The birth confirmed the diagnosis of position in utero. The bony substance was the pubic bones distorted and tilted or turned backwards. Placing the fœtus on its face (the position it occupied previous to birth), with the pelvis tilted backwards

and upwards, left leg turned up on the back and the foreleg twisted and turned down under the pelvis, the right leg loose from the hip but turned up on the back, and the foreleg crossing over and on the left shoulder, describes the position of the fœtus. Lifting the legs from the body I found the spine was broken and partially twisted to the left. Turning the child upon its back I found the chest sharp like a chicken's, but from the sternum across each way and downwards all was open except a thin membrane covering the abdominal contents. The liver was large and in position, also the gall bladder. The diaphragm was very thin. The heart felt through it more like a good sized flat bean. The funis was simply a vein and artery traversing a membranous substance or form covering the abdominal contents and connected to the placenta. There was no representation of the sex; upper limbs and shoulders and head fully formed. The lungs were very small.

I was very anxious to find some cause for this deformity, and ascertained that somewhere about the third month of gestation her husband and friends killed and brought in a good many squirrels and dressed them before her, she often helping them. It affected her at first so that she spoke of what might follow. She never felt as well afterwards, but did not think any difficulty had resulted. The body in front looked like some mangled animal and I verily believe was caused by the nervous impressions received at that time.

H. LEARNED.

NOTES FROM THE FIELD.

There has been an epidemic of scarlet fever here, light, yielding to Bell. and Sulph. One case of dropsy succeeding cured by Hell., also epidemic of whooping cough, in which Drosera acted like a charm.

THE INVESTIGATOR is very interesting and I like it much better as a monthly.

S. NICHOLS.

PETALUMA, Cal.

CHOLERA INFANTUM.

THE DRIFT IN ALLOPATHIC TREATMENT.

I have just finished a most interesting practical and scientific article on this disease, read before the Indiana State Medical Society, May 12th, 1885, by W. Byford Ryan, M. D., Indiana. I am much amused with the doctor's confession in regard to the remedies. He says, "I have felt impelled to shout 'Eureka' in every assembly of medical men to which I have gone for the past five years." He says, "If there be any one theme among the hundreds that perplex us, which stands pre-eminent in importance, that theme is the treatment of cholera infantum. Yearly this perilous disorder almost decimates our infantile population, hundreds of homes contributing of their priceless jewels to heap high the ghastly sacrifice to our ignorance and helplessness, while the mortality of every clime suited to its development bears gloomy witness to the inefficiency of our means for its cure. Of the 1,700 children under five years of age who died of miasmatic diseases, cholera infantum claimed 30 per cent. in this state in the year 1883, and in the same period caused 11 per cent. of the total deaths from disease among children under five years of age. In the city of St. Louis last year 9.2 per cent. of the total mortality from disease was due to cholera infantum, of deaths under five years of age from all diseases 23.32 per cent., and from zymotic diseases 40 per cent., was from this cause." He says "It is useless, however, to dwell on the fatality of this affection, and the *inadequacy* of any generally known method of treatment." (If the doctor had read and studied Homœopathic treatment for the last forty years, he would have found the remedies he uses, Belladonna, Arsenic and Nuxvomica, are recommended and used by all Homœopathic physicians.) "All acknowledge these, from the greatest to the least in the profession." It is not my purpose to describe the many different theories of the origin of cholera

infantum, but rather to call attention to what is apparent to all observers, and if possible to draw from my premises a few plain common-sense conclusions. He now presents the symptoms of this disease. A most complete and perfect simile of Belladonna symptoms as found in Hahnemann's provings of this remedy. See Jahr's New Manual or Symptomen Codex on Belladonna.

The doctor says: "There is no prodromic period unless we so regard a laxity of the bowels, which is not usually alarming to the family. The invasion is abrupt; the causes which lead to this deplorable state are in my opinion:

(1st.) The enervating influence of excessive heat, producing, as in Asiatic cholera, spasms of the peripheral arterioles.

(2nd.) Hyperæmia of the gastro-intestinal apparatus produced (a) by chilly nights, following excessively warm days and (b) by the influx of blood from the emptying of the surface capillaries.

(3rd.) The vulnerability of the gastro-intestinal viscera in the young, generally, and especially in those whose digestive organs are enfeebled by premature weaning or by improper food. Spasms of the arterioles or, what amounts to the same, paralysis of the trophic nerves, producing peripheral anæmia. The congestive influence of chilly nights added to the emptying of superficial vessels, favors engorgement of the internal vascular system. The atonic condition of the digestive organs, made more vulnerable by premature weaning or improper food, also invites the fugitive blood. Atonic vessels long distended permit the rapid endosmosis of the serum of the blood; hence vomiting, diarrhœa, serous dejecta, anæmia, excess of fibrin and solids in the blood and the coagulability of the blood itself, thrombi and emboli, the plugging of cerebral vessels; hence death if indeed death do not claim his victim previous to the formation and lodgement of a clot."

Mark his words. If this view of the cause and pathology of cholera infantum be correct, the rational treatment

must necessarily be in direct antagonism to the dictum of Hahnemann, and in full accord with its antipode *contraria contrarias*, which is: (Hempel C. J. says Belladonna is the remedy in all forms of congestion.)

(a.) "To restore the blood supply to the surface, thereby relieving measurably the visceral engorgement.

(b.) "To establish and maintain capillary action of the entire economy, thus arresting extravasation of serum with all its attendant evils."

(c.) "To give tone to the muscular and mucous coats of the bowel."

(d.) "To supply proper nutriment."

Yet every remedy he uses, Belladonna, Arsenic, and Nuxvomica have been used and recommended in the treatment and cure of this disease for the last (40) forty years, by the Homœopathic physicians and by Hahnemann himself. He gives it where ever there is congestion in disease.

He says: "These are the indications. Can they be satisfactorily met?"

I answer unequivocally, they can; and since I have demonstrated practically what I had builded in theory, and subjected to the crucial test by brother practitioners, I have felt impelled to shout "Eureka" in every assembly of medical men to which I have gone for the past five years. (Just think of it, one more bold grab from Homœopathy and yet not giving the system credit, but claim them as original.)

He says, "Nor yet have I any new drug to present which possesses the powers requisite for the prosecution of a successful warfare against cholera infantum, or any nostrum or formula even; but an old weapon (a two-edged sword), (*yes, the most powerful Homœopathy* has ever wielded in the cure and treatment of this and all other acute diseases attended with congestion of brain or abdominal organs) with which all are familiar, yet one so far as I know not before used as a remedy in this affection. (I will point the doctor first to Bonninghausen's Therapeutic Pocket Book of Homœopathic practice, published in 1847, pages 70, 71, 80,

81, Bell., Ars., Nux vom., remedy for vomiting and diarrhœa; second Hahnemann's provings of Belladonna. Ruckert's Therapeutic, page 160, Bell., Ars., Nux vomica, published in 1846. Ruoff's Repertory, page 57, published in 1845, Belladonna, chol. infantum, vomiting with mucous diarrhœa and dry heat, with Arsenic and Nux vom. Hartman's Practice of Homœopathy, published 1847, 1st Vol., page 201, Bell., great desire for cold drinks. Rau's Practice, page 532, Bell., Ars., Nux vom., cholera infantum. Key Notes of Medical Practice by C. Gatchell, Bell., Ars., Nux vom. in cholera infantum.) "He says, which are all familiar, yet not one so far as I know before used as a remedy in this affection."

"The agent to which I refer is the Atropia Belladonna, which I regard as the remedy *par excellence*, the specific and prime factor about which all other remedial measures should circle as auxiliary, important and useful but altogether secondary."

"Having come to conclusions satisfying to myself as to the ætiology of infantile cholera, I cast about me for a rational means with which to combat existing conditions." (And like all such cast abouts, like Ringer, Philips and Ryan they go to the Homœopathic gold mine of medical specifics and take from it our best nuggets, like Bell., Ars. and Nux vomica and give as we direct to cure disease, and then startle the dead bones of the old Allopathic School with some newly discovered healing power in an old medicine to cure, which Homœopathy has known for forty years or more.)

He says, "We find peripheral anæmia, Belladonna is the most potential means for flushing the superficial capillaries." Just what Dr. G. W. Bowen, Homœopathic physician of Fort Wayne, Indiana, in Dr. Ryan's state, eight years ago, taught and practiced. Yes, from 1870.

"We find the vascular system of the intestines and stomach engorged and sieve-like, permitting liquor sanguineus to escape into the lumen of the viscus. Bell. produces dryness

of the mucous membranes." (Almost identical symptoms of Belladonna by Hahnemann, page 251 to 253; Vol. 1st Jahr's New Manual or Symptomen Codex by C. J. Hempel.)

"We find extreme irritability of the stomach and intestines giving rise to vomiting and excessive diarrhœa: Belladonna produces partial anæsthesia of these mucous surfaces and promptly relieves this condition." Pages 253 and 254, produces all the above symptoms and in the words of Dr. Ryan, promptly relieves this condition.

"We find progressive anæmia produced by endosmosis of serum. Belladonna arrests the waste immediately."

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infantum, but rather to call attention to what is apparent to all observers, and if possible to draw from my premises a few plain common-sense conclusions. He now presents the symptoms of this disease. A most complete and perfect simile of Belladonna symptoms as found in Hahnemann's provings of this remedy. See Jahr's New Manual or Symptomen Codex on Belladonna.

The doctor says: "There is no prodromic period unless we so regard a laxity of the bowels, which is not usually alarming to the family. The invasion is abrupt; the causes which lead to this deplorable state are in my opinion:

(1st.) The effervating influence of excessive heat, producing, as in Asiatic cholera, spasms of the peripheral arterioles.

(2nd.) Hyperæmia of the gastro-intestinal apparatus produced (a) by chilly nights, following excessively warm days and (b) by the influx of blood from the emptying of the surface capillaries.

(3rd.) The vulnerability of the gastro-intestinal viscera in the young, generally, and especially in those whose digestive organs are enfeebled by premature weaning or by improper food. Spasms of the arterioles or, what amounts to the same, paralysis of the trophic nerves, producing peripheral anæmia. The congestive influence of chilly nights added to the emptying of superficial vessels, favors engorgement of the internal vascular system. The atonic condition of the digestive organs, made more vulnerable by premature weaning or improper food, also invites the fugitive blood. Atonic vessels long distended permit the rapid endosmosis of the serum of the blood; hence vomiting, diarrhœa, serous dejecta, anæmia, excess of fibrin and solids in the blood and the coagulability of the blood itself, thrombi and emboli, the plugging of cerebral vessels; hence death if indeed death do not claim his victim previous to the formation and lodgement of a clot."

Mark his words. If this view of the cause and pathology of cholera infantum be correct, the rational treatment

must necessarily be in direct antagonism to the dictum of Hahnemann, and in full accord with its antipode *contraria contrarias*, which is: (Hempel C. J. says *Belladonna* is the remedy in all forms of congestion.)

(a.) "To restore the blood supply to the surface, thereby relieving measurably the visceral engorgement.

(b.) "To establish and maintain capillary action of the entire economy, thus arresting extravasation of serum with all its attendant evils."

(c.) "To give tone to the muscular and mucous coats of the bowel."

(d.) "To supply proper nutriment."

Yet every remedy he uses, *Belladonna*, *Arsenic*, and *Nuxvomica* have been used and recommended in the treatment and cure of this disease for the last (40) forty years, by the Homœopathic physicians and by Hahnemann himself. He gives it where ever there is congestion in disease.

He says: "These are the indications. Can they be satisfactorily met?"

I answer unequivocally, they can; and since I have demonstrated practically what I had builded in theory, and subjected to the crucial test by brother practitioners, I have felt impelled to shout "Eureka" in every assembly of medical men to which I have gone for the past five years. (Just think of it, one more bold grab from Homœopathy and yet not giving the system credit, but claim them as original.)

He says, "Nor yet have I any new drug to present which possesses the powers requisite for the prosecution of a successful warfare against cholera infantum, or any nostrum or formula even; but an old weapon (a two-edged sword), (*yes, the most powerful Homœopathy* has ever wielded in the cure and treatment of this and all other acute diseases attended with congestion of brain or abdominal organs) with which all are familiar, yet one so far as I know not before used as a remedy in this affection. (I will point the doctor first to Bonninghausen's *Therapeutic Pocket Book of Homœopathic practice*, published in 1847, pages 70, 71, 80,

81, Bell., Ars., Nux vom., remedy for vomiting and diarrhœa; second Hahnemann's provings of Belladonna. Ruckert's Therapeutic, page 160, Bell., Ars., Nux vomica, published in 1846. Ruoff's Repertory, page 57, published in 1845, Belladonna, chol. infantum, vomiting with mucous diarrhœa and dry heat, with Arsenic and Nux vom. Hartman's Practice of Homœopathy, published 1847, 1st Vol., page 201, Bell., great desire for cold drinks. Rau's Practice, page 532, Bell., Ars., Nux vom., cholera infantum. Key Notes of Medical Practice by C. Gatchell, Bell., Ars., Nux vom. in cholera infantum.) "He says, which are all familiar, yet not one so far as I know before used as a remedy in this affection."

"The agent to which I refer is the Atropia Belladonna, which I regard as the remedy *par excellence*, the specific and prime factor about which all other remedial measures should circle as auxiliary, important and useful but altogether secondary."

"Having come to conclusions satisfying to myself as to the ætiology of infantile cholera, I cast about me for a rational means with which to combat existing conditions." (And like all such cast abouts, like Ringer, Philips and Ryan they go to the Homœopathic gold mine of medical specifics and take from it our best nuggets, like Bell., Ars. and Nux vomica and give as we direct to cure disease, and then startle the dead bones of the old Allopathic School with some newly discovered healing power in an old medicine to cure, which Homœopathy has known for forty years or more.)

He says, "We find peripheral anæmia, Belladonna is the most potential means for flushing the superficial capillaries." Just what Dr. G. W. Bowen, Homœopathic physician of Fort Wayne, Indiana, in Dr. Ryan's state, eight years ago, taught and practiced. Yes, from 1870.

"We find the vascular system of the intestines and stomach engorged and sieve-like, permitting liquor sanguineus to escape into the lumen of the viscus. Bell. produces dryness

of the mucous membranes." (Almost identical symptoms of Belladonna by Hahnemann, page 251 to 253; Vol. 1st Jahr's New Manual or Symptomen Codex by C. J. Hempel.)

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may be given." The above he says, "generally gets my sick children well of summer diseases in three days." His diet for sick children is Coffee Soup. See THE MEDICAL INVESTIGATOR, September 1st. 1881, page 218. He makes the coffee soup usually of one third coffee, and two thirds milk; at times bread may be crumbled or soaked up in it. *It should not be boiled.*

The doctor says he has used this treatment for summer diseases of children since 1870. Mark it, Dr. Ryan, and it is very rare that I have lost a child from summer complaint. In closing I hope I have proved to Dr. Ryan, that Bell., Ars., and Nux vomica, the remedies he is impelled to shout "Eureka!" over are old to the Homœopathic physicians; and by them have been used to cure this disease as long as Hahnemann and Homœopathy has been known.

JOHN H. HENRY.

ÆSCULUS FOR SPINAL WEAKNESS.

(MEDICAL INVESTIGATOR for June, page 375.) Although this patient's history is one of acute rheumatism, yet the present symptoms described, viz., weakness "in back and hip joint," "general weakness and lassitude" "weakness and pain across the small of the back (rather low down) and hip," "on stepping down hip gives way," "cannot stoop and pick up anything," "feels as if the back would break," etc., are all so markedly the symptoms of Æsculus hippocastanum, thus "severe, dull, aching pain in lumbar-sacral region, affecting sacrum and hips, worse stooping forward and when walking," "back and legs weak, can hardly walk, must lie down," "limbs feel heavy," "feels joint weak," (Hering's Cond. Mat. Med.) that I would suggest a fair trial of said remedy in 2x trituration. If this cures, which it ought to, it will prove the present condition to be one of blind internal piles.

SARAH C. HARRIS.

GALENA, Ill.

NOTES FROM PRACTICE.

EDITOR INVESTIGATOR.—As I have never seen anything in your journal from this part of our country, I will give you one of my cases. May 17th, was called to see a young lady teacher twenty-one years old, who had been sick for about five days, attended by Dr. G.—, a Homœopathic practitioner who, though he has never had the advantages of medical instruction, has what many have not, honesty and manliness enough to acknowledge when he has got to the end of his rope.

Patient commenced with severe chill, followed by fever, nausea and vomiting; the doctor I believe diagnosed malarial fever, but, as patient continued to get worse, recommended that they send for me. I found the patient lying on the back, thighs flexed on the abdomen, pulse 140 per minute, temperature 103°. Tongue thickly coated yellow, complained of an exceedingly bad taste, abdomen very tender with much rolling of gas, patient very talkative, but afterward said she remembered nothing that had happened through the day before I came, at 3 P. M. As there was also much pain all through the abdomen, I at once diagnosed peritonitis; on inquiry I found that the bowels had not moved for some days, and as I thought I could detect a tumor in the region of the bladder, I inquired concerning the urine; and found that she had not passed more than a half teacupful a day, for five days; she was very thirsty and drank a great deal, but as she was vomiting every half hour the attendants declared that “she made water enough, as she vomited more than she drank.” After some hesitation, I determined to pass the catheter, using a soft rubber, when lo! an enormous quantity of water, I will not attempt to say how much, except to say that every thing was flooded, was drawn off, with great relief to my patient. Gave Arsenicum 3x every hour.

May 18th patient much better, vomiting ceased, slept some through the night. I was obliged to use the catheter every

day until the 22nd; continuing the same remedy with constant improvement. On the 23rd, I left her convalescent in the hand of my friend, Dr. G. June 3rd was called in haste to see her, as she had a relapse; found her coming out of a chill that had lasted two hours, her pulse was very feeble and flickering, 160 per minute, temperature $102\frac{1}{2}^{\circ}$; she was having sinking spells every few minutes when she would seem to cease breathing almost; she had eaten nothing for three days, had complained of much sharp shooting pain in lower part of abdomen, had been troubled with great accumulation of mucus in mouth, causing constant spitting and much hawking, bowels obstinately constipated. Watching the patient a few moments I noticed a peculiar fan-like motion of the alæ nasi and gave *Lycopodium* 6x. June 4th found her much better, had slept better than for a week, continued the same remedy until June 15th, when I left her able to occupy her place at the family table.

I know of but one thing to be learned from this case, that is, "be sure you are right and then go ahead." Had I neglected to use the catheter in this case, which, considering the unwillingness of the patient and her friends I think I should had I not remembered one of Professor Ludlan's stories before his class, I believe I should have lost my patient.

I like J. R. S.'s article on scarlet fever as I have had considerable of it to treat, but I notice that he says "those who have it the most and the most severely are children whose system is at the highest state of alkalinity," but in every case he gives the acid children had it the hardest, except in case of B., who had received a severe injury of the head. It seems to me those cases do not agree with that statement.

PATTERSONVILLE, IOWA.

JAS. N. MORRISON.

Took the wrong Medicine.—"My dear," said a frightened husband in the middle of the night, shaking his wife, "where did you put that bottle of strychnine?" "On the shelf next to the peppermint." "O Lord" he groaned, "I've swallowed it." "Well for goodness sake" whispered his wife, "keep quiet, or you'll wake the baby."—*New York Sun.*

TREATMENT OF YELLOW FEVER.

As soon as the patient is taken, which is generally with a chill, followed by pain in the *head* and *back* and *limbs*. If they have eaten heartily before taken, give warm water until they vomit freely, after the contents of the stomach are thrown off, keep them in bed, give 8 or 10 drops of Aconite, same of Belladonna—give a teaspoonful every hour, alternately; also a hot *Mustard foot-bath*. If the patient is doing well, continue the same treatment for 24 hours.

The third day give *Arsenic* and *Bryonia* the same way; if they complain of sick stomach, give an enema of *cold water*, apply *Mustard* to the stomach. Should the third day bring burning in the stomach, give *Arsenicum* and *Lachesis*. Should there be *brown* or *black* vomit, mix in one-half glass of water as much of the *Nitrate of Silver* as will lay on a silver dime piece, give this in alternation with *Arsenicum* every half hour.

Should the brain congest, mix 8 or ten drops *Veratrum viride* in one-half glass of water and give a teaspoonful every half hour until relieved.

Should the kidneys falter or stop in their action, give *Nux vomica* and *Cantharides* in alternation, apply cloths wrung out of hot water over the lower part of the *abdomen* and *kidneys*.

The patient can drink moderately of cold water—ice is better. Give small quantities of rice gruel, not more than a dessert spoonful every 3 hours, *cream* is sometimes better, particularly when well received. The patient must be kept in bed all the time, the bed clothing adapted to their comfort. The room should be pleasantly ventilated, but no draft on the sick. Let everything and every person be cheerful in the sick chamber.

F. A. M. DAVIS.

THE RAPID ACTION OF THE RIGHT REMEDY.

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

A lady called to see me suffering with neuralgia. The pain was sharp and lancinating, and was experienced particularly at the outer border of the superciliary ridge on the left side. The pain was (between the paroxysms) of a boring character, and the point of greatest severity could be covered by a silver five-cent piece. She was much depressed in spirits, chilly, and her general appearance indicated a bloodless, anæmic condition of the body. There was a history of frequent and long-continued hæmorrhages. She was suffering severely at the time of this call, and had not been without pain for four days. I gave her a dose of Ignatia 30 at once, which she repeated in twenty minutes. In an hour the pain was entirely gone. At the expiration of a week she was still perfectly well.

IS THERE SUCH A THING AS POLYPUS OF THE STOMACH?

CASE. Nov. 7, 1884, was summoned hastily into the country seven miles. The messenger said patient was vomiting large quantities of blood. Said vomiting had been preceded by violent cramp-like pains in the region of the stomach. On arriving at the house I found quite a strong, robust appearing woman who had given birth to twins about eight months before. There had been a good deal of pain in the stomach and it had been made larger than usual. It seemed packed full. Digestion had been imperfect for some time. I found the patient very pale and exhausted. The matter thrown up was mostly pure blood; some mucous. This was the first time she had ever thrown up anything except food. I prescribed Hamamelis and Nit. acid. The next day the messenger returned and wished me to call again

saying she had "thrown up pieces of the liver." On arriving at the bedside I examined what had been thrown up and found six or seven polypi from the size of a marble to that of a hen's egg. Some of them were thrown up with great difficulty and almost choked her. There was no more hæmorrhage. The patient was put upon China 1x and milk and lime water and made a very prompt recovery.

These bodies may not have been polypi, but if they were not what were they? I have seen polypi from the nose, ears, uterus and even in the eyes, but never have seen nor can I find any record of polypi of the stomach.

In closing I can say, I think with truth, that we have more polypoid growths here than any section of the country I know of.

S. W. RUTLEDGE.

GRAND FORKS, Dak.

MATERNAL IMPRESSIONS.

Mrs. F—, aged forty-one years, was confined August 15th. After a tedious labor of about twelve hours was delivered of a boy perfectly formed, with the following exceptions: The upper lip was entirely missing, barely a remnant being visible at each corner of the mouth. Between the point of the nose and the upper gum, a second tongue, perfectly formed, protruded perhaps half an inch. One-third of each side of the jaw above was missing and the roof of the mouth and nose were united, the septum of the nose being plainly visible. During respiration it produced a peculiar whistling sound. Deglutition was impossible, and it died in twelve hours.

The previous history of the case is as follows: When about three months pregnant the upper teeth were all extracted by a traveling dentist. He told her when he went to fit the plate that the upper jaw was crooked. She said it worried her so much that she would go to the glass many times during the day and raise the lip and examine for her-

self by pressing the tongue into the roof of the mouth and protruding it over the gums.

As we now see, the result was horrible in the extreme, and directly traceable to the above cause. It may be said for the patient that she is of a very nervous organization and overworked the most of the time, having a large family of children to care for. In extenuation it may be said she supposed, without previous consultation, that she was in the climacteric at the time the teeth were extracted.

F. V. HUNTLEY.

JENNINGS, Mich.

TREATMENT OF CHOLERA.

Take one drop of Camphor alternately with *Arsenic* and *Veratrum* every eight minutes. Swallow as *much ice as can be taken*. Make hot applications and if the feet, legs and arms are very cool, rub with dry *Red pepper*.

INTUSSUSCEPTION OF THE BOWELS.—An enema of one ounce of *Lobelia* and forty drops of *Bella-donna*, giving remedies indicated.

F. A. M. DAVIS.

Erysipelatous Eruption of the Face Caused by Arnica.—The patient, a baker, aged forty-two years, under the treatment of Cartier (*Lyon Medical*) sustained a contused wound on the outer portion of the left superciliary ridge. To this he applied tincture of Arnica several times in the course of the evening. The next day he went to a druggist who gave him a mixture of bran water and Arnica tincture, probably in equal proportions. Two days afterwards the face was enormously swollen; the skin of the forehead and of the cheek on the injured side was bright red and covered with phlyctenæ, from some of which issued an abundance of clear lemon fluid; the left eye could not be opened, and the aperture of the lids was almost hidden by the tumefaction. The rest of the face was affected, but in a less degree; the redness faded away at the neck, when some small vesicles gave the skin a roughened appearance. Next day, the œdema had fully extended over the right side of the face, and both eyes were completely closed. Submaxillary glands swollen on both sides. On the fifth day, the vesicles were succeeded by yellowish scales. By the fifteenth a complete cure had taken place.—*Jour. Cutan. and Vener. Dis.*

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 choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

WHERE ARE THE STUDENTS? "Do you have a student?" we asked of an ex-professor who has a large office business.

"No! I cannot use one. It is hard enough for many of my patients to see me. I find that patients do not like a student about the office. They generally make a nuisance of themselves by being too inquisitive and observing. It may do well enough for a country physician to have a student but will not do for me. I of course could learn a student a great deal, but cannot afford to sacrifice patients for his benefit."

Is he right? Is it a fact that students are in the way? If so why? The old days of "learning in a physician's office" have gone by. People feel that a college is the place for students. They have been so taught, consequently do not feel that they individually have anything to do in helping students. Again, diagnosis of to-day exposes the patients more than in the long ago, and few even of the most brazen men or women like to be examined before "a looker on." Physicians step into the very "holy of holies" of the patient's physical life and like the high priest he is expected to go *alone!* So students are driven to go to the colleges "to see much practice." The clinics must largely take the place of the tutorship.

SCIENTIFIC MEN are not born but made. They have not a special gift in sifting out the scientific from the mass of literature, neither are they the children of circumstances. All this is preliminary to an answer of the oft expressed desire, "I wish that I was as scientific as doctor so and so, then I would enjoy books and journals better." If we had answered "read and you will know," perhaps the fact would then not have dawned upon this mind who seemed to think that the fault is not his.

'All that other men can do
Who with patience may not you,
Only keep this rule in view.
Try, try, try again.'

That would seem to answer it, but then comes the answer: "I have no taste for scientific research." Were we to reply, then you have no business in medicine, we would be partly right and partly wrong. Medicine is an art as well as a science and many a skillful physician knows very little of medical science and its allied sciences. It is a fact that the successful physician is often only a smatterer in science. And to-day with the immense development in all of the sciences, one cannot get more of all the sciences, if he expects to practice these applied sciences. Take the minute anatomy of man, one could spend years over the microscope in going over this whole field. Take physiology, hygiene and sanitation and what a breadth of study if one aims to be at all thorough. Then follow the leadings of applied chemistry and one could wander for years in fertile fields. Then if we step out into the scientific realms of astronomy, geology, meteorology, to say nothing of zoology and botany, what time could be spent and that most profitably. Then go on from physics to meta-physics, what a wonderful country lies before us. One cannot know *all* about all of these sciences, yet like book keeping and physiognomy a physician needs them every day if he would be very successful and most useful. These are more important to the physician than a knowledge of history or the dead languages even.

If one is so disposed, will try, i. e., buy and read standard works on the above sciences, he will be astonished at the mass of valuable information that he will soon acquire, and he too will be styled "scientific." This reading or study ought to be done before entering medicine as a student, but even now need not be neglected. A physician who finds this or any other journal "too scientific" should not complain, but take it as an incentive to wider and deeper study.

CONSULTATIONS.

RHUS AROMATICA.

Will some one give us a history of *Rhus aromatica*, with all the indications, etc.?

C. A. C.

STRENGTH OF THE DOSE.

If *all* your contributors would give the dose and strength of the medicines used what a help it would be to young physicians. Please ask them to do so.

D. C.

CHICAGO FOR PHYSICIANS.

MESSRS. DUNCAN BROS., *Dear Sirs*: I am a physician in ———; have a good practice, but the field is not large enough here. Will you be kind enough to give some information concerning Chicago?

Would it be a desirable place for a stranger to work his way up, or is the ground *fully* occupied? Very Respectfully, J. A. W.

Of late we have had several such inquiries, and in answer will give the words of a friend who came to make us a visit, as follows: "No one in Chicago ought to die if a doctor will save them, for I believe there is a sign on every other block."

HOMŒOPATHY IN OBSTETRICS.

Apropos to Dr. Hoyt's remarks in *THE INVESTIGATOR* for August, in reference to Prof. Mitchell's lying-in cases, permit me to place on record a remark of Walter Williamson, at the time Professor of Obstetrics in the Homœopathic Medical College of Pennsylvania.

He said he never knew of a case of puerperal fever where the patient had not previously taken a physic; intimating very strongly, that the practice of giving cathartics in such cases, to be a fruitful source of child-bed fever.

In a practice of near a quarter of a century, I have seen but one case of puerperal fever, and that one was attended by a midwife, and received the usual dose of physic.

F. S. SMITH.

LOCK HAVEN, PA.

HEADACHE FOR COUNSEL.

If you will allow me a moment's time I should like to state briefly a case of headache which has baffled all treatment of the Old School and thus far mine. A suggestion for treatment would be most highly appreciated, I assure you.

CASE. Male, aged thirty-eight, height six feet two inches, nervo-sanguine temperament, active motions, all quick, speech rapid. Engaged in creamery manufactory, actively employed.

No traceable predisposition. At four years of age it began, has continued at intervals ever since. Pain located over right eye near frontal eminence, most frequently covers a point as large as silver quarter. Sometimes on left side, but almost invariably begins on right, sometimes goes to left. Begins gradually and increases until a climax is reached, then gradually diminishes until sleep when it is all gone. Duration of attack from twenty-four to thirty-six hours. Seems to be relieved by turning face downward and pressing into the pillow.

Stomach.—Nausea sometimes before headache begins. Sometimes after it has begun for some hours, but during each attack, passed, nausea relieved by vomiting of a greenish colored ingesta. But nothing relieves head except it *seems* to be relieved by boring it into the pillow.

Since I first began observation it has been periodical, commencing on the eighth or some number of eight days—sixteen—twenty-four days is the longest time he has been without it for some months.

Is always very thirsty after attack, never before or during. But first thing he desires after is large quantities of *cold water*, and every drink he says "makes him feel better." I should say that he is *strictly* temperate in every way. Please give me a hint. W. A. MIRICK.

[That is an anæmic headache. The remedies suggested to us are Nux, Ignatia, Bell., China and Stannum. What are your remedies, reader?

Nux has a right side headache.

Ignatia, headache begins in a small spot over the left eyebrow.

Bell. has a bursting headache, worse on right side, sometimes just over the eye.

China is a great remedy in malarial districts for "brow ague" as this would be termed.

Stannum has a one sided headache that comes on gradually and goes off gradually. This would seem to be the remedy. That boring of the head in the pillow is an interesting anæmic symptom.—ED.]

CASE FOR COUNSEL.

I would be pleased to receive suggestions for treatment from yourself and from readers in regard to my own case.

Aged thirty-three, tall, slim, nervous temperament, light complexion. Previous diseases, typhoid fever at age of fifteen, pneumonia of right lung at sixteen and again at eighteen years. Inflammatory rheumatism at twenty-five and again three years ago. Chronic pharyngitis and nasal catarrh of many years standing. Thirteen years ago, on entering college after an active summer's work on the farm, began to be troubled with dyspepsia. Digestion was slow and there was great distention of abdomen with gas. Sensation of distention began before finished meal and continued for several hours afterward. Appetite always good. Bowels regular. Copious eructations giving relief. Slight brick dust deposit in urine. No nausea nor vomiting, no sourness of stomach. Eructations tasteless. These symptoms have continued with periods of eructation and intervals of comparative immunity ever since. For past six months have been worse, can eat only lightest food. Have lost in weight from one hundred and fifty pounds to one hundred and thirty-five pounds. Have constant feeling of weakness and prostration. Distention of the abdomen is not now so prominent a symptom (though it is present in a degree) as the feeling of a load or weight in stomach after eating, or drinking. Ordinarily there is no thirst but two or three times a day, commonly an hour or so after meals, and especially in warm weather there is an irresistible desire to drink a large quantity of cold water.

Another feature of the disease is a sensation of swashing of liquid in the stomach. On making any movement while lying down there is a sound like the splashing of water in a half filled barrel. This is most noticeable soon after partaking of drink, but is never absent

except before taking anything in the morning. The stomach trouble produces such a dull confused feeling in the head that it is impossible to apply the mind to any subject. Never any pain in abdomen or soreness over region of stomach. Lips constantly dry. Tongue generally moist, seldom coated but is crossed with numerous fissures.

Am very sleepy after a meal. Nearly always sleep well at night. Crave sugar but cannot eat it on account of flatulency it produces. Never have used tobacco or liquors of any kind and lately have abstained from tea or coffee.

After first attack of rheumatism the heart was very irritable for several years. In repose it was *always* 72 per minute, but any little excitement or exertion caused it to palpitate and until lately could always count heart beat by impulse it gave to the body.

Four months ago pulse dropped to 60 and has continued so ever since. Pulse good and strong. Violent exertion only raises it to 72.

Any help I may receive from you will be gratefully accepted as I am at present almost incapacitated for business. T. F. JOHNSON.

[This is a case of relaxed or dilated stomach that ought to be helped by Lycopodium. The galvanic current from nape of neck to stomach ought to help.—Ed.]

NEW BOOKS.

CHOLERA; ITS ORIGIN, HISTORY, CAUSATION, SYMPTOMS, LESION, PREVENTION AND TREATMENT. By A. Stille, M. D., L. L. D. Phil.: Lea Brothers & Co. Chicago: Duncan Bros.; 12 mo, pp., 164. Price \$1.25.

Prof. Stille is one of the standard writers of the Old School, and as a result we find this treatise exhaustively learned, but so indefinite as to treatment. Of course he has ignored Homœopathic literature. He does not manifest the moral courage to refer to it even. He criticises all treatment, and leaves the reader at sea as to how to manage a case of cholera. As to the use of Camphor, he says that there is "no clinical evidence that it is a valuable medicine!" Prof. Stille may be learned, but not well read. Our readers need not waste their money on this book.

TEXT BOOK OF MEDICAL PHYSICS, by John C. Draper, M. D., L. L. D. Phil.: Lea Brothers & Co. Chicago: Duncan Bros. 8vo., 733 pp. Price \$4.00.

This work is designed to fill a gap in our list of text books. Medical Physics include such topics as matter, solid, liquid, gaseous and radiant; energy, potential, kinetic, translatory, molecular; acoustics, optics, heat, electricity and magnetism. The minor subjects considered are hydrostatics, hydrometers, hydrodynamics, hydraulics, at-

mosphere, barometric effects of altitude and atmospheric density, sounds, character and effects, chromatics, lenses, the eye, microscope, telescope, spectroscope, spectrum analysis, animal heat, etc., etc. This work, it will be seen, covers a wide range of studies, and takes in all forms of physics that may be applied in medicine. We commend this work to the profession who would be scientific. Perhaps the student may get a smattering of it from the professors of chemistry, physiology, ophthalmology, odontology and etiology, but all will be benefited by a careful perusal of this work. There are many practical hints found here and moreover the author has made it interesting reading.

TEXT BOOK OF PHYSIOLOGY. By M. Foster, M. A., M. D., F. R. S. Third edition with notes and additions by E. T. Reichert, M. D. Phil.: Lea Brothers & Co.: Chicago: Duncan Bros. 12 mo, pp. 911. Price \$3.75.

This work has passed through four editions in England, and three in this country. That is perhaps evidence enough of the standard character of the work. It is concise, yet exhaustive. It is more than a manual, and less than a treatise, hence is a text book, and one that is reliable. We believe that it is one of the best works on physiology, and commend it to the profession.

HAY FEVER and its successful treatment by superficial organic alteration of the nasal mucous membrane. By Chas E. Sajous, M. D. Phil.: F. A. Davis: Chicago: Duncan Bros. Price \$1.00

The above title tells the whole story, and we might stop after stating that he uses acid, nitric or acetic, the cautery or the knife, to peel off the offending mucous membrane so as to get rid of all possible irritation. If so deep as to change the mucous membrane, smell will be obliterated; if not, the nose will need to be washed every year. Humane; Homœopathy is finding out a better way of curing hay fever. See Naphthaline.

COMPARATIVE ANATOMY AND PHYSIOLOGY. By T. Jeffrey Bell, A. M., Prof. Comparative Anatomy, Kings College. Philadelphia: Lea Brothers & Co.: Chicago: Duncan Bros. 16 mo, pp. 555. Price \$2.00.

This is a valuable little work and we can cordially commend it to those who wish to get a concise knowledge of this subject. Every student ought to read it.

TREATMENT OF ZYMOTIC DISEASES by syrups and subcutaneous injections of Declat's pure nascent phenic acid and topical treatment by Declat's Glyco Phenique. pp. 64. The Declat Manufacturing Co., 86 Warren St., New York, publishers.

This little work contains short articles on the treatment of the most important zymotic diseases, and it will be mailed to any physi-

cian who will send name and address on a postal card to the publishers, and naming this journal.

WHAT SHALL WE NAME IT? A DICTIONARY OF BAPTISMAL NAMES FOR CHILDREN, by Mrs. M. J. Stockwell. New York: J. C. Stockwell: Chicago: Duncan Bros. Price 25 cents.

This book contains 2000 names, with their meaning, and the countries from which they originated. Those who are puzzled as to what to name their children should read this book.

MEDICAL NEWS ITEMS.

W. E. Keith, M. D., from Franklin Falls, N. H., to San Jose, Cal.

Vaccine Virus.—Fresh vaccine virus constantly on hand. Ten points sent free by mail, \$1.00.

Chicago Homœopathic College.—The opening exercises of this college will take place on September 29th.

Died.—The son of Dr. Cushing, of Springfield, Mass., Aug. 24. The doctor has our heartfelt sympathy in this his great bereavement.

Dr. J. Murphy, of Galletzin, Pa., made us a pleasant call. He reports Homœopathy growing in the great State of Pennsylvania.

Dr. Geo. N. Macomber, was married Wednesday, September 2, 1885, to Minnie C. Adams of Potsdam, N. Y. As we cannot be present we will join in congratulations.

J. W. Buddeke, M. D., of Memphis, Tenn., made us a pleasant call on his trip in the North, rusticating. He reports Homœopathy flourishing in the South, and in need of good Homœopathic physicians who will settle down and stay.

Medical Legislation.—By the *Times-Union*, of Jacksonville, Fla., we learn that our friend, Dr. Stout, is after the Regulars with a sharp stick. He evidently sleeps with one eye open. Every Homœopath in all the States should do the same.

Journalistic.—The Wisconsin State Society has been so successful that they have blossomed out into a monthly journal. We note twelve blank adv. pages—a new, but we fear not very paying venture. We advise our readers to give this “badger” a cordial greeting. The first number contains some good things.

The old *North American* will appear monthly after this. It will be managed by a journalistic club with Dr. T. F. Allen at the head. There are brains, energy and sense enough in New York to give us another able monthly.

The *Call* is still afloat. Its calls are appreciated. Our journals, from the Atlantic to the Pacific, certainly are a source of pride. They ably represent our profession, and deserve the most liberal support by purse and pen.

The triple issue of the *American Observer*, closing 1884, is just at hand. Both editor and printer have been sick. The former, (Dr. Lodge) has, we regret to learn, been obliged to relinquish practice. He is lucky and promises to keep *The Observer* afloat.

In Press.—The work on Theory and Practice, by Father A. E. Small, M. D., is running through the press. It will embrace the author's experience of over forty-five years of active practice and long experience as a medical teacher. It will be the most complete work yet issued by our school. It is promised in October.

Hahnemann Medical College and Hospital of Chicago.—Your attention is respectfully called to the date of the opening exercises of the twenty-sixth annual course of lectures in the Hahnemann Medical College and Hospital of Chicago. This course will begin with an introductory lecture by Prof. R. Ludlam, M. D., on Tuesday evening, September 22nd, 1885, at the Clinical amphitheater of the Hospital.

A Hint for Young Men.—"First impressions are always lasting," and if your patrons, on their first entrance into your office, find it in apple-pie order, and everything well in hand, they will be apt always to have a good opinion of you, even if they afterward observe occasional derelictions. It is of great importance to keep your office and consultation room, as well as your own person, in good and neat condition.

Mrs. Dr. Wilson, of Oakland, Cal., made us a pleasant visit on her way east for needed rest and recreation. She reports several good openings for lady physicians, as Gilroy, Anaham, Marysville, Tulare, etc. For consumptives, Atlas Peak, near Napa, has been located by a committee appointed by the legislature, as the point in the State where the temperature varies the least. The Peak is 2400 feet high, but 1900 feet up is the most desirable location. She will be in Chicago again about Oct. 1st, on her way home.

A Word in Private.—"The general public judge the physician, to a great extent, by his surroundings, as well as by his appearance and habits. Many times patients have deserted a deserving man for some trivial defect in his manner, looks or speech, but oftener still, because he does not have any books or journals. Traveling men report that a large number of physicians have not a dozen medical volumes in their library, and that these are the text books they used during their college life. As for medical journals, a very large number take none, a very few indeed, take two or more. It would not be surprising if patients declined to put their lives in the hands of these monuments of the past. Fill up your libraries, and take at least three journals to keep you posted on the new appliances, new remedies, new theories of disease, new discoveries of all sorts pertaining to your profession, as well as the verifications of the old discoveries, old theories, old remedies, etc." *The Medical Visitor* here puts in a few sentences the secret of success. The reading men keep the lead in medicine.

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HINTS TO BUSY PRACTITIONERS.

BY J. D. CRAIG, M. D., ROGERS PARK, ILL.

The experience of a patient, as related to me a few days ago, has suggested a train of thought to my mind, which, although not new, is matter for serious concern to any one who believes the doctrines taught by Hahnemann, which with very few, if any exceptions, embody principles that are as true as the Infinite Mind that conceived them, and that lie at the foundation of everything that is true in therapeutics.

The man who does not see and acknowledge the influence for good which these doctrines have exerted on the world for the last half century, and no where more than in the dominant school of medicine, is mentally blind; but whether this influence shall continue to extend and deepen until a true science of medicine is established that shall be universally acknowledged and adopted, or it be lost and the doc-

trines trodden under foot and buried, as other great truths have been in past ages, to be resurrected at some future time, depends on the faithfulness and earnestness of the disciple of him who, under Providence was the means of rescuing from under the accumulated mass of ages of the rubbish of false doctrines and worse practice, the precious gem of Homœopathy.

Unfortunately, or perhaps after all it may be fortunately, one of the strange things in this world is, that as a rule, those things that are of real value are only secured through determined and persistent effort. Somehow the current of human affairs flows in the wrong direction, and it is so much easier to go with the stream than to swim against it. Truth has always had a hard struggle for life, and has only succeeded when watered with the sweat, and tears, and often blood of its friends.

But this very fact develops heroes. The struggle for existence brings to the front men of strength and courage; men whose souls are so filled with earnestness, as to allow of no room for compromise or indecision, whilst the weak or lukewarm either keep out of the ranks, or desert during the first skirmish.

It is not at this period of a reform that danger is to be apprehended. The Christian religion never made more rapid progress than during the cruel persecutions of Nero and Diocletian, and the first real check which it experienced was when the Roman Emperor Constantine became its disciple and defender. It is when the victory is supposed to have been won; when the bitterness of the struggle has passed away; when the veterans who have borne the heat and brunt of the battle begin to feel too confident, and therefore magnanimous, that the real danger begins, and for the sake of peace and harmony and good fellowship, and all that, position after position is given up, and the true and the false so modify each other, and become intermingled, that it is sometimes impossible to know where one ends and the other begins.

Precisely this condition of things exists in the medical profession at the present time. It would be a wise man indeed who could tell which is the defeated side. The Homœopaths point with pride to the fact that the only progress made in therapeutics for more than twenty centuries, has been since the days of Hahnemann, whilst the Allopaths, with equal show of reason, point in return to the undeniable fact, that the practice of the greater part of the Homœopathic profession differs but little from their own; and claim in consequence that the doctrine of *Similia Similibus Curantur* has been abandoned; that Homœopathy is dead, and that which goes by its name is only the corpse that has not yet been decently buried.

The case alluded to in the beginning of this paper, is an illustration in point. My patient, who is a dyspeptic, had been under the so-called regular treatment for years, when she concluded to try the milder (?) treatment of Homœopathy, and she accordingly applied to a physician who is classed as a Homœopath, for relief, but his medicine *tasted so much worse, and made her feel so badly*, that she wisely abandoned him at once.

But after all, is this a fair sample of the Homœopathic profession? and if so, what has been the cause of so wide a departure from the teachings of the master whom we profess to follow? That is a sample of too large a portion of the profession, there is no doubt, and the cause is not difficult to find. It lies in a neglect of the materia medica.

A letter which I received from a young practitioner in another state, a few days ago, is of interest in this connection, part of which I quote:

“DR. CRAIG, *Rogers Park, Ill.*

Dear Sir:—Perhaps you remember treating — — —’s child last October. . . . I treated the child while they were in this vicinity, but did not succeed in curing him as you well know, and in fact, in doing him much good. I used remedies which seemed to me to be Homœopathic to the case, as well as rhubarb syrup as a last resort. For some reason I have

poor luck in choosing remedies for summer complaint, and I am getting so that I dread to have a case come under my care. In all other diseases that are curable I have excellent success, and it is the greatest desire of my life that I may be able to handle these cases successfully. I understand that you cured the — child very readily, which gives me great confidence in you. My *poor success* in these cases *has led me to try other remedies outside of our school*, but with no better results. . . . Now if you will give me a little lift on the treatment of this distressing trouble, I shall always feel under great obligation. Fraternally, — — —”

(The italics are mine.)

Now here is a young man who is evidently trying to practice his profession honestly, and first tries those remedies that seem to him to be Homœopathic to the case. The patient alluded to had as a prominent symptom, straining at stool, and as this is laid down by some as a keynote symptom of Mercurius, he gave that drug day after day without result, and for the obvious reason that it was not the proper remedy. Now how long would it take for a man blundering along in this way to get thoroughly disgusted and disheartened. I have been there and know how it is myself, and the only thing that can save this young man—as it has others from utter demoralization is, that he gets no better results from Allopathic remedies, and if his experience is like those who have travelled the same path, not as good.

Well! what is the remedy? Why, it is the same hackneyed advice that our high potency brethren have been urging for years, namely: “Study the materia medica.” Ah! but there is the difficulty. That materia medica in its entirety is a fearful thing to contemplate, and it is not every one that can concentrate all their thoughts on memorizing. There are but few men who could do that and hope to be capable of ever thinking of anything else beside.

To practice Homœopathy successfully, means continuous, hard, honest study, and when there is little to do this may or may not be easy, according to one’s capacity for close application, but when business has so increased that calls are

frequent and urgent, and professional cares are pressing hard on heart and brain, it is a very different matter, and under such circumstances it is very easy to unconsciously slip into mere routine practice, and use anything to relieve for the present, regardless of the future.

If many had not done this such papers as this would be out of place, and it would not be true, as it is now, that very often a large practice and success in curing disease, do not by any means always go hand in hand, but more frequently otherwise. Many a physician is practicing to-day on the reputation he made when he had more time and less money.

There need be no guesswork about prescribing. Mr. John B. Gough told me once that his conversion to Homœopathy was owing to the fact that a physician in Edinburg and one in London, prescribed the same remedy for him within a few days, and it struck him that if two physicians widely separated could prescribe, with such confidence and success, one remedy for the same class of symptoms, there must be a scientific basis to their system of practice. It is to be feared that if Mr. Gough had fallen into some hands he never would have become a Homœopath for *that* reason.

One of the most noticeable things in works intended to facilitate the study of materia medica, is the discrepancy amongst authors in regard to important symptoms; for instance, Cowperthwaite in his *Materia Medica* has printed in italics the symptoms of drugs that often occur in provings, and have been repeatedly verified in practice, and these he calls "Grand Characteristics," and those symptoms which occur less often in provings, but which have been frequently verified in practice he calls "Characteristics," and they are printed in ordinary type, whilst Hawkes in his "Characteristics for Prominent Remedies," has also some symptoms in italics, but they do not always agree with Cowperthwaite, and Lillienthal differs sometimes from both. This is true also of other writers, which is perhaps owing to the fact that the materia medica is passing through a

process of sifting which is not yet finished, and no one author has yet secured all of the wheat, therefore we must be patient until the work is all in, but with what has been accomplished in this direction by Hering and others, there is really no longer any excuse for ignorance; for any physician, no matter how busy, can easily keep tolerably well posted by using the spare moments which would otherwise be wasted.

The plan adopted by many, and which from personal experience I can heartily recommend, is to print or write one or more of the important symptoms on cards, with the name of the remedy on the reverse side, and then read the symptom or symptoms over, and name the remedy.

There are in the market cards by Hering and by Hoyne. Hering's cards seem to me objectionable because there is but one symptom on each card, and but few will care to burden their minds with isolated symptoms that are likely to be held in common by more than one remedy. Hoyne's cards I have not seen, and cannot speak intelligently of them, but the plan that I have adopted has given me perfect satisfaction. I have selected the symptoms in italics from Cowperthwaite and Hawkes, and have written as many as I could on cards $4 \times 2\frac{1}{2}$ inches, some of which I keep in my office, some at my residence, and others I carry with me, and during moments that would otherwise be wasted I study my cards. The same thing is done with the symptoms given by these authors that are in common type, and whoever will try it will be astonished to find how much one can learn and how much precious time has been wasted that might have been made available.

One of the results of study in this way is that one is not inclined to depend on any one of the so-called keynote symptoms, for it will be found that very few, if any of them, are held exclusively by one drug, as for instance, the sensitiveness of the neck to touch of *Lachesis* is also a symptom of *Belladonna*, and the feeling of a splinter in the throat is characteristic of *Hepar*, *Argentum nit.* and *Nitric acid.*

Of course I am not to be understood as ignoring other means of study, such as the lectures of Carrol Dunham, the works of Hempel and Arndt, and others, which should be taken up when there is sufficient leisure, and it is unnecessary to mention other departments of study, for I am not addressing medical students, but the busy men of the profession; the men who spend most of their waking and some of their sleeping hours in their buggies.

Some of our brethren may read these suggestions with some degree of amusement, because of their elementary character, but I am not sure but that a return to elementary principles at times may be a benefit to all, and besides it was not for those who have made the materia medica a life-long study, but they who have neglected it, that this paper was written.

In urging a better study of symptomatology, it is not to be assumed that a blind adherence to the dogmas of Hahnemann without qualification is advocated, for no thinking man will allow any other man, or body of men, to place a collar on his neck, at the same time there are some men whose intellectual power is so far-seeing and comprehensive as to command the attention of the world, and none of the opinions of such men are to be lightly thrown aside.

Such a man was the founder of Homœopathy, which is fully demonstrated by his discoveries, and the degree of perfection his system of therapeutics reached under his supervision, and mostly from the resources of his own mind. Therefore all of his opinions should carry great weight, but it would be a slavish faith indeed, that would assume that there was nothing to be learned further, and that progress stopped when he died; but as all of the laws of nature harmonize one with the other, and as the law of "*Similia Similibus Curantur*" has been proven times without number to be a fundamental law of cure, it follows that whatever has been discovered in the cure of disease since Hahnemann's day, is in harmony with, and goes hand in hand with that law.

It is not the adoption of new and improved measures of treatment that is complained of, but the neglect of a true law of cure, for a return to blind empiricism, while still professing to be governed by the former.

It may be objected that any true physician will not fail to palliate a disease that he cannot cure, or relieve pain during a temporary disturbance of the nervous system regardless of dogmas or creeds, and this is true enough, but if it is a fact that even here palliation is best secured by strict adherence to the law of cure, there is no justification for those that neglect it. From abundant experience I know that the sufferings of the consumptive, the cancerous, and other incurable patients, have been reduced to a minimum by the properly selected Homœopathic remedy, and this is the experience of hundreds of others, and the old veteran, Dr. A. E. Small, is authority for the statement that Arnica 3d relieves the fearful agony of renal colic as if by magic, when Morphine, in anything like a safe dose, is perfectly inert.

And now, gentlemen and ladies of the profession, let us wake up and remove this reproach from us. Get sets of materia medica cards, either by purchasing what has already been published, or by having your students or others, write up what you need, and in your offices, at your homes, or in your buggies, if you practice in the country, study them over, and in a very short time you will be surprised at your proficiency.

“How long halt ye between two opinions?” if Homœopathy is true follow it, and if Allopathy, then follow it.

Then and Now.—Forty-three years ago, the orthodox medical practice of the day consisted of bleeding, leeching, blistering, and indiscriminate mercurialization. This was the “rational medicine” of the day. To prescribe Aconite in simple fever, Ipecacuanha in vomiting, Sulphide of Calcium in suppuration was then outrageous quackery. To day we find another state of things. To prescribe Aconite in fever, Ipecacuanha in vomiting, and Hepar sulphuris in suppuration, provided the dose be not too small, is orthodox practice; and he who would dare to bleed his patients every spring and autumn, or mercurialise them for every congestion, would now bear the name of quack.—*Homœopathic World*. [Verily, Allopathy advances.—Ed.]

WHICH IS THE SIMILIMUM?

In the August number of THE INVESTIGATOR, Dr. L— tells us how he treated erysipelas. His patient, he says, was an "erysipelas subject," whatever that may be. She had a bright red spot on the *left* side of the face, tongue coated white with red edges, and several other symptoms. The only symptoms in the case as given, that are at all *characteristic*, are: the spot on the *left* side of the face, and the tongue coated white with *red edges*. He gave Apis mel. Now I can find neither of these symptoms under Apis, but they are both found under Bell. He gave teaspoonful doses of Apis; was it in the mother tincture, the third, thirtieth, or higher potency? We are also left in ignorance of the potency of all the remedies that were used internally. The next day the eruption had extended to the right side. The frequent repetition of the remedy had accomplished nothing. Beginning at the left side and going to the right is characteristic of Rhus tox. and its analogue, Anacardium, and also of Lach. He does not give any of these, but hits it in the same place where he missed it before. The next day the patient was worse. He then, in addition to the sledge-hammer blows with which he had missed it for two days, added Bell., giving the remedies in rapid alternation, and also used Veratrum locally. Is the application of medicines locally in erysipelas, anywhere taught in strictly Homœopathic literature? Was any one of these remedies Homœopathic to the case? Certainly they could not all have been, and if, perchance, one of them was, the other two remedies must have interfered with its action. On this day a new symptom develops, showing that the disease was progressing unchecked. Vesicles appeared, and Rhus tox. was substituted for Bell., and the Apis which had so signally failed for two days was continued. The next day there was another new symptom, premature menstruation. He also made the discovery that the "bowels were running *very active*." If the condition of

the bowels was as bad as the grammar, the case was indeed critical. He then gave *Mur. ac.* and continued the *Verat.* locally. We infer that *Mur. ac.* is strictly Homœopathic when the bowels are running "*very active.*" This he soon followed with *Rhus* and *Bell.* in rapid alternation, with *Hydrastis* locally. The next day the same prescription was repeated, followed by *Acon.* The next day he went back again to *Rhus*, and pronounced his patient convalescent. He winds up his report of this case by a cruel and staggering blow at the "regulars." The copy containing this report was handed me by a very intelligent and liberal-minded *regular*, who had been a subscriber to *THE INVESTIGATOR*, as it was said to be a representative journal of our school. He remarked that he wished to get his information about our doings from reliable sources. He had also been reading other literature of our school. As he handed it to me I observed a suspicious twinkle in his off eye, when he asked if that was a fair specimen of the Homœopathy of the day. He thought it hardly conformed with the strict inductive method of Hahnemann, giving the simple remedy and minimum dose of the indicated remedy. He said he was investigating the merits of our system in good faith, and was at a loss whether to follow Hahnemann, Boenninghausen, Dunham, Hering and other acknowledged great leaders of Homœopathy, or Dr. Lyon, but was inclined to the opinion that Dr. L.'s method was a kind of cheap John imitation of what we sometimes condemn as the polypharmacy of the Regulars, in which opinion I am obliged to concur.

NAPOLEON, O.

T. C. HUNTER.

[After your analysis of this case we are still at a loss as to which you consider the similitimum. What would you have given?—ED.]

Sugar in Coffee.—The injurious action of coffee on the organs of digestion is said to be obviated by the use of sugar with it, and in this case it is not only harmless but absolutely beneficial.—*Ibid.*

HOW TO TREAT ERYSIPELAS.

On page 392 of August number, I read over the signature of O. J. Lyon, "How I Treated Erysipelas." Now it is my duty as a Homœopathist, to ask, what is O. J. Lyon, and to what school of medicine does he belong? His treatment was worse Homœopathy, if he claims it as such, than the regular whom he condemns. And figures won't lie; let's repair to the rule of addition and see who gave the most remedies.

The pseudo-Homœopath gave Apis, Verat., Cotton, Bell., in alternation with Apis, Apis and Rhus alternately with Verat., locally. Beef tea and wine. Muriatic acid internally, and locally followed by Rhus and Bell. in alternation with local treatment of Hydrastis, and then the bowels were closed on cotton batting. June 12, thunder storm came up, which made her restless, and who ever saw a woman that did not get restless during a thunder storm, and upon this at once exhibited Acon., and finally wound up treatment with Rhus internally and externally. Now for our addition: Seven remedies were exhibited externally and internally, with wine, beef tea and cotton batting. Let us add up Regular's account: Quinine, Calomel, Elaterium, Iron and Morphine, making five as against seven. Of the two give me the Regular, considering they belong to the flesh pots of Egypt. I should fear for Hahnemann's bones if ever such an Homœopath as the one above should ever come within seeing distance.

Out West, where all the poor Homœopaths come, we cure erysipelas differently. From totality of symptoms we exhibit the one remedy at a time, and hang on to it like grim death to a dead nigger. So in croup, and diphtheria, and tonsillitis, and in fact, every disease. The best cures I have ever made in diphtheria, I gave a single powder of Lach. or Lyco. and waited results. This is the Homœopathy of Hahnemann, of Gregg, of Duuham and of

Yours Respectfully, SAROHEE.

SEWAGE IN RIVER WATER.

I have been much interested in reading the account of "The Plymouth Epidemic," by H. H. Leonard, published in the last number of this journal.

The history of the cause of this epidemic, as given by Dr. Leonard, is another example of the great mistake made by people drinking water taken from rivers receiving the sewage of the towns along their course.

I don't think there is a greater error than the popular belief that water purifies itself in three miles, no matter what the quantity of sewerage may be that is poured into any river, after flowing three miles down stream, with more sewage added all the time, it is supposed to be all right, and perfectly healthy for drinking water.

In a paper read before the American Public Health Association in this city, last October, I endeavored to show the urgent necessity of keeping the rivers absolutely free from sewage.

When we think of the enormous amount of sewage and other filth that is thrown into the river every day, it is no wonder that water becomes one of the great carriers of disease. I congratulate Dr. Leonard on his successful treatment of the cases under his care.

W. JOHN HARRIS.

St. Louis, Mo.

APIS FOR ASCARIDES.

BY L. O. ROGERS, NEWTON, IA.

I made a clinical discovery two years or more since, that promises to be of much service, and give the same to the readers of THE INVESTIGATOR. Prescribing Apis for dropsy, the sequel of heart disease, it caused the expulsion of an enormous quantity of pinworms.

CASE II. Ida S——, aged four years, suffered with frequent spasms from early infancy, especially if awakened from

a sound sleep soon after having gone to sleep. Improved much under Bell. and Glonoine, but still would occasionally have spasms. Five months since found pinworms present. Gave Apis 3x trit. Improvement was marked, and up to date has had but one slight spasm.

CASE III. Stella L—, aged three and one half years, was taken with high fever, great restlessness, tongue heavily coated brown, breath offensive, with thirst and considerable delirium. Gave medicated remedies, after which followed partial convalescence, but restlessness and moaning at night continued. Found on close inspection oxyuri had to quite an extent invaded the vagina. Removed all that were within reach, and put the little one on Apis 3x trit., and all the unfavorable symptoms subsided at once, and she has remained well the past six months. In neither case was any local application resorted to, as I wished to test the power of Apis in these annoying conditions. I prepare my Apis by trapping bees from different swarms, shaking them well together, making them very angry, sever the bee at the waist line and grind only the abdomen, which gives me a large per cent of Apium virus.

NOTES FROM PRACTICE.

YORK, Neb., Sept. 16, 1885.

EDITORS INVESTIGATOR:—I do not see so many local reports in your journal as formerly.

It has been a very healthy season here, this year, with only an occasional rush for a few days.

There are quite a number of hay fever cases of long standing, who think it is useless to try any remedies, having many physicians and patent medicines tried in vain, but I have succeeded in helping a few cases to endure the siege, who tell me they have never got off so well, and that they intend to summer right here, and begin treatment early, rather than to change climate as they have done years before at a great expense.

So much for Homœopathy. Occasional cases of typho-malignant fever appear, which lead one to think there may be more cases this fall. The remedies a few weeks ago were principally Bry. and Ars. with Verat. viride, now it seems as if Baptisia is vieing with Bry. for the ascendancy.

D. E. FORISTALL.

BARYTA MURIATICA IN ANEURISM.

READ BEFORE THE TORONTO HOMŒOPATHIC MEDICAL SOCIETY,
MAY 8TH, 1885, BY W. H. HOWITT, M. D.

GENTLEMEN:—The case which I wish to bring before your notice this evening, is one of aneurism of the descending aorta. The patient was a man of about forty-five years of age, bilious temperament, medium height, well developed frame, and up to the time of the first manifestation of his disease had enjoyed robust health. Previous to my acquaintance with him, he had for two years been under the treatment of three of the best Allopathic physicians, who all concurred in the opinion that he was the victim of internal aneurism. The last in attendance predicted that in a few months more he would be in his grave. The treatment hitherto pursued had consisted in perfect rest in the recumbent posture for two continuous periods of six months each, together with a restricted diet, and the exhibition internally of Iodide of Potassium in the usual doses. Finding no improvement to result from this course of procedure, but that on the contrary he was steadily growing worse under it, the patient became dissatisfied, and in desperation resolved on a trial of Homœopathy. His symptoms at the period he was under my care, were as follows: The patient was very anæmic, and had a distressed, anxious look on his face. He could walk but a few steps at a time, and that only slowly, on account of a severe pain in the chest, which the slightest movement greatly aggravated. In laying bare the front of the chest, my attention was immediately arrested by a conspicu-

ous swelling or bulging out of the thoracic wall on the right side, close to the sternum, and a little above the right nipple. The tumor was six inches in diameter, and about three inches of this area vibrated synchronously with the heart. In placing the hand over the spot a heaving movement was felt, and with the stethoscope a blowing sound was heard of such intensity as to be audible all over the front of the chest. Percussion gave evidence of marked dullness over the seat of the swelling, and also indicated that the heart was much hypertrophied. The pain previously mentioned was felt most severely over the summit of the tumor.

On seeing the case, I recalled to mind an article by Dr. Flint, in the *Monthly Homœopathic Review*, suggesting the use of the salts of Baryta in aneurism.

The arguments advanced in its favor were not very convincing, but in the absence of anything better, I determined to give the remedy a trial. On consulting Allen's *Materia Medica*, I was surprised to find how many of the pathogenetic symptoms of Baryta corresponded to the case in hand. Among others recorded under the Carbonate are "violent and long lasting palpitation," "fulness and painfulness of the chest," "sensation of severe palpitation on fore part in chest." Baryta muriatica being the only preparation readily attainable, the patient was accordingly placed upon the 1x trituration, intending as soon as it could be made to use a somewhat higher attenuation. The recumbent posture was also strictly enjoined, but beyond the disallowance of tea, coffee, alcohol and the more indigestible articles of food, no other change or restriction was made.

The patient continued under this treatment steadily for six months, except that at intervals of about five weeks the medicine was discontinued for several days, and a few intercurrent doses of Sulphur 6th, administered. An improvement in the symptoms was noticed from the very first. The tumor gradually decreased in size, the *bruit de souffle* became

less and less distinct, the thoracic pain was in a few days relieved, and eventually disappeared altogether, and the area of pulsation by degrees grew smaller, and at length became indistinguishable.

About the third month a sharp attack of bronchitis was contracted, but the patient's condition by this time was so far improved that no permanent disadvantage resulted from the severe coughing that attended it.

At the end of six months, as every symptom had vanished, except a slight murmur immediately over what had been the summit of the swelling, the patient was allowed to get up, and after a few days declared he felt as well as ever.

Nearly five months have since elapsed, and no return of the symptoms has occurred thus far. It is perhaps too early yet to pronounce the case as cured, as the patient, though no longer using the medicine, is still under limitations with regard to the amount of exercise he takes, but he now walks about leisurely most of the day, without inconvenience, so that his substantial improvement is undeniable.

ATTENUATION AND POTENCY.

BY T. C. HUNTER, M. D., NAPOLEON, OHIO.

Does trituration or dilution add anything to the property of crude drugs? or in other words does dynamization dynamize?

This is strenuously denied by the Regulars, as well as the Eclectics, and also by what they call themselves, progressive Homœopathists. I wish to report a case which may throw some light on this mooted question.

On the 31st of July last, a prominent druggist of this place, called at my office, and surprised me by asking me to prescribe for him. He complained of an intense burning sensation in the mouth, which had continued for five weeks, and was growing worse. He said if "little pills" could

relieve him he wanted a supply at once. The only additional symptom I could get was light, waxy stools, with metallic taste in the mouth.

His "Regular" physician had lately given him Calomel in one-tenth grain doses, twice daily, but it had shown no effect whatever. I had never met such a case, and in order to gain time for further study, I gave him six powders of Merc. sol. 3x, one to be taken every two hours, except when asleep.

The next morning my patient informed me that the burning sensation in the mouth, had almost entirely left him within five minutes after taking the first dose, and that he had enjoyed a good night's sleep for the first time in many days. He had taken five doses and had one left. I ordered him to reserve that powder until there was a return of the burning. He seemed surprised, as he thought that when the enemy was on the run was the time to strike the most vigorous blows. He was, however, willing to follow directions. He stipulated, however, that I should give him a supply of the remedy, as he was going to be absent from home about thirty-six hours. I then gave him some pellets of Merc. sol. 6 cent., but requested him not to take them unless the trouble returned. On the evening of the second day of abstinence from medicine, the burning pain came back with renewed intensity. He then took a dose of the pellets, which removed the trouble almost immediately. When he returned he had only a little burning at the tip of his tongue. I recommended a suspension of the remedy again. At the end of a week he asked me whether it was possible for the pellets (Merc. sol. 6th) to cause ptyalism. I replied that it might be possible in a person who had been previously salivated. He then said that after waiting two days for the burning at the tip of the tongue to disappear, he had disobeyed instructions, and had ventured to take *one pellet*, No. 25, which brought on the same symptoms of salivation, in a milder form, that he had suffered from when he was se-

verely salivated thirty years before. He, however, did not attribute these symptoms to the action of the remedy. They passed away in about twelve hours. After waiting two days he took another pellet, which was followed by exactly the same results. He waited two days more, and took another pellet, with the same experience. I suggested that if he was satisfied that Merc. sol., in such an infinitesimal quantity, could salivate him, that it would be well to cease experimenting. I gave him Merc. sol. 30 cent., with directions not to repeat the dose as long as improvement continued. This removed all the symptoms except a dryness of the under lip, which came on about 10 A. M., every day, and continued several hours. I suggested that the remedy was in too low a dilution to entirely remove the difficulty. I then gave him the same remedy in the 200th cent. dil., with the same instructions as to repetition of the dose. In a short time the last remaining symptom left him, and he claims that he is feeling better than he has done for several months. Both the physicians who had been treating him, and the patient himself were informed all the time what was being done, and can draw their own conclusions as to the power of infinitesimal doses. A few days afterwards the doctor asked me what I would do in case of pleurisy; that he had one in course of treatment at the time. I inquired into the symptoms of the case, and suggested that Bry. would probably relieve. He asked me to give him a small supply and he would give it a trial. I gave him Bry. 30 cent., as his patient was a delicate, nervous lady, telling him what dilution it was. A day or two afterwards I asked him what were the results of his experiment with Bry. 30. He replied that they were "entirely satisfactory." I do not repeat this as a model of Homœopathic prescribing, but as showing the increased curative power of the higher over the lower potencies, in the speedy and complete removal of diseased conditions, and as another item of evidence, if any such is wanting, that dynamization adds to the curative power of remedies.

HOMŒOPATHY IN DYSENTERY.

BY H. K. LEONARD, M. D., PLYMOUTH, PA.

I was called on my return from a week's absence to see one of my patients suffering with dysentery. He had been treated by one of the leading Allopaths, who had said that the boy could not get well.

I found him with the usual dysenteric symptoms, stools of blood and mucus, great tenesmus, stools about every half hour; but what struck me as most peculiar was the condition of the child's face. The end of the nose was red and swollen, and adorned with four or five large pustules filled with yellow matter; there were two styes on left eye, one on under and one on upper lid. I thought of the Mercuries, (thought perhaps he had had enough of that already) also of Silicea and Hepar sul.; finally gave Hepar sul., 6x. Next morning boy much better; *only two stools all night*. In four days discharged the case cured, using same remedy. Cases like this, once in a while happening, bring me to my medical senses, as the papers say, with "a dull thud."

We prescribe too often for the name of the disease, when the "totality of the symptoms" alone should be our guide.

The fever is again showing itself in our little city, there being about a dozen new cases.

I wish my medical brethren of the United States could have the opportunity of watching a score of them from start to finish. As to diagnostic symptoms, "they are like nothing in the heavens above or on the earth below." The only term that gives you any idea is the term "typho-malaria." It is a comprehensive word, and I shall continue to use it in spite of the fact that it is not strictly scientific. We shall probably have anywhere from one to two hundred cases in the borough this fall. Will write you again.

A CASE OF GLOSSITIS.

The patient, a man forty-five years of age, had received a gun-shot wound during the rebellion. The bullet had entered the side of the nose and lodged in the lower jaw. A piece of the inferior maxillary had been removed and partial ankylosis of the jaw had followed, so that he has been unable to open the mouth more than three-fourths of an inch. Whenever he has taken cold the old wound has troubled him greatly, and he has been a constant sufferer from neuralgia. A short time ago I was called at midnight to see him. I found the neck and cheek greatly swollen, and the tonsils, pharynx and tongue seriously involved, so that he was unable to speak, and it was with the greatest difficulty that he could swallow a little water. I put him on Apis 3x, and applied a flax seed poultice to the neck and face. He soon began to breathe easier, and I left him resting more comfortably. When I saw him again in the morning the swelling of the throat had decreased, but the tongue was enormously distended so that it protruded more than an inch, and almost completely filled the mouth. The tongue was as hard as a board, bright red and exquisitely tender. The breathing was very labored, face drawn and haggard, and it was utterly impossible for him to swallow. I now gave him Lachesis, 12x, a powder dry upon the tongue every half hour and steamed his mouth and throat with hops. Before night the throat "broke," discharging a pint of matter, the swelling rapidly declined, and by the next day hardly any trace of the disease was apparent.

CHAS. L. TISDALE.

BROOKTON, N. Y.

Which Syrup?—It is related that a certain German maiden once presided at a mineral water fountain in which there were but two kinds of syrups, vanilla and lemon. To her came a young man and said: "I want a glass of soda without syrup." "Ya" replied Katrina. "boot vot kind of syrup you vant him mitout, mitout vanilla or mitout lemon?"—*Min. Water Trade Recorder.*

“THE RAPID ACTION OF THE RIGHT REMEDY.”

Seeing such a heading as the above to an article in your Sept. number, by Prof. J. M. Kershaw, M. D., which case was “still perfectly well,” at the expiration of seven days, leads me to offer your readers the synopsis of a case we think “most likely the right remedy was found for.”

Mr. W. A. R—— called me to see him in his wagon, at our door at 5 P. M., the day before yesterday, being too sore to walk about, though relieved by the motion of the wagon.

The gentleman in question, (and by the way son-in-law of an Allopath,) while attending the last rites over a relative on Friday night last, “took cold, from too free perspiration and then walking into the chilly night air.”

When first seen patient could not move his left arm at all and was “suffering agonies;” was sore to the touch through the chest walls, with some swelling on the affected side.

Morose, irritable sore throat, constipated, very restless, stitches in back and muscles of side, left side apparently paralyzed, left arm, sensation dulled, feeling as though it had been struck on the “funny bone.” *Worse on keeping quiet, better after motion had been effected.*

Almost any one will see at a glance what remedy was chosen, but few I think see the efficacy of medicine displayed so promptly; for from a “bed ridden” man thirty-eight hours since, he, at 7 A. M., to-day hitched his team alone and goes home completely relieved of all his suffering.

The case was treated with Rhus tox., 3x, given every second hour, patient taking it through the night (optionally) as well as day time.

R. B. LEACH.

PARIS, Texas.

“Belmont, N. H., boasts of a woman who goes out and chops wood with her husband.” It is quite a common thing for women to mop the floor with their husbands, but we never before heard of chopping wood with them.—Ex.

NOTES FROM PRACTICE.

Bowel difficulties are prevailing now. Children, middle aged and aged are affected alike, colicky pains followed by diarrhœa, vomiting and later bloody stools. Main remedies Coloc., followed by Merc. cor. Last year at this time there was not a case of this kind here. Principal troubles then were, typhoid and afterward an epidemic of diphtheria.

Of the latter, two cases were calculated to put the young practitioner to his wits' end. I will relate them briefly for the benefit (or criticism) of the "Boys."

The first case was a man aged thirty; sick with sore throat and great swelling of the parts, including the tongue. Had been treated by an Allopath several days, for inflammation of the tongue; when I saw patient he had neither eaten nor slept for forty-eight hours, nor been able to drink for twelve hours on account of the great swelling.

The tongue protruded in front and between the teeth, on either side, black and swollen. Nothing could be seen behind the teeth.

Suffocation seeming imminent, I at first thought of tracheotomy, but finally concluded to try lancing the tongue; which I did, draining off an inky looking fluid followed at length by brighter blood and some relief.

Then with the forceps I extracted a membrane which seemed to pass from under the tongue, back to the throat on both sides; the fetor was terrible. Patient made a good recovery.

The second case, a child of six years, after a severe attack of diphtheria, seemed about to die from absolute inaction of the kidneys; all remedies failing to cause secretion or reaction and the child being *thirstless* I gave large doses of table salt which caused thirst, and the child recovered with a dose or two of Apis.

E. C. S.

"CAN HUMAN BLOOD BE TOLD FROM THAT OF THE DOG?"

BY C. H. STOWELL, ANN ARBOR, MICH.

In a recent case on trial at Wellsboro, Pa., Dr. Thad. S. Up de Graff, of Elmira, N. Y., swore very positively on this point. The newspapers give Dr. Up de Graff the credit of convicting the prisoner. It is not the proper place here to determine whether the prisoner was guilty or not; it is in the precincts of this journal, however, to determine whether the expert testimony was according to facts. Dr. Up de Graff was given some of the stained clothing to examine, and by processes entirely unknown to the writer (according to all accounts seen), by decantations, washings, etc., some corpuscles were procured and measured. Dr. Up de Graff positively testified that this was human blood and not dog's blood. When asked if he was the only one who could tell this, he replied that "there were but *four* men in the world who could tell human blood from dog's blood;" and of course he was one of them. When asked why he could do so much better than others, the reply was, "On account of the superior character of his glasses, and that his microscope cost sixteen hundred dollars." The testimony of Dr. Up de Graff makes him give a positive size to the human red blood corpuscle. What do standard writers say on this subject?

Gulliver says they are the $\frac{1}{3300}$ of an inch. Flint says they are the $\frac{1}{3300}$ of an inch. Dalton says they are the $\frac{1}{3311}$ to $\frac{1}{3300}$ of an inch. Richardson says they are the $\frac{1}{3373}$ of an inch. Woodward says they are the $\frac{1}{3078}$ of an inch. Frey says they are the $\frac{1}{3340}$ to $\frac{1}{4630}$ of an inch. Welcker says they are the $\frac{1}{3230}$ of an inch.

Where is the exact size to judge by? The red corpuscles are also subject to change in size by the varying changes in the blood and by many drugs. Wagner, in his

General Pathology, gives a long list of remedies that when administered change the size of this corpuscle. How delicate is it, also, to the various reagents used in microscopical work! I have seen red corpuscles as small as the $\frac{1}{8000}$ of an inch, and as large as the $\frac{1}{1000}$ of an inch. I have never measured red blood corpuscles in lots of fifty each and had any two exactly alike, although using a delicate cobweb eye piece micrometer and a one-fiftieth objective.

Listen to what Mr. Woodward, of Washington, says: "The average of all the measurements of human blood I have made is rather larger than the average of all the measurements of dog's blood. But it is also true that it is not rare to find specimens of dog's blood in which the corpuscles range so large that their average size is larger than that of many samples of human blood."

Human blood cannot be told from dog's blood, except under favorable conditions, and not invariably then. For the sake of microscopy it is a pleasure to know that only *four* men are ready to make such statements. There are a score of men in this country with glasses equal, at least, to Dr. Up de Graff's, who would testify directly opposite to him on this point. If Dr. Up de Graff is ready to receive a number of pieces of cloth, labeled and stained, respectively, with human and dog's blood, under favorable and unfavorable circumstances, this journal will see to it that said cloths are prepared with accuracy by competent parties. If he succeeds he shall receive all the glory these columns can sound forth, but if he fails he will be referred gently to his Wellsboro testimony.—*The Microscope*.

Dental Charity Abroad.—The teeth of all children attending the communal schools in Brussels are examined by order of the state, and during the year 1882 to 1883, no fewer than 1,250 pupils required the services of the dentists. In England, the managers of the North Surrey district school, Anerley, England, have appointed a dentist to attend weekly, in order that the children may have proper attention paid to their teeth.

The question is whether the dental services above referred to are limited to tooth pulling.—*New York Medical Record*.

PRACTICAL POINTS AND SUGGESTIONS.

BY E. H. PECK, M. D., CLEVELAND, OHIO.

In your Sept., 1885, number, fol. 479, W.A. Merrick, M.D., states an interesting case of headache, that has lasted from the age of four till thirty-eight, and asks for help. I am not much help in such a case as this, where a re-endowment of *vis naturæ* is sought. The birth-right is faulty. It, the headache, came early in life. Its coming, and its periodicity—with short intervals, have a suspicious resemblance to epilepsy. It may be marked—the paroxysm satisfying the morbid demand, yet, if an “amendment to the constitution,” the source of organic life, is to be accomplished by any agency, it is Homœopathy that is alone adequate.

The doctor has a tedious case on hand and should early teach the patient that a cure is to be looked for only after month's of careful medication. No one remedy will be apt to cure the case; for it will wear out the best selected remedy, which must be abandoned for an *auxiliary* one and then go back to the specific one, when that is found. While I can only *suggest a few* remedies, I would not offer them with much confidence. The Editor offers five, one of which may be the right one. I will add two more, viz: Sanguinaria and Iris versicolor. The first has seven day recurrence and twice as many symptoms on right side as left, and improvement by pressure and nausea. I gave it to a case that began contemporaneously with putting the hands in water in the post-puerperal state, and was constant, during waking hours, for over thirty years, and at the same time had almost weekly, during same time, the most excruciating exacerbations, lasting from two to three days. The relief was very marked in two weeks, and finally the patient recovered, in a few months. Although a few other prescriptions were given (as Sulphur,) as a rest from Sanguinaria, the latter deserved the credit. The 30th, C., was used. I

have a case of somnolency who begins sleep about every eighth day, and sleeps from two to three days almost constantly. If forced to remain awake he will have an epileptic seizure. He has been subject to it for many years. Will some one name the remedy for such a case. If I thought a remedy could be found to help I would detail the case. Will not now take your valuable space. [We have space for others to help you.—Ed.]

Also on next page of THE INVESTIGATOR, Dr. T. F. Johnson states his own case, and asks help. The Editor suggests dilated stomach and names Lyco. Dilated stomach means weakness of the motor nerves going to the muscles of stomach. Nux v., 2c, once a week or month, and the faradic current—with positive pole to epigastrium and negative to upper and middle dorsal region ought to help. But for real satisfactory results let the doctor emigrate to Col., or Fla. If the evil genius that is shadowing him is satisfied with rheumatism, he may live a long, but painful life, if not, consumption may be his portion. There is no use fighting inherited weakness, half crippled, and in poverty, all through life, when fair health, at least, and possibly affluence may be had in some other land. Excuse the length of this communication and I will promise to be briefer next time.

NOTES FOR PRACTICE.

VERIFICATIONS.

Argent met. 30, one dose relieved and cured a pain left side, region of kidneys, from there around to below heart. Gregg's Repertory, Plate 4. Berberis vulgaris, 1x, (had no high dilution,) relieved and cured pain in lumbar region. Gregg's Repertory, Plates 3, 4 and 5, pages 43, 59 and 73.

EFFECT (?) of APIS MEL. 200 AND PIPER METH. TINCT.

June 25: "I fear there is some trouble with the bladder or kidneys. I have a constant desire to void water, and *very*

little passes, and the poison in the urine causes an eruption on the skin, called, I believe, erythema. It seems more like erysipelas. I am an old woman," etc., etc. Sent one powder with 10 or 12 No. 10 pills, Apis 200, and asked for more explicit statement.

August 10th: "I am not suffering as much in that respect as I was." Sent Apis 200, from same vial as two months before, and same quantity, three powders to be taken after circumstances with one to four weeks intervals.

Sept. 13th: "I took one of the powders very soon. My hands and feet began itching in such a way as to almost drive me mad. I mean all I say. I was on the eve of insanity; the itching spread. For four days the torture I endured was beyond the power of any words to express. Then the bladder refused to do its work entirely, and for two weeks the catheter had to do the work. The agony of torture I endured was beyond all expression. The doctor said that he had no doubt that the mucous membrane of the bladder and bowels was covered with the same eruption. I wore heavy kid gloves for nearly two weeks to keep the air from touching the hands, as I might almost as well have put them in the fire as expose them to the air. The doctor called it lichen, something; I cannot remember the other name. My bladder is left in a miserable condition, and also my bowels, constipation producing great suffering. Nothing but hard lumps form in the bowels, which will not pass except with artificial aid. Since day before yesterday I have been taking nothing from the doctor, and I tried taking the Piper (meth.) to see if it would not produce the flow of water and relieve the burning smart of the urethra. I think it did some good, but either it or something else had a bad effect on the circulation. I have what old *Dr. Hering* used to call a weak heart. I took the Piper as directed and the nightmare produced was dreadful. I did not feel safe going to sleep at all. I went on with it and last night I had a

strange dream, almost swooning twice in the night. So I had to take whiskey. I gave up the medicine. It acted exactly as Aconite does on my heart. *Dr. Hering* could never give it to me, or *Dr. Barrens* either. To-day is the first I could write to you. I am sitting up to-day, but all worn out and good for nothing. I had to have Allopathic treatment when I got so bad, as we have no doctor here in whom my friends feel confidence. I have suffered much in my life, but never knew what suffering was, scarcely, until now," etc.

[Consult diabetis.—ED.]

GAINESVILLE.

M. A. W.

HOMCEOPATHY IN GERMANY.

At the annual commemoration of the birth of Hahnemann, which took place at Leipsic on the 10th of last April, Dr. Lorbacher, the editor of the *Allgemeine Homoopathische Zeitung*, addressed his colleagues and guests who had assembled on the occasion as follows:

"We are met together to celebrate the one hundred and twenty-ninth anniversary of the birth of Hahnemann. Last year the impressions left by recent struggles with our opponents were fresh in our minds. In these struggles every conceivable weapon of offense had been brought to bear upon us; so that though they did not terminate to our disadvantage, but, on the contrary, were successful, they left behind some irritability of temper and an uncomfortable feeling regarding the future. Now, however, we may celebrate in a more elevated and joyous mood the anniversary of the day on which our revered master was born.

"Many gratifying circumstances justify us in doing so. Our greatest enemy—indifferentism in our own ranks—has yielded to a more active interest in our common cause. Many of our colleagues have now become convinced that it is only by a firm and united organization that we can, either successfully contend against our enemies, or capture for the

great discovery of Hahnemann that position which by right belongs to it.

“Here allow me to draw your attention to the impression, which the energetic and appropriate action taken by our colleague Heinigke against the unworthy pretensions of the order of professors regarding us, as well as against the lust for the recognition of infallibility which prevails among them, has produced amongst our opponents. As might have been expected, as soon as any one had the boldness to expose the nakedness and deformity of their idol, a cry of indignation and fury arose from those—the majority—who swear *in verbis magistris*, and, foregoing all independent thought, are content to recognize no higher authority than a professor. It was but natural that they should give public expression to their feelings.

“But through private letters and oral communications made to the author, it has oozed out that an impression had been created, reflection had been excited, and a number of practitioners had been made aware of the unworthy and oppressive dealings of the professional body. This, indeed, only represents a beginning, but we trust that the influence which has been excited will increase, and ultimately allow of a stand being made against the exactions of the professorial ring.

“Though Heinigke’s pamphlet had thus, like a beneficent storm, loosened the soil and made it possible for the seed sown to spring up, it was still necessary to disperse the vitiated fog in which the person of Hahnemann had been artificially enveloped, and had obscured him from the approach of otherwise independent and impartial thinkers. As in the earliest, so also in the most recent attacks upon us, the same tactics were adopted. Hahnemann was represented in the most unfavorable light. Some occurrences in his life which, at the first glance, seemed to throw a shade over his character, were employed to make him appear as an imposter and a charlatan, and to discredit his discoveries.

“ Our colleague Ameke, of Berlin, has taken the right course for neutralizing this method of procedure. Regardless of all the trouble involved in the undertaking, he has studied the whole of Hahnemann’s writings, especially those of the pre-Homœopathic period, and every medical journal of the time which contained any criticism of his works, any opinion or remark on his character and person, in order that he might thoroughly sift every allegation. As the result of his researches he has compiled an original work, by the aid of which every one will be able to form for himself an impartial judgement regarding the character and work of Hahnemann.

“ Further, it is of the utmost importance to us that we should possess a portrait of our master, freed from all the stains with which it is soiled, that we may be able to look up to him with that unclouded feeling of veneration and thankfulness which this day, devoted to his memory, offers us an especial inducement to indulge in. We will not deny that it was very difficult for many amongst us who have not gone to the original sources of information, to meet an opponent with a full conviction of the utter groundlessness of his charges.

“ This nightmare is removed. Should these charges be ever again raised against the person of Hahnemann, we have it now in our power to cast the stigma of falsehood in the face of him who brings them.

“ As one of the facts which cannot fail to contribute to raise the tone of our celebration to-day, I would refer to the proofs of the truth of the law of similars and the correctness of the doctrine of Hahnemann, more frequently and distinctly made apparent in recent times than heretofore, which have been furnished by our opponents themselves, and that indeed in the form of incontestible physiological experiments. I allude here to the observation of Dr. Kassowitz, of Vienna, that *Phosphorus* is a remedy in rachitis, which we can point to as confirmatory of Hahnemann’s discovery of the law of

similar. It must not be assumed that his attention was drawn to this remedy through Homœopathy, or that he instituted his experiments in order to prove the truth of the law of similars. At any rate there is nothing in his published work to lead us to think so. Does it not afford us a very brilliant satisfaction for the insults and calumnies our opponents have dealt out to us, that one of their own number should contribute evidence of the truth of the law despised by them?

“We are, by the way, curious to learn whether any attempt will be made to stifle this observation at its birth, by what arts it will be sought to explain it away, or what sophistry will be used to avoid conceding anything to Homœopathy.

“We do not for one moment suppose that it will lead to a cessation of the attacks upon Homœopathy, or that the Sauls will now become Pauls, but we hope that this discovery will be followed by others of a similar kind, and that gradually even the most bigoted of our opponents will be compelled to silence. This hope rests in the fact that in Allopathic therapeutics one after another of our old acquaintances is—without any allusion to its origin—coming to the front. The most complete illustration of this is furnished by the celebrated English clinical teacher, Sidney Ringer, who, in his *Handbook of Therapeutics*, unblushingly recommends on Homœopathic indications a whole series of remedies proved and successfully applied in practice by Hahnemann and his followers. Another English Allopath has made the “discovery” that *Pulsatilla* is a very excellent remedy in some menstrual abnormalities. With us, in Germany, it has been the *Kali iodatum* in pneumonia, *Cyanide of Mercury* in diphtheria, the *Solution of Bromine* in diphtheria and croup, and the already mentioned *Phosphorus* in rachitis which have acquired a position amongst those who are opposed to us.

“While we must not pass over this kind of spoliation in

silence, but, on the contrary, are bound to assert our rights of priority, we are at any rate entitled to consider its occurrence as an indication favorable to our views.

“These facts may for a time be ignored, they may be resisted with all possible energy, but, nevertheless, the truth of the law of similars must ultimately receive acknowledgment. The time may be slow in arriving, yet come it will. To this conviction we will cling. This, with the consciousness that we are struggling and suffering for a great and good cause, will confer upon us the strength requisite to enable us courageously to continue the contest against the majority.

“We will place before our minds to-day a vivid portrait of our master, and, resolving to follow his example, press courageously forward as he did, undisturbed by any attacks or insults whatsoever.

“The palm of victory beckons to us from yonder goal!”

Leucorrhœal Discharges from Roller Skating.—De Von Klein says: “Mrs. L. consulted me about two of her little girls, Anna aged ten, and Eva aged twelve years. The mother called my attention to a leucorrhœal discharge which she lately observed on their clothing. An examination of the parts verified the mother’s statement. I told her I could not account for it, as I had already seen it in children younger than hers, but the lady who is of rather extraordinary intelligence advanced a theory that their recent excessive indulgence in roller skating brought on their affliction.

Certainly, I partly coincided with her sentiments. When she returned home and spoke to other ladies about the matter, it brought out the fact that there were many others afflicted in the same way. In fact I examined nine children in forty-eight hours, whom I found affected with leucorrhœa. These children were all roller skaters, from nine to sixteen years of age.

Their mothers steadfastly maintained that they were not afflicted before they commenced the so-called exercise. I have reason to believe that the practice of roller skating exercise is injurious to young females, by reason of excessive movements of the lower extremities, especially of the pelvic organs including the walls of the vagina. I trust the profession every where will record cases of this nature that may come under their observation which will, I am sure, reveal many valuable pathological changes caused by the exercise of “roller skating.”—*Boston M. and S. J.*

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.

STUDY THE CASE.—The article on "Hints for busy Practitioners," is one worthy of careful attention. We would in addition suggest that a similar study be given cases. One who is skilled in Allopathic diagnosis or rather simply diseases diagnosis is usually not skilled in the diagnosis or rather individualization of the case.

Here is where many fail. They cannot select a special remedy for a general case and hit half the time, so they dodge about, change and alternate, and make cures by luck and chance. No one can tell which cures out of half a dozen remedies, so half a dozen remedies are selected next time or two put into one glass. Now the way out of such a tangle is to sit down, and get the peculiarities of the case or class of cases, and here is where we find a great difficulty with the most of patients, especially those from the hands of Allopathy and the ignorant. It is often "I am bilious, doctor, and I want some medicine." "Doctor! Johnny has the toothache, and is kilt entirely." Now we may give the former Bryonia or Nux, or both, and the latter Belladonna or Chamomilla, both or neither, but until we know the peculiar bilious symptoms, or kind of toothache and side involved we cannot decide on the remedy. Bilious, like malaria, is one of those indefinite targets that Allopaths set up to call for "big shot."

One of our early lessons in differentiating was with a case of toothache studied at midnight. Its peculiarity was "worse on lying down." With that cue Belladonna was easily selected and the result proved its Homœopathicity.

How to study the case is worthy of attention. It is not to be studied, as might be inferred from the above illustration, from the remedy side, nor from the disease side, but rather what is peculiar about this case? How does it differ from all others? What are its leading group of symptoms? We hear a great deal about remedy

study, but not half enough about case analysis. Report some of your stubborn cases for our consultation department and the force of our remarks will perhaps impress as never before.

THE LACTIC ACID DIATHESIS.—We feel under deep obligations to Dr. Morgan for getting at the etiology of "the acid child." That "acidity" was the pathology, we felt sure, but the cause for it was not clear. That there is an anatomical basis, and that it may be congenital, does not alter the importance of the etiological factor as unraveled by Dr. Morgan on page 447. Schussler gave him the key, but Dr. Morgan (like the able philosopher that he is) unlocked the secret, and confirmed by the action of *Natrum phos.*, the discovery is explained. Acid babies will now get the relief and revolution that they need. But what becomes of the *Natrum phos.* administered to change this diathesis? Is it decomposed, the soda taken up by the bile and the phosphorus absorbing the acid? Perhaps we are not advanced far enough for those physiological studies. There is a wide field here for recreative thought, and we shall hail with delight more light on this dark landscape. Who will contribute some more facts? The "Lactic acid diathesis" is a good name, and lights up the pathological and therapeutic highway. By the way, Lactic acid is a remedy for "morning sickness." What does that mean? Is there any relation between this sickness and the acid child? Schussler says, "*Natrum phos.* has morning sickness with vomiting of *sour masses.*" Can we thus diagnosticate the acid child before birth?

SIMILIA IN CEREBRAL PATHOLOGY.—No one can read Dr. Mulholland's article on cerebral paralysis (page 448) without feeling a thrill of surprise. Was that case one of cerebral paralysis? if so, was it structural or functional? If either, and Homœopathic remedies reached up, cleared away the cobwebs, and restored the patient, the result borders on the miraculous. We may be excused if we propound a few queries. Was this really a case of cerebral paralysis? How much had the opium, taken so long, to do with the symptoms? Did the "stronger stimulants" also play a part? But we are told that the diagnosis is not his, but those of the "scientific regulars,"

who like banks, are supposed to be infallible. With that view of the case, the effect of the selected remedy is remarkable. Viewed from the remedy standpoint we should diagnosticate the case hyperæmia. Both Rhus and Arnica have achieved wonders in hyperæmia. Hyperæmia precedes softening, and even if that was the condition the arrest is even then remarkable.

The fact that he did not fool away valuable time with Nux as a general antidote to Allopathic dosing, nor pour in nerve tonics, but instead studied up the simillimum, and achieved a brilliant victory, is to the glory of Homœopathy. That similia can control cerebral pathology demands wide notice.

CONSULTATIONS.

ARGENTUM FOR DYSPEPSIA.

If T. F. Johnson, who gives his case in the September INVESTIGATOR, will take Arg. nit. 200, every three hours, and stick to it, he will find help for his dyspepsia. GILBERT SHEPARD.

NAPHTHALIN IN HAY FEVER.

W. Waddell, of Wanseon, Ohio, reports fine results from the use of Naphthalin 2x, in hay fever, giving five two-grain powders which cured every case where he had tried other remedies and failed.

FOR THAT CASE.

For Dr. Mirrick's case for counsel, on page 479, in your journal for the current month, the first remedy that I would think of is Spig. anth. in any low dilution above 2x, and should expect prompt relief, and ultimate cure. L. B. HAWLEY.

JAPANESE PAPER NAPKINS IN SURGERY.

My experience with Japanese paper handkerchiefs and napkins, in a surgical way, is limited. I was induced to try them, after reading some enthusiastic reports in their favor; but I was disappointed. They failed, in every way, to take the place of sponges, absorbent cotton, lint, or oakum. After amputations, or other capital operations where "antiseptic dressings" are employed, they may be used with satisfaction, as an external cover to the carbolized gauze. To any one who has used them, it would be useless to give my reasons for the above statements. G. A. HALL.

CASE FOR COUNSEL.

Lady aged thirty-three. Has had kidney and uterine trouble for last few years, (two or three.) Has had seven children in ten years. Dr. McCourt's "sponge treatment" has benefited the leucorrhœa and prolapsus, but the kidney trouble is no better after six weeks. Symptoms: Urine scanty and high colored, depositing reddish sediment; much pain in back and from side to side in front. The quantity of urine constantly varied, slowly increasing until she passes large quantities. No albumen, but small quantities of sugar. Bowels now quite regular; appetite good. Patient medium size, dark complexioned. Have used Liliun, Sepia, Ovi tosta, etc., for the uterus, and Helon., Apis, Lyc. for kidneys. Benzoic acid helped some, but fails now. Would like help.

E. E. SILL.

STATISTICS WANTED.

I take the liberty of asking you whether you can furnish statistics which may have been gathered from general dispensary work which shall give some general information on the following points, viz.:

1. Number of dispensaries of all schools in operation in your city.
2. Expenses of maintaining such institutions.
3. Amount of municipal appropriations for same.
4. Number of cases treated per annum or for any given term.

The above enquiries may appear somewhat formidable, as indeed they would be unless some published statistics were at hand from which the answers could be derived, and if such be the case, and you will kindly reply to above, you will greatly oblige.

C. G. S.

[Is there any one who can give us the desired information.—Ed.]

COLLEGE COMMENCEMENTS.
HANHEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.

The opening of the twenty-sixth annual course of this college, was held at the hospital amphitheater, September 22. The exercises were opened by music by the Schubert Quartette and prayer. Then President Small delivered the address of welcome.

The Dean of the college, Prof. Ludlam, delivered his introductory lecture as follows: **LADIES AND GENTLEMEN.**—On behalf of the Trustees and the Faculty of this institution, my first duty is to welcome you here. Those of you who have been here before, and who now resume your pleasant relations with us; those who have come hither from other colleges for a change of pasture and higher advantages; and those who are new recruits for our army of workers, are all welcome to this school and its privileges. We hope and believe

that you will enjoy and improve the session which is formally opened to-night. Your prompt attendance as well as your numbers, and evident interest on this occasion, is a guaranty of good faith and of earnestness on your part; and I pledge you that my colleagues will do their very best to serve you and to help you forward.

(Of late years the introductory lectures that I have given have borne some relation not only to the opening of the medical courses in this institution, but likewise to my annual vacation. With your permission this will not be an exception to the rule. Suffice it to say, that I found the text of the lay sermon "to which your attention is now invited" written on the fly-leaf of a number of books in the library of a friend whom I visited last month.* That text reads as follows:

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime."—*Hahnemann*.

There is no better criterion of civilization than the estimate which is placed upon the value of human life. By the application of this simple test we may judge of the past and the present in the history of mankind. Given a nation, a people, a state, or a community, whether it be large or small, its appraisal of this precious inheritance is the measure of its intelligence, of its social and scientific position, and of its Christian character.

The ultimate object of the medical profession is to prevent disease, to diminish suffering and to prolong life; and it is the only calling which is wholly devoted to that work. It is a profession that is self-adjusting to the physical needs of our race. It guards the jewels of humanity. It stands for a species of skilled labor that is full of present compensations and of future rewards. It studies the hidden processes of life, not merely from scientific curiosity, or from self interest, but with a genuine concern for the welfare and comfort of those who are about us. It shields the community from the shafts of the destroyer; is a staff for the living, who could not walk without it, and a solace for the dying, who soon must leave us behind them.

We have as yet no means of knowing how many among you are imbued with a proper love and appreciation for this "art, whose end is the saving of human life." You have come hither from all quarters of our common country, and even from distant lands. A great variety of circumstances have brought you together. Thus far you have doubtless improved the advantages that have been in your way, and within your reach. Some of you have already been initiated into the quiz and the clinic; and all of you have at least formed a speaking acquaintance with your text-books. You may even have gone so far, and made such progress in your studies as to have overcome the natural propensity to prescribe for every complaint that is made in your hearing, a bias which is so often in the way of further improvement. But whatever your present status as medical students, you must henceforth try to realize that it is not a mere technical excellence which should interest you and occupy your time and your thoughts; for the science, as well as the art of medicine, belongs to humanity. I assure you that it is only by a thorough appreciation of human life and its belongings that we can properly estimate the dignity and character of our mission.

The text is very comprehensive. Not only does it recognize the vital relation that exists between the physician and the patient, but

* Dr. Thomas Nichol, of Montreal.

it also refers to the extent of research, and the variety of resource, that the former must make and employ for the benefit of the latter.

The common idea is that the sphere which you have chosen is a narrow one, and that all a doctor needs is a superficial knowledge of science, and a slender stock of prescriptions which may be dealt out as occasion requires. No doubt this tradition had its root in the fact that there are many so-called physicians who flourish and thrive on very slight attainments, and whose curative capabilities are very limited. Something of this distorted view of our function and of its necessary outfit must, however, be charged to the profession itself, for it is the fruit of an undue, illogical, empirical excess of confidence in a single class of remedies, indications and expedients. Sangrado, with his blood-letting and warm water, as sovereign specifics against disease, has had a numerous progeny, and, to use a homely saying, "the fools are not all dead yet!"

If I am not very much mistaken the proposition will hold good that, when a doctor scouts the idea of a scientific basis for the practice of his art, and shuts himself in to the exclusive use of a single agent or expedient, or of a stereotyped form of prescribing, he is only a *fractional* physician. He certainly has no adequate conception of his duty to those who confide in him, or of his professional and personal responsibility. Otherwise he would search more widely and wisely, and store up every grain of knowledge that could possibly be of service in curing the sick.

In the natural division of labor which is a necessary result of the development of the sciences that are collateral to medicine, and also of the expansive growth of applied therapeutics, there is danger of confounding this fractional bias with the sphere of the specialist. But the true specialist is the ripened product of professional training. As a student he grounded himself in the elementary sciences, and then by perseverance in reading, observation, reflection and comparison, became a physician first and a specialist afterward. "A specialist," says a distinguished writer, "is one who knows something of everything and everything of something." You would not trust the pretended oculist who has never studied any portion of the human anatomy excepting the eye; and who, beautiful and wonderful as it is, proposes to limit his knowledge to what lies within the little orbit—for you know very well that there is no such animal as a natural oculist.

Neither can you find a natural surgeon nor a born gynæcologist. There are those among us who are possessed of a peculiar adaptation to the practice of these specialties; but the gift is an incentive to hard work and study, and not by any means a substitute for it. It is an element of skill and success, but it is not sufficient of itself; nor will it compensate for ignorance of very much that concerns the whole animal economy as well as the general literature of our profession.

The medical student of our time is embarrassed by two apparently conflicting conditions that are imposed, and to the fulfillment of which some practical answer must be made. These conditions are (1) the demand for a wider range of knowledge on the part of the physician than was formerly requisite; and (2) the fact that, although more is required of the student, the term of his pupilage has not really been extended.

How will it be possible for you to learn more in the same length of time than your teachers did? This is the practical question that confronts you on the very threshold of your enterprise. Some of the

schools have thought it possible to meet the demand by multiplying the number of teachers and lecturers, as well as of the subjects that are taught; by graded examinations, and by lengthening the term of instruction to seven or even to nine months. This plan is a plausible one, and on its face seems to meet the requirement, but in point of fact it is fallacious and misleading. Let me tell you why.

1. The branches that are essential to a sound medical education do not outnumber the fingers on your two hands. Until those branches have been thoroughly mastered, the multiplication of your studies would be embarrassing and mischievous.

2. The average medical student whose previous reading and training have necessarily been limited, and possibly without the proper direction (for it is almost an exception if he has had a faithful preceptor,) cannot thoroughly master these fundamental branches in a single course of lectures. He needs "line upon line, and precept upon precept," if he is to be rooted and grounded in them. To pass him through a mere technical examination at the end of the term, and then permit him to shelve these studies, puts a premium on a smattering of the necessary knowledge, and will tend to make him shallow in all his attainments.

3. Too many teachers, like too many cooks, "spoil the broth," and it becomes unsavory, indigestible and pernicious. When a faculty has too many irons in the fire, too many topics on hand, and too many theories to explain and to defend in the hearing of the class, the ultimate purpose of medical education will be lost sight of, just as "men cease to think when their words become too fine."

There are college faculties that seem to have been organized on the crazy-quilt pattern. They may perhaps have a pretty decent centerpiece, but all the rest is made of scraps that would be of precious little value anywhere.

4. If the course of instruction is confusing, it is manifest, I think, that merely to stretch it out for a few weeks or months will not mend the matter. To crucify them in such a way certainly would not tend to clarify the student's perceptions. And there is another consideration which is that, almost without exception, the added studies of the modern curriculum are theoretical, and not clinical. The consequence is that in the lecture room there is a great and growing excess of *talk* which is lacking in point and in illustration. If the course is prolonged this kind of preaching will become dreary in the extreme. The fact is that there are not more than half a dozen teachers in America who can profitably talk to a class of students on any medical subject in a didactic way for nine, or even for six consecutive months. With the rest of us the risk would be that, if the course was extended, our prosy old sermons would convert the colleges into dormitories, of which there are too many already.

Seriously, there should be and there is a better way. And during your college course that may consist in giving your undivided attention to those studies which are most necessary, avoiding such as are ornamental, and availing yourselves meanwhile of all the clinical advantages that come within your reach. The cardinal branches are to the physician what the multiplication table is to the accountant. He must apply them at every turn, and he cannot, therefore, know them too well.

When I was in college, thirty-five years ago, our professor of obstetrics* devoted the first half of his course to a careful and thor-

*Prof. H. L. Hodge, of the University of Pennsylvania.

ough analysis of the mechanism of labor. His lectures and demonstrations were sometimes very dry and tedious, and we did not always or all of us, get the practical bearing of what might be called his obstetric geometry while we were yet on the benches; but it came to us afterward in the lying-in chamber, and I have never yet seen one of that grand old man's pupils who was not a good and safe obstetrician.

Strange as it may appear to you, there is a tradition that, in the earlier history of that same college, the subject of chemistry was not very popular with the students. The story goes that, because very few members of the class attended the lectures on chemistry, it was the habit of the teacher* to punish the absentees with a severe final examination, and afterward, as a rule, to black-ball them. At the time of which I speak, the faculty examined the students singly, but in what was called "a joint session," the candidate being questioned in turn by one after another of his teachers, and in the hearing of them all. A student who had thus far acquitted himself cleverly, came finally to be interrogated by Prof. Hare, who said: "Give me the chemical composition of glass?" The poor fellow was badly scared, for he knew next to nothing of chemistry, but was cudgelling his wits for an answer when Prof. Chapman came to his rescue. "Pshaw!" said he; "what's the use of asking that question? I have been a practitioner of medicine for forty years, and *never gave a dose of glass in my life!*"

Let me speak plainly. Whether you expect to graduate this year or not, your time is limited. The line of your studies must be drawn somewhere, and the knowledge that will be of most worth to you as physicians is what you really want. The essentials can be mastered now, and better than at any other time; and the extra subjects can be studied more profitably further on. It is well enough to know what elements enter into the composition of glass, or how to make a good bleaching powder or a first-class telephone, but that kind of knowledge is no part of *medica!* or of *physiological* chemistry, and if you should attempt to acquire it just now, would be so much rubbish in your way.

There is a great deal that is germane to the other branches as well as to chemistry, which at present you cannot pause to consider. There are studies within studies, and numerous branches that spring from the old ones—endogenous and exogenous growths that will claim your attention by-and-by, but the parent type and source of their life is what concerns you now. And any neglect of study in the eight practical departments that are included in a sound medical education would indeed be a crime on your part.

By a thorough mastery of these essential branches we do not mean that you will be expected to know all, or for that matter, any, of them perfectly. There is no danger of that result, either with teacher or pupil. Moreover, to be a good physician is something more than to be sound as an anatomist or a physiologist, or even as a sanitarian. Put the doctor who is ignorant of *materia medica* at the bedside of one who is very ill, and he will be like a man who is at sea in a ship without a rudder. Put the doctor who knows nothing *except* *materia medica* in the same position, and he is like a man at sea with nothing but a rudder.

My colleagues, and the physicians who have honored us with their presence to-night, could tell you what degree of importance has attached to this question of medical education.

*Prof. Robert Hare.

It is a Banquo's ghost at all of our medical gatherings; a bone from which certain juvenile reformers have made oceans of a very vapid broth. Our national society, the American Institute of Homœopathy, now in its forty-third year, always has a special committee on that subject. And so likewise have many of our State and other auxiliary organizations. This is all very proper, and quite as it should be. But through these committees the most curious and the most conflicting, the most sensible and the most silly ideas have sometimes been advanced. I am not aware, however, that, with all that has been said and written upon this very important topic, any one has proposed a practical division of the subjects in question into those which are proper for the undergraduate, and those which should be elective and post-graduate. The whole contention has been limited to what the student should accomplish while he is in college, and before taking his degree. As if it were possible to crowd all the branches that lie within the broad domain of medicine into the regular college curriculum! Or, as if cramming the student's mind with too many dishes would not inevitably turn him out a mental dyspeptic!

My own idea is that, although there is something in the notion that more can be taught, and learned, too, in a limited time than was possible a few years ago, still the natural growth and multiplication of the sciences related to medicine make it necessary that supplementary courses of instruction shall be given. If these extra courses could be objective and clinical, so much the better. And if several of the existing schools could join, each contributing its best teachers to form a post-graduate faculty that had the confidence of the profession, and under which the pupils might perfect themselves according to their tastes, abilities and inclination, a great end would be gained. Such a faculty could carefully and thoroughly discuss all those subjects which naturally lie beyond the scope of the under-graduate, and which, no matter how ambitious or how capable he may be, are out of place in the annual college session.

The proper and thorough study of medicine is the work of a lifetime. I would not by any means detract from the value of a single branch that bears even the slightest practical relation to the healing art, an art which "concerns the cure of the noblest of created beings, the saving of human life, the most difficult, the most sublime, and the most important of all imaginable occupations." But the side-dishes to our intellectual feasts should be fitly prepared and presented or they will clog the appetite, and ruin the desire and the relish for more substantial food.

As you very well know, the work of this school is largely clinical. For the illustration of the various forms of disease in the different departments of clinical study, we have no lack of material. For plain, honest service in teaching, my colleagues have the experience, the talent and the capacity that are requisite, and their former labors and reputation are a sufficient guarantee of their zeal and their fidelity. You will have advantages of this kind that are ample and abundant. But let me remind you in the outset that one of the most serious obstacles with which we have had to contend in building up our clinical reputation must be laid at the door of a share of our pupils. I mean of those who have frequented the clinics, more especially the sub-clinics, when they were but illy prepared to appreciate them. For a certain amount of previous reading and study are absolutely necessary to illuminate and to emphasize a bedside lecture; and so also is the habit of noting carefully and correctly what one sees and hears in such a way.

The work of the teacher is greatly facilitated if he sees (and he surely will discover it) that the student is already familiar with the clinical history of the disease in question; and if he knows (and he is certain to find out) that the case will not pass out of the student's mind before the subject is carefully studied, the proper authorities consulted, and the facts that are of value recorded for future reference.

Your pathway is beset by peculiar difficulties, not the least discouraging of which is the discrepancy that you will find between what you have read in your books in many cases and what you will see and hear at the bedside. Our clinical lessons will set this matter right, but only on condition that you labor incessantly to get the most that you can out of them. For a good clinic is the test and touchstone of what is practical and useful in medicine and surgery. There is no such antidote for useless speculation in medical matters as contact with the sick and the suffering, and with the necessity for giving the why and the wherefore of a prescription, or of an operation, to an intelligent and progressive class of pupils. In former times and elsewhere, medical students have been and are being drilled in everything excepting the kind of knowledge that they will need in the sick chamber. This commodious and comfortable amphitheatre was built and rebuilt to correct that very abuse.

But the best *clinicien* in the world cannot succeed as a teacher if the students regard him as a mere showman, whose business it is to amuse the class, to exhibit anomalous cases, to "shed blood" in astounding operations, or to deliver a harangue upon sectarian medicine. With a well-stored intellect, a sound judgment, a skillful hand and a warm heart, he will bring the light of science and of experience to bear upon the case that is before the class; but the pupils must be earnest and intelligent, ready and eager to grasp and to retain the lesson that is imparted or the occasion will slip, and they will go away without being benefited. Depend upon it that if you are equal to your privileges under this roof, the more difficult the task, the greater the fascination, and the greater the reward.

"All our life is a meeting of cross-roads where the choice of direction is perilous." Your option to-night is a personal one, and so likewise, is your responsibility. It is for you to say whether you will fill your minds with the solid merchandise of knowledge, or with its empty packing-cases; whether you will concentrate yourselves upon the work before you, and consecrate your lives to the duties and the rewards of the thorough physician, or whether your neglect to make yourselves masters of the art of healing shall involve a crime on your part.

Good lawyers know that in many cases where the decisions are correct, the reasons that are given to sustain them may be entirely wrong. This is a thousand times more likely to be true in the practice of medicine than in that of the law, and hence the impropriety, not to say the folly, in spending your time in the discussion of medical belief and theories of cure that are more ingenious and seductive than they are profitable. When I think how much time has been wasted, and worse than wasted, in this way, I am reminded of the words of Hahnemann, from whose writings, indeed, my text was originally taken. He says :*

* *The Lesser Writings of Samuel Hahnemann*, collected and translated from the Latin and the German by E. E. Dugeon, M. D., New York. Wm. Radde, 1852, page 363.

"The rallying motto of a sectarian name is incapable of exciting to sober, calm, scientific investigation; it only rouses the explosive spirit of accusations of heresy to a fierce volcanic flame. Truth and the weal of humanity should be the only motto of the genuine elucidators of the art, and the watch-word of their brotherly, peaceful, bond of union, *without slavish adherence to any sectarian leader, if we would not see the little good that we know completely sacrificed to party-spirit and discord.*"

THE HAHNEMANN BANQUET: As an inauguration of the collegiate year, the faculty of Hahnemann Medical College entertained the students of that institution at a banquet at the Palmer House, September, 29. About two hundred people were present. Dr. George F. Shears was toastmaster, and music was furnished by the Sehubert Quartette. Dr. A. E. Small, President, responded to the toast to the college; Dr. D. S. Smith addressed the incoming class; Dr. E. A. Ballard spoke as a representative of the first class graduated, and Dr. Cutler responded for the senior class. The President noted with pride that the institution had gathered students from every State, including, therefore, some from the South.

CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

The Chicago Homœopathic Medical College began its tenth annual session Sept. 29. During the vacation months the college building has been thoroughly renovated, and several of the departments remodeled. The clinical facilities in gynæcology are especially full. The attendance this year promises to be larger than any previous time in the history of the college. There are already over 125 matriculates. The opening took place before a large audience. The exercises of the evening were opened with a prayer by the Rev. Dr. A. E. Kittredge. The introductory address, by Dr. R. N. Tooker, consisted of a discussion of the "Clinical Facilities of Chicago," and how to reap the advantages of them. The address was replete with wisdom and sallies of wit. Dr. J. S. Mitchell, the President of the college made the announcements for the term, and a short address welcoming the old students back, as well as those who were attending for the first time.

Both the Same.—The Peoria *Medical Monthly* tells the following story: A young physician of that place was called to see a woman who was in considerable pain. The young disciple of Aesculapius examined the case superficially, and proceeded to deal out some medicine.

"Are you certain you know what is the trouble?" inquired an elderly woman present. "Certainly" was the reply, I have a man with the same complaint up Kickapoo creek." In half an hour the woman gave birth to a bouncing boy. It is also chronicled that the man up Kickapoo creek recovered.—*Ex.*

SOCIETY PROCEEDINGS.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

FIRST DAY—MORNING SESSION.

The thirty-fourth semi-annual meeting, Grove Springs, Lake Kenka, Sept. 8th and 9th. Meeting called to order by Vice President Hollet, and the Rev. R. R. Converse, Christ's Episcopal Church, Corning, N. Y., opened with prayer.

Drs. Spencer, of Rochester, Gammon, of Corning, were appointed committee on credentials.

Drs. Wright, Hasbrouck and Couch, were appointed to draft a suitable resolution on the death of Dr. J. Savage Delavan.

On motion of Dr. Couch a suspension of business was ordered, and the Society listened to an address by Dr. Dowling of New York, on the "Physical Signs of Disease."

A vote of thanks was unanimously tendered the doctor for his entertaining and instructive lecture. The Society then adjourned.

AFTERNOON SESSION.

The President, M. O. Terry, M. D., of Utica, then delivered the annual address. Subject: "Shall the Homœopathic School Represent True Progress in Medicine?"

Dr. Terry said that while all physicians are agreed on the manner which other branches of physics shall be investigated, the materia medica is frequently a bone of contention. He urged the introduction of the United States Dispensatory in our colleges. He cited the advantage of Homœopathic treatment over the Allopathic, and expectant method in pneumonia, but claimed that the glory of Homœopathic treatment tells in cutting off the disease in its incipiency. He also made a strong plea for material medicine given under the Homœopathic law, and closed by reading the modification of an act, as suggested by Regent Watson, relating to the examination of candidates for the degree of doctor of medicine, which was presented to the legislature last winter.

Dr. Couch.—The address delivered by our President contains a line of thought, which is radical if not aggressive. To the minds of a large majority it is very important and satisfactory. I move that the Secretary be instructed to have five hundred (500) copies of the address printed, and the same be distributed by the Executive Board.

Seconded by Dr. Spencer. Carried.

President Terry announced that owing to the resignation of Dr. Moffat, as Secretary of the Society, the Executive Board had appointed Dr. Dayfoot to fill the vacancy.

BUREAU OF MATERIA MEDICA.

F. F. Laird, M. D., Utica, Chairman. Papers presented were Epistaxis, Dr. C. Judson Hill. Hæmaturia, Dr. A. P. Hollot. Purpura Hæmorrhagica, Dr. G. W. Winterburn. Hæmorrhage from the Digestive Canal, Dr. Asa S. Couch. Pneumorrhagia, Dr. W. C. Latimer. The Physiological Action of Drugs in Hæmorrhages, F. F. Laird.

BUREAU OF HISTOLOGY.

J. Montfoot Schley, M. D., New York City, Chairman. Paper presented: Histology of Cirrhotic Kidney, Dr. J. Montfoot Schley.

BUREAU OF OBSTETRICS.

Herbert M. Dayfoot, M. D., Rochester, Chairman. Dr. Dayfoot called attention to the management of the Third Stage of Labor, and detailed the different methods of delivering the placenta, and asked an expression of the Society as to the most trustworthy procedure.

Dr. Winterburn.—When I first began to practice, I worked on the expectant method, but found that it was not a good plan to wait. I now deliver the placenta immediately after the birth of the child. Have had no bad effects from introduction of hand into uterus. As a rule I have placenta delivered within five minutes after birth of child. Never use outside pressure to deliver placenta.

Dr. Wolcott.—I wait ten or fifteen minutes, and then make pressure over the uterus during pain. In one hundred cases have never had retained placenta.

BUREAU OF GYNÆCOLOGY.

Titus L. Brown, M. D., Binghamton, Chairman. The following paper was read: "Some of the Influences Causing Infanticide." The sentiments presented in my paper have given me more trouble than anything in my practice. I sit down and moralize with my patients. If no one would ever ask me such a question again, I would be about as happy as the rest of you.

Dr. Terry.—Every physician has this trouble to contend with. I would like the expression of each one here, as to the method they adopt in these cases.

Dr. Lee.—I say NO SIR! we don't do that business here! and they get out.

Dr. Spencer.—The only way is to say *no, no, no!* and they soon understand that you mean what you say. If cases appeal to your sympathy, deal gently but firmly.

Dr. Funcher.—A friend of mine in Massachusetts obtained a copy of the statute relating to the subject, and read it to applicants, and then inquired, "can you ask me to commit such a crime?"

Dr. Gifford.—Had a good many applicants of the kind in my early practice, but firmly refused.

Dr. Thorpe.—In my early practice I had many calls, but they soon learned it was legally and morally wrong, and they didn't bother me any more.

Dr. Brown.—Strangers only come to me now, not my own families. Think we should have some document, short and sharp, issued by the Society to hand to applicants.

BUREAU OF SURGERY.

Thos. D. Spencer, M. D., Rochester, Chairman. Papers read were: The Natural and Artificial Drainage of Wounds, Dr. H. I. Ostrum, New York. Modern Antiseptic Surgery, or the Best Methods of Treating Operative Wounds, Dr. Thos. D. Spencer. Cleanliness versus Antisepsis, Dr. J. M. Lee.

Dr. Brown.—Dr. Lee's paper is a decided paper, full of mind and thought. I think there has been too much claim for antiseptics. I think cleanliness is the main point.

Dr. Spencer.—I must take exceptions to Dr. Lee's paper, although I agree with the necessity for cleanliness. Dr. Lee makes a test point of ovariectomy, and cites the success of Lawson Tait in this operation; but ovariectomy is not the test of antisepsis, because Dr. Tait takes every precaution to prevent the entrance of disease germs into the operative wound. After his operation he makes the abdominal cavity aseptic, making a most cleanly peritoneal toilet, washing the abdominal cavity out until the water returns colorless. This not only renders the wound aseptic, but he prevents sepsis by placing over the line of incision a pad of cotton wool. Now it is a well known fact that micro-organisms cannot pass through meshes of cotton; therefore, Tait not only employs asepsis, but he prevents disease germs from coming in contact with the operative wound.

One of Dr. Tait's elements of success is in dropping the pedicle in the abdomen. No ovariectomist is daring enough to perform an operation in a general hospital. If we can perform operations in private practice with perfect cleanliness assured, antiseptics will not be required. The argument of poisoning the system with Carbolic acid and Mercury is a strong one, but 1 to 20,000 of the bi-chloride will destroy germs and not tissue. Germs stick to our clothing very closely. We go to cases of labor very reluctantly, when attending cases of erysipelas and puerperal fever.

Dr. Brown.—Would we understand, where the operation was performed in the same room with the corpse, that if antiseptics were used the patient would not have died?

Dr. Spencer.—That was Dr. Tait's case. I cannot answer for him, but I think so. Antiseptics are to prevent germs, more than to kill them after they are accumulated.

Dr. Wolcott.—Wish to call attention to a large number of substances that deodorize, but do not disinfect. Bi-chloride of Mercury has particular reference to the destruction of germs.

In the evening the Society was tendered a banquet by the proprietors at Grove Springs Hotel. Toasts were responded to by Drs. Couch, Brown, Wright, Lewis and others. Every one present enjoyed the social reunion to the fullest extent.

SECOND DAY. BUREAU OF OPHTHALMOLOGY.

A. B. Norton, M. D., New York, Chairman. (Absent.) Dr. Sterling, Chairman, *pro tem.* Blenorrhœal Purulent Conjunctivitis, C. C. Boyle, M. D., New York. Purulent Ophthalmia—Its Treatment. A. B. Norton, M. D., New York.

Dr. F. Park Lewis.—Dr. Lewis related a case of infantile conjunctivitis, supposed by a local M. D., to be a "trifling ailment." On examination by Dr. Lewis, the eye was found destroyed, due to criminal ignorance of the local physician. Upon visiting the Institution for the Blind, at Batavia, Dr. Lewis found a very large proportion of cases due to neglected infantile conjunctivitis. The doctor exhibited Dr. Magnus' graphic chart, and alluded to the necessity of more generally educating the laity as to its importance.

Finds in dispensatory practice a large factor due to the ignorance of midwives. Suggests the Society take action, as coming within its province, to suggest to the State Board of Health the great danger to the community, and make this a state matter; and moves that a committee of three be appointed to communicate with the State Board of Health to take such action as may be required. Seconded by Dr. Sterling. Carried.

Dr. Sterling supplemented Dr. Lewis' remarks, and spoke of the cost of maintenance in Europe of the blind, amounting yearly to over thirty-six millions. Referred to the importance with which this is regarded by certain governments in Europe, and that some require nurse, mother, or other attendant to report to proper authorities every case occurring under their care, that it may receive proper attention.

Dr. Covert thinks it would be well for us as physicians to commence at home. Should give more time and attention to these cases. It requires skill and care to examine properly a child's eye.

Dr. Wright.—Would like to know how often the eye should be washed out? Had much irritation from application to the eye of Nitrate of Silver, fifteen grains to the ounce.

Dr. Sterling.—The frequency with which an eye should be cleansed, should be from five minutes to five hours. Keep the eye absolutely clean. Application of astringents should be varied in strength; the more profuse the discharge, the stronger the solution. In many cases have found ten grains Argentinum nit. 1x to ounce of water, to be sufficiently strong.

Dr. Terry.—Eyes should be kept clean night and day. The first few days are the most important. The germs of disease in the eye must be destroyed.

Dr. Wright found it difficult to get a nurse or mother to open the eye properly.

Dr. Terry uses weak solution in eye difficulties.

The following resolution was adopted :

Resolved, That the Society have printed ten thousand copies, (or such other number as may be necessary) of each of the circulars presented by Dr. Sterling, For the Prevention of Blindness, and fifty copies of each circular be sent with the forthcoming volume of Transactions to each member of the Society entitled to receive the same.

BUREAU OF PÆDOLOGY.

Helene S. Lassen, M. D., Brooklyn, Chairman. Paper by Dr. G. G. Bishop, on Cholera Infantum.

Dr. Winterburn called attention to the value of human bone in diseases of childhood. Have femur cleansed and ground, and 3rd decitrit. used. Very useful in weakly children. Add four or five grains to bottle at each feeding. If nursed, give the same quantity to the mother and some to the child.

Dr. Graham.—Children feed too frequently. Often need water instead of milk. In some cases a dose of Castor oil changes the condition most favorably.

Dr. Partridge finds difficulty in keeping tube cleansed. Disease brought on by errors of diet. Proper feeding important point.

Dr. Hasbrouck wishes to make a plea for better nomenclature.

Dr. Latimer.—I have the child learn to drink, and discard the bottle. We have no trouble with sour bottles.

Dr. Hasbrouck.—The Arabian bean, Rarelenta, made into gruel, has given good results.

BUREAU OF LARÝNGOLOGY.

Malcolm Leal, M. D., New York, Chairman. Paper read, Hay Fever, L. A. Bull, M. D., Buffalo. The committee appointed to draft resolutions on the death of Dr. J. Savage Delavan, reported the following :

WHEREAS, We have heard with unfeigned sorrow of the untimely death of J. Savage Delavan, M. D., of Albany.

Resolved, That we hereby express our appreciation of his valuable services on the State Board of Health, where he was the representative of our school of medicine.

Resolved, That in the death of our esteemed colleague this Society has lost an active and honorable member, and the medical profession at large a man whose rare culture and scientific research, was a rich promise of high attainments in the future.

Resolved, That a copy of these resolutions be forwarded to the family of the deceased, to the State Board of Health, and to the *North American Journal of Homœopathy* for publication.

The Committee on Credentials reported the following physicians in attendance :

Drs. S. S. McKinney, Brooklyn ; Asa S. Couch, Fredonia ; Thos. D. Spencer, Rochester ; A. R. Wright, Buffalo ; W. C. Latimer, Brooklyn ; Edwin Fancher, Middletown ; Moses M. Frye, Auburn ; E. W. Bryan, Corning ; B. F. Grant, Bath ; Wm. Guelick, Watkins ; Titus M. Brown, Binghamton ; George W. Winterburn, New York ; J. M. Lee, Rochester ; N. B. Covert, Geneva ; Helene S. Lassen, Brooklyn ; E. Hasbrouck, Brooklyn ; J. W. Dowling, New York ; C. R. Sumner, Rochester ; F. Park Lewis, Buffalo ; M. O. Terry, Utica ; Herbert M. Dayfoot, Rochester ; C. F. Sterling, New York ; M. R. Seeley, Elmira ; Edwin H. Walcott, Rochester ; M. E. Graham, Brockport ; A. P. Hollet, Havana ; W. B. Gifford, Attica ; Louis A. Bull, Buffalo ; Catherine Walker, Fredonia ; A. M. Gammon, Corning ; C. F. Barnes, Weedsport ; W. L. Whitney, Avon ; F. L. Sutton, Canisteo ; L. A. Cuiet, D. D. S., Brooklyn ; C. B. Knight, Tyrone ; A. D. Haines, Penn Yan ; E. C. Campbell, Elmira ; H. K. Brasted, Hornellsville ; W. C. Allen, Penn Yan ; W. E. Hathaway, Hornellsville ; P. B. Andrews, Dansville.

Dr. Hasbrouck.—Move a vote of thanks be tendered the proprietors of Grove Springs Hotel for their entertainment. Seconded by Dr. Wright. Carried. On motion, the Society adjourned.

Homœopathic stability is well illustrated by the following remarks : Dr. A. F. Spear, president of the Lick County Medical Society, in his annual address, said : I shall select two medicinal substances, viz., Aconite and Mercury, and shall try to prove by our standard authorities that when we are successful in treating disease with them, it is in accordance with the Homœopathic doctrine, and although all sorts of explanations are advanced as to their *modus operandi*, the plain simple fact is, that Hahnemann gave the symptoms and treatment years ago that Professors Bartholow and Ringer now emphasize. Will any gentleman present, explain to me why he uses Mercury in any disease? Have we really made any progress in the practice of medicine, except what has been forced upon us by these whom we regard as irregular practitioners? Now gentlemen, after the statement of Prof. Ringer, that in one form of diarrhœa, Bi-chloride of Mercury acts more satisfactorily, and in another gray powder ; where shall we go to obtain some explanation or reason for this? Have we an author who will or can point it out to us? If we have, I have failed to find him. On the contrary, the more I studied the matter the greater was my confusion, until I sought in Homœopathic works for a solution, and there I found it, clear and simple ; and I may say that the indications for the use of the different mercurial preparations as pointed out by the *earlier* Homœopaths, are those by which they are now governed in practice.—*Medical Record.*

That is a statement that will go on bearing fruit. It means Homœopathy to-day, yesterday, and forever.

MEDICAL NEWS ITEMS.

C. C. Olmsted, M. D., has moved his residence and office to 176 Biddle St., cor. Jackson, Milwaukee, Wis.

Dr. J. F. Whittle, of Nashua, N. Y., had a paralytic shock and is evidently near the end of his life.

Died.—Wife of L. D. Tebo, M. D., of Bordentown, N. J. Our readers sympathize with the doctor in his bereavement.

Codgers All.—We read a great deal about new code men and old code men, but they can all be classed as code-ys—codgers.

L. H. Simons, M. D., of Harrisburg, Pa., made us a friendly call on his way home from the west. We are glad the doctor has improved in health by his western trip.

E. Morrill, M. D., of Concord, N. H., dropped in on his way to take in the great west. The doctor is a fine appearing gentleman. He reports quite a scare from small-pox in his town, and vaccinating lively.

Any one having treated cases of *Purpura*, which they can report in detail, showing the Homœopathic applicability of any remedy, are respectfully urged to send the same to Dr. Winterburn, editor of the *American Homœopathist*, 29 West 26th Street, New York.

Mrs. Jessie S. Moss, M. D.—Dr. Moss, we learn, has bought out the Lundgren Massage and Movement Cure Institute of this city. Mrs. Dr. Moss has given special attention to the application of the Massage and Movement Cure in the diseases of women for some time with good success.

Rectal Ulcers.—Dr. S. A. Newhall writes: "I find your *Non-Alcoholic Calendula* excellent as an injection for rectal ulcers. It is also an excellent application to all abrasions and ulcerations of the os cervix or vagina, and far superior to *Hydrastis* or anything else I have used. Price per bottle, \$1. For sale by Duncan Bros.

Notice.—Until further notice we will retail Medical Supplies to physicians at wholesale rates. We do this to increase our patronage and induce those who have never tried our goods to do so.

Triturations, one half pound 90 cents. One pound \$1.50, from 2x up. When you want goods write us. All orders Cash or C. O. D. DUNCAN BROS. 133 and 135 Wabash Ave.

Peptonized Beef.—We call attention to advertisement of Peptonized Beef in this issue. It would appear that the problem of an extractive of digested beef has been solved by Prof. Preston B. Rose, formerly of the Michigan State University, and its preparation attempted upon

a scale commensurate with its importance. The General Agents of this preparation, Messrs. Chapman, Green & Co., of Chicago, will be pleased to forward samples as per their advertisement.

Beef Tea.—A Scotch minister was once ordered "beef tea" by his physician. The next day the patient complained that it made him sick. "Why, minister," said the doctor, "I'll try the tea myself." So putting some in a skillet, he warmed it, tasted it, and told the minister it was excellent. "Man," said the minister, "is that the way ye sup it?" "What ither way should it be suppit? It's excellent, I say, minister." "It may be gude that way, doctor: but try it wi' the cream and sugar; mon! Try it wi' that, and then see how ye like it."—*Exchange.*

Non-Alcoholic Fluid Calendula.—Professor E. M. Hale, M. D., of Chicago, says about this preparation: "I find it to act admirably in all cases of muco-purulent discharges from the uterus, even in cancerous ulcerations. It soon changes the fetid, irritating discharge to a bland, non-fetid and unirritating one. I apply it on cotton tampons to erosions and abrasions of the os, and also to the contiguous parts by means of a cotton wrapped probe. Mixed with *Fluid Hydrastis* or *Muriate of Hydrastine*, it cannot be equaled by any other medicine in all vaginal disorders. Price per bottle, \$1. For sale by Duncan Bros.

First Discovery of Bacteria.—The first who discovered bacteria was the celebrated Anthony Van Leeuwenhoek, who may be called the father of microscopy. On Sept. 14, 1684, he reported to Francis Asten, member of the Royal society, London, that he had observed by means of the microscope, in the white matter taken from between his teeth, live animacules of graceful motion (*animacula admodum exigua jucundissimo modo sese moventia.*) Leeuwenhoek distinguished and described several varieties, which may even now be readily recognized. Nine years afterwards, in September, 1692, he sent new drawings to London which were still more exact.—*D. Arch. F. Gesch. d. Med.*

Practical Joker.—A couple of practical jokers living at a big up-town hotel bought a terrapin while walking through the market the other day, and slipped it into the bed of a fresh arrival who had just registered. They watched that night until they saw the new comer retire to bed. In about ten minutes a white-robed figure began shouting down the elevator shaft for the landlord. When the crowd got up stairs the victim conducted the landlord to the bed and turned down the clothes.

"*Mr. Hotel Keeper,*" said the stranger, solemnly pointing to the terrapin, "I'm from New Jersey, and I can stand most any thing, but either that bug or me has got to take another room."—*Ex.*

The Homœopathic Medical Society of the State of Kansas.

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Bureaux for 1886. Sanitary Science, Climatology and Hygiene.—H. F. Klemp, M. D., Topeka, Chairman. James Heacock, W. T. Branstrup, O. C. Wood, H. E. Potter, H. W. Gilley, J. G. Malcolm, P. Deitrich, L. G. Van Scoyoc, R. Hudson, A. M. Cowan, C. D. Clark.

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Diseases of Children.—Anna Warren, M. D., Emporia, Chairman. Geo. Dick, J. C. Boncon, Elizabeth Avery, Jos. Thorn, W. H. Riley, Anna Haslam, C. D. Ellis, G. W. Wigg, S. S. Smyth.

Physicians having papers to contribute, but who are unable to be present may send them to the chairman of the proper bureau, or to the Recording Secretary. Constitutions and by-laws of this society may be obtained by addressing

NORTH TOPEKA, Kansas, L. A. RYDER, *Recording Secretary.*

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THE GROUNDS OF AN ETIOLOGIST'S FAITH.

BY E. R. EGGLESTON, M. D., MT. VERNON, O.

During the few years last past, a series of papers having reference to the facts and theories of modern etiological science, have been presented to this society by the present writer. Having definite relations with each other, it becomes necessary, in view of some further conclusions, to briefly recapitulate their claims.

In that entitled "*Sanitary Science and the Germ Theory of Disease*," the first of the series, the following deductions are drawn from argued premises:

First. All retrograde metamorphoses incident to animal and vegetable life, are either elemental disengagements or processes of germ growth; the latter being either ferment or putrefaction or both.

Second. Germs which are present in the atmosphere by virtue of the law of conservation, are initials in the processes of fermentation and putrefaction.

Third. The courses of these processes are characteristic and unvarying, proceeding according to the law of development which attaches to the specific germ. It should be borne in mind that thus far the emphasis rests upon the fact that the power of germs is manifested upon devitalized or dead matter, and upon that only. A different order of facts follow under other circumstances, as:

Fourth. All retrograde metamorphoses are continued. For instance: There being present in a given case a germ and living matter, it appears, neither experimentally nor practically, to be the rule that the attraction between them is such that, union occurring, the higher form of life is destroyed by the lower. The fittest survives. Or, again: There being present in a given case a germ and dead matter, it does appear, both experimentally and practically, to be the rule that the conditions are such that, as the result of union, the lower form of life is developed from the elements of the higher. The fittest still survives.

So far, among these comparisons, it appears to be true that the processes involving animalcular or fungus growth, are conditioned, and that the condition is devitalization. We are forced, then, to deduction.

Fifth. That so long as vitality is intact, and so long as the organic, reparatory and destructive transformations are normally made, there exists no opportunity for the lodgement and growth of germs, because existing conditions are repelling; and that if any degree of devitalization transpires, in the same degree do conditions become inviting, and parasite growth develops accordingly. In other words, the growth of parasites is *added to* previous abnormal conditions.

These conclusions imply, unquestionably, a certain limited relation of germs to disease, but the terms express their

limitation, and while they must be admitted into the categories of causes, their admission is hedged about by such rigid limitations, that they sink into comparative insignificance.

If not these, then what? If the phenomena incident to germ-development are but secondary, what phenomena are primary? At this point this fact is found staring us in the face: That coincident with all well-defined and extensive epidemics of zymotic diseases, there is such depression of vital energy, such depravation of functions, such degradation of tissues, that the individual has gained susceptibility, and the *materies morbi*, whatever it is, a foothold. It thus becomes evident that the causes sought for may arise beyond man and his immediate environment.

To begin as far away as possible, the influence of the sun and planetary bodies come under question, and in an article, "*Planetary Perihelia and Epidemics*," some curious facts were unearthed and ranged together, which made so fair a case that the following conclusions appeared to be warranted.

First. The influence of the heavenly bodies upon the earth has been held to be true, in either a superstitious or practical way, ever since astronomy rose to the dignity of a science; and the influence of the planets upon the conditions of health and disease, has had its more or less enthusiastic adherents since the time of Hippocrates, himself among the number.

Second. The later exact sciences have demonstrated that intimate relations exist between terrestrial and celestial forces; and the influence of the heavenly bodies upon terrestrial meteorological conditions, has long been acknowledged.

Third. Deviations from a mean of any of the terrestrial forces, to a certain degree, and characteristic and normal, and the earth's inhabitants are adapted to the deviations, but those which extend beyond the normal maximum or mini-

mum, cannot be accounted for without calling into the account influences from without, which are believed to depend upon the variable positions of the planets, and the un-stableness of solar heat.

Fourth. Extended observations have shown that external disturbing influences are periodical; that the periods correspond with the planetary changes of position and variations in the intensity of solar light and heat, and that disturbances on the earth correspond with changes in the heavens.

Fifth. It is believed that four of the large superior planets and the sun, are the chiefly responsible factors in these phenomena. Jupiter passes at his nearest point to the sun at intervals of twelve years; Saturn passes at intervals of thirty years; Uranus at intervals of eighty-four years; and Neptune at intervals of one hundred and sixty-four years. Combinations of these periods of nearest approach represent the periods of terrestrial disturbances.

Sixth. It being established that one of these planets when in perihelion is the cause of disturbed conditions on the earth, it naturally follows that a coincidence in perihelion of two or more planets should be followed by disturbances of commensurate intensity. Historical records show that such has been the case. At every perihelion passage of Jupiter during the Christian era, terrestrial conditions have been so disturbed that epidemics of disease have followed; at every coincidence of Jupiter with one or more of the other planets, conditions have been proportionately intensified, and sicknesses in the same degree aggravated.

Thus the facts have seemed to substantiate the hypothesis. But, assuming it to be true, it should follow that the effects of such external influences are characteristic and demonstrable, as well by scientific means as historically. This question was discussed in "Dynamics of Sanitary Science," and "Natural Law Applied to Etiology," with the following conclusions:

First. All animal life upon the surface of the earth is conditioned to a mean of the action of the forces which surround it and subserves its existence. Therefore, wide departures from such conditions may become sources of danger, and develop unhealthful states.

Second. Atmospheric and terrestrial electricity, the one positive and the other negative, are subject to fluctuation: as to locality, quantity, intensity and polarity. These fluctuations, if extreme, exert a prejudicial influence upon the nervous system of animal life. Now, taking it for granted that independent relations exist among numbers of the solar system; that these relations are subject to variations according to the varying positions of planetary and other bodies; that these may produce maximal and minimal states of electric tension, which tend to supervitalize or devitalize animal bodies; and that these may operate through long periods of time, and over wide areas, it is concluded that electric tension, in greater or lesser degrees, is a potent factor in the epidemic diseases.

Similar conclusions are arrived at upon examination of gravitation, atmospheric pressure, ozone, light and heat.

Such, in the briefest possible way, indicates the scope of these investigations. Theoretically the parts present themselves as orderly sequences, the whole coming within the definition of "working hypothesis." But to what practical end does it lead? Or, to use the language of an eminent gentleman, himself a scientist and Fellow of this Society, "Suppose it is all true, of what practical use can it be made?"

No theory or hypothesis, however plausible, can claim practicability until it has been substantiated by extended critical observation and experiment. With such a view the following propositions have been submitted to the Signal Service Bureau, at Washington; to it, more especially, because it has nearly all the necessary instruments of precision

in full and successful operation, with a request that regular, systematic reports be made upon them:

First. Changes of positions and relations of the planets and other heavenly bodies, and their connection, if any, with variations or fluctuations of the forces which operate on the surface of the earth.

Second. Observations upon all unusual celestial phenomena, such as sun-spots, eclipses, comets, meteoric showers, and auroral displays, with such coincidences of dynamic irregularities upon the earth's surface as may be verified.

Third. Measurement of degrees of electric tension and magnetic oscillations, with such relations of coincidence as they bear to other phenomena.

Fourth. Observations upon ozone; to determine the conditions which attend its appearance and disappearance, its diurnal fluctuations, its value as a health conservator, and its relation to other phenomena.

Fifth. Records of all epidemics of disease; time, place and circumstances of appearance and disappearance, and their relations to irregularities or unusual fluctuations of the physical forces.

As may be supposed, no material result was obtained, on account of legal obstacles, and the same is true of the National Board of Health, to which the same matter was submitted.

Now, is it too much to ask of this Society that it put upon its feet a scheme which promises such grand results, results which while substantiating the hypothesis, shall place upon a scientific basis the whole of etiological science, or, proving it false, shall purge medical writings of all unproved allusions to the operations of the natural forces with which they abound? For every hypothetical must become a demonstrable fact before practical benefit can be fairly estimated.

To satisfactorily answer the question as to possible practical uses, is impossible, for the premises are not proven. But, assuming their proof, various advantageous applica-

tions are forced upon our attention, some of the most prominent of which may be mentioned:

The germ-theory sinks at once, and hopelessly, into a subordinate place, and with it a vast armamentarium, germicidal, *homocidal*, and otherwise, to the no small relief of the profession.

Diseases of malarial origin will admit of rational explanation, independently of micro-organisms.

Electric tension above or below the danger-line, will be modified by mechanical or such other means as experience may justify.

Organic irregularities will be met by means adequate to the deviation, as the practice of this day proves may be.

It will be found possible to fortify atmospheric vicissitudes by means based upon scientific principles, rather than by hygienic rules based upon abstractions.

Epidemic influences being dependent upon known causes whose results are more or less extensive, and which are liable to operate over longer or shorter periods of time, an estimate of their intensity, duration and destructiveness may be made; and while the quarantine and sanitary cordons may control the cases, other means will control the causes.

And finally, not many years ago the whole system of the signal service was laughed at; but now the whole world believes in its weather predictions, frost warnings and navigation danger signals. Upon the same scientific principles of natural law, may we predict, and warn, and protect; and while the one application saves valuable dollars, the other is saving more valuable lives.

Neuralgia treated by the tuning fork.—Dr. Rasori applies the tuning fork, while vibrating, over the course of the painful nerve. The sitting usually lasts about half an hour, and the patient is generally relieved without further treatment. He records his method in the *Cinn. Lan. and Clin.*

BODILY POSTURE IN GYNÆCOLOGY.

BY S. J. DONALDSON, M. D., NEW YORK.

The subject here presented for consideration will probably appear to many as somewhat commonplace in this age of emulation, when every physician seems imbued with the desire to discover and develop something new or startling in the realm of medicine. From the pressure of this ambitious striving, however, it may not be altogether profitless to turn aside for a little wholesome reflection upon the more rudimentary matters connected with our profession. Indeed, it is the prime object of this paper to direct attention to the unfortunate fact that there is everywhere manifested a disposition to repose overweening confidence in the efficacy of art methods, while the natural principles, which constitute the foundation and framework of sound philosophy in therapeutics, too often lie neglected at the very threshold of our endeavors.

“Bodily Posture in Gynæcology” has been chosen to illustrate the desirableness of correctly appreciating the value of simple practicalities, for several important reasons. In the first place, it has a wide range of applicability, and as a factor in the modification of physical conditions is unsurpassed by any other silent natural force. Notwithstanding this fact, the principle involved is usually overlooked, and is rarely correctly applied by the profession in the management of bodily ailments. Again, the development of our argument will reveal that owing to physiological peculiarities and the environments of custom, posture affects most profoundly the physical condition of women, in whose interests this article is more especially contributed. Despite boasted attainments, long experience and unlimited opportunity for observation, we are still confronted with the stubborn fact that the ordinary pelvic disorders, by which so much of the

happiness of women is destroyed, still resist our most approved therapeutic measures.

The reason for this grievous non-success has been attributed to various causes. Mode of dressing, fashionable follies, injurious habits, lack of exercise, living in vitiated atmosphere, are all cited as opposing influences. While we may not refute the accusation that many of the ills peculiar to women are engendered and perpetuated by vicious practices, wilfully persisted in through foolish pride and inborn caprice, still we insist that physicians have never fulfilled their plain duty in the matter. It is probable that not one woman in a thousand has any definite idea of the manner in which the wearing of high-heeled shoes works mischief within the pelvis, or can advance an intelligent explanation of the harmfulness of habitually assuming the dorsal position when reclining.

The universal ignorance upon these and similar hygienic points surely reflects discredit upon those whose business it is to enlighten the people concerning sanative influences. Physicians are not only negligent in these matters, but not unfrequently inculcate hurtful practices by exacting obedience to measures which are in direct violation of physiological principles, as for instance; women convalescing from parturition, or those undergoing treatment for pelvic diseases, are very commonly directed to "lie on the back" for a stated period, more or less protracted. A moment's reflection would reveal to the physician his mistake, but it is the lack of timely reasoning that permits and establishes this and many other professional shortcomings. Posture has always been recognized as a valuable remedial adjuvant in the department of surgery, but in the practice of gynecology, where the principle manifestly predominates as an originating, perpetuating, and an available curative factor, it is very imperfectly appreciated, if not completely ignored. No fact is more patent than that fluids invariably seek the lowest part of a receptacle. The law of hypostasis, exemplified in everything around us, holds

equally good within our bodies. The speedy gravitation of vital fluids to the most pendent part may be readily demonstrated by holding the head or hands below the heart's level. The veins become distended, the surface assumes a livid hue, and a sense of fullness and discomfort pervades the depressed part. Upon elevation, the temporary hyperæmia immediately disappears. Every one has experienced the discomfort of sitting or standing motionless, which shortly becomes so unbearable as to force a change of position. The upright or sitting posture may be maintained for a considerable time without any sense of fatigue, so long as the muscles are in a state of alternate contraction and relaxation. Many women can walk or ride horseback for hours without weariness who could not stand passively five minutes with comfort. The explanation for this necessity for motion is readily found in physiology. We know that the arterial blood is forwarded to its destination through the vis a tergo of the heart's action and the rhythmic contractions of the arteries. On the efferent side, the veins are passive vessels, and the return of blood to the heart is accomplished, in a great measure, through the peripheral pressure exerted upon their walls by the intermissive action of the muscles which they traverse; hence it is that the effete cell-product and impure blood is forced from the tissues, propelled to the lungs, and the elimination of poisonous properties is accomplished chiefly through exercise. The demand for action then, when the upright position is assumed, is as imperative as respiration.

Through inaction and gravitation combined, the tissues are soon loaded with noxious matter, which condition, if prolonged, invariably results in textural disintegration. A very common illustration of this process is witnessed in varicose veins in the legs of persons whose calling necessitates long standing with restricted motion. The visible product of blood stasis in superficial parts indicates that the evil wrought in hidden tissues (other things being equal)

will be in proportion to their vascularity and non-resistance.

In recognition of these natural laws, massage, passive motion, and elevation of a diseased member are well-known in surgery.

While blood stasis has long been accounted the chief complicating and perpetuating factor in pelvic disorders, it is surprising that the conditions inducing passive hyperæmia have received so little attention, especially when statical influences can be so readily utilized as valuable ameliorating and curative means, simply by modifying the respective relation of the body and heart to the centre of gravitation. In texture, function, and position, the female generative apparatus is peculiarly predisposed to the development of hyperæmic processes. The uterus and its appendices abound to a remarkable degree in a network of tortuous valveless veins, and the areolar tissue surrounding these organs and filling the pelvic interspaces is virtually a mass of delicate blood-vessels. In other dependent portions of the body, the comparatively dense textures through which the veins ramify afford material support to the walls of the blood-vessels, whereas the spongy tissues of the pelvis offer but slight resistance to the dilatation of the intercurrent blood-vessels. Consequently, when excentral force is unduly exerted within them, their parietes readily expand, and if this strain be prolonged, there is a progressive increase of calibre, thinning of the walls, with the textural impairment which blood stasis entails.

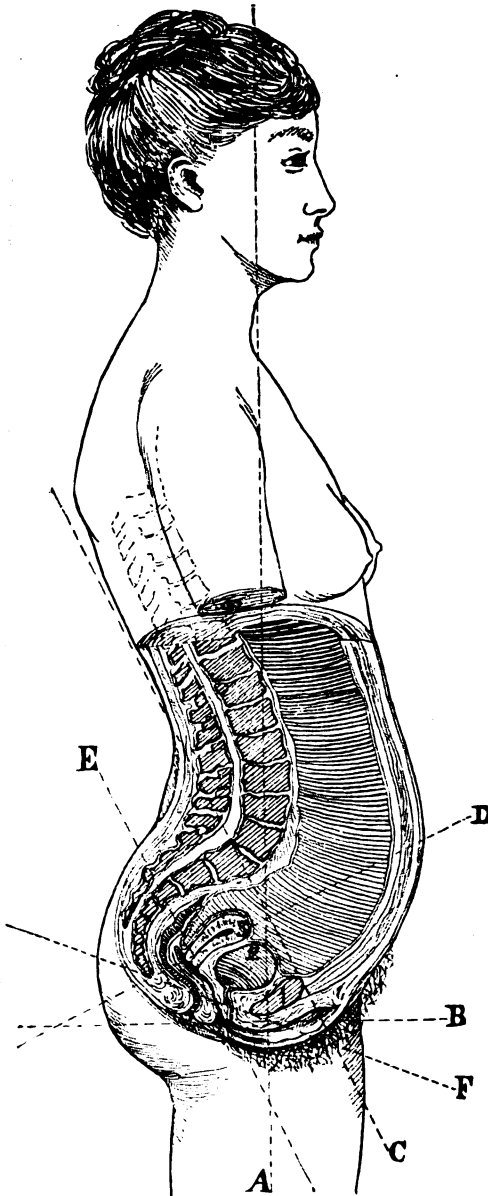
Beside the gravitatory influences (about to be considered), these parts are subjected to oft-repeated physiological engorgements—periodic and incidental—to which it is here necessary only to allude, but nevertheless they deserve recognition in the management of all pelvic infirmities. The female pelvis then may be regarded as a remarkably vascular reservoir in which there is a perpetual ebb and flow of blood, the fluctuations ever varying with physical and mental states, and largely modified by bodily posture. It is

also well to note that the channel of egress (the vena cava) lies between the abdominal viscera and the dorsal wall. Having thus briefly referred to these cardinal points, let us proceed to consider more particularly under what conditions and in what manner posture directly affects the well-being of women. There are two positions and conditions of the body common to mankind, the erect or active, and the horizontal or passive, with their various modifications. As in the horizontal position activity is contravened, so in the upright is passivity forbidden. These familiar facts are based upon explicable and natural laws which underlie our physical and mental welfare. In common with all voluntary operations, there is a right and wrong method of posturing the body. Weariness compels us to seek rest, and we recline. What then is the correct posture to be assumed during recumbency? In the cattle resting in the fields, or the savage sleeping on the plain, we have our answer. A healthful, unrestrained infant in its crib voluntarily lies prone or semi-prone until taught by meddlesome adults to lie on its back.

After what has already been intimated regarding the circulation, further comment to show the evils of supineness would seem unnecessary, but for the sake of greater clearness we will again revert to anatomical illustration. The posterior wall of the truncal cavity presents two antero-posterior curves. The lower begins to recede about the second lumbar vertebra, and when reaching the sacral prominence dips abruptly backward, forming the solid dome sheltering the deep recess in which are situated the pelvic organs. As this pelvic alcove is situated wholly behind the plane of the dorsal floor, it is evident that it becomes a receptacle for the gravitating fluids of the body when the dorsal horizontal position is occupied. If the couch be yielding, the pelvis (the weightiest portion of the female body) sinks still lower, thereby increasing the hypostasis. Furthermore, when we consider that the course of the vena

cava is behind the abdominal organs, it is plain that their weight pressing upon this vessel adds to the accumulation of blood within the pelvis by impeding its egress. Superadded to the turgescence, we have the bladder and other superstructures gravitating directly into the pelvis, and crowding the uterus and ovaries downward and backward. It is also well to remember that blood stasis is directly favored by inaction and textural relaxation, consequently the process is more in force during sleep.

It is hardly necessary to state that all this evil is remedied by placing the body in the prone or semi-prone position. When this is done, the blood flows out of the pelvic basin as naturally as fluids leave an inverted vessel, while the uterus and adnexa fall forward upon the cushiony bladder, and gravitate toward the umbilicus. Nor are the advantages gained from the semi-prone position confined to the pelvic structures alone, for the healthful activity of all glands and organs throughout the body is likewise greatly modified by posture. Every anatomical feature of the human economy plainly indicates Nature's purpose in this particular. The surface of the pliable anterior wall of the body is supplied with a deep layer of adipose tissue, which affords not only an elastic cushion, but is an admirable non-conductor of cold and dampness. The anterior structures are also comparatively free from blood-vessels and nerves, give no attachments, nor are they closely related by contiguity to any vital organ. On the other hand, the posterior surface is meagrely supplied with fat, and abounds in rigid prominences. The deeper structures, besides containing the spinal cord, numerous important plexuses of blood-vessels and nerves, are intimately associated with, and give attachments to the chief glands and organs within the body. A little reflection will show that all these structures are favorably positioned for the performance of their various functions by proneness, while supineness exerts an opposite and harmful effect. How unsightly an object is a heavy sleeper



lying on the back — the distended jaws, parched mouth, stertorous breathing, muscular twitchings, nightmare, and sensation of weariness upon awaking, all protest against this position, as unnatural and unhealthy a one for human beings as it would be for quadrupeds. We all know how strikingly the various anatomical structures in quadrumana resemble analogous parts in the human body, and we assume that these correspondent structures, alike in form, distribution, relationship, and function, must necessarily be subject to the same natural laws relative to bodily posturing.

FIG. 1.—Schematic view of female body, illustrating its axial relations. A, Axis of body; B, plane of horizon; C, plane of pelvic inlet; D, pelvic axis; E, vaginal axis; F, plane of pelvic outlet; 1, pubic symphysis; 2, bladder; 3, uterus.

The sitting attitude next demands our attention. It would seem as though the household appointments and senseless fashions of the present age have directly conspired against the physical happiness of women, and we have no hesitation in asserting that the modern chairs and sofas have contributed much to the rapidly increasing afflictions of the sex. To sit correctly, the body should be erect and firmly poised without the aid of any artificial lateral or dorsal support. When the equipoise of the trunk is properly maintained the muscles are in a state of equal compensating tension, the graceful curves of the body are preserved, healthful circulation progresses, the axis of the body is perpendicular, the plane of the pelvic inlet sustains its normal angle, and the abdominal structures are not only buoyed up through pervading resiliency, but have their centre of gravitation in front of the pelvic inlet upon the pubic bone and elastic abdominal wall. A backless stool of the proper height is unquestionably best constructed for the adoption of this attitude. If a back must be added, let it be perpendicular and simple as those used by our grandmothers, who in this matter at least lived more wisely than their descendants. A seat with a back, especially if it be sloping, invariably invites the occupant to recline, and in this way the evil-working habit of lolling is established, and the healthful erect attitude becomes distasteful. Indeed, so exceptional is the correct method of sitting that it is looked upon with surprise, or as something ridiculous and not to be encouraged.

Let any one study the position of the woman of to-day as she falls a limp, inert mass into one of these modern cushioned abominations. Half reclining, half sitting, she drops into a position than which it would be impossible to find one more injurious to the pelvic structures. The pelvis is advanced and so tilted that the plane of its inlet is horizontal, and into its cavity the superimposed structures gravitate. Not only do the abdomin-

al viscera and relaxed abdominal wall press downward into this cavity, but a woman's garments are so constructed and adjusted as to greatly increase the crowding of these weights into the pelvis. It should be remembered that the size of the waist is considerably increased by the body sitting limp and

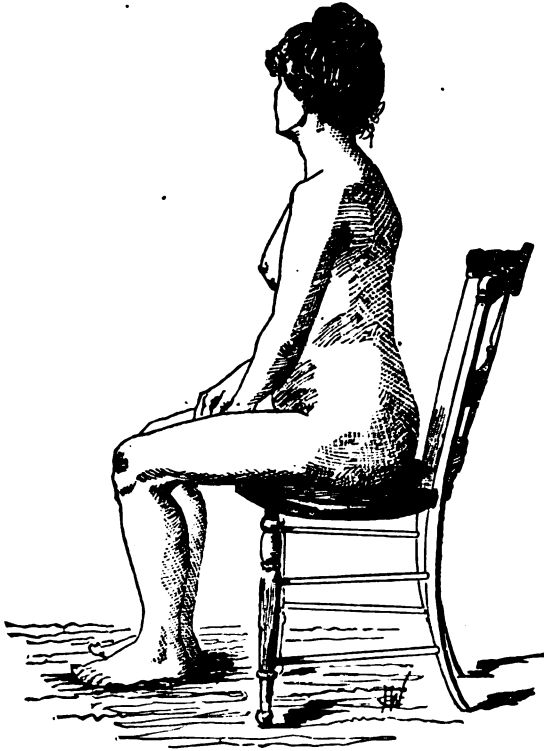


FIG. 2.—Correct sitting posture, the centre of visceral gravity being in front of the pelvic structures.

crumpled, and therefore it follows that the pressure of the clothing, which may be insignificant when the person is properly erect, will become harmful when the faulty attitude is taken. The question is frequently propounded, "why is the standard of the health of women so markedly below that of previous periods?" A little careful reflection upon the matter

in hand will help solve the problem. In railway and private carriages, places of amusement, and in our homes, the seats present notable contrast to the simple, rigid patterns approved by our predecessors. Indeed, it requires constant watchful striving to resist the evil inclination to lounge, which the present style of seats urges upon the occupant.



FIG. 3.—The ordinary faulty manner of sitting with pelvis tilted so as to permit the viscera to gravitate into its cavity with the added weight of abdominal wall. Adjust a long corset-splint, secure it at the waist, and note how its nether extremity would encroach upon and crowd the abdominal structures down upon the pelvic organs.

As weights naturally incline to the centre of gravitation, just so surely will habitual faulty reclining engender and perpetuate downward displacement of the pelvic structures. When we take into careful consideration these physical principles in connection with the fact that, in the aggregate, a large proportion of women's time is spent in sitting or re-

clining with the body wrongly positioned, it is no longer a wonder that pelvic maladies are so exceedingly prevalent with them, and that their sufferings prove so obdurate, so long as the causative influences are constantly in force.

We have next to consider posture in standing, and its relation to the health of women. This attitude is pre-eminently one of activity. Every one has realized that the effort of standing motionless is soon followed by a sense of uneasiness which is speedily merged into positive suffering unless relief is sought in muscular action. The fundamental physical principles making activity indispensable to the enjoyment of the erect posture have already been alluded to, and we may now go a step farther and notice that nature's requirements are but imperfectly complied with by the mere muscular activity that is necessary for the maintenance of uprightness sufficient for locomotion.

It is demanded that the muscular play shall be symmetrical, or in other words, for the preservation of that graceful bodily poise (without which the healthful equilibrium of the general structures is impossible), it is necessary that the action of any set of muscles be harmoniously responded to by the action of reciprocal muscles. When undue demands are continually made upon the muscles of one side of the body, while the correlative muscles on the opposite side are permitted to remain comparatively lax and inert, the result is not simply a loss of graceful outlines and physical beauty, but a more important and deeper wrong is wrought; for this depraved physical bearing signifies that the normal equipoise of hidden structures is, to a corresponding degree, destroyed.

The firmly erect human body, with head finely poised, the whole outlined in a series of graceful curves, is everywhere an object of admiration; while, on the other hand, the slouching attitude instinctively arouses aversion. When we carefully analyze the origin of these intuitions, we find that they do not emanate from our innate love of the beautiful nor from the common belief that physical perfection suggests moral worth,

for we know that this harmony is by no means uniform or reliable. The approval we bestow upon a noble physical bearing is born of that subtle sensibility which prompts us to accept the correctly poised body as an index of a sound, happily conditioned, physical organization. Among the lower animals, as well as in man, the slouching, cringing position is significant of physical degradation or suffering. Its voluntary assumption has, in all lands and from time immemorial, been accepted as denoting humiliation, and we believe this expressive act to be based upon the fact that, not only does distress of mind or body cause us to cringe involuntarily, but protracted stooping, accomplished through too long effacement of the spinal incurvation (notably the lumbar), imposes structural debasement throughout the body. This postulate becomes more logical when viewed from an anatomical standpoint, for it is not difficult to demonstrate that the health and physical integrity of all the vital organs are seriously impaired through an objectionable manner of posturing. In looking at a lateral section of the human body, the truncal tube will be seen presenting several distinct curves which are maintained by and correspond to the curves of the spinal column. A series of comparisons of similar sections in different bodies will show that this spinal curvature varies considerably in its antero-posterior extent. It is also seen that the incurvation is less pronounced when associated with deficient muscular development. Appropriate test measurements show this variance to be primarily manifested in the lumbo-sacral region of the spine. When the muscles of the body are finely developed and the texture firm, the lumbo-sacral prominence is found advanced to, and often projects in front of the line of the pubic symphysis, while the sacral arch is so abrupt as to position the os sacrum nearly at right angles with the axis of the body (see Fig. 4). If, on the contrary, the body be imperfectly developed, the lumbo-sacral prominence is more retired and the pelvic arch less acute, while the contour of the entire spinal column resembles in its curvi-linearity the

infant spine. That which is demonstrated by the cadaver agrees with our every-day study of the living body.

The more of thoughtful observation is devoted to this subject the more abundant and convincing will be found the evidences of reciprocal relation between a well-arched, perfectly balanced spine, and the health, strength, and suppleness of the body. Did space permit, good reasons could be adduced to show why this reciprocity in development should exist; as, for instance, the habitual maintenance of correct spinal curvation secures a greater chest development, and, through the consequent deepened respiration, the vital organs are proportionately benefited. Illustrations might profitably be extended, but our efforts must be confined more particularly to the subject properly before us. It has already been remarked that the utero-ovarian organs are placed beneath the overhanging arch of the sacrum. To more clearly present our argument, let us refer to a diagram outlining an erect female body (see Fig. 1). An imaginary line dropping from the crown to the instep would mark the axis of the body, and it is well to notice the relation to it of the various organs and principal bony structures. After the spinal column recedes from it at the cervical vertebræ, it again approaches and crosses it (where the lumbar curve is well developed) about the first lumbar vertebra, to again recede and leave it abruptly at the sacral prominence. The sacrum extends backward nearly horizontally for about three inches, and then sweeps downward to the coccyx. It will also be seen that the axis of the body passes through the pubic symphysis. Normally, the generative organs are situated wholly behind the plane of the truncal axis, and so long as the pelvis is correctly poised, they are secure from weights and shocks from above, for the centre of gravitation will then be the pubic bone (pubic symphysis, Fig. 1, 1) and if in imagination the direction of a diaphragmatic impulse is followed, it will be seen that its direct force is expended upon the lower third of the abdominal wall with a reflex impulse in the direction of the sacral hollow; also

when all the parts are normally situated, this rebound wave imparts a final upward fluctuant motion to the uterus, beneath which it is secondarily expended. Let us now consider what changes are wrought through a slight straightening of the lumbar curve. In the first place, it should be understood that a well-defined co-ordination of degree is maintained between the several spinal curves; consequently, the flattening of the lumbar arch incurs a corresponding effacement of all the others. When the lumbar vertebræ recede from the truncal axis, the more remote dorsal vertebræ advance, and there is a proportionate straightening of the trunk, which gives that ungainliness of figure characterized by straight back, round shoulders, protruding chin, retracted epigastrium, pendulous or prominent hypogastrium, etc. (see Fig. 5). Reverting to the pelvis, we notice there is a corresponding perversion of its relative bearing. The ileo-femoral articulations supply the pivotal centre of pelvic oscillations. As the sacral prominence recedes from the line of the truncal axis, the coccyx moves in an opposite direction; hence the sacrum becomes more perpendicular, and its arch no longer affords sufficient protection to the uterus, which, with its appendages, has been made to approach the current of downward forces. As the sacrum rotates backward, the os pubis is elevated, and the plane of the pelvic inlet becomes more horizontal.

It is plain, then, that in obedience to the law of adjustment, the receding of the lumbar vertebræ straightens the truncal tube and also destroys healthful equilibrium of the structures throughout the entire body; the movable visceral organs are no longer in a state of harmonious buoyancy, but are inclined to sag; this condition being fitly described by concurrent sensation of dragging and weariness. The backward tilting of the pelvis favors precipitation of superincumbent textures, and diaphragmatic impulses, directly into its cavity, and naturally the generative

organs suffer. Gradually the subtissues yield, and little by little the mobile pelvic organs descend en masse toward the outlet.

It is hardly necessary to enumerate the manifold faults and vocations causing this truncal debasement, since, with a little contemplation, they are readily suggested.

Among the working classes we have sweeping, ironing, sewing, running the sewing machine, standing behind counters, etc. Women more fortunately circumstanced usually assume a faulty method of sitting, through carelessness or indolence, and sometimes, through silly sentimentality, will adopt, while walking or standing, a position resembling that of the kangaroo.

Another fruitful source of pelvic suffering is the high-heeled shoe, which while worn, destroys the normal axial relation of the structures throughout the body; the knees bend, the shoulders stoop, and in order to maintain erectness, the trunk recedes at its lumbar region, which change tilts the pelvis in the manner we have just been observing. It is absolutely impossible for a delicately organized woman to wear this form of heel without incurring disastrous consequences. The difference of outline between Figures 4 and 5 illustrate this principle. These portraitures are faithful outlines of two photographs taken from life. It will be seen that in Fig. 4 the firmly erect posture was assumed. For Fig. 5 the model was allowed to stand motionless for a few minutes, and then requested to adopt whatever attitude her sensation of fatigue prompted.

A careful comparison of these two delineations will convey a clearer conception of the matter than the most exhaustive verbal description.

As the pernicious effect of high-heeled shoes upon the health of women has already received considerable attention from the profession, it would be but supererogatory to take up the matter more fully, but there is one point I desire to mention, since it has proved to me both interesting and per-

plexing. It has been taught, and the view very generally accepted, that the incurvation of the spinal column is exaggerated when the body stands upon the inclined plane provided by this form of heel, and casually this deduction ap-

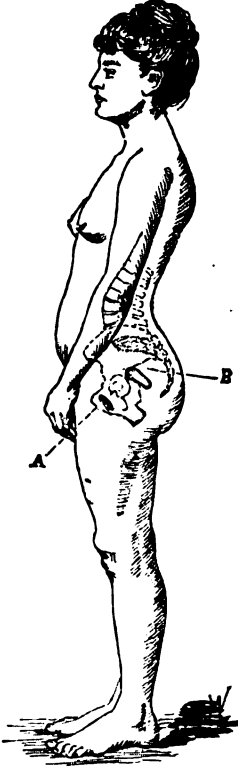


FIG. 4.

FIG. 4.--Illustrating correctly balanced erect body. A, symphysis pubis; B, indicates position of uterus as it reposes beneath the sacral arch.

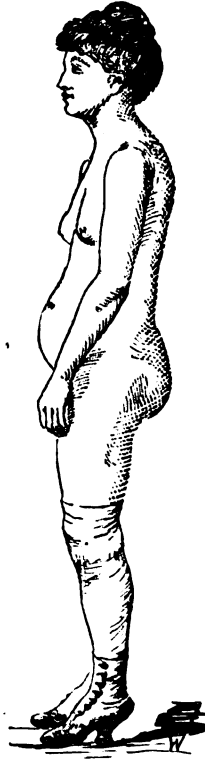


FIG. 5.

FIG. 5.--Debased attitude in standing.

pears logical. Careful observation, however, compels a dissent from this conclusion, for instead of an exaggeration of the truncal curves, I find more or less effacement of them, except in very short-statured persons, in whom the elevation of the heels does seem to effect a deepening of the lumbar

curve with a corresponding rolling forward of the pelvis. I am unable to explain this discrepancy between the tall and short-statured, but simply present the facts as found. We must discriminate between the primary and secondary conditions of this induced deflection of the truncal contour. At first, before the constrained position has fatigued the muscles, the curves of the body may be more pronounced, and the strained physical bearing is one suggestive of assumed loftiness. When, however, the primary sensations give place to weariness, the opposite condition (as delineated in Fig. 5) succeeds, and this result is the more abiding one.

Since this ridiculous caprice is being gradually discarded, it is unnecessary to dwell more fully upon the matter; unfortunately, however, this index of conspicuous vanity is only one of the many prejudicial contrivances which the tyranny of fashion is forever inflicting upon women.

We have now called attention to the most salient features of this part of our subject. It is a deeply interesting one; the principle constant and far-reaching. To deal with all the points directly bearing upon this topic would far exceed the limits of our undertaking. The initial thoughts here presented should be properly regarded as indicative of the greater possibilities, and we hope that the suggestions will awaken deeper interest in the minds of others regarding this and kindred important contributing factors to the ills of women.

As previously intimated, this subject is one of twofold interest from the fact that bodily posture is not only a fruitful source of evil, but it may, with intelligent adjustment, be employed as a potential remedial agent. It is true that for many years there have been physicians who have advocated and made use of bodily posture as a therapeutic measure in gynæcology, but from all that has been recorded regarding their methods, we are persuaded that the underlying prin-

ple was not fully and definitely comprehended. When an author commends the dorsal posture for the relief of anteversion or anteflexion of the uterus, we cannot escape the conviction that his views concerning the philosophy of postural treatment are very short-sighted. The total weight of the uterus is so insignificant that, were it possible to suspend this organ at the point of bending, the mere weight of the fundus would secure no appreciable degree of straightening. On the contrary, we are justified in claiming that anteflexion is aggravated by decubitus, for the exudate that holds the uterus thus crippled is the product of congestion, and we have demonstrated that the dorsal position cannot be maintained without incurring bloodstasis. On the other hand, too much has been claimed in the way of mere mechanical results from what is commonly known as "knee and chest posturing." We know with what positiveness certain celebrated authorities have assured us that this posturing will immediately restore a retroverted uterus to its normal position, and we grant that in certain cases this result will follow, but in many others the pelvic organs are simply urged upward, and the fundus of the uterus appears to impinge against the sacral prominence, and refuses to fall forward as predicted. Of course, this failure would be expected did adhesions exist, and it is often experienced where there is an absence of adhesions, and where all instructions regarding the introduction of air within the vagina have been faithfully complied with. From careful experimentation, I am convinced that the efficacy of atmospheric pressure within the vagina as a repositioning factor in the genu-pectoral posture is overestimated. When, however, deep respiration is performed while in the knee-and-chest posture, a very powerful upward force is exerted upon the pelvic structures which aids greatly in dislodging the retroverted fundus from beneath the sacrum, and even when adhesions exist, this practice, when persisted in, will contribute much toward their absorption and ultimate freedom of the parts. Forced respiration while in this

posture will also expedite the withdrawal of surplus blood from the pelvis, and affords our most effective hemostatical measure, providing the strength of the patient is sufficient for the necessary effort. It should be borne in mind that, while the knee-chest posture is a most valuable adjuvant in the treatment of pelvic prolapsions, the mere elevation of these organs should not be regarded as the prime or chief

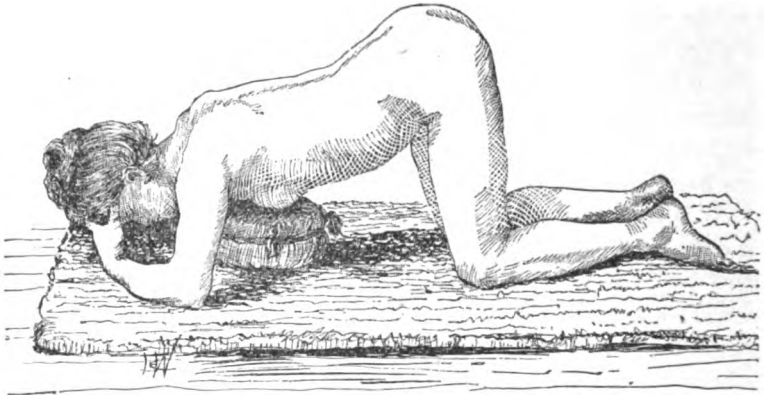


FIG. 6.—Genu-pectoral posture.

end to be attained; we should keep most prominently in view the true philosophy of this procedure, viz., the removal and prevention of blood stasis which in pelvic suffering constitutes in the majority of cases the originating factor, and is in all a perpetuating one. When this posture is frequently assumed, the blood-vessels are disorged, and their wonted resiliency returns. Consequently, as healthful circulation and nutrition within the textures are resumed, the parts regain their normal tonicity.

For the attainment of satisfactory results from posturing, it is necessary that instruction regarding it be explicitly given, intelligently arranged, and faithfully observed. Simply to direct a patient to assume this posture for a certain time at stated intervals is not sufficient, and will rarely meet with judicious compliance. The position and condition of

different parts of the body should be definitely depicted, and the effects which various corporal posturings would naturally exert upon these structures plainly illustrated; the hour and length of time specified, and an implicit fulfilment of directions exacted. First, all restricting garments are loosened or removed; the knees, slightly separated, are placed squarely upon a rug or cushion on the floor, and the body allowed to fall prone upon the elbows with the forehead resting in the palms of the hands (see Fig. 6). The hips should be kept as nearly as possible directly above the knees; the back concave, and the abdominal muscles lax: Let this posture be occupied from five to ten minutes three times a day, and the semiprone position taken for an hour in the middle of the day directly after practising the genu-pectoral exercise. The patient should also be instructed to perform deep respiration during the time the hips are elevated, for the reason already alluded to; that deepened respiration in this position draws the movable visceral structures forcibly upward, and at the same time effectually exsanguinates the pelvic textures. After a fatiguing walk, or when dragging, pressing sensations are experienced, when wearied with standing or sitting, a few moments spent in this posture, followed by a period of rest with the body semi-prone, will afford great temporary relief, and when this procedure is intelligently followed, will do more in the aggregate toward restoring normal tone to the enfeebled pelvic organs than the most skilful professional manipulations. Every form of downward displacement of any one or more of the pelvic organs, as well as hyperæmia, whether active or passive, of ovaries, uterus, vagina, or rectum, in short, any condition which is aggravated by depression of the pelvis is correspondingly improved by elevation. In some instances, daily duties preclude the observance of this postural practice; but it should be strenuously enjoined upon retiring for the night, for it is obvious that a few hours spent in the semi-prone position after the parts have been fully relieved of all engorgement, will ac-

comply much toward the recuperation of the over taxed tissues. It is not unusual to find patients who object to the effort required in taking this position, and who, becoming discouraged, abandon it before practice has accustomed the muscles to the performance of this new action. To obviate this difficulty, we may make use of mechanical assistance in supporting the body. Formerly I commended a swing apparatus; but this is not only too intricate, but is disposed to exert pressure over the femora vessels and nerves, causing very unpleasant sensations of numbness and formication. A simple and restful means of support is easily procured by placing a low foot-rest or a pile of books of sufficient height to receive the weight of the upper portion of the trunk. The rest should be placed beneath the upper part of the thorax in such a manner as to impede full respiration as little as possible. When the body is thus sustained, the patient is enabled to retain the position with comparative ease, and there is also less disposition to fix the abdominal muscles rigidly. Usually, during the first efforts a temporary fulness and aching of the head is experienced, but with inurement this subsides. An opportune application of this feature may be made, since it aptly illustrates the principle we desire to inculcate. The cerebral structures are really no more profoundly disturbed by gravitation than are the pelvic textures, but the higher nerve endowment of the former forces a keener recognition of the evil. In the management of every form of pelvic derangement, the part played by posture should early be taken into consideration. It is reasonable to suppose that pelvic suffering complicated with congestion can be ameliorated by elevation, just as an inflamed foot or hand is soothed by similar posturing. Owing to the preponderant sensory nerve supply, the benefit afforded the extremities may seem greater, but the actual good accomplished predominates in the more vascular region, and where the spongy tissues yield comparatively insignificant peripheral support to the over-distended vessels.

Rectal hemorrhoids afford an excellent opportunity for studying the effect exerted by posture upon vascular tissues. When a patient thus afflicted lies upon the back, the piles may be observed tense, livid, and painful; when, however, proneness is assumed, and the hips slightly raised, the tumors disappear immediately, and the injected condition of the mucous membrane vanishes. Let the former position be again taken, and in a moment the blood redistends the tissues. This visible phenomenon demonstrates conclusively the changes wrought in the adjacent hidden tissues through bodily posturing. A little reflection will convince any one acquainted with physiology that it would be difficult to name a single ailment to which women are liable that is not affected for good or evil by the statical process. Genital catarrh, displacements, congestions, hemorrhages, etc., all hinge directly upon the principle, and success in the management of these anomalies will never attend our ordinary therapeutic resources so long as gravitatory influences are disregarded. In view of all that has been adduced, it seems hardly necessary to refer to the important part which gravitation plays in post-partem involution of the generative organs. It must be readily apparent to every one that during convalescence from childbirth, the dorsal decumbency is highly injurious. At this time, the uterus and adnexa are bulky, soft, flaccid, and extremely vascular, conditions which render the parts especially susceptible to gravitatory influences. Reason would at once suggest the propriety of maintaining the semi-prone position during the period of involution, and if this sanitary principle be observed, we will find that the enlarged spongy structures not only return more speedily to their normal dimensions and tonicity, but the organs will more surely regain their natural conformation and position. It is a just and reasonable inference to hold that the subinvolution and prolapsion so commonly following upon parturition are the natural sequence of the popular, yet harmful, practice of lying upon the

back during convalescence. Many find it difficult to account for the great number of young women, endowed by nature with excellent physiques, who yet are suffering from utero-ovarian displacements and other pelvic complications. The writer has taken pains to obtain facts and data upon this question and the origin of this misfortune is no longer a mystery when the habits of school-girls are carefully studied. The majority of women will recognize the following portrayal: The body tilted backward so as to rest upon the sacrum in one seat, the feet placed in another chair, with the knees drawn up toward the chin to furnish a convenient rest for the books or writing materials. From personal observation and reliable statements of many students in the various female schools, I know that this attitude is quite generally adopted by girls and young women during the study hours spent in their rooms. With the body in this position, the pelvic viscera would of their own inclination fall backward and sink in the direction of the least resistance; when, however, we add to the postural evil, engorgement, superimposed weights, constriction and crowding of garments, etc., it would be marvelous if any girl customarily occupying such a position should escape the penalty—pelvic displacements and associated disorders.

It is not necessary to call attention to the fact that thus far we have been dealing with only one of the numerous causative influences in gynecic anomalies, for it is an everyday occurrence to find these cases complicated with several co-existent contributing conditions which are the direct result of bad personal habits. Take, for instance, constipation, than which there is no more fruitful source of pelvic suffering. It is plain that the forcible expulsive efforts consequent upon this affection unavoidably induce pelvic engorgements, relax the pelvic floor, and naturally crowd the movable structures downward. For the relief of this difficulty, cathartics in every form as well as enemata are quite generally resorted to, the ultimate effect of which ill-advised

practice invariably intensifies the intestinal inertia. Probably, ninety per cent. of the cathartic nostrums are consumed by women, and the use of the syringe is confined almost exclusively to that sex. Indeed, there appears to exist in women a deplorable predisposition for self-destroying customs.

The field opened up by these thoughts is a wide and most attractive one for earnest attention, but we must resist the temptation to extend our argument beyond the legitimate province of our theme, and will therefore conclude by once more declaring this essay to be a plea in behalf of a better recognition of the simple practicalities connected with our every-day professional duties. In conclusion, we urge the necessity of studying this and kindred subjects logically, that we may comprehend the significance of implied principles in the broadest sense; for without doubt a proper appreciation and opportune application of the natural influences that modify physical conditions is infinitely more desirable than the most skilful exhibition of approved art devices. An overweening confidence in the competency of art-measures alone, has ever been the bane of the profession. The natural trend of the medical mind is toward the adoption of favorite theories and an unquestioning pursuance of stereotyped measures, to the neglect of more philosophical and efficacious expedients which are presented on every hand for timely appropriation. Furthermore, the fact should be realized that, however zealously our duties may be pursued, they are still imperfectly performed if restricted to the combating of existing anomalies. It is the crowning responsibility of physicians to anticipate and avert suffering by the timely application of well directed measures. To this end it is our bounden duty to enlighten the public mind, as fully as possible, upon common sense, practical affairs, strictly enjoining upon parents, guardians, and teachers the exercise of a well-informed supervision over all matters pertaining to sound physical development.

SHALL WE ADVERTISE ?

BY C. L. TISDALE, M. D., BROOKTON, N. Y.

"Let your light so shine that men shall see your good works."

The question whether or not we shall advertise, vexes the mind of many an honest physician, while he is vainly striving to serve two masters, to follow the pure and lofty precepts of the "code," and at the same time meet his tailor and grocer on a pleasanter and more agreeable footing. The sleek and pompous old fossil, secure in the possession of a large and lucrative practice, is virtuously indignant when some younger, and perhaps better posted man, dares to urge his claims through the medium of the press, calls it unprofessional and talks of quacks and closes the door of his brown stone mansion in the face of the man who has the courage to advertise.

Pray, gentlemen of our medical societies, earnest sticklers for all the ancient forms of the poor old "code," why should a man be deemed unworthy of professional recognition who modestly endeavors to bring himself to the notice of the public by careful and judicious advertising? If printers' ink will make you known, use it. Let your notice be dignified and truthful, and do not be deterred because Dr. Squills, or the combined learning of your medical society shall frown upon you. We have never heard one argument advanced why physicians should not advertise. Our medical societies declare it "unprofessional," and cite the fact that they and their fathers and grandfathers in some pre-historic age, have never been guilty of putting their names in print. A merchant, an agent, a lawyer may advertise his wares, but for a doctor to do the same is "unprofessional." How preposterous and unjust! Why should the skilled surgeon or learned physician be debarred from bringing to the notice of the public his especial proficiency in some particular branch of his calling. That quacks and charlatans advertise, should be no more an argument against competent and

experienced physicians doing so, than that reputable merchants should "hide their light under a bushel" because some untruthful and dishonest men appeal to the public through the daily press.

SNAKE BITES.

BY E. L. ROBERTS, M. D., MARSHALL, MICH.

EDITOR INVESTIGATOR: We have had quite a number of *snake bites* about the country the present season, and especially in the town of Eckford, this county, and many cases have proved fatal. I will give you one of my cases treated with Bibron's antidote, with signal success.

Boy, nine years old, bitten on the foot by a very large rattlesnake (*crotalus confluentus*), Sept. 13th last. I saw the boy in about two hours after the bite. His foot and leg were swollen very much, and very sore to the touch, unable to stand upon the foot, nausea and vomiting, quick and feeble pulse, much thirst, languor and rapid sinking of the vital forces. Prepared the antidote immediately and gave some fifteen drops, which was thrown off almost as soon as swallowed; repeated the dose; again ejected, and again repeated with like result.

Finally gave it in milk and it was retained; only vomited once or twice after giving in milk, and in a few minutes the pulse became stronger, and all unpleasant symptoms gradually disappeared. I ordered three drops every three to four hours for the next twenty-four hours. The boy improved rapidly, and there are no traces of having been bitten, now observable, nor has there been since a week after the bite.

I had occasion to use this antidote in a similar case about one year ago, with like curative results.

Two cases having died in the neighborhood where this boy was bitten, but a few days prior, treated in the usual

way with whiskey, etc., caused much excitement and alarm lest this case would also prove fatal.

I have had but two cases to verify the antidote, and I think it is a *certain* cure, if taken in time. I report it for the benefit of all those who may have overlooked it, for I think it safer and surer than any other antidote.

NOTES FROM PRACTICE.

BY L. HAMERSHMIDT, M. D., NORTH YAMHILL, OREGON.

Nurasthenia.—I received another letter from the young man whose case I have reported for consultation in the May number of THE UNITED STATES MEDICAL INVESTIGATOR. He says: "I did not have any chills, since I gave you my last report, some time in March. I can now read without difficulty in the morning, but in the evening I have to lay all reading matter aside. I was improving some before I took the last medicine, (Aconite for the spell, and Sulph. every morning.) In the evening on going to bed, I used to have a sort of heavy feeling on the left side of my stomach, which the medicine has now nearly all taken away. I still take the medicine, which I think does me lots of good," etc.

I advised him to continue the medicine for some time yet, and report again. Many thanks for the kind advice. I would like to see that young man back to perfect health again, but at the same time I would like to know what kind of a disease it is. We meet a good many similar cases here in the Willamette Valley.

Staggers.—We have a disease here among the horses, mostly in the winter; people generally call it staggers. The acute symptoms are similar to those in men in the above disease. I have examined a few horses and found heart, liver and lungs healthy, the kidneys congested, the spinal marrow shrunk and soft, the membranes highly inflamed and filled

with a yellow serum. What is it? I say, inflammation and finally atrophica of the spinal marrow and its membranes. (Meningitis.)

Malaria is found here in the Willamette Valley all the year round, mostly in the chronic form, with lassitude, debility, torpid liver, impaired digestion, constipation, turbid urine, disturbed sleep or neuralgia, etc., and as soon as a person will get below a normal standpoint of health, malaria will show up, and sometimes cover up all other symptoms; this makes it hard for a clear diagnosis in some cases. Lachesis, Arsen. and Eucalyptus are my main remedies for the malaria.

Singular Spasms.—To speak more clearly I will explain with another similar case out of my record book. I was called Feb. 3d, 1884, to a strong man, farmer by occupation. He was sitting in an easy chair; says he cannot be touched, neither can he move, as it causes spasm; can only talk in a whisper; complains of an acute pain in neck and head; left side, left arm partially paralyzed, cannot move it, says it causes such a pain. Don't want to be touched as it causes spasm. Even the swallowing of the medicine brought on a light spasm, and was very difficult, feels as if there was a lump in the throat; temperature normal, left side of the face flushed. Gave Gelsem. tincture, drop doses every half hour. At ten o'clock P. M., feeling easier; has drops like oil on face; skin dry.

Feb. 4th, A.M., feeling easier; could pass his urine, which was bloody and turbid; could get up now from his chair, and went to bed. Belladonna.

Feb. 5th. No more spasms, feels quite easy, has some appetite, no pain when lying still; spine painful to touch; urine cloudy and thick. Bryonia.

Feb. 6th. Improving; same treatment with Bell. ointment along the spine.

Feb. 7th. Sweating all day. Same treatment.

Feb. 9th. Malaria affection, no appetite, dizziness when sit-

ting up, roaring in ears, etc. Quinia sulph. gr. j, morning and evening, and Arsen.

Feb. 13th. Everything improved. Arsen. From then he improved steadily till Feb. 23d. He was writing business letters and reading the day before. Pain in neck returned. Eucalyptus glob. tincture, five drop doses five times daily.

Feb. 29th. Urine clear, neutral, heart action weak, pain in right shoulder, appetite good, very tired after sleep. Lachesis 5x.

He improved now slowly through March, and in April attended again to his business, but could not work very hard all summer. Last winter he had another spell, but light. Gelsem. helped him in one night.

AN OXYGEN EXPOSE.

TO THE MEDICAL PROFESSION:—I am much interested in the subject, oxygen as a remedial agent, and to it am devoting study, theoretical and practical, as, I have reason to believe, are many medical men. Many of our cities have oxygen specialists, who are doing good in the world. It is but natural that impostors or ignorant pretenders should invade this important branch of medical work, just as they do all other branches. This letter is for the purpose of exposing one such swindle on the profession and the public—whether perpetrated through ignorance, or viciousness, or neither, or both, I am not prepared to say, as, indeed, it is not necessary to specify; your medico-legal minds may adjudicate the matter to your individual satisfaction.

Early last summer, Dr. Amos L. Lennard came to this city, rented an office, and began business as an oxygen specialist, advertising his treatment in the daily papers. About the same time other parties established a so-called “oxygen parlor,” and in a few months Dr. Lennard evidently found

that the field was not large enough for two. As he knew of my interest in the subject, he offered to sell me his whole outfit, especially as he had "just received an appointment as Medical Examiner in the Pension Bureau at Washington," and was about to leave the city to accept the position, and, consequently had no use for the oxygen apparatus. The price asked was \$200, and finally came down to \$100. I have long been anxious to know how I can furnish patients with oxygen in a bottle for home use in an inhaler, and to know what combination of chemicals will do the work. I know of but one such solution (*vide* my article in *Chicago Medical Era*, July, 1885, p. 10), but it is rather too expensive for free use. Dr. Lennard was positive that he had the Starkey & Palen formulas (obtained from their discharged drunken chemist, Scott by name), for "office treatment" and "home treatment," and had tested them for several years with satisfaction to all concerned. So, feeling that I could not lose much on the plant anyway, I bought the formulas, and the whole apparatus for manufacturing, storing and administering the oxygen treatment on quite a large scale, and the doctor assisted at its installment in one of my office rooms. When I had seen the formulas I said, "In what is this office treatment different from laughing gas?" and he said, "Why, they are not at all alike." I then took down a work on chemistry and showed the doctor his mistake, and he had nothing to say, and left the city the next day. It is needless, perhaps, to say that I have repudiated the "treatments," and fallen back upon my own resources—our standard chemistry and medical authors—for information.

The "doctor," was to send me a "treatise" composed by him, bearing on the treatments. Part of my payment was by note, to insure delivery of treatise. It fell due in a month, and payment was refused, because treatise had not been delivered. Mr. F. G. McGranaghan, of Champaign, Ill., now wrote, as owner of the note, and sent on the

treatise, and I paid the note—probably a foolish act—but I did it. I wrote McGranaghan an expose of the miserable fraud, and he wrote me again Sept. 16, stating: “The doctor has the Oxygen treatment in his office here, and is using it with satisfaction and benefit to his many patrons.”

So the doctor did not accept a position in the Pension Bureau at Washington, as said all the local papers when he left here, but being under no promise not to resume the treatment elsewhere, he has bobbed up serenely in the town of the convivial name, in the Sucker State, with the old familiar dodge.

As I am likewise under no promise not to divulge my information, I herein furnish all who read, “free, gratis, for nothing,” the great Lennard formulæ. Punctuation, spelling, capitalizing are as he wrote, and poorly wrote. The originals may be seen at any time by any one.

“COMP. OXYGEN TREATMENT.

R

Nitrate Amonia 25 parts.

Carbnate Ferri 1 part.

Mix Put in Retort, apply gentle heat, till whole Compoud becomes to a boiling heat, then add heat gradually, and conduct Oxygen to the Tank.

HOME TREATMENT OF OXYGEN.

R

Nitrate Amonia 1 ounce.

Chlorate Potassa 1 dram.

Alcohol 2 ounces.

Aqua Distlled 14 ounces.

Mix. one teaspoonfull to Inhaler full of hot water. Inhale 2 or 3 times a day.”

As to the above “office treatment,” a glance at the formula shows it to be nothing but “laughing gas.” The carbonate of iron is simply a blind, skilful or bungling, as the case may seem; in other words, to give color to the chemicals

and to the boiling liquid, and thus render them less easy of recognition. It does not modify the ultimate product. (Not entirely satisfied with my own conviction on this point of modification, I have consulted two chemists, both professors of chemistry in medical colleges, one here and one in Chicago, and each say that I am right.) Dr. Lennard's office oxygen treatment is nothing but laughing gas, and an impure article of that, as his gas passed through three wash-bottles containing nothing but water. As nitrate of ammonia sometimes has muriate of ammonia in it, the very injurious and highly dangerous chlorine may be evolved, so one wash-bottle should contain caustic potassa or soda to corral the chlorine. Too great heat may drive over nitric oxide, or even nitric acid, even more dangerous than chlorine, so one wash-bottle should have ferrous sulphate to stop them.

Another little fact in relation to the doctor's formula, evidently far beyond his kemikal ken, but of little importance in this connection, is that practically there is no such thing as "Carbante Ferri," for carbonate of iron almost at once changes to oxide of iron.

Pure nitrogen protoxide, nitrous oxide, dephlogisticated nitrous gas, paradise or laughing gas, is $36\frac{1}{2}$ per cent. oxygen, has a *sweetish taste*, and three or four very deep inhalations will sometimes be enough to produce anæsthesia. In Woodman and Tidy, 1877, p. 489, we read: "It is to be remembered that nitrous oxide cannot act as a substitute for oxygen, and that undiluted it acts as speedily as a poison."

Oxygen is *tasteless*, and may be respired a little while without causing uneasiness. I mention this partial comparison for the benefit of the Champaign Suckers, in case they wish to more critically investigate their local gasometer.

As to the "home treatment," it seems almost needless to say that oxygen cannot be evolved that way. About all the evolving that is done is to evolve \$10 a treatment from the pockets of deluded victims.

According to Dr. Lennard's statement, he has sold out once in Iowa, once in Michigan, once in Illinois, and now I report once in Indiana. If I have been "nipped," I am not ashamed to own it. I should like to buy up every "Oxygen Treatment" in the land, and if it was not meritorious, to expose it, but I fear the labor would be herculean. Will not those physicians who have had experience along this line, come out from the shadow of personal discomfiture and contribute their mite, and thus make "snide" oxygen treatment formulas so common that there will be no sale for them in the profession or out of it, and thus raise a perfect wall of protection. About the only protection now is to have nothing to do with any of them, but this plan has its objections, in that we would lose the grain of good wheat in the bushel of chaff. Oxygen has its uses and a future, and it has been truly said by Dr. Wallian, "A cheap supply of oxygen would be more valuable to the world than the discovery of a score of silver mines.

WM. B. CLARKE, M. D.

INDIANAPOLIS, IND., OCT. 15, 1885.

Introducing a Catheter under Difficulties.—We have frequently called attention to the value of the French soft rubber catheter, into which is inserted a small bougie to act as a stiffener, when we have occasion to introduce a catheter for the relief of retention. In enlarged prostate or in a congested urethra from urethritis, causing retention, we have no time to waste, nor do we dare try to push things with an iron hand. No, we must coax, and the limber, flaccid catheter is the tool to do it with. If there is a spasm, which is seldom absent, we say, give a full dose of Gelsemium at once for nothing makes the urethra more tolerant and docile. Then we take the limber rubber catheter (say No. 12,) oil it, introduce into it a No. 4 or No. 3 bougie, then commence to introduce it carefully, and when you get to where it wont go, simply stop, then draw the penis in line with the prostatic urethra, so as to make the whole passage as straight as may be, then gently push your catheter, at the same time give it a rotary motion with the thumb and finger; this succeeds in coaxing the catheter through the difficult and embarrassing passages, even where they are tortuous and thus you enter the bladder.

We drew off nearly three quarts of urine from a man lately who had been suffering with retention nearly four days, and beat out the other doctors. We drew off twelve ounces of urine from a man in our office who could not pass urine, and the catheter gave him pain. We pushed and shoved, and as Dr. Cofer said, bullied the urethra into submission. This little instrument is the safest thing, in all hands, we know of.—C. M. J.

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 choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

THE TREATMENT OF ERYSIPELAS is not very clearly defined, if we take as a criticism the criticisms that have been offered over the management of a case recently reported in these pages. If erysipelas is a disease influenced by the genius epidemicus, then there is no specific for it, as there can be none for intermittent fever. Why do we have more of it some years than others? Now it is epidemic, and again we rarely see a case. Some people are very subject to it, and might with perfect propriety be called "erysipelas subjects," or possibly of an erysipelas cachexia. That brings us to the solid, sober question of, "what is erysipelas," anyway? Is it a neurosis or an exanthem? The dermatologists claim it. "Hebra, Kaposi and others assume that it is the secondary chemical products of the local inflammation which, when absorbed, produce this zymotic disease. Roser favors its miasmatic nature, while the overwhelming majority of pathologists of the present day favor its contagious nature." It prevails most in winter, and in some sections, like the marshy and maritime districts (mouth of the Nile), etc. But how shall we treat it? Shall we eschew all external applications? If a neurosis, possibly, if a dermatitis, the skin should be protected. Should it not be in any case? The variety of things used would make an interesting catalogue if all our readers would report. Locally we use diluted glycerine. If the skin is delicate we order glycerine one part, and water two, if not, then equal parts. As to remedies, let us see. Lillenthal advises "during the febrile stage to select either Aconite, Gels. or Ver. vir.; for simple erysipelas, Apis or Bell.; if bullæ arise, Canth or Rhus, and for gangrene, Ars., Carb. veg., or Lachesis." Is there not always or generally a fever? In our experience we pay no attention to the fever and do not remember in twenty years to have given

either of Lilienthal's fever remedies. For simple erysipelas we always give Ars., believing with Grauvogl that it reaches deep enough to arrest the inflammatory process even. Then we select Bell., Rhus or Apis as the case develops. If the attack is sudden and rapid, Bell. is demanded, especially if the injected eye, throbbing headache, and delirium are present. Rhus we always think of if vesicles appear. Now if the inflammation is extensive, and the blisters are bullæ, then the similarity to a burn suggests Cantharis. If we have the inflammation dipping deep and assuming a purplish cast, we think of Apis, Rhus and Lachesis, and particularly Arsenicum. If a gangrenous hue appears, then we think first of Arsenicum, next of Lachesis, rarely of Carbo. veg. The attenuation used is low. The high may do as well. Some reported cases would be interesting. The question often arises, is erysipelas a self-limited disease? When it races all over the head two or three times the answer would be no. Again it acts like it. But it is always a satisfaction to nip it in the start with Arsenicum 3 and Belladonna 3, in hourly alternation, as has been done repeatedly.

Do we *all* know *all* about erysipelas? If not, then experience is in order. Has any one tried Schusslers remedies, Natrum sulph., Kali chlor. or Ferri phos.?

THE ACONITE PANORAMA.—Have you seen it spread out before the reader, more novel and wonderful than the Battle of Gettysburg? If there is a physiologist whose blood does not quicken at the singular way Aconite stirs up the animal functions, then he is a duldard indeed. The physician whose therapeutical eye has not made a note of the many strong disease indications for Aconite, is to be pitied. What grand chances for original inferences, especially for those whose mental pabulum is not all "chopped feed."

We have long been curious to interpret the singular Aconite numbness and the peculiar restlessness akin to that preceding death, as well as the mental delusion that "predicts the day he will die." But did you ever have your neck gripped firmly suddenly from behind? Do you remember the shivering even to the finger tips and the terrible anxiety to get that hand away? Now let us take a rear view of Aconite effects upon the heroic provers. See the "chilliness of the back" with "numbness of the back down to the lower extremities."

With that sort of grip on the spinal cord what is the peripheral effects? We read "anxious trembling," "seething through the body, as if the hands and feet would fall asleep," "burning and heat in the lungs," "feeling as if the brain were large," then comes the delusion. In brief, the pathology is partial paralysis of the nerves of sensation (posterior column), to such an extent that death creeps on apace—if the dose is large enough. Consciousness is intact. The physical sense of impending dissolution is real. The sensations are summed up and death predicted. The fever is as one would expect, a nervous one. The causes of Aconite diseases evidently must strike first the nerves of sensation either peripheral, and then central, or central first. The peripheral effect sent from the central disturbance is always febrile and spasmodic, or so called neuralgic vide Aconite angina, croup, pneumonitis, pleurisy, gastralgia, enteralgia, cystitis, etc., when Aconite shows its similia.

The nearest similar drugs in action are perhaps Verat. vir., Camphor, Bryonia and Acetic acid. The acid affects the system in the same way and is its best antidote.

With this view of Aconite pathology it is clear that the tripod of symptoms *—"anxious," "feverish," "restlessness," must all be present. The feverishness with quiet is not Aconite, but Gels. or some other drug. The restlessness without the feverishness may be Arsenicum. The anxiety alone may be Lachesis. As old Dr. Hering truly expressed it, "your therapeutic stool must have three legs to stand on or it will fall." With those three landmarks the Aconite panorama of even 1656 symptoms can all be put on the canvas and the similitude of many disease expressions picked out. Aconite has few analogies. It stands a peer.

*Not anguish (pain,) as many authorities misinterpret it.

Complete removal of the Cerebellum in a Dog.—Prof. Luciani has successfully removed the cerebellum from a dog. The co ordinating movements whilst somewhat disturbed during the process of healing were completely restored when the wound was healed. Whilst the process of locomotion was not as vigorous as under normal conditions, the impairment did not seem to arise from in-co-ordination but rather from lack of muscular tone. When the dog was put into water the movements associated with the act of swimming were performed without any difficulty or irregularity, but when the animal attempted to land, the muscular force was insufficient.—*Weekly Med. Review.*

SOCIETY PROCEEDINGS.

AMERICAN INSTITUTE OF HOMŒOPATHY.

The following is a list of the Bureaus and Committees appointed to report at Saratoga, in June, 1888, together with the subjects selected, so far as known. Already many of these bureaus are busily at work, and we may expect a better series of reports and discussions than we have ever before had.

1. *Clinical medicine*.—J. S. Mitchell, 2432 Michigan Avenue, Chicago, Ill., *Chairman*. W. A. Edmunds, St. Louis, Mo., *Secretary*. A. S. Couch, Fredonia, N. Y.; W. J. Hawkes, Chicago, Ill.; W. H. Dickinson, Des Moines, Ia.; H. B. Clarke, New Bedford, Mass.; St. Clair Smith, New York City, N. Y.; J. W. Dowling, New York City N. Y. Subject: "Phthisis Pulmonalis."

2. *Materia medica*.—A. C. Cowperthwaite, Iowa City, Ia., *Chairman*. E. A. Farrington, Philadelphia, Penn.; S. Lilienthal, New York City, N. Y.; Charles Dake, Hot Springs, Ark.; H. C. Allen, Ann Arbor, Mich.; H. M. Hobart, Chicago, Ill.; Anna M. Warren, Emporia, Kan. Subject not yet selected.

3. *Surgery*.—I. T. Talbot, 68 Marlboro' Street, Boston, Mass., *Chairman*. W. L. Jackson, 84 Dudley Street, Roxbury, Mass., *Secretary*. W. T. Helmuth, New York City, N. Y.; S. B. Parsons, St. Louis, Mo.; G. A. Hall, Chicago, Ill.; C. E. Walton, Hamilton, O.; J. E. James, Philadelphia, Penn.; J. H. McClelland, Pittsburgh, Penn.; H. L. Obetz, Ann Arbor, Mich.; M. O. Terry, Utica, N. Y. Subject: "Inguinal and Femoral Hernia."

4. *Organization, registration and statistics*.—T. Franklin Smith, 62 East 128th Street, New York, N. Y., *Chairman*. I. T. Talbot, Boston, Mass.; C. E. Fisher, Austin, Tex.; W. E. Leonard, Minneapolis, Minn. Subjects: (1) "Statistics of Institutions;" (2) "List and Present Status of Elected Members;" (3) "Autobiographies of Present Members."

5. *Obstetrics*.—George B. Peck, Providence, R. I., *Chairman*. Julia Holmes Smith, Chicago, Ill., *Secretary*. C. E. Fisher, Austin, Tex.; L. S. Ordway, St. Louis, Mo.; Sheldon Leavitt, Chicago, Ill.; L. M. Kenyon, Buffalo, N. Y.; O. B. Gause, Philadelphia, Penn.; W. B. Elder, Terre Haute, Ind.; C. G. Higbee, St. Paul, Minn.; Alice B. McKibben, St. Louis, Mo. Subject: "Post-partum Emergencies."

6. *Gynecology*.—L. A. Phillips, 165 Boylston Street, Boston, Mass., *Chairman*. S. P. Hedges, Chicago, Ill., *Secretary*. Phil Porter, Detroit, Mich.; B. F. Betts, Philadelphia, Penn.; H. K. Bennett, Fitchburg, Mass.; C. B. Kinyon, Rock Island, Ill.; M. T. Runnels, Kansas City, Mo.; Robert Hall, Providence, R. I.; L. L. Danforth, New York N. Y.; C. T. Canfield, Chicago, Ill. Subject: "Diagnosis and Treatment of Organic Diseases of the Uterus."

7. *Pædology*.—R. N. Tooker, 237 Dearborn Avenue, Chicago, Ill., *Chairman*. C. D. Crank, Cincinnati, O., *Secretary*. Martin Deschere, New York, N. Y.; W. H. Harrison, Baton Rouge, La.; Millie J. Chapman, Pittsburgh, Penn.; C. H. Lawton, Wilmington, Del.; J. C. Sanders, Cleveland, O.; A. A. Whipple, Quincy, Ill.; C. W. Enos, Jerseyville, Ill. Subject: "Diseases of the Respiratory Apparatus."

8. *Ophthalmology, otology, and laryngology*.—Alfred Wanstall, 228 North Eutaw Street, Baltimore, Md., *Chairman*. J. H. Campbell, St. Louis, Mo., *Secretary*. J. H. Buffum, Chicago, Ill.; H. C. French, San Francisco, Cal.; H. C. Houghton, New York, N. Y.; H. P. Bel- lows, Boston, Mass.; F. Park Lewis, Buffalo, N. Y.; F. H. Boynton, New York, N. Y.; C. G. Fuller, Chicago, Ill.; D. G. Woodvine, Bos- ton, Mass. Subject: "New Remedies and New Methods of Treat- ment."

9. *Anatomy, physiology and pathology*.—William Owens, corner 7th and John Streets, Cincinnati, O., *Chairman*. William Owens, Jr., Cincinnati, O., *Secretary*. M. Pomeroy, Cleveland, O.; J. W. Morris, Wheeling, W. Va.; F. L. Davis, Evansville, Ind.; John A. Rock- well, Norwich, Conn. Subject: "Tuberculosis. (1) Tubercle: its *Æti-* ology; (2) its relation to the Nerves of Organic Life; (3) its relation to Nutrition; (4) its relation to the Scrofulous Dyscrasia; (5) Tubercle considered as a Symptom."

10. *Sanitary science*.—Lemuel C. Grosvenor, 185 Lincoln Avenue, Chicago, Ill., *Chairman*. D. H. Beckwith, Cleveland, O.; R. N. Tooker, Chicago, Ill.; H. E. Beebe, Sidney, O.; R. F. Baker, Daven- port, Ia.; E. U. Jones, Taunton, Mass.; P. Dudley, Philadelphia, Penn.; Anna M. Warren, Emporia, Kan.; M. H. Waters, Terre Haute, Ind. Subject: "Our Homes: their Hygienic and Sanitary Conditions."

11. *Pharmacy and provings*.—Lewis Sherman, 171 Wisconsin Street, Milwaukee, Wis., *Chairman*. T. F. Allen, New York, N. Y., *Secretary*. A. C. Cowperthwaite, Iowa City, Ia.; C. Wesselhoeft, Boston, Mass.; P. Dudley, Philadelphia, Penn.; W. J. Hawkes, Chicago, Ill.; C. W. Butler, Montclair, N. J.; A. Koerndorfer, Philadelphia, Penn. Sub- ject: "Potentization by Means of Trituration and Succession."

12. *Psychological medicine*.—J. D. Buck, 136 West 8th Street, Cincin- nati, O., *Chairman*. S. H. Talcot, Middletown, N. Y.; W. S. Greene, Little Rock, Ark.; O. P. Baer, Richmond, Ind.; J. M. Kershaw, St. Louis, Mo.; S. Lillenthal, New York, N. Y. Subject: "Will and Understanding (Consciousness), in Disease, or Disturbed Brain- Function."

13. *Microscopy and histology*.—A. R. Wright, Buffalo, N. Y., *Chair-* man. W. Y. Cowl, New York, N. Y., *Secretary*. C. Wesselhoeft, Boston, Mass.; L. B. Couch, Nyack, N. Y.; J. S. Mitchell, Chicago, Ill.; J. C. Morgan, Philadelphia, Penn.; W. A. Haupt, Chemnitz,

Prussia; J. M. Crawford, Cincinnati, O.; F. Park Lewis, Buffalo, N. Y. Subject: "The Bacteria of Tuberculosis and some of the Zymotic Diseases."

14. *Medical education.*—Charles E. Walton, Hamilton, O., *Chairman*. H. C. Allen, Ann Arbor, Mich., *Secretary*. W. L. Breyfogle, Louisville, Ky.; I. T. Talbot, Boston, Mass. Subject: "The Relation of the Institute to Medical Education."

15. *Medical legislation.*—A. I. Sawyer, Monroe, Mich., *Chairman*. J. W. Murrell, Mobile, Ala.; H. M. Paine, Albany, N. Y.; A. S. Everett, Denver, Col.; J. R. Flowers, Columbus, O.; T. S. Verdi, Washington, D. C.; Hugh Pitcairn, Harrisburg, Penn.; R. Ludlam, Chicago, Ill.; W. Von Gottschalk, Providence, R. I.; R. F. Baker, Davenport, Ia.; J. P. Dake, Nashville, Tenn.; G. H. T. Johnson, Atchison, Kan.; C. E. Fisher, Austin, Tex.; L. S. Ordway, St. Louis, Mo.; J. V. Hobson, Richmond, Va.; O. S. Wood, Omaha, Neb.; Lewis Sherman, Milwaukee, Wis.

16. *Medical literature.*—F. H. Orme, Atlanta, Ga., *Chairman*. P. Dudley, Philadelphia, Penn.; A. K. Crawford, Chicago, Ill.; G. W. Winterburn, New York, N. Y.; H. Packard, Boston, Mass.

17. *Foreign correspondence.*—T. M. Strong, Homœopathic Hospital, Ward's Island, N. Y.

18. *Intercollegiate.*—This committee consists of the two delegates from each of the medical colleges.

19. *Local arrangements.*—Edw. S. Coburn, Troy, N. Y.; T. F. Allen, New York City, N. Y.; H. M. Paine, Albany, N. Y.; E. M. Kellogg, New York City, N. Y.; S. Pearsall, Saratoga Springs, N. Y.

CORRESPONDENCE.

A HOMŒOPATHIC SET-BACK IN MICHIGAN.

EDITOR INVESTIGATOR: We have to confess a serious disappointment in our state. After all our labor to secure the introduction of Homœopathy into the New Northern Insane Asylum, in this state, the Allopaths have secured the medical superintendent. The *fiasco* came about in this way: First, we allowed a blockhead to draw up, and have introduced into the legislature, two years ago last winter, the bill through which we expected to get Homœopathic control of the new asylum. The bill read as follows: "The trustees of said asylum are hereby authorized to appoint a Homœopathic medical superintendent, etc." After this was introduced we saw the defect, but were persuaded that it would work all right if passed. After a hard contest it did pass, and last winter when the Allopaths tried to repeal it, they were defeated after an all day's discussion. This bill, or law

after its passage, in all decency should have been complied with by the trustees, but because they did not say "they *shall* appoint, etc.," they have ignored it.

Secondly, we laid before the trustees, with his consent, the name of a prominent physician who has had several years' experience as assistant in an eastern Homœopathic asylum. The trustees favored him, and agreed to appoint him permanently, or for six months only, if he would serve that long. At a late day he wholly declined to accept. We then offered either of two others, who were very suitable in our opinion, but the trustees said they would have the first named, or not a Homœopath at all. And thus we have lost one of the *largest* and *finest institutions in this country*. This is greatly to be regretted, as it is rumored that several other states were contemplating the erection of Homœopathic asylums, and looking to ours as an example of practical working Homœopathy.

It is a great disappointment to us, and should be deplored by all true friends of humanity.

We can do nothing in the matter until the next meeting of our legislature in the winter and spring of 1887. What we can then accomplish is most uncertain as there will be three powerful boards of trustees (there are three insane asylums, each with its board) against us.

However, we do not feel quite so badly as did once a great revival preacher who in a prayer said, "we ought to spit in our own faces and kick ourselves into h—," but we have been badly sold all around.

E. R. ELLIS.

DETROIT, Mich.

[We believe that any court of justice would take a liberal view of this law and compel the board to carry out the intent of the legislature.—ED.]

Wounds, Ulcers, Burns, etc.—Naphthalin. It is of practical use in septic, chronic ulcers, and in septic burns and in such cases is the best antiseptic that can be used. Dr. Stewart has used it in many cases of deep ulceration, and has often in cases in which two ulcers occur in the same limb, compared its action with that of iodoform; the one treated by Naphthalin healed much quicker. When a wound becomes antiseptic, iodoform often interferes with the healing process, whereas Naphthalin promotes it. It is more powerful and at the same time less irritating than Carbolic acid. It may be used in the form of powder, gauze or jute. In cases of putrid ulcers, he applies the powder by dusting; and when the wound becomes antiseptic, he applies the gauze or jute till the ulcer heals.—*Philadelphia Med. News*.

NEW BOOKS.

THE POULTRY RAISER, a monthly at 25 cts. a year and the **SUMMIT LAWN POULTRY BOOK**, (25 cts.) are both published by R. B. Mitchell, Chicago, and will interest some of our readers. They are both valuable. We have about concluded that there is no tonic or food like eggs. A consumptive patient who tried Cod Liver Oil, Hydroleine, etc., was induced to take instead poached eggs, and she reports that she now "feels like a fighting cock." She has steadily gained in flesh and vigor. As hygienic adjuvants we believe that nothing can compare with milk and eggs; a pint of boiling water on a beaten up egg sweetened or salted to taste makes "a night cap" incomparable. It is becoming very popular with the clergy. Physicians should be interested in Poultry, and some make it very profitable.

DISEASES OF THE TONGUE, by H. T. Butlin, T. R. C. S. Philadelphia: Lea Brothers & Co.: Chicago: Duncan Bros. 16 mo, pp., 452. Price \$1.50.

This is another of those clinical manuals for practitioners and students that are being issued in this country and England. This one was prepared by a member of the staff of St. Bartholomew's Hospital, and is a very comprehensive and practical work. We commend it to our practical readers who will have to supply the therapeutics from our works on this branch.

CHART OF TUMORS, Embracing the Classification, Characteristics, Diagnostic Features, Prognosis and Treatment. By G. F. Shears, M. D. Chicago: Duncan Bros. Price 50 cents.

This chart gives the classification, definition, character and growth, diagnostic features, prognosis and treatment, all in a nutshell. To physician and student this chart will be invaluable.

A LECTURE ON HOMŒOPATHY. By C. Wesselhœft, M. D., before the Boylston Medical Society. Boston: Otis Clapp & Son. Chicago: Duncan Bros. Price 10 cents.

The interesting part of this lecture is that an Allopathic Society, (of Harvard Medical School), should invite a Homœopath to explain the faith he professes. They do it, however, in their own way. Fourteen ingenious questions are put to the lecturer, and he here answers them in a masterly manner, and with a courtesy that cannot but do good. It will be a good pamphlet to loan inquiring Regulars.

CLINICAL LECTURES ON OTOLOGY. By H. C. Houghton, M. D., Prof. Otolaryngology New York Homœopathic Medical College. Boston: Otis Clapp & Son. Chicago: Duncan Bros. 8 vo., pp. 260. Price \$1.50.

When the revolution took place in 1868 giving the New York Ophthalmic Hospital into the hands of our school, Dr. Houghton was commissioned to look after the ears. Soon after that a work on Dis-

eases of the ear, and their Homœopathic treatment, by him, was announced. But overwork produced a serious illness that laid him aside, but the effort to make a complete satisfactory work delayed it more. In the meantime other works appeared, and still the field is not occupied fully, and we are glad to get Prof. Houghton's experience of seventeen years' treatment of thousands of ears. This book consists of twelve practical lectures, and an appendix, or more properly speaking, a clinical index. It is a valuable book for students and as good as a course of lectures to physicians. He that can appreciate a good thing, "lend an ear."

TABULÆ ANATOMICÆ OSTOLOGICÆ. Editæ a Cuolo H. Von Klein altium magister medicinarum doctore *editio Emendata.* Cincinnati: Lithographic Co. Chicago: Duncan Bros. 4 to. Price \$5.00.

In plain English this is an atlas of the bony framework. It is the finest thing of the kind. Every student should have one.

THE INDEX CATALOGUE of the Library of the Surgeon General's office has reached Vol. VI, which brings the subjects down from Heastle to Insfeeldt. One has but to look over the array of articles and works on hygiene, to get an idea of the drift and progress on this one subject alone. This index is invaluable.

TEXT BOOK OF MATERIA MEDICA. By A. C. Cowperthwaite, M. D., Prof. of Materia Medica, Iowa University. Chicago: Gross & Delbridge. Duncan Bros. *Third edition.* pp. 687. Cloth \$5.00.

When a book appears in a new edition the question arises what are the changes, and why are they made? We are informed that this edition of a popular text book has had added to it about one hundred remedies, or in other words the student has 240 remedies to learn. Much as the student of to-day surpasses those of the long ago we doubt if they are able to master this large number. The maxim of the old fathers, "Twenty remedies well learned are better than one hundred known only imperfectly," is perhaps not wholly true. The study of materia medica is a slow process at the best. We infer that the moderated list in the former editions was a strong point in its favor. Now why such remedies, as "Carlsbad" that takes up five pages, is to us a mystery. The book maker's art might explain. As a professor once said of another "text book," it strikes us as being too voluminous. This enlarged work is drifting out as a reference work for physicians. But that brings it into criticism from another direction. Does this work facilitate the selection of the remedy? If it does not, then it fails of its mission. We let others decide. We have not space to take up each remedy, and the many comparisons. While we note many additional symptoms and corrections where most needed, we must confess that a careful sifting and an extended analysis or comparison of symptoms would have kept the

work more in its proper sphere. We learn new remedies only by a comparison. While saying all this we hold the work in high esteem, and regret to see the drift in the wrong direction. The various attempts at a text book on materia medica, only proves that the right one has not yet appeared, however close this one may approach it.

PAMPHLETS RECEIVED.

Florida as a Health Resort, by Martin F. Coomes, M. D.

Tabular Statistics of One Hundred Cases of Urethral Stricture Treated by Electrolysis without Relapse, by Robert Newman, M. D.

Inflammation of the Iris, with report of cases, by Martin F. Coomes, M. D.

A Description of the Improved Senometer, by Martin F. Coomes, M. D.

Voice in Singers, by Carl H. Von Klein, A. M., M. D., of Dayton, Ohio. Price 25 cents.

St. Clair Mineral Spring and Oakland Hotel. This pamphlet is issued by this great hotel. This Mineral Spring is the great resort in Michigan.

Duty of the State Towards the Medical Profession, an address delivered before the Medical Alumni Association of the University of Michigan, by Conrad George, M. D.

An Address on Cholera Infantum, By William Perry Watson, A. M., M. D. Philadelphia: John E. Potter & Co.

This is a reprint from *The Archives of Pediatrics* for August and is interesting.

MEDICAL NEWS ITEMS.

Dr. E. A. Wehrman, of Indianapolis, has gone to Europe and will be absent six or seven months.

The North American Journal of Homœopathy, under the new regime, opens out well. It is loyal to the cause.

Dr. T. C. Duncan has been elected president of the North-Western Savings, Loan and Building Association for a third term.

Stricture of the Urethra.—*Dr. R. Newton*, (N. E. Medical Monthly), reports curing one hundred cases of stricture of the urethra, by electrolysis, with no relapse.

A ready remedy for warts.—A writer in one of the medical journals says he has found the application of a strong solution of chromic acid, three or four times a day, by means of a camel's hair pencil, to be the best and easiest method for removing warts.

Sulpho-carbolate of soda for bee stings.—Dr. Thomas Edwards, in the *Lancet*, September 22d, 1883, says that in case of great swelling of the face from the sting of a bee, he gave fifteen grains of this drug in an ounce of water every four hours, with most gratifying results.

"*Comfort the Feeble Minded.*"—The Wilbur School and Home for Feeble Minded Children, at Kalamazoo, Michigan, opened for the admission of inmates on Monday, August 3, 1885. All who wish to enter the present school year should make application to

DR. C. T. WILBUR, Kalamazoo, Mich.

Peacock's Fucus Marina.—I tried "Peacock's Fucus Marina," in two cases of typho-malarial fever (or remittent bilious fever with typhoid complications) with success, and I also used it in one case of jaundice with the best results.

P. MCADAMS, M. D.

ROSEDALE, Ohio.

Dr. Jas. A. Campbell, Oculist and Aurist, has removed his office to No. 1729 Washington Avenue, North East corner Eighteenth Street, St. Louis, Mo. The doctor makes this change to accommodate his large and growing practice. The doctor is well up in his specialty, and promises us something for our pages soon.

Rectal Ulcers.—Dr. S. A. Newhall writes: "I find your *Non-Alcoholic Calendula* excellent as an injection for rectal ulcers. It is also an excellent application to all abrasions and ulcerations of the os cervix or vagina, and far superior to *Hydrastis* or anything else I have used. Price per bottle, \$1. For sale by Duncan Bros.

Portrait of Hahnemann.—Through the courtesy of Messrs. Appleby & Co., of Buffalo, we are in receipt of a handsome, lifelike portrait of Hahnemann. We understand that a few similar ones can be obtained at the low price of \$1.00. It is fine enough to grace any office or parlor even. They are the best possible likeness of the good old man.

Salicylic acid to prevent variola.—The editor of the *Southern Clinic* certifies, along with Dr. Claridge and Dr. De Cailhol, to the abortive powers of salicylic acid in variola, given in the ordinary doses. Dr. Bryce thus concludes: "I believe salicylic acid used early and freely will place small-pox in the category with measles, chicken-pox and other trifling complaints.—*Louisville Med. News.*"

Notice.—Until further notice we will retail Medical Supplies to physicians at wholesale rates. We do this to increase our patronage and induce those who have never tried our goods to do so.

Triturations, one half pound 90 cents. One pound \$1.50, from 2x up. When you want goods write us. All orders Cash or C. O. D. DUNCAN BROS. 133 and 135 Wabash Ave.

Perosmic acid in cancer, is a new remedy employed by Professor Winiwarter in cancerous and scrofulous swellings. It is used by in-

jecting daily three drops of a one per cent. solution of the acid, which treatment causes the tumor to soften and decrease in size; the dead tissue is thrown off, and disappears in about a month. No curative effects upon cancer itself have been observed from the remedy.
—*Kundschau, Leitm.*

Aletris Cordial.—I have prescribed Aletris Cordial to Miss K., age 30. Chronic endometritis of two years standing, accompanied by retro-version; after correcting the latter, the Aletris Cordial was prescribed for one month, resulting in cure. Having used Aletris Farinosa for fifteen years past, I do not hesitate to recommend Aletris Cordial as the best preparation of that agent I have seen.

SALEM, Ohio.

L. HENDERSON, M. D.

Horlick's Food as a drink.—"Liebig recommends the food as a nutritious drink for adults as well as children. Its suitability for invalids and convalescents, for nursing mothers, and starchy dyspeptics goes without saying. Liebig recommends it in coffee in the place of cream. I have found it very good in chocolate. With coffee, especially in the style of *café au lait*, I have found it a capital breakfast drink. I think that both coffee and chocolate *à la Liebig*, if they could be made fashionable, would make a most useful addition to our dietary."—*Dr. E. T. Williams, Boston.*

Remarkable freak.—A lady residing in the vicinity of Lafayette, Ind., gave birth to a child which is a remarkable specimen of "Lusus naturæ." The new-born baby is one-half white, of the pure Caucasian type, while the other half is as black as the ace of spades. A clearly defined line divides the two colors, which commencing at the top of the forehead and passing down, terminates at the lower part of the abdomen. One hip and leg is white and the other black. An ante-natal fright is supposed to be the cause. The child is a girl and so far hale and hearty. Of course it is an object of great curiosity.

Non-Alcoholic Fluid Calendula.—Professor E. M. Hale, M. D., of Chicago, says about this preparation: "I find it to act admirably in all cases of muco-purulent discharges from the uterus, even in cancerous ulcerations. It soon changes the fetid, irritating discharge to a bland, non-fetid and unirritating one. I apply it on cotton tampons to erosions and abrasions of the os, and also to the contiguous parts by means of a cotton wrapped probe. Mixed with *Fluid Hydrastis* or *Muriate of Hydrastine*, it cannot be equalled by any other medicine in all vaginal disorders. Price per bottle, \$1. For sale by Duncan Bros.

How Soon after Exposure to Sepsis May the Accoucheur Resume Practice? The great bulk of obstetricians and surgeons to-day, among whom may be mentioned Emmett, Battey, Goodell and Thomas in this country, and Martin, Schroeder, Volkmann, Nussbaum and Esmarch in Europe, believe that time is not essential, and that thorough disinfection is only necessary. So confident is Volkmann of the truth of his belief, that from work upon the cadaver he goes to operations of all sorts, and from fetid abscesses and erysipelatous cases he goes directly to obstetric cases. He says, unconditionally, "I have never infected a patient."

THE
UNITED STATES
MEDICAL INVESTIGATOR.

VOL. XXI.—DECEMBER, 1885.—No. 12.

THE UNITED STATES MEDICAL INVESTIGATOR for 1886 will be very much better than ever. Renew at once, so as to commence with the next volume.

TREATMENT OF PLEURO-PNEUMONIA.

BY O. N. HOYT, M. D., DULUTH, MINN.

I was called July 7, 1885, to see Mr. J—R—, a German aged about forty, and found that his previous medical attendants (Allopathic), had decided that he could live not to exceed twenty-four hours longer.

Mr. R— had been sick about three weeks of pleuro-pneumonia. An effusion of pus had taken place in the left pleural cavity, about three pints of which had been removed by aspiration the day previous to my being called. The patient was indeed very low; pulse 140, respiration 40 per minute, temperature 101°. The indicated remedies were given with little, or almost no relief, for three days, when, as it seemed, the patient was about to die; the cold sweat, so

characteristic of *Veratrum alb.*, appeared upon his hands and face. This remedy was given each fifteen minutes with marked relief. The pulse, which previously could hardly be counted, became more regular and strong; the respiration less frequent, and in a couple of hours the patient began to praise "that fifteen minute medicine."

For a few days there was some improvement, but then it was noticed that the pleural cavity was certainly refilling. Remedies were given to secure absorption if possible. For a couple of weeks it seemed that the efforts might be successful. Then the area of dullness increased, and the patient began to suffer more pain. At this time Drs. Bowman and Strickler, my colleagues in this city, who had been called in consultation a number of times, decided with me that the accumulated pus must be removed from the pleural cavity. An aspirator was used, but with it only a small amount of thick, healthy pus could be drawn. A free opening was then made by Dr. Strickler in the sixth inter-costal space, and immediately below the axilla. Through this opening was discharged about one quart of matter. A three-eighths rubber tube was inserted one and one-half inches into this opening, and antiseptic dressings were bound over this with adhesive straps. During the first night after the operation, a pus cavity, which must have been confined by adhesions, broke into the opened cavity and discharged probably an additional quart of matter. The cavity was syringed out thoroughly through the inserted tube, twice each day with a five per cent. solution of boroglyceride, to which was added at times, a little *Calendula*. At each inspiration the air would rush in through the tube, not allowing of the needed expansion of the adjacent lung which should receive the air. To stop this annoyance, as it proved very annoying to the patient, the tube was corked after each dressing.

At the time of this operation the condition of the patient was, pulse 140, respiration 44, temperature $99\frac{1}{2}^{\circ}$. Although there followed quite a reduction of the pulse, the general

condition remained about the same as before the operation, and soon an exhaustive diarrhœa set in. This was not considered as wholly a bad symptom, as it might be caused by the absorption of septic matter by the wound, and be of benefit to the patient rather than otherwise.

The indicated remedies, as Hepar sulphur, Sulphur, Arsenicum, Carbo veg., Croton tig., etc., were given. As the wished for improvement seemed to be very slight, and at times purulent matter was washed from the cavity, it was thought that the washings did not reach to the bottom of the cavity, so in two weeks a second opening was made in the eighth inter-costal space, about four inches from and posteriorly to the first. This discharged quite freely, and the cavity could now be cleansed, the water passing in at one opening and out at the other. In the latter opening a silver tube was placed; the nearness of the ribs at this point did not allow of the rubber being used.

For three weeks after the last operation, but little improvement could be noticed, indigestion and diarrhœa causing much trouble. Dr. Strickler and the writer watched the case closely, believing that eventually our patient would recover. At this time, or about Sept. 1st, there was noticed a lessening of the discharge, and that less could be injected into the cavity. About one week later the wash would not pass from one opening to the other, and a general improvement was noticed; the inserted tubes had to be shortened, and two weeks later were removed. There was a slight discharge a couple of weeks after their removal. At this writing, Nov. 6th, the patient seems fully restored to health.

On the Treatment of Ingrowing Toe-nail.—Prof. Petersen, of Kiel, communicates to the *Deutsche Med. Wochensch.* of March 27, his method of treatment in cases of ingrowing toe-nail. He removes the whole of the soft parts down one side of the nail, extirpates the nail itself, from antiseptic motives, and, after arresting bleeding by pressure, dresses the wound rapidly with oxide of zinc and cotton-wool. Fourteen days rest in bed, with the foot raised, generally suffices for cure, and the contraction of the cicatrix prevents a relapse to the old condition. Prof. Petersen prefers general to local anæsthesia, on account of the troublesome bleeding afterwards; and for the same reason he does not approve of Esmarch's bandage in this operation.

ON SCARLET FEVER.

Will you please allow me space in your journal to explain a point in my article on scarlet fever, which was in your August number, a little more clearly, as the remark of Dr. Morrison shows it is being misinterpreted.

I do not mean that the so-called alkaline child is more liable to have scarlet fever, or to have it more severely.

I think the very next verse from the one from which he makes his quotation will prove that. What I do mean is this: That the systems of all healthy children at the time of birth are alkaline, (a child born with an acid condition of the system is ill, and needs medical attention, and the probabilities are it will not live long enough to take scarlet fever), and that their food is alkaline, and the digestive fluids are also alkaline, digestion being done mainly by the bile and intestinal glands' secretion, which are strongly alkaline. Even the secretion of the stomach at this time is either neutral or alkaline.

In a short time the salivary glands and the pancreas begin to pour their secretions, which are strongly alkaline, out upon the food. So, taking all combined, it makes a child's system so alkaline that, as Professor Duncan says, this alkalinity is or should be present for several years. But now the gastric juice begins to get more and more acid, and the system begins to turn from an alkaline to an acid.

Now what I claim is this: That children who have scarlet fever the most, and severe, are those whose systems are at their highest stage of alkalinity, or those in whose systems the greatest chemical changes are taking place, viz., from an alkaline to an acid.

J. R. S.

EXPERIENCE WITH COCAINE.

BY W. A. WHIPPLE, M. D., GOSHEN, IND.

While I do not wish to take your time or space in your valuable journal, I thought perhaps the following brief and clear description of some of the effects of Cocaine might be interesting; and that given by the pen of the person affected by this new anæsthetic.

The lady was suffering from a decayed tooth; she states: "Learning that our dentist, Dr. L——, had been using Cocaine with very good success, thought I would try it. He injected in the tooth and around the root.

In a few moments it felt benumbed, so that I did not feel the lance as he slipped it around it, but I did have a queer feeling, beginning at my toes and passing all over me.

Before I could speak of it the dentist had put on the forceps and was pulling my tooth. It hurt *fearfully*; as bad as if I had had nothing.

I began to feel my face twitch and jerk, and I was becoming very faint. The doctor put cold water on my face, and Ammonia to my nose. Everything turned black; I could hear his voice as if in the distance, asking who was my physician. My lips and face were so numb that I tried for some time before I could say. He went to the door and called for some one to go after my doctor, whose office was only up the next stairway. The messenger soon re-entered to say the doctor was not in. Meantime Dr. L—— was rubbing my hands and putting cold water on my face.

I felt *icy cold* and numb, and as if there was a heavy weight on my chest so I could not breathe. My breath came in little gasps, it seemed as if each one would be the last I could get. The doctor tried through his telephone to call a doctor, but no one could be found. I got so I could tell him to open the window which was in front of me. He told me I must drink some water, and held the glass to my lips. I

tried so hard, but I could not make the motion of drinking.

He finally took me out of the chair and laid me on the lounge. I cannot describe that *awful* numb cold feeling; I think I was conscious all the time, in a dim way. I felt that I was alone and must not let myself go. I don't know how long this lasted, but I finally got so I could see, then I was sailing around the room just a little way from the floor. Gradually I could sit up, though things grew pretty black after the first effort, and it was still hard work to breathe. My mouth did not bleed at all until then. I kept asking the time, for I knew mamma would be worried to death at my ~~being~~ gone so long. I went to the office at 10 A. M.; at 12 M. I started for home, feeling it would be better to walk. My feet and limbs were cold and numb as far as my knees, and felt as if they were asleep.

Mamma was watching for my coming, and said I came as far as she could see me, like a drunken man. My feet remained cold all day, and such a fearful headache. I remained weak and good for nothing for several days."

"HOW I TREATED ERYSIPELAS."

BY W. A. DEWEY, M. D., PETALUMA, CAL.

In the August number of your excellent journal, I noticed an article under the above heading. In the October number of the same journal I was pleased to read an excellent criticism of the same, signed, "Sarchet."

Let me add a few words on the same subject, and tell how I treated erysipelas, and with what results.

During the years of 1880 and 1881, I was one of the resident physicians at Wards Island Homœopathic Hospital, New York, six months of which time, Oct. 1st to April 1st, I held the office of House Physician, and had under my charge the erysipelas wards, both male and female of that institution. Counting the patients, I found in the ward

upon my entrance to the service, and those remaining in the ward when I left it, I find that I had 168 cases of erysipelas under my care during these six months. There were of these 155 discharged *cured*. Eight remained in the ward upon my leaving it, and five died during my service. Of the five that died, *all* were complicated cases. One was a man of about sixty, who had a cancer of the lower jaw, which had so weakened him that erysipelas soon did the rest. Two others were cases of phthisis in the third stage, which contracted erysipelas in the hospital, which was unfortunately unavoidable, owing to the crowding of patients upon us by the city authorities during that severe winter. The fourth case of death was one of erysipelas of the scalp, complicated with delirium tremens; meningitis supervened, and the patient succumbed. The fifth case—I have forgotten what the complication was in this case. Since I left the hospital I have treated but four cases, making in all 172 cases which I have treated, not losing a single uncomplicated case. Are there any Allopathic statistics that can compare with these? If so, I should like to hear of them.

Most of the above patients were from the scum of New York. Twenty-five per cent. of them at least, were complicated with alcoholism, either in a mild form, or delirium tremens. Some of the cases were of traumatic origin, some, idiopathic. We had it attack the face, scalp, breast, scrotum, extremities, and a worse class of patients, or worse types of the disease, would be difficult to find.

Now for the important point, the treatment of this disease,—“how I treated it.” I never used Quinine, Calomel, Elaterium, Morphia nor *Iron*, in any shape, form or fashion, as the Allopaths (don’t call them “Regulars,” it flatters them too much!) do.

I *did* alternate Rhus tox. and Apis mel. in about fifteen cases, but I did it for an experiment. I alternated them in pure Rhus cases, I alternated them in pure Apis cases, I alternated in a few cases where I was “on the fence” between

the two, with the result that all cases treated by the alternation of *Rhus tox.* and *Apis mel.* took twice as long to get well, and were far more subject to relapses than those treated by the single remedy. In fact, I think that those that got well did so in spite of the remedies, but I found most of them had relapses of the disease.

This pretty clearly proved to my mind that there is such a thing as the inimical relation of drugs, especially between *Rhus tox.* and *Apis mel.* This was my only alternation, and I used the 3rd dilution.

The balance of the cases were treated with the single remedy, nearly all the 30th potency, never lower than the third, and I found that in the majority of cases that the temperature on the second day was very much decreased, and convalescence commenced from the fourth to sixth day, according to the severity of the case. In those complicated with alcoholism it was sometimes delayed to the tenth day.

I used no local applications except dry cotton and flour in a few cases, and when abscess formed, as it will occasionally when the extremities are attacked, I used flaxseed poultices. I am sure I prevented many abscesses by the timely exhibition of a dose or two of *Hepar sulph.* 30th or 200th.

Among the principal remedies used were *Aconite*, *Bell.*, *Bry.*, *Apis*, *Cantharis*, *Lach.*, *Rhus*, *Hep.*; these covered the majority of cases. In those cases complicated with alcoholism, *Bell.*, *Hyos.*, or *Stram.* were all that were required. In passing I will add that *Ranunc. bulb.* tincture has a wonderful reputation in the hospital for the cure of delirium tremens. I have used it in many very violent cases with great success. Have also tried it in potency, but it does not seem to answer; perhaps I did not go high enough; however, the indications for its use are very meagre.

In cases where erysipelas attacks an ulcer of the leg, causing the tissue to break down and become foul smelling, I have found a solution of Permanganate of Potash to wash out the sloughs, and afterwards applied on cloths, to do ex-

cellent service. I believe this to have a non-medicinal effect thus applied; it simply acts as a disinfectant, owing to its great oxidizing power.

In conclusion will say that I have had an excellent opportunity of comparing the above treatment and its results, with that which was used in these same wards the six months prior to my service, while I was but an assistant, when all sorts of local applications, such as Hydrastis, Veratrum, Ledum, Iron, etc., were used together with a *liberal* attenuation of remedies, and I was not at all surprised to find that pure Homœopathy would easily carry off the laurels on the treatment of erysipelas.

MANAGEMENT OF LABOR.

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

Read Before the Ohio Homœopathic Medical Society.

The management of labor interests every general practitioner of medicine. Its mechanism is well taught in our text-books, and will not receive notice at our hands in detail, but we will call attention to some of those points which are not ordinarily so well settled and which it is well to discuss in medical societies; that a full understanding may be had of the experience of the profession on items of management which should be understood as thoroughly as possible.

First—The management of labor may well commence soon after pregnancy occurs. This is preparatory to labor, but is a necessary part of the conduct of labor considered in its entirety. The object of studying this part of our subject is that labor may be so conducted as to be safe to mother and child; and entail as little suffering as possible, and consume as little time as may be consistent with safety, as the physician's time is valuable and the worry of mind of the patient and friends and the sufferings of the parturient woman are

worthy of serious consideration, and we find that he who conducts a labor rapidly and safely is the most appreciated by patient and friends. To accomplish this object some attention to the patient during the period of gestation is important. This is not always possible, as we are sometimes not engaged to attend the case until labor has actually commenced, but where it is possible let us give the pregnant woman the benefit of our experience, in helping her to have her system and that of the child also in a favorable condition at as early a day as possible; therefore, advise the mother to live mostly upon fruits and vegetables and eat little or no meat, no graham bread or cakes, and drink no hard water. Let her drink rain water if possible as a rule. This diet is for two purposes, to cause her muscular system to be less rigid and prevent a full ossification of the bones of the child, that its cranial bones especially may be ununited at birth and hence more yielding and consequently readily moulded to the shape of the pelvis of the mother at the time of delivery.

The *lack* of tonic rigidity of the muscular system of the mother, also facilitates dilatation and hence aids rapid and safe delivery, and we think also makes the danger of post partem trouble less imminent. Pregnant women should take moderate exercise, avoid dissipation of all kinds, permit no tight lacing, have cheerful company, and be exposed to no depressing influences and look upon no disgusting objects. Sexual intercourse should be discontinued, a nursing child should be weaned, the bowels should be regularly evacuated, though cathartic medicines must be avoided and all medication should as far as possible be omitted, except it be the single exception of the use of *Puls*. This I have given in the 3x dilution *morning and evening* for a month before confinement with apparent benefit, and many others have had a similar experience. I think the *Puls*. acts beneficially in giving strength to the uterus and makes its contractions more regular and efficient. No treatment of the

nipples either to harden or soften them is desirable. Letting them alone we have found the better plan. Encourage the patient to sleep all she feels inclined to, both before and after confinement.

When labor sets in and we are convinced that the full term of gestation is accomplished, we have to think of the best means to obtain full dilatation of the os uteri and vagina. If the bag of waters is intact we should be careful not to break it, that it may act as a dilating force as soon as it projects through the os, but before it does so, it is well to apply a little Belladonna ointment diluted one-half with vaseline, to the uterus around the os, and use one or two fingers as a dilating force at each pain. We let the fingers remain in the vagina between pains so as not to dry the vagina by removing the normal secretions, which would be done by the frequent removal of the fingers from it. As soon as the bag of waters presses well out through the os at each pain, and we have ascertained that the head or breech is presenting, we need make no further examination for a while. As a rule the patient may lie upon her left side during the stage of dilatation. Allow her to rise and evacuate the bowels or bladder as often as she chooses; in fact, ask her to do this, if she does not mention it. If she does not pass urine freely, and has not for some time, empty the bladder with the catheter. If the bowels have not recently moved, or we feel the rectum distended with feces, have an enema of warm water and soap used, and cause a free evacuation. Have the room warm, and allow the woman to walk about in the early stages of labor if she desires, seeing to it that her feet and limbs are kept warm, and when a pain comes on let her kneel by the bedside or by a chair till it is over. If she is chilly give a dose of Ars. 3x, and a drink of warm ginger tea. Keep the feet warm. As the os becomes dilated see to it that the vagina is dilatable; when it is not we would introduce some diluted Bell. ointment, and distend it with the fingers till the rigidity is overcome, or we may cause the

patient to sit a few minutes on a chamber containing some steaming water. Encourage bearing down voluntary efforts only after quite full dilatation of the os has been secured. When this is complete, and the membranes do not spontaneously rupture, we break them by force.

We frequently give Chloroform to hasten dilatation in slow cases with decided benefit. We also give it with much satisfaction when the head is about to emerge from the vagina. To prevent laceration of the perineum we see to it that the vagina is dilatable before the head enters it, then draw back the perineum gently at the occurrence of each pain while the head is in the vagina. The use of Ergot is not advisable except in cases where there is full dilation of the os and a perfectly dilatable condition of the vagina, with a partial or complete cessation of uterine contractions, and in such a case, if the labor is tedious, we had better wait a few hours and let the patient rest unless it be that the head is already low down in the vagina, in which case it had better be hastened at once. Gentle, even support to the perineum, and pressing the head of the child toward the pubis, aids some in its easy and rapid delivery, but this force must be very gentle or we rather promote than avoid laceration of the perineum. In the latter stage of labor we are in the habit of placing the patient on the back with the shoulders elevated with pillows, having the knees well separated and supported by assistants. In this position the perineum is supported somewhat by the bedding. In delivering the shoulders and hips in head presentations, carry the head well forwards and press the body of the child towards the front of the mother as it emerges, so as to continue the axis of the vagina with the body of the child till fully delivered. We believe in tying the funis securely, also in bandaging the mother gently, removing clots if any form, after the delivery of the placenta, which, by the way, we always assist in delivering if it is not thrown off by uterine or vaginal contractions within fifteen or twenty minutes

after the child is born. We protest against the physicians leaving the patient till the placenta is delivered and firm uterine contraction is secured and the bandage nicely adjusted.

Care should always be exercised after the delivery of the child, in passing the hand over the abdomen to excite uterine contractions, that no indentation is made in the uterus, which if made is liable to result in inversion of the entire organ, and I think is occasionally a cause of delayed involution and post partem hemorrhage.

A day or so after delivery the mother may get upon a commode, assisted by the nurse, to relieve the bladder or bowels (excepting in cases of great prostration.) We think this safer than the constant use of the bed pan, for in this way all the blood and discharge finds ready exit from the vagina, and has no chance to remain and decompose into poisonous matter so liable to produce pyæmia. In those cases of severe prostration where they feel unable to be assisted on the commode, the vagina should be syringed out well with warm water and carbolized soap twice a day. We cannot, within the limits of a paper for this society, enter into the various dystocias and abnormal conditions liable to arise in the parturient state, either of which may well occupy an entire paper, but content ourselves with the consideration of what is usually considered natural labor with head presentation. These cases sometimes demand the use of the forceps in my judgment, though I am well aware others differ from me. We believe from experience that it is much better to apply forceps and deliver where the head is long impacted in the pelvis, and there is a good dilatable condition of the vagina, than it is to allow serious consequences to result from the impaction.

In the discussion of the conduct of labor so far, we have gone upon the assumption that the full term of gestation had been passed, or in other words, that the labor was one at full term. Now, before closing, I desire to say that we

think it is often the case that labor is allowed to go on and even encouraged before the completion of the full term of gestation, and from this cause often results protracted and difficult delivery. This difficult and tedious labor being caused from lack of the proper relaxation of the tissues of the uterine neck which has not entirely expanded into the body of the womb, and from want of relaxation of the vagina. Pregnant women often have false pains some weeks previous to the completion of term, and when this is the case, and the medical attendant fails to appreciate the true state of the case and attempts to encourage and increase the uterine contractions, premature delivery is, after a long and exhausting labor, finally accomplished. This is carefully to be avoided by paying particular attention to the condition of the cervix and os uteri of every case to which we are called which is threatened with labor, and we would emphasize the necessity of at first ascertaining whether or not the cervix has disappeared, having the thickness of the tissues surrounding the os only about one-fourth of an inch in thickness. If this is found to be the case, and labor pains are present, we may allow the labor to go on; but when we find the neck of the uterus about one-half or three-fourths of an inch in length or longer, we may be sure the full term is not completed, no matter what we are told regarding the cessation of menstruation or the time of quickening, and it becomes our duty in such cases to arrest the labor, if possible, even if the os is considerably dilated. In such a case have the patient lie quietly and give *Secale cor.* 6x, a dose every hour, and wait two or three hours for pains to cease. *Camph. bromide* 3x may be used if *Secale* fails, and finally I would give *Bell.*, or even *Sulph. of Morphia* one-fourth gr., rather than let the labor go on before time.

The prevention of the occurrence of labor before full term, is one of the fundamental principles of the successful conduct of labor cases in my judgment, and if properly ad-

hered to, will prevent one-half the lacerations of the cervix and perineum which have been troubling the profession of late years.

The neglect of the use of relaxing agents during labor is also one of the mistakes of modern midwifery. Chloroform does well in these cases of rigidity demanding relaxation in order to secure safe and easy delivery, and is the agent we use for this purpose, but if this is objected to, Tart. emet., 3x trit. may be given every fifteen minutes, or warm water may be drunk till slight nausea is induced, and where vomiting in moderation occurs we consider the effect good in most cases. Chloroform with us secures the relaxation more pleasantly and just as effectually, hence we prefer it as a relaxing agent.

The management of the recently delivered woman is worthy of some consideration. She should only rise for the evacuation of the bowels or bladder for a period of at least one week after delivery; her food should be plain and unstimulating, though nourishing. She may drink cool water (not ice water) during the progress of normal labor and afterwards if she desires it. She need not be choked with teas all the time. Her bowels may be left a week or so after labor if they do not trouble her; but if painful may be moved sooner, aided by warm enemas. The urine should be drawn with the catheter if she fails to pass it naturally in twenty-four hours.

ELECTRO-HYGIENIC TREATMENT OF INSANITY.

BY L. BARNES, M. D., DELAWARE, OHIO.

Read before the Ohio Homœopathic Medical Society.

Some one has kindly sent me a document entitled "Treatment of the Insane" by the medical Superintendent of the Cincinnati Sanitarium. The first position taken is that insanity is not to be spoken of as a disease of the mind, but,

like all disorders, must be referred to "some defect or depravity" of the perishable body, so that all the "ills that flesh is heir to" may be left behind when this "muddy vesture of decay" is put off. Science may not be able to settle this point; but we know that the body is in general so affected by the mind that diseased conditions may result in this way, and this may be especially the case in a disorder that appears so mental as insanity. This is important in selecting remedies whose effects correspond with symptoms of a mental nature which abound in this malady. In the present paper, however, I shall confine myself mostly to the material phase of the subject, and speak of treatment that has little, if any, direct influence on the mind.

The chief reliance of the old Sanitarian "regular," above referred to, is upon restraint "as the most reliable of all," something that will force both mind and body, or rather the body and thus the mind, into some thing like an orderly condition. This may consist in words, with all necessary physical appliances. There are also "chemical restraints" which "are capable, when ingested, of modifying or suspending the functions of sensory organs." "First of stimulating, and subsequently of paralyzing such organs." Four agents are supereminent, to wit: Chloral, Bromides, Opium and Alcohol. "With these four agents, the skillful practitioner can accomplish all that can be accomplished by chemical restraints." Opium is chief of these. It is the one remedy that has maintained its good repute for many centuries. Indeed, "it has no rival in nature as a medicine. "Alcohol resembles Opium in its general effects, applicability, and usefulness;" and yet, "the unconsciousness effected by Chloral, Opium, or Alcohol, as compared with natural sleep, is neither balmy nor restorative.

Such are the central points of treatment as promulgated by the latest high authority. I present them to show the poverty of measures now recognized by the regular profession, and show the need of something better. I shall

speak of the matter in relation to electric forces, for this malady in particular, and for other diseases in general.

A certain thinking man among us has been promulgating a theory, which may be stated, partly in his own language, thus: "Atmospheric electricity is always positive. Positive electricity is the necessary normal condition of a healthy, invigorating atmosphere, but in the same degree that its amount becomes diminished (that is, the amount or intensity of electrification,) or is neutralized by the accession of negative states it becomes abnormal and devitalizing." That is, when "the less positive conditions become the more negative." Now, "the electrical norm of a living body" is also the positive state, and if these two, the positive state of the atmosphere and also that of the body, are "degenerated from the neutralization of the positive states, there will be morbid action." While "the living body is electrically positive, and so is the atmosphere," "instability is the characteristic of electricity," and if the proper balance is not maintained between the body and the atmosphere, mischief will result. If the positive state of the atmosphere is disproportionately high, it will raise that of the body too much for good health; but if disproportionately low, the positive state of the body will be reduced, from which "the inference is plain that the human body, being overcharged with positive electricity from the extremely positive atmosphere, or having its norm degenerated by an atmosphere of low tension, losing its resisting power, and falls an easy victim to pestilential influences." This theory has been elaborately put forth and highly commended by scientific men among us. It seems a pity to spoil it, but in so doing the facts upon which this article must rely will best appear.

The atmosphere, as such, is not positive at all—is not electric, although currents of both kinds pass through it. Even positive electricity is not found in it, except "at a certain height from the ground. On flat land it only becomes perceptible at a height of five feet," and no trace "is found

in houses, streets or under trees." (Ganot's Physics, 918.)

We cannot, therefore, be much affected by mere positive states of the atmosphere, at least where we are likely to be—not more than five feet from the ground, unless we are in houses, etc. But aside from these conditions there is always negative electricity, as well as positive, in the atmosphere, except perhaps in very clear weather. In storms there is often more negative than positive; but storms are not unhealthful. It has been known for ages that they serve to "purify the air." "The accession of negative states does not render it "abnormal and devitalizing." Were it not for this accession, there could be no lightning, no union of the two elements there, and consequently no ozone, which is so highly recommended by the writer we have referred to, for this results from the action of lightning on the oxygen of the air; it is oxygen struck by lightning. Nor is it true that the living body is simply positive. It is both positive and negative. It may be true, as our writer also says, that "all manifestations of life have as a condition the evolution of positive electricity." But if they have, there must be an evolution of the negative at the same time, and to the same amount, for it is a fundamental fact that one is never evolved without the others. A living body, therefore, should be both positive and negative, and so it is. It contains electric circuits. This is not a mere theory. It is a scientific fact. Even a separated piece of muscle has been found, by use of the galvanometer, to possess currents of its own, while and only while, vital warmth remains; and notwithstanding these minor circuits which must pervade all parts of the body, one part has likewise a general positive relation to another part, which responds as a general negative. This is illustrated in a very tangible way by the electric fish. The head and back are positive in relation to the belly, which is negative. Now, the earth is negative in relation to the higher regions of the atmosphere, but there is a constant circulation or interchange of electric elements

between them. It has been found, for instance, that during the day there is a general flow of electricity, from telegraph wires down to the earth, and during the night, from the earth to the wires. These latter are called earth currents, and are sometimes very troublesome. Now, these are circuits in which both elements are at work. How do we know that both positive and negative elements are involved in a circuit? In this way: If we sever the wire of a circuit on which a current is running, either from and to the earth, or from and back to a battery, one severed end is found to be positive and the other negative, and it is peculiar that the negative seems to be the stronger end. This partial breaking of the current by interposing a little space filled with non-conducting air, or interposing a bit of carbon, is what makes electric light, where the negative also appears to be the more energetic point. These facts show, not only that the negative amounts to as much as the positive, but that one cannot be active without the other; and since they must work together or not at all, we cannot say that one is wholesome and the other not. Their comparative direction through the body, however, may be important. If they were reversed in the electric fish, for instance, it might not be healthy.

Why then do we find no evidence of electricity in houses, under trees, or near the ground? Because, probably there is a "neutral line" at or near the middle of every magnet, and the earth and upper atmosphere constitute a large magnet, and here is the line. Whether electricity and magnetism are the same thing or not, we know them to be at least interchangeable; for when currents are passed through bars of steel, the electricity which is fixed and left there is magnetism. And now, living bodies are placed along that neutral line, the surface of the earth, where the passing and repassing currents are in equilibrium, or so gentle that we cannot feel them or detect their presence by our galvanometers: but the electric force is there, as we know by the

“dip” of electric needles. It is also great, for according to our text-books the “magnetic action of the earth is the same as that which would be exerted if in each cubic yard there were eight ten-bar magnets, each weighing a pound.” This neutral line, or circle of equilibrium, is clearly the proper place for beings in whom there are minor circuits connected with their vital movements.

Still, the system is affected by the forces which combine or co-exist to form this equilibrium. This may arise from disturbances of the equipoise. There is something in an earthquake, for instance, aside from the tremor that runs along the ground, which is peculiarly horrible, not to men only, but to animals that can have no thought of danger. There is also an indescribable depression or even horror, which comes over the observers of the eclipse of the sun just at the time of totality. This, too, affects animals as well as men. Why? Because of the sudden disturbance or cutting off of electric force from the sun. Such facts indicate that living systems may be injuriously affected by disturbances or perturbations of nature's electricity, though not from the greater or less amount of one element in comparison with the other, since they must increase or diminish together. The trouble must arise from too great and sudden changes in the strength or intensity of both elements, from reversals of their direction, or from a pathological condition of the body which unfits it to meet what would otherwise be harmless or invigorating changes. The practical question, therefore, is: How can these mutating currents be modified in relation to the needs of an impaired or unhealthy human system? How can they be measurably shut off when too intense, or admitted more freely when a weakened state needs their tonic influence? Or how can the vital currents of the system itself be increased, or regulated, their disordered movements being corrected? There is room here for some depth of thought, and close attention will be necessary to follow the plan proposed.

We must consider a few more scientific facts. Take a wooden spool, or one made of hard rubber, substances that will not receive and conduct electricity. Varnish it with shellac, if you wish, the most perfect non-conductor known. Take some copper wire, insulated also by a covering of silk or other non-conductor, the more perfect the better. Wind this about the spool, the more turns the better. Connect the two ends with a battery and let a current run through. Now take a rod of soft iron; anneal it so as to be sure that there is no electricity or magnetism in it. Insert this into the hollow of your spool. Now, between it and the wire in which electricity is running there is air—a non-conductor; wood, another; shellac another and better, and the insulating coat of the wire; and yet while the current runs through the wire there is electricity in the iron bar also. Where does it come from? Not from the wire, for that is separated by all the non-conducting materials just referred to. And besides, if it did come from this, it would weaken the current of the wire to a corresponding amount, would it not? But the fact is the wire current is made stronger. Why is this? Where does the increase come from? It cannot be from the iron, for none was there when inserted, and there will be none if taken out, or if the wire current stops.

We must appeal to some other facts: If you insert a tube of copper, or of any good conducting substance, over your soft iron rod, between it and the current wire, the additional force above referred to will be shut off or destroyed. Not only so, but the original current itself will be weakened, or if you insert a metallic tube over the whole coil, the effect will be similar. But if the tube is not perfect, if there is a slit in it ever so narrow, from end to end, its power will be gone. If, instead of the tube, you wind a second wire over and over the first, there will be a current in that also if its ends are joined, but in this case the power is weakened in the first wire and in the iron bar at the centre. It acts like a tube. If the ends are not joined, it is like a tube with a

slit in it, has no power. A third insulated wire may be wound in like manner over all. If the ends are joined it has a current, and acts like a tube on the others. And since the two act alike, and we know that a current prevails in one, we may conclude that a current prevails also in the other, that is, in the regulating tube. Thus, when we place a conductor around or within a current we diminish the strength of it. It is either carrying some of it away, or more likely it is arresting atmospheric and earth currents which would otherwise unite with our battery current.

But how can this earth and air magnetism get on to our battery wire when it is so thoroughly insulated by non-conducting material? Simply because it is insulated. Magnetism, like heat, has two ways of being propagated, conduction and radiation, and that which radiates—lets it pass through—will of course not conduct, that is, will not arrest and carry it along. Our non-conductors, therefore, are radiators; and now when electric forces pass them by radiation and meet a conducting circuit, they join that and follow it. This is how a current already on the circuit is increased; but if we establish another conducting circuit either on the outside or inside of this, any magnetic forces that may be coming from some other quarter must meet our intervening circuit and be carried around on it. Also, that which is radiated or lost from the battery current will be arrested by this latter circuit, and appear as a current upon it. This explains the dark matter of *induction*.

Now, the human system is a sort of independent battery, or series of batteries, with their circuits, and being placed on the plane of equilibrium between the more general atmospheric and earth currents, it is ready to be affected by either the direct or inductive influence of all their perturbations. If the body is in direct contact, without clothing for instance, so that the numerous points of conducting sensory nerves, which terminate at the surface, may be directly reached, the effect will be correspondingly direct. Or, if

the body is clothed with comparatively conducting material, like linen, the effect will be similar; or if clothing is wet or damp, water being a conductor. In such conditions, also, the forces which belong to the system may be conducted away. Hence bodies of exhausted vitality should avoid such environment. But let the body be surrounded by some non-conductor, such as woolen garments, and then its natural forces will be reached by those on the outside through induction or radiation, and their strength will be added in this way. What is the difference? It is very great. The induced current differs very much from the direct or primary. It is far more energetic and penetrating. It is able to dart through a long fine wire which a primary current cannot be forced to pass by any amount of battery power; if made strong enough to burn the wire it cannot be forced along more than a few inches. But the other current will not only pass readily, but will do so without injury. This current, therefore, may traverse the fine nerves of the human system, producing a tonic and regulating effect without the danger of disorganization.

Electricity thus working through the air and regulated according to the state of the body, is a wonderful tonic or invigorator. Ozone has a great reputation in this line. And what is ozone? We have already said that it is oxygen modified by electricity, oxygen condensed by lightning, and so remaining as a part of the atmosphere.

But the body must not have such a non-conducting envelop as to exclude the air entirely, and so cut off *all* the direct influence of its magnetism. It is not healthful to wear rubber boots very long at a time. The feet will become dead-like and *cold*. If you varnish an animal all over, it becomes rapidly cold and soon dies.

Electrical currents from artificial machines may also be used to regulate particular disturbances in the body, inducing less flow here or more there, by proper arrangement of poles, as the condition seems to require; or the whole system may be toned up or its elements modified, as primary or

induced currents are called for. This, of course, requires knowledge and skill.

Of all disordered states no one more than insanity needs the regulating as well as tonic power of electricity. This is true because of the almost universal sinking as well as disorderly condition of the vital force in this malady.

There is a want of nerve power, or as Quain's Dictionary of Medicine puts it, there is nerve inanition, while the brain is in a state of hyperæmia "from increased molecular discharge," which is not "duly compensated by an increased supply from the nutritive sources." What other agent would be more likely to correct all this? I cannot go into particulars here, for time fails already.

I would not reject other treatment, especially medicinal, when rationally and scientifically applied without too much empiricism.

Surely there is need of something in advance of the old routine methods, in view of the sad want of success which attends them. Our Sanitarian Superintendent confesses that more than 60 per cent. have so far been found incurable, while there is nothing certain about the condition of the remaining 40 per cent.

WRITING PRESCRIPTIONS.

BY P. J. MONTGOMERY, M. D., COUNCIL BLUFFS, IOWA.

I wish to call attention to the article on "yellow fever," page 473, September number.

It is a disgrace to any school, and enough to make a Homœopath sick. He says Arsenic tincture, Bryonia tincture, and the same with the other remedies. I cannot make anything else out of it. I have heard it said that a Homœopathic physician did not know enough to write a prescription.

I think we should be just as particular as the Allopaths. They do not say, Morphine, Quinine, but

R. Morphine sulph., - - - gr. 1-8.
 Quinine sulph., - - grs. ii. etc.

So the doctor in this case and in all others should say just what he means. I presume he meant,

R. Aconite nap. - - 3x gtt viii. or x.
 Aqua pura, - - - - - ʒii.

R. Belladonna - - 3x gtt viii. or x.
 Aqua pura, - - - - - ʒii.

Sig.

A teaspoonful one hour apart alternately.

I keep a clerk, but if I have to put up a prescription, I write it out in full and number it in a little book where a record is kept.

ALLOPATHIC VS. HOMŒOPATHIC SURGERY.

BY M. H. PARMELEE, M. D., TOLEDO.

Read Before the State Homœopathic Medical Society.

It is the deliberate opinion of our "regular" compeers that we have not a Homœopathic surgery. They suppose, and have made up their minds from such hypothesis, that we, their "little pill" brethren, do just as they do in dealing with surgical cases both of disease and operation. They vaunt many sneers and remarks when a Homœopathic surgeon and his work is in question, and indeed so loudly that some of our own ilk have come to believe them, and prefer to call to their aid when surgical assistance is necessary, these loud talkers and sneerers from Allopath-dom, under the idea that a surgeon of Homœopathic faith would act and prescribe identically with one of these exceedingly glib-tongued champions of science, in a given emergency. Do we? No!—repeated as many times as you have faith in similia, is

our answer. There is a common ground that both must occupy. In the scalpel, the manual dexterity and the directing brain of the operator, there can be no surgical politics—even down to the spray from the tips of the antiseptic apparatus there is a community of interest; but with the cessation of the anæsthetic comes so wide a divergence of action, as parts the Homœopathic surgeon from his regular brother as the poles of the earth.

The Homœopathic operator, armed with a knowledge of which the Allopath is ignorant, or if knowing, affects to despise, proceeds upon pathways distinctively his own, and consequently encounters success or failure by the workings of surgical methods that are a new era, and are worthy of a new name. When Dr. G. D. Beebe (now dead and gone) cut out 58 inches of sphacelated intestine for the first time in the world's history with a successful recovery; when Tod Helmuth removes sarcomatous breasts and ovaries; when my colleagues upon this bureau amputate, exsect or laparotomize they bring to their aid something beyond quinine, morphine or palliatives of that nature, and that something which, in their hands and by their skill, saves from suffering and death, in mechanical injury and disease, when analyzed proves that they, that our school surgical, possess what we claim when we answer the question leading this short paper, in the affirmative. When any surgeon, in addition to all the means and resources of our "regulars," knows and applies the fruits of "similia," then do we have a new art worthy of a place beside Homœopathic medicine, and deserving the appellation of Homœopathic surgery.

As the chairman of this bureau of our society, I propose to here relate four cases, introducing them as representative merely, and with the double purpose of buttressing the foregoing assertions, and of clearing our path from the charges laid against us, that as surgeons, we are merely following in the wake of the "regulars." Unfortunately for this report, I am aware that it will be exceedingly material

istic. This our potentially dynamic brethren must regard only as the mind tendency or bias of one dealing largely with fractures, abscesses, operative measures and such essentially physical conditions.

CASE I E. W., American, aged eighty-three. A man of slight, wiry frame, always well until the present accident. In October, 1884, while drying fruit upon the roof of a lean-to, at his house, by the fall of a ladder he was precipitated to the ground, a distance of about ten feet, was carried into the house by his son, and a neighboring surgeon was summoned. Beyond numerous bruises the only hurt of consequence was found to be two fractured ribs, 7th and 8th upon the left side. What the treatment was during seven days, beyond the encircling bandage about the chest, morphine and brandy *ad. lib.*, I cannot say. On the 8th day I was placed in charge because of the intense pain on motion from which the patient was suffering, and which his Allopathic surgeon was simply suppressing by opiates. The direct question was asked me upon my first visit: "Could I do better than that?" With the confidence born of experience, after learning the circumstances, satisfying myself as to the correctness of the diagnosis, and excluding pleuritic or pneumonic inflammations, I replied that I could. I prescribed Symphitum off. and gtt. x, to a tumbler half full of water, a teaspoonful every hour, then readjusting the bandages and sweeping the morphine powders into oblivion, I went away. This was 4 P. M. I learned in the morning that by midnight the old man was sleeping sweetly, and had awakened feeling only soreness in the side, instead of the pain which had teased him for so long. Nor did it return during the further history of the case. By the 30th day all dressings were removed from the fractured ribs, and the recovery, considering the senile condition of the patient, was perfect. Here, indeed, was Homœopathic surgery!

CASE II. W. J., Scotchman, aged twenty-four. Single.

Contracted a gonorrhœa New Year's night, 1885, which made its appearance in about five days thereafter. Received treatment from one of our most celebrated surgeons, for a week, by (probably) Copaiba internally and injections of Sub-acetate of Lead solution. Then, because of a swollen right testicle was put to bed, and injections discontinued per urethra, but kept up hypodermically with Magendie's Solution and hot applications. On the 3d day thereafter, the case was placed in my hands, "*in statu quo*." I neglected to measure that testicle, and now feel the point of my negligence, for it was the largest I had ever seen, and seemingly painful in proportion to its size. In former cases of this kind it had been my habit to use a liniment of Aconite and Chloroform; but I determined to use nothing here but the selected remedy and support. So I used only Pulsatilla 2x dil. gtt. x, prepared *secundem artem*. Defervescence of pain and swelling began with the first dose, and in forty-eight hours my patient was thoroughly comfortable; but oh, how mad he was when I told him that the strong urethral injections had caused the mischief with the testicle. As he is a man of muscle, the meeting between himself and that Allopath will likely be very interesting to spectators, though unfortunate, I am afraid, for the M. D.

CASE III. A. F., aged seventy. Occupation, farmer. Came from a Michigan town to consult me for a disease of the glans penis from which he had suffered for some time. Upon examination the disease proved to be alveolar epithelioma in an advanced stage, with an enlarged gland in the right groin, showing systematic infection. Badly emaciated and racked by a persistent cough in addition, he was not a good subject for operation. Nevertheless, on April 9, 1885, I amputated the penis and exsected the diseased gland, using the London Mixture as an anæsthetic. The operation was completed in twenty minutes, and when he was back in bed and reaction had taken place, his medical adviser (an Allopath who came to the city purposely to witness the opera-

tion) was importunate for the administration of a quarter-grain dose of Morphia. Feeling that there was a better way, I told him that the patient should have nothing for the present. To the family he growled considerably over what ought and ought not to be done; towards evening I gave the patient a few doses of Aconite 1x, and began treatment of the stump and incision in the groin by constant moistening with Inf. Calendula. This was continued for six days, with no other application necessary, when the patient was entirely convalescent, all stitches and ligatures were removed, and the parts simply protected from friction by a layer of Iodoform Cotton. The cough and expectoration disappeared with the operation and loss of glans penis, and on the 12th day Mr. F. returned to his home entirely well.

CASE VI. Mrs. G., aged fifty-eight, widow. Came from Bryan, O., to consult me about an abdominal tumor of six years' existence, which surgeons in Bryan and Napoleon had refused to operate upon because in their opinion death would be certain to ensue. I found within her abdomen, which was enormous, evidences of ascitic fluid and an irregular lobulated mass, which gave me the impression by the sense of feeling, of uterine fibroids; however, as my sound would penetrate the uterus only to a depth of two inches, there was hope that the tumor might be ovarian. On the 23d of last month I performed laparotomy, but with very little hope of a successful issue. Through a two-inch incision, which gave exit to eight pounds of fluid, the tumor was found to spring from the left ovary, to not involve the uterus, and to be solid in character. Rapidly enlarging the abdominal wound until it was ten inches in length, after dividing and tying four strong adhesive bands, I rolled out a cysto-sarcoma, which we afterwards found to weigh twelve pounds. The very short broad pedicle was ligated by four silk sutures and left *in situ*. The peritoneum was red and granular throughout, showing long standing peritonitis. After a careful but hurried toilet, I closed the abdomen, placing

fourteen sutures at intervals. During the operation, which had lasted one and three-fourths hours, the patient had become very much exhausted, but under injections of brandy in one hour she had reacted completely. In the evening a rise in temp. to 101° and a bounding pulse was met with Aconite. Next morning, clammy perspirations, intense thirst for large quantities, by Arsenicum which mitigated all the severe symptoms until the evening of the 7th day, when the temp. rose to $101\ 3\text{-}5^{\circ}$, pulse 140° , tongue brown and dry up the center, dizziness and slight delirium, with some liquid stools denoting septicæmia, induced me to change to Arnica solution gttss. iii prepared in water. The temp. and the pulse rose no higher, and by the morning of the 11th day began to decline, reaching the normal points ($98\ 2\text{-}5^{\circ}$ temp. 88° pulse) by the 15th day, since which time both have remained natural, and the patient is convalescent. Tuesday evening last (May 12th, 1885,) she was sitting bolstered up in bed, to say "good-bye" to me upon my way to attend this meeting, that being the 20th day, and all being well with her. This tumor was removed just in time to save this patient's life, for upon examination the top-segment was found to be very soft, and evidently just on the point of breaking down from innutrition.

In this case, by not including the cut end of the left fallopian tube in the ligatures of the pedicle, but by leaving it free, I secured what might be termed "natural drainage," a manoeuvre which I can find no record of having been practiced before, and probably is original with myself; but as that is not the province of this paper to discuss, I shall leave it until some future period.

These four cases, I have thus briefly sketched, are taken solely from my note-book, just as they occurred, from the routine of busy practice, with all their imperfections and literary inaccuracies, to illustrate, not because they were successes or to glorify, for Homœopathic surgery has its failures as well as achievements, what I have claimed. In frac-

tures do our "regular" surgeons know or use the Symphytum? In traumatic epididymitis are they aware of the virtues of Pulsatilla? Yes, some of them are, for Piffard, of New York, has stolen this idea bodily and without credit from our literature, for their instruction. In open operation wounds (like the penis amputation) are they aware of the antiseptic power of Calendula? In ovariectomy has one of their number ever made a success by using Arsenicum against peritonitis or Arnica against septicæmia? Simple as these means are, direct as they always prove to be, effective, scientific and safe, they are ignorant of each and all. This being the case, we prove the affirmative of our question.

You have heard here from my colleagues of other like results from this Homœopathic surgery. To you, familiar with the power displayed by it, there is in its use no longer the element of wonder; but to surgeons whose only resources (as in General Grant's case) are a "brilliant diagnosis" and playful palliation, what a surprise is in store if the knowledge of its benefits ever penetrate beneath their calvaria.

HAY FEVER.

BY O. P. BARDEN, M. D., TIOGA, PA.

In the October number of THE MEDICAL INVESTIGATOR, page 497, D. E. Foristall gives a hint of his success in treating hay fever, but says not a word about the remedy. Is the doctor working for a "corner" on hay fever?

Dr. B. F. Grant, of Bath, N. Y., who is a sufferer from hay fever, received prompt relief from Naphthalin, either 1x or 3x trit.

I have succeeded with Ars. jod., 6x trit., in several cases, so that in ten days they were free from all disagreeable symptoms.

SOME BACKACHES.

THEIR CAUSES AND COMPLICATIONS ILLUSTRATED,

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

(Continued from Page 316.)

How age affects the back is an interesting study. The following case has a bearing on that point :

CASE L. Dr. ——— aged sixty-nine, fleshy, weight one hundred and ninety-five pounds, height five feet nine inches, complexion florid, hair originally dark, eyes dark, pulse 76, regular, except about three or four times in a minute an interruption, respiration 24; with the slightest attempt at exertion respiration quickened with prolonged expiration emitted with a puff; percussion and auscultation normal, can lie equally well on either side, if lying on the left side can feel the heart work comfortably, below and to the left side of the heart sometimes a sensation of fluid with a gurgling sound, that will pass off and there will be a feeling of air being worked in a bag of leather, the regular *Bruit de Craquement*; after a while that will all subside and the heart will pump away quite natural; there is a spot below and to the left side of the heart in which there is sometimes an intense itchiness starting from a dark spot on the skin extending deep through the muscles of the abdomen towards the navel accompanied with a flash of chill. He has been examined by six doctors, Nos. 1 and 2 said, nothing the matter, No. 3, slight enlargement with valvular disease, No. 4 serious valvular disease; just then he had been taking violent exercise; No. 5, fatty deposit; after this examination he abstained from sugar entirely for six months, did not notice any difference. Nos. 5 and six then examined him together and concluded that they could not tell, for that the heart and lungs appeared perfectly healthy. When he sits perfectly quiet he can talk on a stretch for one or two hours, but let him attempt to move then begins the hubbub; he has to walk very slow, and cannot well walk and talk together; to look at him as he sits, he looks the picture of perfect health; his appetite is good, he is obliged to restrain himself; bowels perfectly regular, kidneys active, but not too much for his age. In the year 1864 he had to leave the army, worn out from hard work; in June,

1864, he was attacked one morning on rising with a pleuritic stitch under the left scapula, and ever since would feel it more or less gradually getting lower down until now it is very slight and opposite the itchy spot about the seventh rib; no tenderness of spine, can carry anything better on his back than in his arms; head always perfectly clear; his own opinion has always been that there is a slight collection of fluid from the original stitch which has forced its way down to the present seat of suffering. The principal remedies that he used were Aconite, Ver. vir., Arsenicum, Rhus; about a month since his feelings were a discontented, morose, irritable, low spirited and desponding state of mind; when standing, a bearing down sensation as if the bowels must act, though just emptied, to sit down would remove these sensations of the bowels; a weak feeling in the arms and chest making even a light coat feel burdensome; weak in the knees; tough expectorations on rising in the morning, with difficulty to raise it, producing a gagging with inclination to vomit, though these symptoms had often been experienced before, they were more severe lately; took Thuja occ. tincture gtt. iii three times a day for two weeks; the above symptoms were very much relieved by the Thuja, except the weakness of chest, arms and knees, had to stop Thuja on account of the increased action of kidneys.

The doctor is inclined to attribute the spinal weakness to age, but even then the pathology deserves study. That pleuritic stitch and that weakness of the arms would point to a spinal hyperæmia. The pain in the front would be interpreted as being in the extremity of the nerves that are impinged upon in the back. On the left of the 3d dorsal vertebra there ought to be a soreness on deep pressure. There should also be a rheumatic feeling from there to the seventh rib spot. If it gets to the 8th and 9th the stomach will complain. The galvanic current from back to front ought to help, notwithstanding the growing helplessness of age. The remedies suggested are Sulphur, Bryonia and Kali carb. Sulphur 30, a dose a day for a week then to be followed by either of the others, as best indicated, if Sulphur does not start the cure. Quiet and passive exercise should be secured.

CASE LI.—“Now I know what was the matter with me,” said a physician in referring to these cases of backache. “For about ten years I was helpless, could not get up without help of hands. Had cough, was white as a sheet, menstruation only occasionally, was nervous, oh, so nervous. Consulted the best medical men and women in Chicago and New York City. Rest and a simple operation of snipping a caruncle in posterior cul-de-sac released me so that I could get up without help of hands. I was told repeatedly that there was nothing the matter, that I was only nervous, still I could not get up without the help of hands. One physician said it was spinal, but what he did not state, and none gave relief except as stated. Was not I mad at the doctors? I determined to study medicine myself, but it is only now, since reading your articles, that I see through my case.”

This most interesting case was written out in full at my urgent request. “Mrs. Dr. M., fleshy, brown hair and blue eyes, was a robust, active, healthy girl. Father died of consumption two months before patient was born. Mother unusually healthy, except a lame back (lumbar) from too early getting up from previous confinement—was always lame in the morning until moved about. At ten years of age patient suffered with enteralgia which was treated for worms with a sweat of hot ginger or catnip tea that relieved. Cannot remember when she did not have weak back, similar to mother’s. She took long walks to school, through deep snows, often sitting all day in wet clothes. At about fourteen had a severe attack of backache, could not stand straight for several days. Had after that lighter periodical attacks about once in four or five weeks. Had headaches now almost constantly. Notwithstanding, was very active, never giving up, felt ashamed to complain. Menstruated profusely at seventeen for the first time. They recurred at intervals of three to twelve months. At twenty-five had amenorrhœa for two years. Some M. D.’s foolishly called it change of life. Consulted the best medical skill in Chicago, Canada and New York without help. Advised, as not awful sick, to let nature alone. Was at this time attending school or teaching, but working also for physical exercise. When

mind was at rest menstruation appeared. Was mentally very active night and day. Took much sleep, was always much rested by a long nap in the morning. Appetite was poor, yet she retained her flesh, average weight about one hundred and forty-five pounds. Skin dry, bowels constipated, always had cold hands and feet, with a hot head, and hair fell out. Urine much of the time turbid, at first profuse or fully normal. When she became very nervous, urine then scanty. Finally lost the power to sleep for nights at a time. Stimulants would help sleep, but was afraid of acquiring the habit. Now had constant occipital headache with soreness also of the vertex. At twenty-three was sent west for fear of consumption. Had at that time constant pain under sternum with a hacking cough. This cough could not be stopped. Physical work and cod liver oil built up system but did not relieve cough nor restore menses, so resumed teaching. Had now a constant dull, aching pain and stiffness of the back (lumbar) on first moving, also a numbness at last lower dorsal or first lumbar, as large around as a cup. Could not now rise without help of hands. That spot was not affected by any amount of spitting or massage. No regularity of the menses but symptoms of them every month. At these times would be so overcome as to find relief in tears. Faradic once brought on menses but not after that. Often sat down and cried on curbstone for relief, but rallied and declared there must be somebody who could discern the *cause* and find a cure. Very sensitive to censure; kind, sympathetic, and yet very strong. It seemed strange to her that the M. D's. could think she could imagine a constant weak back, no appetite, no sleep, no rest, body seemed to be suspended between heaven and earth, and that always on examination, there was a terrible sensitive spot in the region of Douglas' cul-de-sac, also vaginitis, also such tenderness in abdomen could not bear weight of clothing or hands for months, and great soreness on interior portion of thighs. It was not imaginary even if hysterical at times, (thought it would give a horse or man hysterics to feel thus.)"

(To be continued.)

INTERNAL VACCINATION.

BY R. HEAM, M. D., TORONTO.

Since the question of *vaccination* has come so prominently before us, owing to the present epidemic of small-pox in Montreal, it would be interesting to know to what extent *internal vaccination* has been used and what proofs may exist regarding its efficacy in the prevention of small-pox.

It is stated by several Homœopathic authorities—Raue and Hughes among others—that *Vaccinum* administered internally, will produce feverish symptoms and a perceptible rash.

The latter authority (Hughes) refers to the experiments of Severin Schneider and Norman Johnson in the *Brit. Journal of Homœopathy*, Vol. XXIV, 171, and XXV, 340 and adds:—"you will there see that vaccine lymph, even in infinitesimal doses, when taken into the stomach, will develop the cow-pox vesicles with their concomitant fever. Vaccination, from the vesicles thus produced, has succeeded perfectly."

Also Drs. Pulte, Rummel and Bayes—to speak of no others—have used *Vaccinum* internally in their treatment of small-pox, and testify to its good value. Raue—1870—in his work, gives Dr. Kaczkowski's method of vaccination as follows: "I give first a dose of Sulphur 30x and leave it to act for fourteen days. Now I give *Vaccinum* 4x or *Variolenium*, whereupon about the seventh or eighth day some febrile motions manifest themselves, which are easily subdued by a dose of Aconite 30. On the eighth, ninth, or tenth day, minute granules about the size of a poppy seed appear under the skin, which, under the application of cold water bandages, soon ripen and heal.

From the eighteenth to the twenty-fourth day, the skin commences to peel off, which process is much sustained by the rubbing in of Olive Oil.

This is *Homœopathic vaccination*.

I have vaccinated in this way, over 200 cases, of which only one was attacked by varioloid, and another *after four and one-half years* by the black small-pox and died.

Again *M. Jousset* reports that he gave to twenty-five girls in a work-shop, who had all been vaccinated in their infancy, each 3x of Vaccinum, three drops in twelve tablespoonfuls of water, one spoonful a day during two weeks, without witnessing a single phenomenon arising therefrom.

About ten or twelve days afterwards, having ceased administering the Vaccinum, all the girls were *revaccinated*; of these twenty-five, only four contracted the vaccine pustules, in two of which the eruption was very slow in coming and all the pustules were very small.

Revaccination, of such as had not received Vaccinum produced full sized pustules. (Bull. de la Societe Med. Hom. XI. 9.)

The above facts appear to prove "*internal vaccination*" to be an almost certain preventative of small-pox, and in many ways preferable to the introduction of the crude virus by inoculation, as not producing the distressing symptoms, (and sometimes death) so frequently experienced by those submitting to this method.

Now, as regards the administration of the virus—many physicians hold to the microbe theory in small-pox and maintain that the vaccine virus remains active for but a short time after its removal from the vesicles—and that only under favorable conditions—also, that, introduced into the stomach, the *virus* is destroyed by the gastric juice and other secretions: how is it then, that this same *virus Vaccinum* is sold in triturated form, and kept for almost any length of time; then asserted to be capable of producing the cow-pox rash and its concomitant fever when introduced into the stomach and of preventing small-pox contagion.

these microbes admissable of alteration—as has been asserted—and capable of maintaining their activity for a

longer period, or does the potentized Vaccinum retain its properties in the same way as Lachesis, Naji, Crotalus, etc.?

What cases I have tried with the fresh virus (prepared in Glycerine 3x) have succeeded to this extent; the rash and concomitant fever were produced and inoculation on the arm a week or more afterward by the same lymph, *failed* to produce the customary vesicle and pustule.

Since the efficacy of this method is likely to be tested, probably in the courts here, owing to a case in point, where some children were refused admission to the public schools on the strength of a certificate of *internal vaccination* from Dr. Danter, of this city, any further light on this subject from other sources will be gratefully received.

NOTES ON ERYSIPELAS.

BY W. F. THATCHER, M. D., PARIS, TEXAS.

When I read the article in the August number of **THE INVESTIGATOR**, by Dr. O. J. L., entitled "How I Treated Erysipelas," I was prompted to inquire why it should not rather have read "how *not* to treat erysipelas," and to offer some words of modest criticism of the therapeutics in the case. However, I hoped to see some correction of the method thus heralded as Homœopathic by some writer of our school who wields a ready pen, and who is addicted to contributing to our journals.

At last, in the October number appear criticisms, severe enough in all conscience, but which seem to me to be barren of results so far as pointing out the remedy which *should* have been used first, last and all the time. After reading the article and the comments by its critics, a neophyte in medicine would be in doubt as to how he should steer his bark, with the Allopathic scylla on the one hand, and the charybdis of bad Homœopathy on the other.

The habit of "pitching in" to the report of another and

replacing it by nothing better, only multiplies the difficulties, and is to be deprecated, as it fills our journals with that which is not profitable.

I am conscious of how easy it is to find fault with the productions of others, and believe we should restrain this tendency. Yet it cannot be straining the point to say that the appearance of such hap-hazard prescribing, such go-as-you-please treatment of a simple case, in our journals should call forth a denial of its Homœopathicity. I am not surprised that an intelligent Allopath should sneer at it. Most of us commit errors, but let us not rush them into print and flaunt them to the medical world as truth. To my mind every contribution to a journal should have for its object, help to our brethren, and not merely that we may have "written something for the journals."

In Dr. L's case as reported, a little more care in the first prescription would have led to the correct remedy and a more rapid cure.

The patient had been washing clothing, and also picking strawberries, (possibly on the damp ground.) The disease begins on the left side and spreads to the right; there is a good deal of burning and swelling and restlessness, followed by formation of vesicles, and lastly the extreme restlessness during the thunder storm. All these symptoms point to *Rhus tox.*, which I believe would have cured the case in half the time. The symptoms are so nearly parallel with those in a case I saw some times since, that I give a brief synopsis of the same. The disease appeared over the left eye, with burning and restlessness, some itching, spreading rapidly to the right, down over the bridge of the nose and right eye, vesicles formed after the first twelve hours. I prescribed *Rhus tox.* 2c.

The disease continued to spread for perhaps twenty-four hours, when it ceased, the vesicles dried rapidly, the swelling disappeared, and at my second visit the case was discharged.

It would be trite to say that the remedies used by Dr. L. in the case reported, were not each in turn indicated, or needless to point out the error of administering *Apis* and *Rhus tox.* in alternation. We are warned all through our studies of *materia medica*, to not follow either of these with the other.

One other point. There was a premature appearance of the menses as well as the diarrhæa while under the influence of *Apis*. These conditions appear in the proving of *Apis*, and as Dr. L. tells us in a former article, with a good deal of defiance, that the potencies he uses are his own business and nobody's else, he may have brought this about by large doses. This is only a suggestion of course, as the doctor may be hiding Swan's fluxion potencies behind his defiance.

The points I wished to show are, first, that *Rhus* was clearly the remedy for the case; second, the error of alternating this remedy with *Apis*; and third, to urge the propriety of having something instructive to write of when we contribute to our journals. In other words, see to it that we are not affected with a diarrhœa of words and a constipation of ideas.

Sudden death during, but not from, Chloroform Narcosis.—Dr. Junker in the *Lancet*, Jan. 1884, p. 10, records the case of a man who died during the administration of chloroform under the following circumstances. Professor Bardeleben, of Berlin was called to treat the patient, who was suffering from a fracture of the neck of the femur. After three or four minutes, having only had three drachms of the anæsthetic, the patient suddenly ceased to breathe, and almost immediately afterwards the heart stopped. Everything was done to restore life without avail. Professor Bardeleben at the time thought death was due to fatty embolism, and the *post mortem* examination verified the correctness of the diagnosis. The vessels of the lungs, particularly the capillaries, were filled with minute particles of fluid fat, which, conglomerating, opposed a mechanical impediment to the circulation. The result of this was anæmia of the lungs and hypercarbonisation of the blood. Thus, by the insufficient quantity and the bad condition of the blood, the brain, the heart, and lungs were rendered unfit to carry on their functions. In cases of fracture or other injury of the long bones, especially the femur in its upper third, there is great risk of fatty embolism.

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 choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

THE UNITED STATES MEDICAL INVESTIGATOR for 1886 will be very much better than ever. Renew at once, so as to commence with the next volume.

THE SCIENTIFIC CLUB.—It would seem that we have got our hands full in our suggestions as to scientific men. As we expected, there is a great longing for knowledge—scientific knowledge—just as there is for wealth; but the problem is how this pearl of great price can be obtained. There are perhaps many students and some physicians who cannot, or think they cannot afford the money to buy these superfluous or supposed superfluous books on the technical sciences. That is just the obstacle in the way. Anything but strictly medical text books are usually not allowed the student, or this problem would have been solved for the writer, who states his case well.

CHICAGO, Aug. 30, 1885.

DEAR EDITOR: Your wise editorial on "Scientific Men" has interested me greatly, but the serious problem is where to get the money to buy the works that you suggest. Scientific men should be practical and economic as well. Perhaps you can suggest how we may get the information needed at a minimum cost.

Yours for knowledge,

JOHN JONES.

If this writer will go to the Chicago public library with a properly endorsed letter he can have the privilege of getting copies of the works on the allied sciences *free*. This we suppose can be done in all of the large cities, and perhaps in many of the smaller towns. But if there is no public library that contains these works in the town where the reader lives, he should take the matter in hand and so supply his want. At the same time he will find that the masses will appreciate this opportunity to increase their scientific information. They perhaps may never make the same use of it that medical men

can, but will apply it in every day life. When occasion occurs for him to apply it to the sanitary condition of his town, he will find a scientific club to aid him. Shall we have a scientific club among our readers?

MEDICAL VETERANS.—At all medical gatherings the gray-haired physicians exert a wonderful influence. Instinctively we infer that age implies wisdom. It is the delight of the young members to hear from "the men of large experience." The men who have battled with disease for many years, going from conquering to conquer, have earned a knowledge of the practice of medicine that should be left as a legacy to their colleagues and future generations. When the gray hairs remark, "It has been *my* observation, etc.," all ears are strained to catch the words of experience. Now, the treatment that the views receive are usually threefold and here is an experience that try those old heads. The beginners are apt to feel critical. They would have done thus and so. The books teach so and so, and they are apt to cross-examine the old men harshly. Those who have met a few defeats, the younger practitioners, give a respectful attention, and perhaps magnify the value of the older practitioners' success; while the older men may, out of pure jealousy or love of fun, give an experience (under other circumstances) that has resulted differently. This is particularly true with the use of remedies. All this may be true, but all the facts are not given until another old man lets in the light and shows the "other circumstances" accounting for the result. The old man (or woman) who first gave the experience in all faith and of honest purpose, is apt to be nettled at the criticism and diverse experience, as well as flattered at the interest of the younger men. Old physicians grow egotistical rapidly and like old soldiers have much confidence in themselves, so that it needs tact to keep them at the front in medical matters. If the young men are wise they will see that the old men are "tapped," for with too many their words of wisdom will soon die with them. It is a rare art to grow old gracefully in the medical ranks.

The pioneers in our ranks are rapidly passing away. Those who have occupied positions that make them critical, like that of editor, teacher and writer should by all means leave us their comparative

experience and observations. Some of our best men have contributed to our literature some very valuable articles. The wider the range of practice, the more valuable the writings. We therefore expect to find in Father Small's work on Practice, much valuable experience tucked away in its pages that cannot be found elsewhere.

The American Institute is the only society that seems to duly respect our veterans. They are promoted to the rank of "seniors" after a membership of twenty-five years. They are not retired. They are kept to the front in social matters and their words of wisdom are carefully preserved in its pages of transactions. If more of them could be drawn into the discussions of practical subjects the annals of the national body would increase with the ages. A society with over one hundred seniors, must be a body of power and increasing interest. The fact that Homœopathy can muster a large number of men who have been thirty and forty years in its practice would seem to argue that our practitioners, at least, are not short lived. We have felt for some time that statistics should be revised — that the practice of medicine now tends to promote longevity. How old a practitioner are you, Doctor?

CONSULTATIONS.

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CASE FOR COUNSEL.

Girl four years old. When eighteen months old fell from a sewing machine. Found on the floor, no one seeing where she struck. Had convulsions for a long time and entire left side paralyzed. In course of time the leg got liberated and she walks all right. The wrist and elbow joint of left arm are stiff now. Shoulder joint all right.

The curious part of the case is that *during sleep* the child can move the stiff joints with perfect freedom. What is the remedy and potency.

Advice solicited and will be received with many thanks.

I am using now Arnica 3x and Gelsemium tincture on No. 25 pellets. Dose: Four pellets of each remedy, twice daily, in alternation

F. V.

CASE FOR COUNSEL.

F. A., born in Galveston, was six months old and healthy in every respect. One afternoon an Irish woman, who had a grudge against the father, and had used threatening language in regard to the child's future, came to the house to ask for a drink of water. Mrs. A. readily offered her some, but she, under the pretext the water was too warm, begged her to go for fresh water and offered to hold the babe in the meantime. Mrs. A. did so. When in a few seconds (or minutes) she returned with a glass of fresh water, the woman returned the child, took hardly a mouthful of the water, but ran off. At 7 P. M. the child was put to bed, to all appearances healthy. At 12 at night they woke up and found the babe in cramps and froth from the mouth. They at once called a physician. At 3 A. M. he had succeeded in stopping the convulsions. Babe had three hours sleep; but from 6 to 9 A. M. the symptoms returned and he would be troubled in this way for a while. After that until his fourth year he would only be sitting quietly but all the time troubled with diarrhœa. From about his fifth year and to date (he is now ten years) he has been sitting on the floor all day making the funniest grimaces, eating whatever he was given, drinking all the water he could get; getting fat and strong, and while he cannot walk, lifting himself up to take a thing he might want. Part of the time, for hours in succession, he is bending his body hastily forwards and backwards. At other times he will play with a wheel or anything round he can get hold of, turning it on its centre and making a noise with his mouth like a mosquito flying around and humming. At other times he will put his hands up, spread the fingers and take a look along the finger ends as if sighting something. Talk he cannot, while still he pronounces some inarticulate sounds. He is all the time busy with his own doings, but can be aroused to attention when his name is called loudly. As stated, he is a plump, well-built, good looking boy, but for a squint. A time, lately, he would awake in the night and make all kinds of noise. I have succeeded in giving him uninterrupted night rest. The diarrhœa too I have partly controlled. His manners and habits induced me to give him on Aug. 24 to 31, four doses of *Tarantula* 200 (I had no lower.) Seeing no effects from this I have put him on *Agar. musc.* 6, 3t. a. d. (Sept. 23d.) Once during the first years of his trouble there happened to come a "Miracle Doctress" to Galveston. The mother went with the babe, but before she could approach the doctress on account of the crowd, the woman whom she suspects had given the babe some drug or done a mechanical injury to the babe in a way which could not be detected, came forwards and held her back saying, "There is no help for him."

Suggestions will be thankfully received, if anybody thinks there is a hope of a cure.

M. A. A. W.

CIMICIFUGA RACEMOSA.

In every case of confinement where I had reason to prescribe Cimic. during the last month, the nurses who were washing (oiling) the newborn would invariably make the remark, in astonishment, "I have never seen a babe so clean." Has anybody else had the same experience?

M. A. A. W.

RECENT MEDICAL FACTS.

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Paget's Disease of the Nipple, or Malignant Papillary Dermatitis.—Dr. S. Sherwell, in the January number of the *American Journal of Medical Sciences*, records two cases of this rare affection, the diagnostic evidences of which he summarizes as follows :

1. The subjective symptoms, itching, burning, etc., are those of an eczema, and not those of an ordinary carcinomatous affection, but they are more marked than in an ordinary case of eczema.

2. The objective appearances are like eczema; the discharge is absolutely similar to that of eczema; it stiffens linen, and forms crusts entirely undistinguishable from those of an impetiginous eczema. The color of the surface is, perhaps, occasionally more livid, but the border is not more sharply defined than is common in that trouble; the somewhat elevated appearance of the patch simulates exactly the acutely macerated and swollen conditions of the lower epithelial layers frequently found in eczemas.

3. The disappearance of the nipple, which is spoken of by Mr. Henry Morris as a "melting away."

4. The retraction of the nipple or tissues immediately beneath, if retraction there be, is not to be distinguished as such, as is so easy in ordinary cancer.

5. The "malignant papillary" feature, as described by Thin, is a very diagnostic point, and would of itself resolve any doubts as between Paget's disease and a true eczema.

6. The extreme length of time before the appearance of anything like positive evidence of carcinoma.

The Conversion of Malignant Tumors into Innocent Growths.—Professor V. Nussbaum, in a clinical lecture recently delivered in Munich (*Wein Med. Zeit.*) expressed the belief that he had discovered a procedure for the positive cure of cancer by restraining the proliferation of the tissue elements of the disease. It appears to him that a total

interruption of all peripheral sources of nutrition is the means best adapted to secure this result. He accomplishes this object by the use of the thermo-cautery, with which instrument a deep channel is made quite around the growth, thus cutting off entirely the supply of blood and other nutritive fluids from the surrounding tissues. The small vessels which ascend into the tumor from the parts beneath are sufficient to preserve its vitality, so that gangrene does not occur. He thinks the thermo-cautery far preferable to the ligature, and that it possesses many advantages over the knife. He regards the hot iron and the various chemical caustics worthy of more extensive employment in the domain of malignant growths than they have ever enjoyed. Professor Nussbaum doubts not that this circumscribing a cancerous growth, thus cutting off every channel of peripheral nutrition, has a brilliant future, especially in those desperate cases in which death is imminent from hæmorrhage. In his experience, this method of cutting off the peripheral blood supply has afforded such astonishing results that he recommends this procedure to the attention and practice of all those having occasion to treat a case adapted to its employment.

When New-born Children affected with thrush refuse to take the breast or bottle, Dr. Wiederhofer (*Journal de Med. de Bourdeaux*) advises the pouring of milk by means of a funnel through the nasal fossæ. This mode of alimentation is not difficult. When the milk enters the pharynx it provokes reflex movements of deglutition, and is propelled into the stomach. The author has been enabled by this means to nourish infants for three or four weeks in succession. The same procedure is useful in children born before term, in whom there are no spontaneous movements of deglutition.

The Preparation of Liebig's Food.—From an article by Dr. E. T. Williams in the *Boston Medical and Surgical Journal* of Nov. 13, page 460: "The earliest announcement of Liebig's method of preparing infant's food was received with the warmest enthusiasm by the profession and the public. The idea of using malt as an artificial digestive for starch, was certainly a brilliant one, and seemed to promise an infallible cure for every form of starchy dyspepsia, both in children and adults. The notion of a manufactured Liebig's food prepared to hand and ready for use was a natural conception and has much in its favor. This does away with the trouble of cooking, and secures a perfectly uniform product. One of Liebig's sons, with the 'help and approval' of his father, as he states, is or was concerned in the manufacture of such an article under the name of an extract of Liebig's food. Similar preparations have been sold in England and America. They are made or should be made by digesting malt and water in the form of a 'mash,' as brewers do, till the starch changes to glucose, and then evaporating to dryness in a vacuum. They are

nothing more than Liebig's food ready made and evaporated down for convenience of keeping and dispensing. The popular Mellin's and Horlick's foods are articles of this sort. They consist mainly of grape sugar with the nitrogenous and mineral elements of grain. A half-pound bottle of Mellin's food costs seventy-five cents; a one pound can of Horlick's food sells for the same price. They are good foods and suit children extremely well.

Liebig recommends the food as a nutritious drink for adults as well as children. Its suitability for invalids and convalescents, for nursing mothers, and starchy dyspeptics goes without saying. Liebig recommends it in coffee in the place of cream. I have found it very good in chocolate. With coffee especially, in the style of *café au lait*, I have found it a capital breakfast drink. I think that both coffee and chocolate *a la Liebig*, if they could be made fashionable, would make a most useful addition to our dietary."

Surgery at the London Temperance Hospital.—Mr. A. Pearce Gould submits the following propositions as the result of a year's experience at the London Temperance Hospital: 1. *That alcohol is contra-indicated in all cases when it is important to secure physiological rest.* 2. *Therefore in the period immediately following operations and injuries, especially large wounds, such as in amputations and excisions, compound fractures and severe hæmorrhage, alcohol is contra-indicated.* It is only admissable in those extreme cases where life is in immediate danger from failure of the heart, and in these cases we have, in subcutaneous injections of ether, a more potent stimulant. 3. *For exhaustive diseases alcohol is contra-indicated except as a temporary stimulant, and for the following reasons: (a.)* By increasing the frequency and force of the heart's action without at the same time proportionately increasing the nutritive activity of the heart, it hastens the exhaustion of that organ. *(b.)* By dilating the small vessels, it increases the difficulty with which the circulation is carried on. *(c.)* By impeding the action of the digestive and assimilative organs, it lessens the supply of nutritive material entering the blood. Patients not taking alcohol have a more easy and regular digestion than those who do. *(d.)* By increasing the work thrown upon the lungs and the kidneys, the two great excretory organs of the body, alcohol hinders the proper depuration of the blood, and possibly hastens the hypostatic congestion of the lungs so prone to occur in these cases. *(e.)* By its narcotic influence upon the central nervous system, it interferes with the due discharge of its functions. 4. *In Alcoholism, whether acute or chronic, Alcohol is contra-indicated.*—*Journ. of the Amer. Med. Association.*

NEW BOOKS.

THE UNITED STATES MEDICAL INVESTIGATOR for 1886 will be very much better than ever. Renew at once, so as to commence with the next volume.

SYSTEM OF MEDICINE, by H. R. Arndt, M. D. Philadelphia: F. E. Boericke. Chicago: Duncan Bros. 8 Vo., pp., 923, price.

This is Volume II of a work that aims to be the work of our school on medicine. As we open this book we see many familiar writers and hope for better work than was shown in Vol. I, but as we run over the contents and find among "diseases of the blood-glandular system," (an awkward heading) tucked away "diabetes" we at once discover the trouble. The general editor and manager although perhaps a good materia medica man, evidently is not up in pathology. As the arrangement of a work on Medicine is largely pathological a defect here mars a system of this pretentious character. However most of the writers are evidently well up in the recent views on pathology, so that the work here does not suffer. In the therapeutic part, where we should expect it full and ample it is lamentably weak, if not worse; vide, treatment of gonorrhœa.

This volume includes diseases of the genito-urinary tract and nervous system. Volume III will close the work.

Although we have found fault with this work, still we do not entirely condemn it. It may not be as perfect as it ought to be or as we hoped it would be, still there is much in it that will aid any physician. The poorest book that is written is worth more than the price asked to any physician, but when means are limited, they should buy the best. Our standing advice is to get all the books you can afford and especially those that will help most in Homœopathic practice.

A PRACTICAL TREATISE ON URINARY AND RENAL DISEASES, including urinary deposits, by W. Roberts, M. D., F. R. S., and R. Maguire, M. D. Philadelphia: Lea Brothers & Co. Chicago: Duncan Brothers. \$8.00. pp. 628, price \$3.50.

This is a practical work that has now reached its fourth edition, which brings it up to the present knowledge of urinary and renal diseases. Outside of its therapeutics the book will be found reliable, true to its name, a practical treatise.

A TREATISE ON THE SCIENCE AND PRACTICE OF MIDWIFERY, by W. S. Playfair, M. D., Prof. of Obstetrics in Kings College. Philadelphia: Lea Brothers & Co. Chicago: Duncan Brothers. 800 pp. 668 price, \$5.00.

This is the fourth edition of a work that has been well received both in Europe and America. In this edition we find little new if we except the article on spondylopyosis and rupture of the uterus. As a text book it ranks high.

A SYSTEM OF OBSTETRIC MEDICINE AND SURGERY, theoretical and clinical, for the student and practitioner, by Robert Barnes, M. D. and Fancout Barnes, M. D. Philadelphia: Lea Brothers & Co. Chicago: Duncan Brothers. 800 pp. 884, price, \$6.00.

Prof. Barnes, as a writer, stands in high repute. This work will not lessen his reputation. It is at once concise and comprehensive, and can be relied upon. The growth of obstetrics is wonderful, and yet the half has not been told, especially of obstetric therapeutics.

THE ESSENTIALS OF HISTOLOGY. Descriptive and practical for the use of students. By E. A. Shafer, F. R. S. Philadelphia: Lea Bros. & Co. Chicago: Duncan Bros. 800 pp. 245, price \$2.25.

This is a small, compact work, covering sufficient ground for the ordinary student. It is so finely illustrated as to hardly need a microscope to demonstrate the text. To the old boys not up in Histology, and who would be scientific, here is the book for you.

SPECIAL PATHOLOGY AND DIAGNOSTICS WITH THERAPEUTIC HINTS. By C. G. Raue, M. D. Philadelphia: F. E. Boericke. Chicago: Duncan Bros. pp. 1094, price, \$8.00.

This is the third edition of a work that has had a cordial reception. It was formerly the bare outlines of lectures, as the title indicates, but now is more elaborate, although not strictly a systematic treatise on medicine. The special pathology is very tersely given, the diagnostic features clearly set forth, but the treatment is "hints" merely. In this edition is added a "digest" of the remedy indications, or in other words a repertory to each group of remedies given under the diseases. This analytical method is all right to analytical minds, but as disease diagnosis is constructive largely so should the remedy digest be also. It is, however, a hand book that no Homœopathic physician should be without.

EPITHELIOMA OF THE MOUTH. By H. I. Osttom, M. D. New York: A. D. Chatterton Company. Chicago: Duncan Bros. \$1.00.

One wonders why this article was worthy of book form. There is a long dissertation on epithelomia of various parts of the mouth, some surgery and very little treatment. When the author gives prominence to Ranunculus, Phytolacca, Galium, Comocladia, etc., the inference is irresistible that much theory will be found in these pages. The case of that grand old hero, General Grant, is perhaps sufficient to single out this disease for special study, but we wonder that the work has not more pronounced Homœopathic therapeutics. In the next edition we would suggest that the experience of the profession, meagre as it is, and the views of authors on cancer of the mouth be given. The work, however, will well repay perusal.

THE MANAGEMENT OF LABOR and of the Lying in Period. By H. G. Landis, A. M. M. D. Philadelphia: Lea Brothers & Co. Chicago: Duncan Bros.

This work is designed as a guide to young practitioners and as such we must judge it. This author shot into prominence on a work entitled "How to Manage the Forceps." This is on the same basis elaborated. We notice many practical suggestions that can help the reader.

FOWNE'S MANUAL OF CHEMISTRY. Theoretical and Practical. Philadelphia: Lea Brothers & Co. Chicago: Duncan Bros. 12mo, pages 1056, price \$3.25.

This is really two works, being the 12th edition of Fowne's Chemistry, to which is added Watt's "Physical and Inorganic Chemistry." The growth of chemistry is really wonderful and those who would keep pace with the changes going on in the chemical world should get this work. The new discoveries and the analysis of organic substances are interesting portions of this work. Every physician should have a new chemistry at least every ten years if he would keep abreast of the times.

THE ANATOMY AND PHYSIOLOGY OF BACTERIA AND THEIR RELATIONS TO HEALTH AND DISEASE. By J. M. Selfridge, M. D., Oakland, Cal.

This is a paper read before the California State Homœopathic Medical Society. Send for it and read it.

THE MEDICAL NEWS VISITING LIST. Philadelphia: Lea Bros. & Co. Chicago: Duncan Bros. \$1.25.

This is a pocket-book of useful memoranda with blanks suitable for keeping the professional and business records of a practice aggregating thirty patients per day.

THE PHYSICIAN'S VISITING LIST FOR 1886. By P. Blakiston, Son & Co. is old and reliable. It is very conveniently arranged for twenty-five patients a week. Price \$1.00.

OTIS CLAPP & SON'S VISITING LIST AND PRESCRIPTION RECORD is arranged for sixty patients a week and is perpetual. The blank space for the remedy, either by number or abbreviation, fills a long felt want. Price \$1.25. Order of Duncan Bros.

POULTRY FOR MARKET AND PROFIT is a pamphlet full of good things written by Fanny Field and published by R. B. Mitchell, Chicago, for 25 cents.

PAMPHLETS RECEIVED.

Twenty-First Annual Proceeding of the Homœopathic Medical Society, of the State of Ohio, for 1885.

Provision for Idiotic and Feeble-Minded Children. By Isaac N. Kerlin, M. D.

Address by Donald Maclean, M. D.—This lecture was delivered before the Society at Port Huron, Mich., June 19, 1885.

MEDICAL NEWS ITEMS.

THE UNITED STATES MEDICAL INVESTIGATOR for 1886 will be very much better than ever. Renew at once, so as to commence with the next volume.

A Merry Christmas to all our readers.

A Happy New Year.—We wish all our readers a happy and prosperous New Year.

Bind Your Journals.—As this number closes the year 1885, look over your file and see if you have every number for the year and get them nicely bound. They will make a handsome volume for reference.

A Homœopathic Pharmacists' Protective Association.—Of late we have received two or three letters, and have also been spoken to by others, about a Protective Association. We have been urged to do all we can to establish such an one. We believe this is a move in the right direction. Each pharmacy should make out a list of "dead beats" from his books and then have the list printed, and each member to receive a copy. Let us hear from all.

Medical Journal Addresses.—We have just received from the Illustrated Medical Journal Co. of Detroit, Michigan, several sets of their perforated, adhesive, Medical Journal labels. The list includes besides the journals of the United States that are devoted to Medicine, Pharmacy and Hygiene, those of the Provinces

of Canada as well. Four complete sets will be mailed postpaid for fifty cents on addressing the publishers above named. They are just what every physician needs for addressing his reprints for journal notice, and Medical Colleges for addressing their announcements for a similar purpose.

This number closes our journalistic year. The bill of fare furnished the reader has been toothsome; some easily assimilated, some difficult of digestion, and little, very little debris or offal. There have been many valuable articles printed; some worth their weight in gold, others of present as well as prospective value. Some are as full of therapeutic hints as an egg of meat, while others are profoundly scientific, (read this number.) We never, in nearly twenty years of editorial experience, felt a greater pride in our professional colleagues than to-day. From the oldest to the youngest they are the peers of any in any school. Don't you think so? We expect in 1886 to supply our readers with some rich and racy articles. May you be with us to read them.

Theo. Meurer, M. D.—Dr. Meurer, who died in New Albany, Ind., in the latter part of December last, was one of those devoted followers of Hahnemann, who has left behind him a brilliant record, as a man and practitioner. Born at Leutenberg, Saxony, Aug. 27, 1822, he graduated at the University of Munich in the class of 1845, was married and emigrated to Texas, where he remained until 1858, when he located permanently in New Albany. A man of genial temperament, amiable disposition, and splendid mental caliber, outspoken, but generous and liberal in his views, he soon acquired a large practice, and left his widow a fair competency. He was ever held in high esteem by all with whom he had associations, and is universally mourned by a large circle of friends. A son and two daughters—all married—and his widow, survive him. His death, in his sixty-third year, was the result of fatty degeneration of the liver. Our readers will recall the clear practical articles contributed to our pages by Dr. M.

Guide to Gogebic.—"Gogebic and other resorts in Northern Michigan and Wisconsin," is the title of a 40-page guide book to resorts on the line of the Milwaukee, Lake Shore & Western Railway, now ready for distribution. The General Passenger Agent has received advance requests for the book to the number of several hundred, and there is little doubt but that the edition of 30,000 will find a ready distribution. The book contains something like two dozen fine engravings, maps of the famous fishing and camping regions of the North, and an abundance of descriptive matter regarding the various resorts and more attractive points reached by the Milwaukee, Lake Shore & Western Road. In itself the publication is a very interesting and instructive one, but to persons desirous of visiting the

North during the coming summer season, it is doubly desirable for information and reliable descriptions of the various points for fishing, hunting and camping.

Copy of book will be mailed free to any address on application to H. F. Whitcomb, General Passenger Agent, Milwaukee, Wis.

News from Dakota.—In the spring of 1884 we organized the Dakota Homœopathic Medical Society, and met at Huron, D. T. Last spring the meeting was held at Mitchell, D. T., but the attendance was very small, and but little interest has been taken in the matter. Our secretary had in some way lost our Constitution and By-laws. At the meeting at Mitchell I was elected Secretary for the ensuing year, and I am trying to make a success of the next meeting, which will be held at Ashton, D. T., on the 1st, 2d and 3d of June, 1886. I wish you would give notice of this meeting in *THE INVESTIGATOR* and urge the necessity of making it a grand success. Too many of the physicians out here are interested in nothing but land and money, when they should devote a little time to the advancement of Homœopathy, and secure public recognition, even in a small way, as I have done. I have been appointed superintendent of our County Board of Health, also superintendent of our County Board of Commissions of Insanity. While there is no great pay in such offices, yet it causes a recognition of our school. I came very near getting the appointment as superintendent of the Territorial Board of Health, and I will give the Allopaths a strong pull when the time comes for the position yet.

M. L. REED.

Organization of the Alumni Association of the Hahnemann Medical College of Philadelphia.—On the evening of December 4th, 1884, an adjourned meeting of the Alumni residing in Philadelphia and vicinity, was held in the lower lecture room of the old college, for the purpose of effecting the permanent organization of the Alumni Association. The proposed constitution and by-laws were read and adopted. They provide that the name of the organization shall be "The Alumni Association of the Hahnemann Medical College of Philadelphia." Its object shall be to promote the interests and extend the influence of the Alma Mater, to advance a higher medical education and to secure intellectual and social benefit.

Any physician on whom has been regularly conferred the degree of the Homœopathic Medical College of Pennsylvania, or the Hahnemann Medical College of Philadelphia, and honorary members of said institutions shall be eligible to membership.

The annual meeting shall be held in Philadelphia on the night before commencement.

An election took place for officers, with the following results:

President—Dr. Augustus Korndorfer (class of '68,) Phila. Vice-President—Mrs. W. B. Trites, '69, Phila.; Horace F. Ivins, '79, Phila.; J. H. McClelland, '67, Pittsburg. Permanent Sec'y.—Dr. Wm. W. Van Baun, '80, Phila. Provisional Sec'y.—Dr. Clarence Bartlett, '79, Phila. Treasurer—Dr. Wm. H. Bigler, '71, Phila. Executive Committee—Prof. Wm. Tod Helmuth, M. D., '53, New York City; Prof. A. C. Cowperthwaite, M. D., '69, Iowa City, Iowa; Dr. John C. Budlong, '68, Providence, R. I.; Dr. Chas. H. Lawton, '71 Wilmington, Del.; Drs. Wm. B. Van Lennep, '80; H. Noah Martin, '65; Isaac G. Smedley, '80; John K. Lee, '51, and Joseph C. Guernsey, '72, of Philadelphia.

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