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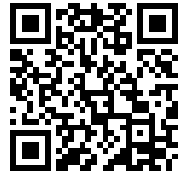
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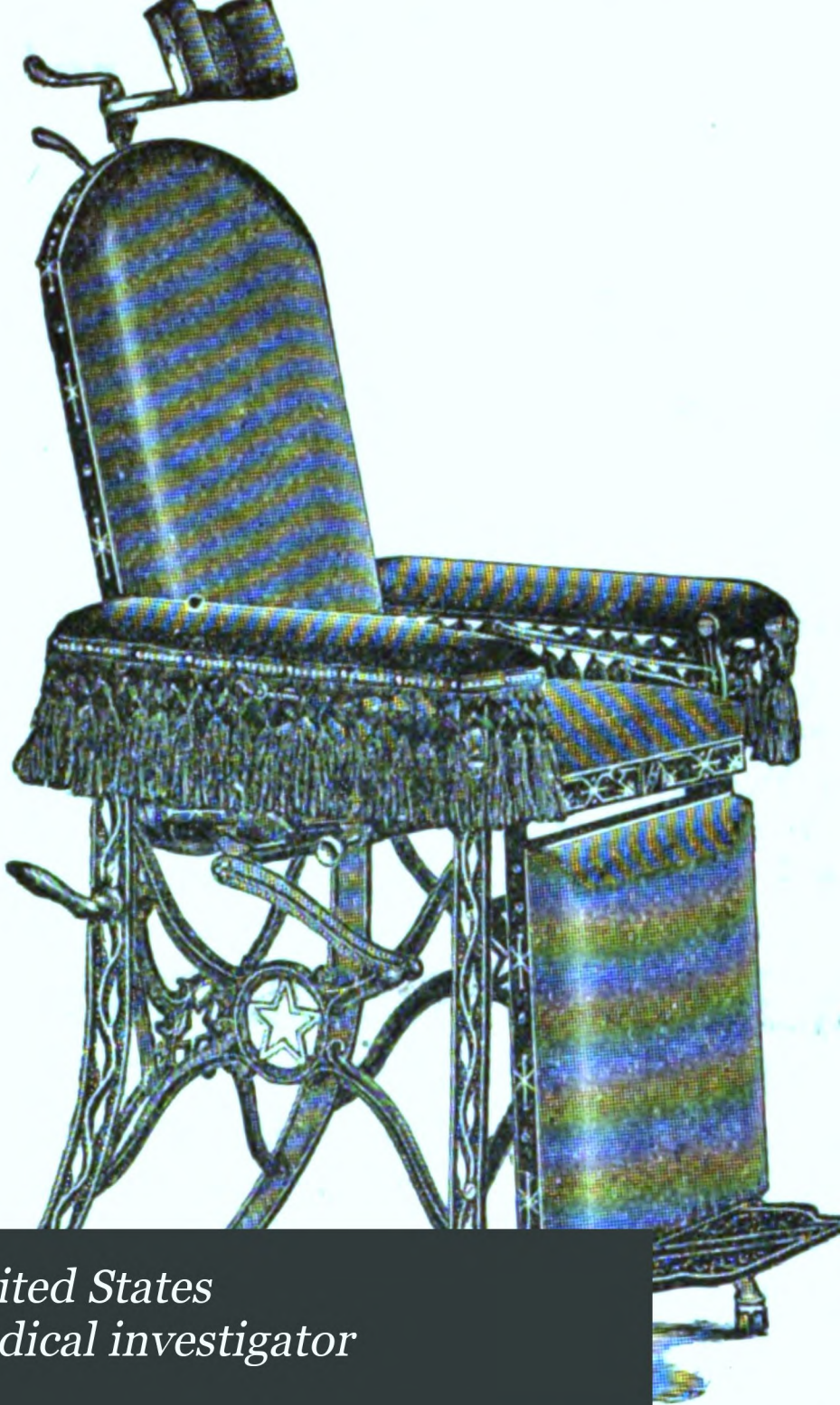
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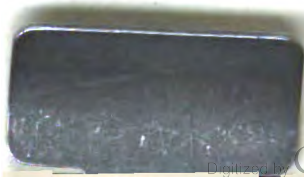
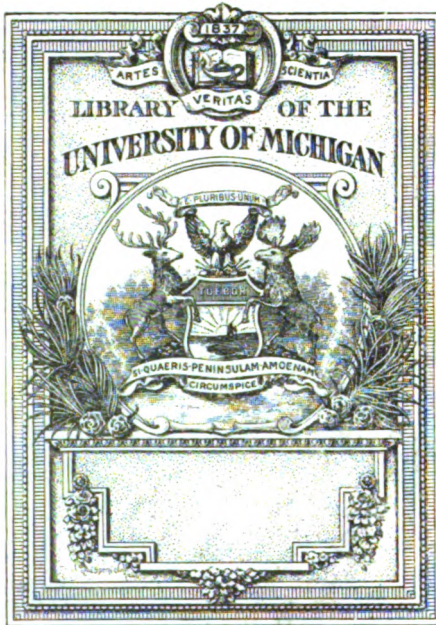
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THE
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HELPS FOR BUSY PRACTITIONERS.

BY J. D. CRAIG, M. D., OAK PARK, ILL.

In my paper, published in the October number of *THE INVESTIGATOR*, under the head of "Hints to Busy Practitioners," I advocated the use of cards in the study of the *materia medica*. Since then I have examined the cards that are now for sale, namely: Hoyne's and Hering's, and find that neither of them answer to my idea, and for reasons that will be given further on.

I have been led to a consideration of this subject for two reasons: one was to benefit myself, and the other because of the situation of the medical schools at the present time, and the future outlook.

Although not one of the oldest members of the Homœopathic profession, I have practiced it long enough (twenty-five years), and have had sufficient experience to have become

very decided in my belief of its value to the world, and I look with concern, in common with many others of the veterans of our cause, on the growing laxity of faith and practice in our ranks as our number increases, together with the inroads that Allopathy is making year after year on our domain.

This latter consideration would not be a matter for anxiety but rather of rejoicing, were it not for the fact that our methods and remedies are being appropriated day by day by members of that school, not only without recognition or even a thank you, but with the avowed purpose of trampling our law under foot.

We might afford to laugh at this were we, as a profession, keeping as far in advance of them as formerly. Twenty years ago the difference in treatment between the two schools was so great, and Homœopathic success so marked in comparison, that the lay adherents of our faith were very decided in their loyalty and uncompromising in their belief, which is by no means the case now. except in small places where the old school physicians have remained where they were. It is a very common thing to find families at present who employ a physician of one school this year and another of a different school the next if they happen to change locations, thinking little and caring less what his professional faith is, provided he pleases them as a man, and for the simple reason that the difference in treatment is often more in name than in reality.

The remedy for this is in increased work on our part. Flaunting our banner in people's faces is of no earthly use. We must show results. The treasures of the Homœopathic mine are by no means exhausted, but we must bring them to the light; and, although we are perfectly willing to share with our brethren of other schools, we do not intend to change the name of the diggings nor allow the name of the discoverer to be buried under the debris of the workings, and if our

brethren *will* steal instead of doing their share of the labor, or receiving thankfully what would be given for the asking, let us work the harder to gain more, for except we do it will not be long before we shall find ourselves in the deplorable condition of the man mentioned in the scriptures, who attempted to go down to Jericho.

The advance of the old school toward Homœopathy is leading many of our prominent men to look forward to a fusion of the schools in the near future as more than likely, and as a move greatly to be desired. It is a question whether such an event would not be a catastrophe under any circumstances, for such it certainly would be in the present attitude of that school toward the doctrine of *similia similibus curantur*; and even if all that Hahnemann and his followers have claimed were to be acknowledged, history leaves no ground for hope of ultimate good in such a movement, for at the point where uniformity of belief has been secured stagnation has always begun, and this has very soon been followed by retrogression.

To some sectarianism, either in medicine or religion, is always thought of with a sigh, but when it is accompanied by that charity which is manifesting itself at the present day in many religious bodies, and to considerable of a degree in our own profession, it becomes not a check but a promoter of true growth and a great separator of truth from error, for it causes men to throw off the shackles that great bodies always attempt to bind their members with, and thus emancipates the minds and consciences of men. Does anyone suppose that twenty or even ten years ago such a scene as that related in a recent number of the *Hahnemann Monthly* could have been witnessed, where the president of an Allopathic county society in his annual address publicly defended Homœopathic doctrines without rebuke? If he had attempted such a thing much earlier he would have been speedily cast into the outer darkness of professional and often even social ostracism.

To simplify the study of the materia medica is the pressing need of the present, if we are to hold our position as leaders in the science of therapeutics, and there is much to encourage us in taking up that study with renewed zeal compared to what existed a few years ago. The time has gone by when we were obliged to fight our way inch by inch; when to avow oneself as a Homœopath was, in effect, to acknowledge ignorance of every thing but therapeutics; for it was believed that a Homœopathic physician knew nothing of the nature and location of disease, and never could, under any possible circumstances, become an anatomist or surgeon, but Beebe, Hel-muth, Hall, Franklin and Gilchrist in surgery, and Ludlam, Sneider, Porter and others in gynæcology, have stepped right into the front ranks as operators, and by their success in saving the lives of their patients have far outstripped the best surgeons and gynæcologists in the world, whilst few of any school can be found to fill the place as a diagnostician of the late lamented N. F. Cooke.

If there is still a lingering thought in the minds of our old school brethren that we as a school are behind them in any of the departments of medicine, let those of them that are in this state join with us to give to our present Board of Health, by law, the power which they now usurp, only requiring that *no diploma* be considered *prima facie* evidence of qualification, but that all candidates be required to pass a rigid examination before receiving a license, and if such a law could be passed and made retroactive, so as to include all that are now practicing, we would be willing to take our chances, being assured that the "plucked" ones from our side would be proportionately small.

To make knowledge available it must be brought within the reach of ordinary minds. Such men as Hahnemann, Bœnninghausen, Hering, Hempel, and a few others could grasp and retain what would only confuse others, but the ordinary

process of acquiring knowledge is little by little and even this must be made capable of assimilation. The most of what is read but once soon fades from the memory, even when thoroughly understood at the time of reading, while that which requires a great mental effort to grasp, even feebly, is lost in the mazes of forgetfulness often in a few hours, and if the present mode of attempting to differentiate between the whole scheme of five or six hundred drugs only served to bewilder the mind of Hempel, as he confessed that it did, how can an ordinary mortal be brought to even make the attempt. As well might we attempt to build a whole house at once. It would soon come tumbling about our ears. It must be built up one brick at a time.

Dr. Hoyne has come the nearest to this idea of any writer on *Materia Medica*. His cards which are printed with symptoms on one side and the name of the remedy on the other, contains only prominent symptoms so that the mind is not confused with trying to remember those that may never be met in practice; nevertheless there are still too many of them to be useful to practitioners, for he would be an ignorant one indeed that did not recognize the remedy long before the last symptom were read and the advantages of this mode of study is thereby greatly diminished.

The plan that I have adopted heretofore is to write from six to ten symptoms on a card, without reference to any particular locality represented, and place these cards in packs of say twenty-five or thirty, then after shuffling them like playing cards read the symptoms and guess the name which is written on the reverse side. By this means the mind is kept constantly on the alert to distinguish between different remedies and at the same time it is not allowed to become inattentive by having guessed the remedy at the first, or having its name at the head of the symptoms as in the ordinary mode of study; for it will be found by practice that if because of some symptom that

seems particularly characteristic, a particular remedy is settled upon and the mind in consequence is allowed to lose its hold on the remaining symptoms; at the end when the name is guessed; in many cases on looking on the reverse side it will prove a failure, so that one soon learns that the attention must be fixed clear through to ensure success.

These failures serve two good purposes however. They excite the mind to differentiate and they also account for the disheartening failures which we have all had in applying the law of cure, for we very soon begin to suspect that the prescription which we were so very sure was strictly in accordance with the law of similia, and which failed, was not a center shot after all and as a consequence we lay the blame where it belongs, with ourselves.

To illustrate my meaning I give below a copy of one of my cards on which there happens to be no such prominent symptoms as, for instance, the sensitiveness of the neck to pressure as, in Lachesis, so that in order to guess the name every symptom must be taken into account. It should be remembered that I have written down no symptom that has not been often verified in practice:

“Weak memory; confused thoughts; speaks or writes wrong words and syllables; vertigo in the morning when and after rising, so that he reels back and forth.

Throbbing headache; on leaning head backward; during the day; after coughing.

Distressing pain in the eyes as if they were dry, with nightly agglutination; styes on the lids, more towards the inner canthi.

Ulceration and redness of lids with acrid lachrymation.”

Now there is not a symptom on this card that is not held in common with other remedies, and such a class of symptoms will be found the most interesting, because that every remedy affecting the mind in the same manner will naturally come up

for consideration, and so with headaches, and symptoms of the eyes, so that it will only be by noting not only the resemblance to other remedies, but the difference, that *Lycopodium* will be settled upon, and through it all the attention is secured without any great mental strain, because that the mind is brought to this point after repeated trials and so is trained to analyzing in a natural manner; namely by repeated and therefore increasing impressions on the brain.

I now propose to vary this plan by making a compilation of the verified symptoms of a number of remedies in sets on the plan of cards very like Dr. Hoyne's, except that one set will contain only the general symptoms, those of the mind and the aggravations and ameliorations; another those of the chest; the next of the stomach and abdomen, and still another of the head, so that at the commencement of winter the chest symptoms will be in a handy form to study, in the summer the bowels, whilst the mind and head can receive special attention when most needed. These sets can be added to if desirable until those under all of the rubrics are included.

The plan proposed is have in each month's issue of **THE INVESTIGATOR** two or more pages of supposed remedies having similar symptoms under their appropriate head, as for instance anxiety, fear of death, fear of ghosts, restlessness, etc., etc. By this means after the symptoms have been studied as a whole and the remedy guessed every time each of the symptoms, or the prominent ones can be taken up in detail and the other remedies that act similarly committed, and it is possible that before we get through it will be to also show the difference, but it is believed that when this plan of study has been thoroughly mastered the difference will be well understood and will perhaps answer the purpose of studying the *Materia Medica* for some and perhaps all much better than any other plan now in use.

FATAL RESULTS FROM EATING PRUNUS VIRGINIANA.

AUGUST 20th, 7:30 P. M.:—On reaching home from a hard day's ride with many visits made, found a message asking for me to come in haste two miles distant to see a sick child. I was hungry and my horse wanted its oats which were hastily taken. It would be proper here to say that I had been called in the house the previous day from which the message had been sent to me to see a babe suffering from cholera infantum, and I suspected it was to see the same case for which I was now wanted. I reached the house at 8:30 P. M., and found the infant better, but another child—a boy—but four years, seven months, and thirteen days, lay on a couch in a stupor. Learned that from 5 A. M., until just before I had arrived, he had been vomiting and purging. Indeed he had all the appearance of being in a collapse from the effects of cholera morbus. I had with me a supply of Beache's Neutralizing Mixture, to which I added liberally of comp. tr. of capsici et myrrh, and gave immediately. Having noticed near the door on the previous day the leaves of horse radish, I caused a quantity to be stripped of the stems, rolled and wilted, and applied over the stomach. The surface of the body was bathed in a cold perspiration; had it rubbed dry and the extremities chaffed. It was with difficulty he was roused sufficiently to swallow the medicine by 9:30. He appeared a little restless when I left, directing the family and a neighbor to continue their efforts and not to omit the medicine until warmth of the whole body and extremities were obtained. At 2:30 A. M., was called from my bed to see the child again, as he had been taken worse. I hastened to the house, but he had died but seven minutes before I arrived. On examination I found the joints of right hand, wrist, and elbow, as rigid as if he

had been dead and on ice for twenty-four hours, while the limbs of the left side were in a relaxed condition. On inquiry learned that for two hours preceeding death there had been complete paralysis of the left side, while the right had cramped severely. A younger boy was about this time seized with a severe diarrhoea, with cramps; found that the stools were composed almost entirely of the wild cherry, which grows here in abundance. An aunt of the mother who was present had administered a dose of castor oil, which had the effect to bring away large quantities of cherry stones, as well as the pulp of the cherries. Further investigation revealed the fact that the cherries eaten had been from branches of the trees that had been broken off and become wilted before they were eaten, all of which brings to my mind some well known facts with those well acquainted with the tree, viz: cows and horses may feed and will eat of the foliage of the tree and when fresh will not do them any harm; but if they eat the same after it has been broken off and become wilted by the sun, or lying on the ground in the shade, it takes but little to kill the animal—less for a cow than a horse; but both have been lost in this neighborhood from this cause. The query arises, what chemical changes occur which increase or produce this poisonous property of the tree and foliage by being wilted. Of course we know that the medicinal properties of this tree are due to the hydrocyanic acid which exists in the bark, leaves, and no doubt in the kernel of the fruit; and what catalytic or chemical change occurs which intensifies the poison after the branches have been broken from the tree a few hours, can perhaps be better answered by some one who has the means at hand to make a chemical analysis of the drug under such separate condition. I certainly charge the death of this child to the eating of these cherries, and perhaps to the swallowing of the pits, which, I learned, he had a habit of crushing in his teeth before swallowing. There was no tympanitic condi-

tion of the bowels when I first saw him or after he died, and he was in good health and did not complain until first taken as with cholera morbus. Both of the other children recovered. —*Keystone Medical Journal*.

HOW I TREAT MENINGITIS.

BY J. A. HOFFMAN, M. D., OSAGE, IOWA.

Something over thirty years since Halsey & King started a little periodical to advertise their pharmacy, which soon grew into THE MEDICAL INVESTIGATOR. I have taken, paid for, and carefully read it from the very start, and I can candidly say that the last year has been much the best. For a few years past I have not been able to write any for this valuable journal; but now, as I am "all right" once more, will try to tap the store house occasionally. Many young doctors, and not a few old ones, scatter like an old musket—all over a ten-acre lot. Such doctors use all sorts of expedients, auxiliaries, adjuvants and several remedies at a time, in every conceivable jumble, and then advertise their ignorance by publishing their performances. But these old fellows, after much experience and many failures, through much tribulation and hard work, have become so proficient in pathology, diagnosis and materia medica that they leave off nearly all auxiliaries, and prescribe rarely but one remedy at a time, and with a precision of an expert marksman. If Homeopathy be really true, what is the use of anyone who is really an expert making mistakes? If "similia" be really a guide, why not be guided by it and hit the child square in the face every time? "How I Treat Erysipelas," by Dr. Dewey, in the last number, is really able. The doctor is on the right track. "How I Treat Meningitis" may, perhaps, be of some interest.

A boy of about eight years of age was taken with menin-

gitis with dropsical effusion, as a sequence of scarlet fever. Had severe frontal headache, with continual vomiting; urine very scant and dark colored, skin dry, dilation of the pupils, which rolled upward; tongue pointed like that of a snake, and of a deep red color; great thirst, but could not retain anything; pulse rapid and wiry; temperature, 104; comatose condition, with stertorous breathing. The indication of cure in such a case is to promote urination and perspiration, and at the same time equalize the circulation of the blood, and thus remove the effusion and cure the inflammation of the meninges. But how are we to do this? is the most important question. The totality of the symptoms is the guide. There are four fundamental symptoms in this case: The congestion of the brain, the dropsical effusion, and the suppression of the urine and perspiration. The partial suppression of the urine and perspiration is clearly at the bottom of every other bad symptom. So here we can have no doubt about the remedy Apis covers the case from its roots to its branches. Gave Apis 3d every hour. This was April 21; 22d, all of the symptoms about the same, except the *urine was somewhat freer*, and the skin not quite so dry. Prescribed Apis 3d; 23d, about the same, except an increase of urine and perspiration; 24th, urine and perspiration is now profuse, and now I propose to let the Apis work for several days without repeating it. All of the symptoms are somewhat moderated, but the headache is still severe, the pupils dilated and the tongue pointed and red, and as Belladonna will not antagonize the effect of the Apis, I gave Bell. 6th every hour. 25th, Apis still acting finely and the Bell. is getting in its work. Prescribed Bell. 6th every two hours. 26th, Apis still at work, headache all gone; patient better every way, but very much prostrated. Now I propose to let both the Apis and Bell. work on without separating either of them, and give Arsenicum for the prostration and general septic condition. Pre-

scribed Arsenicum 6th three times per day for a week, and at the same time the Apis and Bell. were getting in fine work without being separated. May 3d, discharged patient. This was a very dangerous and bad case, cured with only three remedies, and only one being given at a time, with no auxiliaries of any kind. And this is the way I treat meningitis and everything else. I use but very few remedies, but with the greatest possible precision, and always observe that the nearer I get to pure Homœopathy the better will be my success.

OUR WONDERFUL IMAGINATIONS.

BY C. L. TISDALE, M. D., BROOKTON, N. Y.

The controlling influence of the mind over our physical condition is generally recognized as an important factor in the modern treatment of disease. Equally powerful is the effect of an unhealthy imagination in producing actual bodily derangement. What intelligent physician has not been struck with this intimate union existing between the mental and physical condition of a patient, and yet how few of us realize that sickness and even death are often but the result of an overwrought mental excitement or the slow wearing exhaustion of a firmly fixed hallucination.

During a residence of several years in the Sandwich Islands I have met a number of striking examples of the "*Aanaana*" or power of praying to death. One case that came under my own personal supervision illustrates the subject under consideration. A native lady of more than ordinary intelligence and culture, occupying a high social position and married to an American merchant in the kingdom was visited by me at her home one afternoon. I found her lying on the sofa but to all appearances enjoying her usual health. Said she "Doctor, my husband was anxious you should call and see what you can

do for me but I wish to tell you that it is useless, I am beyond your assistance, in less than a fortnight I shall be dead." Inexpressably shocked by the calm, assured manner in which she spoke I attempted to reason with her. "There is no hope doctor I am being prayed to death, I have struggled against it but in vain and I tell you nothing can save me." I saw her daily and could discover no disease and yet she grew steadily weaker until on the thirteenth day she died a perfectly healthy woman driven to her grave by the fearful power of an idea.

Who has not felt in his student days when reading the pathology of some dread disease, this overruling force of a heated fancy—imagining he could discover in his own person the positive existence of those same symptoms and only by the exercise of a strong will been kept from being really ill. The heartless charlatans who infest our land would be powerless did not their cunning advertisements appeal to the fevered imaginations of their deluded victims. From every battle field men have been carried to the rear who only imagine they have been shot and yet their pain and suffering is very real. Men have fainted from loss of blood who have only felt the trickling of water over a limb. During the many yellow fever epidemics that have swept over southern states and when small pox has prevailed in the north a fear of contagion has so weakened the resisting power of the system that they have invariably succumbed to the disease; when cholera was claiming its victims by the thousand brave men and women stood untouched saved by their own iron will while patiable cowards were carried by hundreds to the grave. The increasing mortality from hydrophobia is not real but the result of an excited imagination. A man is bitten by a dog—straightway the poor brute is killed, no proof of his condition is now ever possible of demonstrating. The bodily wound heals readily but the man's fancy is excited—feverish days and sleepless nights are followed by a settled conviction that the dog was mad. His

imagination conjures up the most horrid pictures of a frightful death—his mind is racked by all the awful tortures of the disease until exhausted nature can bear no more and hydrophobia with all its fearful horrors comes at last and he dies in agony a certain victim of a mind diseased.

After a careful investigation of the subject I am convinced that rabid dogs are extremely rare and that actual hydrophobia following the bite of such an animal is even rarer. In those communities where hydrophobia (?) has become so prevalent, the popular mind is so wrought up that calm judgment is impossible and the most innocent circumstance is magnified into a calamity. Numerous cases are on record where persons who have been bitten by dogs presumably mad have allowed their minds to become so affected by fear that they have actually developed all the fearful symptoms of hydrophobia and have died with all its attendant agonies while the mad (?) dog has lived for years in splendid health.

UTERINE CATARRH.

BY S. J. DONALDSON, M. D., N. Y.

Of the diseases peculiar to women, first upon the list should stand leucorrhœa, for above all other gynecic anomalies it is the most frequent, the most intractable and the most perplexing to the physician. Considering the vast experience furnished by the past, and the unlimited opportunities for the study of this anomaly, it is surprising that the therapeutical views entertained upon this subject, are so varied and discordant. It is also remarkable that the combined skill of medical men is so frequently defeated in the treatment of this apparently simple disorder, there being few physicians who cannot cite numerous instances wherein their most earnest efforts to effect a radical cure have been utterly baffled. This intracta-

bility we will find is due to two prominent factors, viz: the anatomical and physiological nature of the parts involved.

In the pelvic basin filled with areolar tissue, which abounds largely in blood-vessels and capillaries, floats the uterus, a dense muscular organ containing a network of arteries and valveless veins. It is highly endowed with glands, according to some authorities, the cervical portion alone being supplied with from two to three thousand. It is lined with a mucous membrane, much more extensive than is usually supposed owing to its corrugated condition. The life of the uterus is one of continuous disquietude for throughout menstrual life—save during pregnancy and the contingencies pertaining thereto, there is an endless growth and deheiscence of the delicate lining of the cavity as the monthly cycles repeat themselves. Hence we perceive, since nature has assigned to these vascular tissues a state of perpetual ebb and flow, there is absolutely no period of rest for the uterus. Besides this periodical disturbance, there are numerous other influences that greatly modify the pelvic circulation; prominent in this category are mental conditions, coition, conception, abortions, childbirth, lactation, constipation, climate, dress, exercise, etc. Owing to this never ceasing variableness, when once this organ is seriously invaded by disease, it will be proportionately difficult to establish a healthful equilibrium.

We are accustomed to divide leucorrhœa into two forms, the acute and chronic: when, however, we speak of acute uterine catarrh, we employ a term to which exception may be taken, for it is a question if such a condition ever really exists. We usually have a transudation of sero-mucous fluid when preceded by undue engorgements of the mucosa. This phenomenon as a rule occurs just previous to or following the menses; also those influences which produce hyperæmia of the mucous membranes throughout the body, may provoke a temporary leucorrhœa.

These recent or critical discharges are usually transient and often salutary, being an expression of nature's efforts to relieve turgescence. The management of this condition is extremely simple. It would be shortsighted indeed to adopt measures for the direct purpose of sealing up or suppressing recent or acute leucorrhœa, since by this course we would frustrate nature's designs. Rest physical and mental, judicious diet, protection of the body by proper clothing with the indicated remedy, will secure the desired result.

When, however, the influences which induce the engorgement are of long continuance, there ensue the following successive stages: First, the primary thickening, puffiness, and softening of the mucous membrane, next the destruction of the ciliary epithelium, later an exfoliation of the cylindrical epithelium, and finally we have the uterine cavity lined with the submucous connective tissue, dotted with minute cavities, (the mouths of diseased uterine follicles), and patched with points of vegetative growths. There is always associated with this process, to a greater or less degree, parenchymatous metritis. This condition we are accustomed to designate "chronic catarrh of the uterus" and it unquestionably constitutes a most formidable malady, one which the intelligent physician encounters with an aversion proportionate to his former experience. It is fair to state that to-day among those whose practice covers the largest field of observation, the most adverse opinions prevail concerning the absolute cure of this complication. Recognized authorities on gynæcology with but few exceptions have recorded most discouraging opinions regarding the intractability of this disease.

Scanzoni writes: "As for ourselves, we do not remember a single case where we have been able to cure an abundant uterine leucorrhœa of several years standing."

Thomas, in his last edition, says: "Even in the mildest case which has lasted for some time, from four to six months will

probably elapse before a perfect cure can be accomplished, and even after this, a relapse will be very likely to occur, unless preventive measures be adopted and strictly adhered to."

Speaking of chronic endometritis, he says: "If it has continued a number of years, it will often prove incurable."

Dr. Marian Sims remarks: "Only a few men can say that they have cured a half dozen of these cases. I am sure that during the first thirty years of my practice, I was not able to boast of more than two or three."

Quotations of this nature might be adduced almost indefinitely, were it necessary.

These adverse dicta emanating as they do from such eminent sources, are certainly quite significant. So fully and ably have competent authorities written upon this topic that one hesitates to add still another contribution.

To attempt to present anything new concerning endometritis and endocervicitis, upon strictly pathological grounds, is a hopeless task, so skillfully have they been discussed. Viewed, however, from a common-sense, practical standpoint, we believe considerable remains unwritten upon the etiology and therapeutics of this subject; in other words, we hold that more thought should be expended upon careful tracing from effect back to primary influences, and then base our remedial measures at the very root of the matter, and it is from a desire to advance a step in this direction that we have undertaken this article.

Suggesting the impropriety of regarding uterine catarrh as a disease *per se*, may to the physician of to-day seem a piece of supererogation. Nevertheless, we feel warranted in drawing particular attention to this point, since it is undeniable that the bulk of the therapeutics now in vogue would indicate that with the mass of physicians the chief object in their minds is the removal of topical disturbances, which we know to be mere secondary conditions. Witness how universally the as-

tringent vaginal douche is recommended—a senseless prescription, since it does not reach the diseased surface. Others, more thoughtful or venturesome, employ intra-uterine injections of astringents, or apply caustics to the endometrium, while comparatively few regard the local symptoms as mere expressions of the exciting causes with which they first proceed to deal correctly. Let it be clearly understood that we do not for a moment impute ignorance to these practitioners; what we impugn is the evident disposition to become absorbed in mere local pathology, and to be blinded by stereotyped topical measures. Many trivial catarrhal conditions are merged into desperate and incurable cases by this fallacious plan, which has for its evident object the sealing up of the discharge. Before discussing the therapeutical part of the matter on hand, let us as concisely as possible consider the etiology of uterine catarrh. So manifold and various are the sources of this ailment that it would be impossible to enumerate them all. We can, therefore, present only a few of those influences that contribute directly toward this condition. It is well known that blenorrhœa is frequently engrafted upon a strumous diathesis, such cases being subject to develop catarrhal symptoms upon the slightest provocation. Other prominent causes are general debility, mental depression, non-assimilation of food, etc. The imperfect performance of the cutaneous function is a common predisponent. All imprudence of dress, such as the substitution of lighter garments for warmer or heavier ones previously worn, exposure of the body to sudden changes of temperature or draughts, occupying damp apartments, or living in unfavorable climates—any of these causes, separately or combined, may pervert the function of the skin, and through a metastatic process cause congestion of the mucous membrane with blenorrhœa as a sequence. The exciting causes, sexual excess, abortion and misfortunes at childbirth, are too well recognized to need comment. While the accidents connected

with pregnancy are fully appreciated, the deplorable measures employed for the prevention of conception are not sufficiently taken into account. The irrigation of the vagina with the cold douche at a time when the sexual organs and delicate sympathetics are physiologically exalted and in the most sensitive and susceptible condition, is little short of suicidal. Not only does the entire system suffer from this reprehensible practice, but the ovaries and pelvic tissues receive such a shock by the sudden precipitation from an active heated state to one of chilliness that the most robust constitution cannot long withstand the evil effects thereby produced. The disgusting habit—unfortunately by no means rare—of using the so-styled “safes” exerts a most pernicious influence in producing uterine as well as vaginal catarrh.

As we have seen, vascular turgescence always precedes leucorrhœa, and every influence that tends to impede the free circulation of the pelvic fluids favors leucorrhœa. Hence we may have valvular insufficiency of the heart, or the portal circulation may be impaired through an abnormal condition of the liver, which may be pathological or artificially produced through tight lacing. Constipation with consequent straining at stool, plays an important part in provoking pelvic engorgement and irritation; indeed, it is safe to state that as a rule leucorrhœa in the nullipara is associated with and greatly aggravated by retarded and forcible defecation.

Not infrequently we find leucorrhœa in women possessing naturally a sound, healthy physique, but who from sheer indolence, or debilitating habits in sitting or lounging, induce blood stasis of the pelvic organs through gravitatory influences, which, if prolonged, invariably result in varicosity of the weakened blood vessels, hypersecretion and finally ulceration.

Physicians are not fully agreed as to the relative frequency of corporeal and cervical endometritis. It is natural to infer that the cervix is most favorably conditioned for inflammation

and hypersecretion, endowed as it is with thousands of glands, besides its extensively plicated mucous membrane. Moreover, its position exposes it to mechanical irritations from forcible or intemperate coition, from the use of harsh injections or instruments for the interception of pregnancy, also from the accidents incidental to child-bearing. On the other hand there are those who maintain that abortions, adherent placentæ, subinvolutions, dysmenorrhœa, versions, sudden suppression of the menses from wetting the feet, etc., more frequently cause parenchymatous inflammation and corporeal catarrh. It is certain that endometritis cannot exist for a long time without involving the endocervical tissues, whereas endocervicitis may be of long standing and not extend beyond the internal os. The character of the discharge from either location is pathognomonic, and will aid us in our differential diagnosis. The discharge of endometritis is thin, watery, often, but not always, of a brownish cast. It frequently collects within the cavity, giving rise to radiating, colicky pains, and is discharged in gushes, causing the patient to imagine that an abscess has formed and burst.

The cervical secretion is translucent, thick, stringy and viscid. In the early stages of the affection this secretion is not very copious, but it forms a glutinous mass that plugs the cervical canal, and clings to the rugous walls so tenaciously that it is with some difficulty dislodged. This glairy plug is, no doubt, a source of considerable reflex irritation, for after its removal we often observe a relief from previous ovarian, lumbar and gastric symptoms. Later on, when the follicular degeneration becomes more extensive, the secretion is more copious, opaque and thinner, hanging out of the os in strings. At this stage the cervical canal is quite patulous, the rugous mucous membrane that dips down among the arbor-vitæ-uterine is wasted and the rugæ obliterated, the cervical wall presenting a smoother surface covered with granular growths,

which bleed readily when touched. Although the external os be gaping, there may exist a constriction at the internal os. If, however, the entire endometrium be involved, the uterine cavity will be enlarged in every direction, the parenchymatous structures are also complicated, the uterine walls, soft and friable to such an extent that the sound is sometimes thrust through them, and that, too, when no unusual force is applied. The tissue degeneration is not limited to the uterus, but extends to the periuterine areolar tissues, the fallopian tubes and ovaries. As this deterioration progresses the structures affected lose their resiliency, and are disposed to gravitate in the direction of the least resistance.

We will next proceed to consider, in as rational a manner as possible, the management of female blenorrhœa.

It is impossible to furnish a list of remedies which may be indicated in the various stages of this ailment, nor is it necessary to offer an apology for this omission, since it is readily understood, that the combined symptoms of each individual case, alone furnish the index of the appropriate drug. It would also be superfluous to attempt any detailed description of the manifold constitutional phases to be studied in connection with our subject. Therefore to avoid prolixity, it is presupposed, that a thorough general examination has been instituted, which, in a majority of cases, will afford the necessary indications, each peculiar dyscrasia suggesting its appropriate medication.

The habits of the patient should be ascertained, and carefully regulated, and the diet should be plain and nutritious. For the chlorotic and scorbutic patient, the most appropriate article is milk, and this to be efficacious, should be partaken of freely, at least from one to two quarts daily. It should be combined with some article of coarse food, such as maize or cracked wheat, in order to avoid the constipation usually attendant upon the liberal use of milk as a diet. The dress

must be unvarying in thickness from day to day, and sufficiently warm, to favor the free action of the skin, and protect it from sudden changes. The lower extremities are the most important portion of the body to be considered, in connection with the question of dress, insufficient protection of the legs and feet, being one of the chief obstacles in the way of a cure, as well as a cause of leucorrhœa. In our climate, subject to such extremes of temperature, with damp and cold predominating, it is especially demanded that women should wear flannel undergarments, and that the hose and shoes should be of sufficient weight, the latter not be substituted by a thin slipper at the caprice of the wearer. The keeping of the feet warm, and that without artificial heat, constitutes a hygienic law, and must be respected as such. The bowels should be evacuated daily, and for the better achievement of this habit, no form of laxative, or rectal douche, should be employed, as either of these agents will invariably create and perpetuate costiveness. A selected diet, will power, and punctual attendance at a definite time daily, will never fail to establish the desired result.

The patient should also be instructed regarding the proper attitude of the body in standing, sitting, and reclining; that is, a slouching, shambling gait in walking or standing, a half-reclining posture in sitting, and the dorsal position in lying, should be avoided, since each of these positions favors blood stasis, and displacement of the pelvic organs, through gravitatory and superincumbent influences. Therefore the body, when correctly poised, is firmly erect while walking, standing or sitting, thereby causing the superimposed structures to fall in front of the pelvic plane, and the semi-prone position in lying is the one designated by nature, since it promotes free circulation, and the inversion of the pelvic basin assists the disengagement of the pelvic tissues, besides disposing of the organs in the most favorable relation to each other.

If the patient be married, we must not neglect to ascertain if possible whether any injurious practices are associated with the sexual act. We know that to some minds, the slightest allusion to this subject, will seem a gross indelicacy, but it is an obligation which should be met, and surely an honest fulfillment of a clearly defined duty, should be deemed neither an offense nor intrusion. No amount of reasoning, no portrayal of evil consequences in the strongest colors, will deter from the employment of preventatives, those disposed to use them. When an evil cannot be eradicated, let it if possible be mitigated, and therefore in this case we direct attention to the baleful effects of the cold douche, and recommend the substitution of hot water, which besides being equally effectual, produces no shock to the system, but on the contrary has a salutary effect upon the parts involved. So long as the condom is resorted to, it is useless to attempt a cure of leucorrhœa. Too frequent, untimely, or unnatural indulgence, also deserve proper attention.

Again women should be educated to appreciate the advantages to be obtained from exercise; its value, as a remedial agent in the cure of this particular complaint, we cannot too strongly emphasize. It is safe to assert, that the majority of female patients become invalided, through lack of the proper amount of exertion in the outer air and sunshine. Since physicians so well understood the laws of assimilation, and elimination, it is incomprehensible that they do not oftener insist upon the fulfilment of this physiological necessity. Especially is it indicated in the case of illy-nourished women, whose muscular movements are limited to standing behind counters, or running the sewing machine, and similar inactive occupations. Almost invariably these subjects are undervitalized, since the food of which they partake, is not properly assimilated. Exercise, increased respiration, and accelerated circulation, create a demand for nutriment, the tissues are freed from morbid

matter, and the muscular tissues are prepared for, and fortified, through the appropriation of material, for new cell formation. But the advantages to be derived from exercise are by no means confined to this class of patients, it being as imperatively demanded for those surrounded by all the luxuries of life. Indeed, it is from this latter class that our most discouraging subjects come, there being with them no incentive to bodily exertion.

In recommending walking, the exact distance should be designated, otherwise too much may be attempted at the outset, and so defeat our object. To those unaccustomed to exercise, a short distance only should be undertaken for the first few days, rest in the recumbent position, being enjoined after each effort. A slight aggravation of the symptoms from the efforts of the first few days, is not unusual, which soon disappears. Having paid due attention to the constitutional and hygienic requirements of our case, we have to consider the question of the very important auxiliary in the treatment of vaginal discharges, local therapeutics. The physician who treats a case of leucorrhœa for a long period, neglecting to diagnose, and if possible, remove a local abnormality which may constitute the disease, is highly culpable, and guilty of malpractice, for which he may be legally prosecuted. In the treatment of virgins, there should be unmistakable evidence of textural change to warrant topical procedures, nor should these be resorted to, until we are convinced that the faithful employment of constitutional and hygienic measures, are inadequate. When, however, we have to deal with parous, or married patients, it is always advisable to institute a careful local inspection, as we cannot otherwise form an intelligent diagnosis. By the regional examination, we can ascertain the textural condition of the organs, and also the nature of the catarrh. It may be specific, and if so its history will be brief, and characteristic; the vulva and introitus will be more or less inflamed,

and swollen, and the parts bathed in a characteristic discharge, secreted from the conterminous mucous surface; and by the way, it is often difficult to differentiate between an acute attack of vulvo vaginitis and a gonorrhoeal affection. The constitutional indications, together with the reliability of the patient's statements, and the moral integrity of her husband, must aid us in our diagnosis. The local treatment in either case, however, is essentially the same. Besides keeping the parts in perfect repose, we ordinarily prescribe their frequent lavement with warm water, containing to the quart one drachm of Boric acid, and a tablespoonful of fluid extract of *Hydrastis canadensis*. In every form of vulvo vaginitis, extreme care should be exercised in the matter of napkins, towels, syringes, etc., as by their indiscriminate use, the disease may be contracted by other members of the household. The writer has had under his treatment, numerous instances, where from a single case of non-specific vulvitis, the disease was communicated to other members of the family, at one time including several little girls, otherwise perfectly healthy.

Instances are not rare where it would appear that non-specific vulvar blenorrhoea has been communicated to the penis, which unhappy fact usually causes mutual recrimination; indeed, it is probable that true gonorrhoea may be originated in this manner. A digital examination will reveal the position of the uterus, as well as the condition of the external os, or undue tenderness of the ovaries or other adnexa. Should there exist prolapsion, retroversion or flexion of the uterus, it must be intelligently treated by the most appropriate mechanical means. There are sometimes presented reports concerning remarkable cures of long-standing uterine deviations, effected by the administration of certain potentized drugs, but we fail to recognize the rationale of this principle, and our experience has not been so fortunate as to render us sanguine regarding it. To attempt the reduction of a dislocated joint, or the

straightening of a curvature of the spine by simply internal medication, would seem precisely as reasonable as the restoration of a dislocated or flexed uterus by the same means. It may be advanced in reply to this that it is the symptoms and not the deformity we succeed in relieving, but reason does not sustain, and actual experience has not demonstrated to us, the worthiness of this theory. The majority of physicians can cite instances of the existence of dislocated uteri without marked physical disturbances being caused thereby, but these are exceptions, the rule being that uterine dislocations cause unmistakable pelvic discomforts, which do not disappear until the misplacement is rectified.

It is not advisable to enter into a discussion of the vexed question—the treatment of displaced uteri. It is a matter into which many abuses have crept, and unquestionably more harm has been effected than good accomplished by the routine usually pursued. As every pessary is necessarily more or less an irritant, we hold that the foreign body should be worn only at such times as may be absolutely necessary. Therefore the pessary selected should be so constructed as to be readily removed by the patient herself. It can then be inserted when the erect position is to be maintained or when indications demand its presence. In this way it may be dispensed with while the recumbent position is occupied, and its use can be gradually discontinued altogether. When the uterus and neighboring tissues are infiltrated and tender, with a disposition to prolapse, great relief is experienced from a tampon of borated cotton wool, containing in its center a lump of alum about the size of a marble. This, saturated with pure glycerine and properly adjusted, can be worn for several days without becoming offensive, the alum acting as an admirable antiseptic and astringent, while the glycerine exerts its well-known hydropic influence. Where a temporary support is desired for an enlarged, sensitive and prolapsed womb, we know of no

device which will yield more satisfactory results. The writer has removed some of these tampons after a week, to find them as inoffensive as when inserted, while the alum crystal would be found only partially dissolved. When inflammation of the neighboring tissues is present, a sufficient period should be devoted to rest in the semi-prone position. If, however, there exist no congestion or inflammation, but an atrophic, lax condition of the tissues, as is often the case, no benefit will be derived from inactivity, but on the contrary, it will only serve to establish the atony. Should there be found any adventitious growths or laceration of the cervix with erosions, the proper surgical procedure must first be employed before we can hope to relieve the discharge. There frequently exists stenosis of the cervical canal, causing uterine catarrh; with enlargement of this organ, as a stricture of the male urethra, will produce gleet and prostatic enlargement. This preternatural constriction may be attributable to flexure, to previous inflammatory processes, or it may be congenital. When it co-exists with leucorrhœa the secretion is usually opaque, muco-purulent; and owing to the fact that it accumulates within the uterine cavity, it is often discharged in gushes, preceded with considerable pelvic distress. With this condition menstruation is often painful, and the flow clotted as well as profuse. Morbid anatomy shows the epithelial membrane partially or wholly destroyed, and frequently there are vegetative growths disposed over the diseased surface. The sub-mucous tissues at the seat of constriction are dense and infiltrated, and the uterine cavity enlarged, while the walls are generally thin and less resistant than in the normal state, so that instances have been known where a rigid sound has been thrust through the uterus, and that too when no unusual force has been exerted. There have been many intrauterine devices recommended and adopted, for the cure of this form of chronic catarrh, which it will not be necessary to review. The

plan which we have found fairly successful is mainly as follows: Where there exists a narrow external os, we make a crucial incision in order to render this portion of the cervix patulous. This first step is of importance, as it favors the free exit of the contaminating discharge, and when properly performed prevents to a great extent the formation of the cervical plug before described, which in itself is a very important factor in maintaining uterine and ovarian irritation, as well as being a prominent obstacle in the way of conception. For the cure of erosions of the endometrium, the absorption of plastic deposit, the dilatation of the canal, and the straightening of the uterus (where flexure exists) we employ a sponge tent, impregnated with equal parts of granulated sugar, alum, and borax. It may be as well here to describe the manner in which these sponge tents are prepared and inserted. Great care should be exercised in the selection of the sponge, which should be fresh, elastic, and unbleached. After a thorough cleansing, pieces are cut about the size of the digital finger and two inches in length. These are allowed to remain over night in a four per cent. solution of carbolic acid, or a two per cent. solution of thymol, and after being squeezed thoroughly, when yet moist, are saturated with a powder composed of borax, alum, and refined cane sugar, equal parts mixed and thoroughly triturated. The sponge is next impaled upon a steel stylet, and with a small fishing cord, wound firmly and evenly. After allowing sufficient time for thorough drying, the cord is removed, and if proper care has been taken in the preparation, a slight sand-papery will render it sufficiently smooth to receive the coating of beeswax which is applied warm and then rubbed with some smooth hard substance, at the same time using a modicum of vaseline. In this way a polished surface is secured, which greatly facilitates the introduction. Before inserting the tent, this surface should be perforated in a number of places, to insure the necessity of absorption. The tent is

secured properly by a coarse silk thread at the proximate end for its removal. It is introduced by the aid of a sponge tent carrier with or without the use of a Sims' speculum, in the same manner as the Simpson's sound is inserted. The patient is instructed to remain in bed, and should no pelvic disturbance arise, the tent should be allowed to remain from thirty-six to forty-eight hours, as less time not only will fail to produce the full beneficial effect, but an earlier removal will require some force to dislodge it from the imperfectly dilated canal, and will abrade the endometrium. This procedure in no way impairs the mucous follicles, but stimulates the tissues to a healthier action. After the removal of the tent, it is well to deposit within the canal, ten or fifteen grains of powder used in medicating the tent. It is inserted by the uterine pistol, which is a small cylinder with a sliding piston. A few grains of the powder are placed in the distal extremity of the cylinder, it is then inserted within the cervical canal to the distance of an inch, and the piston pushed forward, discharging the contents as the instrument is withdrawn. In some mild cases, one application of the tent will be all that is requisite, but usually several will be necessary, allowing a full week to intervene between them. When the case is an obstinate one, the leucorrhoea of long standing, and the glandular tissues deeply affected, we may have to resort to more decisive means. After dilatation with the prepared tent, a speculum is inserted, and the cervix brought into view. The uterine canal is then carefully dried by absorbent cotton, wound upon a whalebone applicator, after which the diseased surface is thoroughly swabbed with acetic acid. Care must be observed to prevent the acid from flowing over the vaginal tissues, for which purpose a cotton pledget should be adjusted and allowed to remain twelve hours subsequent to the application. The slough which the acid forms is superficial, and separates in about four days. Ten days later a second application should be made, when a

tupelo instead of sponge tent may be employed as it dilates more quickly and effectually. Two thorough applications will, as a rule, be sufficient, in any case the third should be delayed for several weeks.

Should hyperplasia and cystic degeneration of the follicles be present, so that the Nabothian glands appear as sacs filled with translucent fluid, each one must be thoroughly incised with a long uterine bistury, and the acid thrust into the incision on the point of the cotton-wrapped applicator, that the diseased follicles may be obliterated, it being impossible to cure hyperplasia of the cervix so long as these lesions exist. If there be marked hyperplasia of the cervix we usually swab the surface thoroughly with Churchill's tincture of iodine before adjusting the cotton pledget. During the interval between the applications the saline douche should be applied as hot as can be borne each night upon retiring. The quantity of water should be from two to four quarts, and after each hot douche there should be injected about a gill of cold water, containing a spoonful of fluid extract of *Hydrastis canadensis*. The best position for the patient to assume during the irrigation of the vagina is the dorsal. Upon the edge of the bed a rubber blanket can be so disposed that its folds will drop into some convenient receptacle, placed for that purpose at the side of the bed. Then with a chair upon which to rest each foot, the hips can be made to project slightly over the edge of the mattress. The syringe employed may be either the jet or fountain make. The former exerts a more tonic influence through the slight shocks produced by the interruptions of the stream. Should the os be patulous and the uterus retroverted, care must be taken to select a nozzle with no perforation at its extreme point, and the patient should be instructed to pass the point of the syringe behind the cervix, as by observing this precaution we avoid injecting the fluid into the cavity of the uterus, which is often productive of uterine colic. It is always

best for the patient to secure an assistant to work the syringe, otherwise the fatigue experienced is considerable.

Occasionally there is encountered certain morbid textural conditions of the uterine parietes, perpetuating chronic uterine catarrh that will resist the action of the medicated tents, and subsequent application of acetic acid. As, for instance, when the cell formative process, through the prolonged presence of irritation, is so perverted as to favor exuberant vegetative growths. The degenerative process is not always confined strictly to the surface of the uterine cavity, but invades the deeper glands and submucous tissues, so that we have the depraved growths sprouting from the uterine follicles. When, therefore, this complication exists to a marked degree, we first employ the medicated sponge tent, as before described, and after its removal the cavity is cleansed with borated cotton, and should there still be discovered tufts or patches of extraneous tissue, they may be scraped away with the curette. After the surface is thus carefully prepared and dried, a saturated solution of chromic acid should be applied, cotton being carefully packed around the cervix, and placed against the os in order to prevent unnecessary erosion of adjacent healthy tissues. Nitric acid, Caustic potassa, Nitrate of Silver and the actual or galvanic cautery are all alike objectionable from the contraction and cicatrization following upon their use. While chromic acid is peculiarly efficacious in destroying vegetative growths, it is not productive of subsequent hardening or contraction. The cotton-wrapped applicator, smeared with vaseline and borax, should be inserted within the canal every third day for three weeks after the chromic acid treatment.

It is scarcely necessary to suggest to the intelligent practitioner the importance of gentleness in manipulation, and faithful supervision of the patient regarding rest, and careful protection of the body by suitable clothing during all active

interference with the uterus, otherwise serious and irreparable mischief may be wrought to the pelvic organs, which, with proper care, might be averted.

Regarding those cases complicated with chronic ovaritis, or tubal inflammation, we will say but a word. They are extremely discouraging and desperate; any attempt at topical uterine treatment in these cases is a questionable expedient, since the difficulty is usually augmented thereby. The only operative measure promising success in these cases is the extirpation of the diseased ovaries and tubes.

In this article we have previously referred incidently to vaginal catarrh, and we need not extend our subject by further comment in this direction. It should be remembered that non-specific vaginal catarrh is a very rare anomaly, although if we judge from the prevalent custom of irrigating the vagina with various medicated washes, it appears that the belief predominates with many, that the vaginal parietes are actively involved, and the chief source of all forms of leucorrhœa discharge. Such practice is wholly irrational, since vaginal douches seldom pass beyond the os externum, and therefore cannot possibly accomplish any direct curative effect, except as a means of cleanliness, and when applied quite warm and copiously, exert an antiphlogistic and constringent influence. It has been pertinently remarked, that irrigation of the fauces for the cure of gastric catarrh and vaginal irrigation for the relief of uterine catarrh are analogous and equally futile expedients.

Before closing this paper we wish to refer to the vulvar inflammation occasionally found in little girls, since it is sometimes a very obstinate annoyance, as well as a source of great anxiety to parents. This affection is usually the result of inattention to cleanliness, and is often based upon a strumous diathesis, but these are by no means constant predisponents, for it may appear where every care in the matter of cleanliness

has been observed and where the children are otherwise perfectly healthy. Where one of a family of little girls is affected, it is apt to be communicated to the others, unless the precaution is taken of supplying each child with separate bed, towels, and all bathing appurtenances, for as before remarked, there is a form of vulvitis that is evidently infectious, yet not actually specific, and this form of the ailment may assume the features of an epidemic.

A local inspection shows the irritation to be external to the vagina. The vulva is more or less swollen, reddened, tender, and secreting a muco-purulent matter. The mucous membrane is usually mottled in appearance, and often displays erosions, the result of scratching,—the discomfort arising from severe itching being very great. It is important that the treatment be prompt and effectual, since through neglect it is liable to extend to the deeper vulvar glands, and when these are complicated the affection assumes a very intractable form. Beside administering the proper constitutional remedy, the same topical measures heretofore recommended for vulvitis in the adult are here applicable. The child must be prevented in every way possible from rubbing and scratching the parts, and in bathing and wiping the surface all unnecessary friction should be avoided, since such irritation will invariably aggravate and perpetuate the inflammation just as a similar rough usage of the auricular canal will provoke and continue an eczematous condition of the ear. It is also important to observe strictly the habits of these children to guard against any mischievous tampering which the irritation strongly provokes. Their association with each other should be under careful espionage, and vigilant, reliable nurses secured, as frequently the disease is engendered from and perpetuated by a habit of onanism. Beside the daily bathing of the parts with the warm boracic wash, the application of an ointment made after the following formula will prove a most valuable adjunct:

Cosmoline, ℥iss.

Citrine oint., ℥ss.

Hydrastin, gr. xx.

Lac sulphur, ʒi. Mix

The vulva should be lightly smeared with this every other day after it has been carefully bathed and dried. Should there be evidence of ascarides, give an occasional rectal enema of garlic infusion, and apply a little of the ointment within the anal sphincters.

The remedies which are most frequently indicated are: Aconite, Calc. carb., Merc. sol., Merc. cor., Sepia, Sulphur Thuja, each under its appropriate heading.

In conclusion we can merely refer to that very important factor in all physical disturbances of women—the mental condition. To attempt a disquisition upon the intimate relation existing between mental and physical perturbations, would involve us in an undertaking far too intricate and comprehensive for this paper. We earnestly desire, however, to emphasize the vast importance of this feature of our subject, even while compelled to give it but a passing notice. Therefore, while we are searching out the various causes that vitiate the general secretions, and undermine the constitution of these patients, we should pay special attention to psychical influences, for of all poisons that contaminate the vital sources of women, grief is the most common and destructive. An unfortunate marriage, unrequited affection, an enforced distasteful occupation, or, what is oftener the case, the want of some definite object in life, are but a few from the long list of mental conditions which contribute to the devitalization of the patient. Although this subjective department unfortunately presents much that is beyond the jurisdiction of the physician, still a watchful eye should be kept upon it, for therein will often be found an explanation of that which otherwise would remain wholly unintelligible to us. While we may not presume to remove those

evils so obviously beyond the reach of medical skill, we can by judicious advice do much to mitigate them. Change of scene, occupation or habits will often greatly contribute toward a restoration. Finally, a cheerful, contented spirit being essential, we know of no more efficient method for its attainment than the full and constant occupation of the mind with some active employment, coupled with a plentiful supply of fresh air and sunshine.

The following are the chief internal remedies and their indications:

Æsculus hip.—Secretion opaque, yellow and thick; worse before and after menses, corroding the parts. Aching, rheumatic pains through hips and loins, extending to knees. Sensation of weariness, as if back would give out after exercising. Same tired sensation through nape of neck and shoulders. Abdomen tender, with soreness about the naval. Constipation, hemorrhoidal affection, with sticking sensation in the anus after stool.

Alumina.—Profuse, acrid, transparent, corroding discharge. Stitches in vulva. Menses too early, short and scanty. Vitiating appetite; craves chalk, charcoal, starch, spices, etc; symptoms worse in morning. Face pale and languid. Vertigo with nausea before breakfast. Pain on right side of abdomen, with flatulent colic. Stool difficult and tardy, requiring much straining; hard and knotty.

Arsenicum album.—Great anguish; extreme restlessness; rapid and marked prostration. Expression of face pinched, anxious and sunken. Skin wrinkled and pale, yellow and pasty; dry, scaly, bran-like eruptions, causing severe burning itching, which becomes painful, and bleeds upon scratching or rubbing. Hair falls out. Eyelids inflamed, swollen and agglutinated. Eyes sensitive to light. Ears pale and waxy. Lips bloodless. Swelling of extremities, which disappears during recumbency. Irregularity of the action of the heart

with dyspnoea, and fear of suffocating on lying down. Nausea, with burning sensation in stomach, craves cold water, which lies like a stone or is ejected. Burning, throbbing, lancinating pelvic pains during the flow, which is scanty and light colored, excoriating and of cadaverous odor. The entire appearance is that of severe marasmus.

Belladonna is indicated with plethoric or congestive temperaments. Head hot, with throbbing, burning, pressive, tearing-aching. Sensation of water swashing in head when moving it. Face hot, livid, flushed, with violent pulsations of carotids. Eyes injected, pupils dilated, sensitive to light and objects appear doubled; frightful figures and visions are seen. Mind vivacious, highly imaginative or delirious. Strikes, bites, howls; wants to escape or jump out of window. Chilly, and desires to be warmly wrapped up. Stomach feels empty and throbs; spasmodic vomiting or hiccough. Pelvic symptoms. Throbbing, pressive, clutching pains that come and go. Sensation of fullness and bearing down, as though all the parts would be pushed through the vulva. Flow profuse, red, bright, hot, or dark and clotted. Pains in back, as if broken. Pressing pains in rectum and urging to stool. Bleeding, itching piles. Vesical irritation. Plethoric, lymphatic constitutions, blue eyes and usually jovial dispositions.

Bovista.—Menses every two weeks, dark and clotted. Leucorrhoea glassy before and after menses, or it may be yellowish-green and corrosive. The skin is subject to exzematous affections. Patients complain of shortness of breath and palpitation when exercising. Hysterical old maids.

Calcarea carb.—Suitable for fair, plump, leuco-phlegmatic, weakly women who are undervitalized, subject to catarrhal affections, and who take cold easily. Strumous. Rachitic. Vomiting sour, bitter slime. Pit of stomach swollen so as to resemble an inverted saucer. Menses appear too soon, last long, and are profuse. Head aches as if would burst, driving

her to frenzy. Breasts swollen and tender before menses. Feet cold as if stockings were damp; feet continually cold and damp in bed. Cannot bear tight clothing around the hypochondria. Head sweats during sleep. Scrofulous ulcers.

Cantharis.—When urinary tract is complicated, also violent itching, smarting or swelling of the vagina and vulva.

Caulophyllum.—Rheumatic flying pains of small joints, and pain and stiffness of neck and lumbar region. Uterus small and spindle-shaped in those who have never been pregnant, and subinvolutions in the multiparous. Menses accompanied with spasms and cramps. Pronounced atonic condition of parts. Leucorrhœa glairy. Skin subject to moth-patches.

Cauticum.—Leucorrhœa profuse like the menses which it may substitute. Irritation of all the mucous tracts. Involuntary emission of urine while coughing or sneezing. Throat irritated and dry. Voice hoarse or husky. Itching, crawling, full feeling in palms of hands and soles of feet, with tendency to blister.

Conium maculatum.—Induration of any portion of the genitalia is the characteristic symptom. The breasts are enlarged, hardened and tender before the menses. Uterus prone to prolapsus, and its cervix swollen and dense. Leucorrhœa thick, white and acrid, accompanied with contractive, labor-like pains. Adapted to the elderly.

Ferrum.—Delicate chlorotic women. Face red when animated, but blanched when in repose. Menses late and persistent, flow passive and watery. Constipation. Pressure and fulness in stomach, with palpitation. Aversion to meat. When rising suddenly, dizzy, as if seasick.

Graphites.—Patients sluggish, mentally and physically; inclined to obesity. Whenever the mucous membrane and skin blend, there is a disposition toward hypersecretion, crust formation or ulcerations. Skin subject to eczematous patches, secreting a fetid, sticky pus, which forms into a moist crust.

Sores not disposed to heal. Excoriations in armpits and between thighs. Sluggish circulation, evinced by numbness and coldness of extremities. Tumor size of orange in left iliac region. Bearing down sensation. Menses scanty, accompanied with pressive pains, and followed by extreme lassitude. Back weak, feeling as if broken, or a portion of the vertebræ removed. Leucorrhœa copious before and after menses. Excoriations of pudendum, perinæum and anus.

Helonias dioica.—Patients easily fatigued; atony of all the tissues, great lassitude, loss of sexual desire, falling of the womb, vagina relaxed and irritated, menses too frequent, passive, dark or coagulated; constant "consciousness of a womb." Pain and dragging feeling in back, extending through to womb. Inclined to be depressed or stupid; always better when mind is occupied.

Iodium and its combinations when scorbutic diathesis is pronounced.

Nux vomica.—Patients given to excesses. Thin, irritable, dark and dyspeptic. Coffee drinkers. Obstinate constipation, alternating with diarrhœa. Crampy, pressive pains through pelvis; leucorrhœa offensive and staining the clothes yellow. Tingling and itching of vulva.

Pulsatilla is adapted to patients with sandy hair, pale-faced, tearful and changeable mood. Pains dart rapidly from place to place, worse at night; characterized by a soreness as of subcutaneous ulceration. Better when walking in the open air; menses tardy, and the flow intermits, thick, black, and clotted. Leucorrhœa bland, milky, cutting, shooting pains in abdomen.

Secale cornutum.—Indicated for irritable, plethoric subjects, or women of lax fibre, or thin, scrawny, nervous patients, subject to enlarged varicose veins. Extremities cold, inclined to sweat. Menses thick, black, or brown, or fetid. Uterus enlarged, indurated, or painful; disposed to ulcerate. Leucorrhœa brownish and offensive. Pains tearing, cutting, and con-

strictive. Bowels usually lax, fæces greenish, watery, and difficult to retain. Especially indicated in marasmus following abortion, or unfortunate labor.

Sepia is suited to patients with dark hair, and who have a scorbutic taint, subject to humid tetter in the flexures of the skin; ringworms, pustules, ulcers, etc. Bearing down sensation in pelvis, prolapsus of uterus and vagina, with tenderness of parts, redness, itching, and burning of vulva, with eruptions. Leucorrhœa yellow, greenish, thin, and purulent. Jerking pains shooting upward through the uterus. Sensation of lump in rectum.

Silicea.—Suitable where there have been previous rachitic complications. Head disproportionately large, and sweats. Pot-bellied, lax fibred, light complexioned, dry rhagadic skin, disposed to crops of boils which leave indurations. Carbuncles, fissures, and sores slow to heal. Scrofula. Leucorrhœa profuse, corroding, milky or glassy. Suppressed foot-sweat.

Sulphur.—Suitable for lean, round-shouldered women; thin, with a prematurely old expression. Skin flabby and disposed to excoriate; with voluptuous itching, especially upon undressing, or becoming warm in bed. Herpes, ecchymosis, furuncles, ulcers, rhagades, etc. Headache every eighth day. Cold hands and feet, with a burning of palms and soles. Bowels distended and sensitive. Stools greenish-yellow and watery, obliging the patient to rise very early in the morning, or constipated with stools dry and knotty. Hemorrhoids itching, burning, lancinating, pulsating, etc. Leucorrhœa, yellow, mucus, with excessive itching of the vagina and vulva.

Thuya is indicated when the discharge is thin and watery. Pain in region of left ovary. Warty excrescences, condylo-mata, etc. Syphilitic complications.

PUERPERAL ECLAMPSIA.

BY P. DIEDERICH, M. D., WYANDOTTE, KAN.

On Dec. 30, at 10:30 P. M., I was called in haste to see Mrs. N——, who had been confined about 6 o'clock, and now had violent spasms.

I arrived a little before 11 o'clock and found the patient to be a strong and stout-looking German woman twenty-seven years old, primipara. She was sleeping. Her pulse was 135 strong, bounding, and almost, but not quite, incompressible. I questioned the midwife in attendance about the particulars, and she said that as far as she knew everything during labor had been all right. It had been neither tedious nor rapid, and the womb contracted firmly after delivery. The placenta had been expelled entirely about fifteen minutes after the expulsion of the child.

The husband of the patient said that she complained of a severe headache after delivery, otherwise felt all right. He continued: "It was two hours after confinement, and she seemed to be asleep. She was lying on her side and tried to turn, but before she got on her back her arms commenced to jerk, her face twitched and her tongue was bitten severely. Her whole body was convulsed in a very short time. The convulsion lasted several minutes, and then she went to sleep. In three-quarters of an hour a second convulsion occurred, and in another three-quarters of an hour the third one set in."

I arrived sometime after the third convulsion was over. Learning all these facts so far, and meditating yet about the cause of the spasms, and how to proceed with the treatment, all at once the fourth attack commenced. It was a typical one. No initial cry; the tongue was bitten severely again almost in an instant. Before I could insert a piece of wood between her teeth the jaws were set so firmly that only with

difficulty I could introduce the wood between her teeth. Frothing at the mouth, the facial muscles convulsed frightfully, the eyes rolled to one side, and general convulsion of the whole body set in quickly.

Now deliberation was to be abandoned, and quick action had to be substituted.

I looked for my chloroform bottle, but found it to be empty, and my case contained nothing else which I could use for inhalation but Spir. of Camphor. Well, something had to be done, and so I administered Camphor by inhalation and externally rubbing, also. In a few minutes—I am at a loss to say how many—the convulsions, or rather spasms, ceased, and she went into a comatose sleep. Now I made an examination. Found the uterus firmly contracted and *in situ*, and nothing else which deviated from a normal case after confinement. I could not think of anything as an indication for a remedy but her pulse, and that I thought was a *Vir. vir.* pulse. I administered to her at once two drops of Norwood's tincture of *Vir. vir.* in a teaspoonful of water, and watched her pulse. I also ordered cold water applications to her head. In fifteen minutes after the first dose her pulse was reduced from 135 to 125. Now I gave her a second dose, but only one drop, and every fifteen minutes I gave her one drop until her pulse was reduced to 90, and that was accomplished two hours after the first dose. I changed now, and gave every half an hour *Vir. vir.* and Arnica in alternation. Of the former, one-half drop doses, and of the latter drop doses of the first dilution. She was already conscious at that time, and she did not have another spasm. I saw her again in the morning at 9 o'clock. Her tongue was frightfully lacerated, and so much swollen that it filled the whole mouth. She complained also of a severe pain in the jugular region, but not much headache. I prescribed Bell. 3x and Arnica 1x once in an hour, alternately, and Calendula solution externally for tongue. This treatment

was continued two days, and then she was convalescent in every way.

She had once typhoid fever many years ago in Germany, and since suffered a great deal from headache. During confinement she had a severe headache, but otherwise felt quite well.

I think these spasms were caused from the highly increased tension in the arterial system. If the urine contained albumen I cannot say.

I close with the question: Would it be likely that *Vir. vir.* would have had such a salutary effect if albumen had been contained in the urine?

HISTORY OF THE HOMEOPATHIC MATERIA MEDICA.

The programme of the Bureau of Materia Medica of the American Institute of Homeopathy for 1886 is as follows: 1. Introduction—A. C. Cowperthwaite, M. D., Chairman. 2. The state of materia medica at the close of the 18th century—H. C. Allen, M. D. 3. The efforts of Hahnemann for materia medica improvement, especially his introduction of the healthy vital test—G. W. Winterburn, M. D. 4. The works on materia medica issued by Hahnemann, their composition and value—S. Lilienthal, M. D. 5. The addition to Hahnemann's works on materia medica by his disciples—H. M. Hobart, M. D. 6. The present state of the Homœopathic materia medica and measures for its improvement—Charles Dake, M. D. 7. The influence of the Homœopathic materia medica on that of the old school—Anna M. Warren, M. D.

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.

ISOPATHY REVIVIDUS.—It would seem that many of our physicians were short sighted in fighting isopathy. When the facts, except vaccination, had been controverted, up comes M. Pasteur with his inoculation of cultivated hydrophobia virus and draws the bitten from America, Russia, and the Isles of the Sea, and demonstrates to the world that inoculation here is also prophylactic. Now I suppose we can bring out our hydrophobin and also prescribe it as a prophylactic. Here is a field for valuable experimentation. How does the inhibition of this cultivated hydrophobia compare with Pasteur's inoculation? What strength of the former will compare with the latter. If it compares at all then why not give vaccine internally as well as hypodermically? Is the vaccine taken internally a prophylaxis of variola? We have so believed; at least we have not hesitated to take it regularly when attending a case of confluent small-pox.

WHAT IS COMING.—We meet such facts as these: (1) The potato rot is very similar to that during the Irish famine of 1847. (2) From California comes the tidings that such a rainfall has not been known in any rainy season since 1849. (3) Sudden deaths of an apoplectic character have been unusually frequent.

Those who have studied epidemics tell us that great rains, blights, rot, mildew and sudden deaths, precede epidemics. The rot is due to the large amount of moisture in the atmosphere and soil. The abundance of ærial moisture and its resultant electric disturbance tends to stagnation and cerebral hyperæmia. Is something worse than cholera coming? Will cholera sweep over this country as it did in 1849?

MULLEIN LEAVES IN PHTHISIS.

At the late meeting of the International Medical Congress at Copenhagen, Dr. Quinlan, of Dublin, read a paper in which he advocated the employ of mullein leaves in phthisis, claiming extraordinary success in the treatment of this disease by the free use of a decoction in milk of this plant, or rather *weed*, for it is one of the most common of our native weeds, growing by the roadside and in neglected fields. Mullein is known to botanists as the *verbascum thapsus*, and has honorable mention in the Codex of France under the name of *Molene*, *bouillon blanc*; entering into the composition of the *quatre fleurs pectorales*. The mode of preparation is to infuse an ounce of the dried leaves, or the equivalent of the fresh, in a pint of milk, to boil for ten minutes, and then to strain. This infusion is administered warm to the patient, with or without a little sugar. The whole pint is given in two doses during the twenty-four hours. The hot decoction is said to be very easing to consumptive coughs, so that during its use the ordinary cough mixture may be dispensed with. Its power of checking phthisical looseness of the bowels is said to be very marked. In early cases, according to Dr. Quinlan, the mullein milk appears to act very much in the same manner as cod-liver oil, than which it is much more palatable. A large number of cases of pulmonary consumption have been treated in St. Vin-

cent Hospital, Dublin, exclusively on mullein, and it is said that crowds of patients have been attracted to this hospital by the wonderful results which have been obtained from this singularly simple treatment. In phthisical coughs great relief is said to follow smoking dried mullein leaves in the same manner as tobacco. Dr. Quinlan showed at the meeting of the Congress cigarettes made of mullein leaves, which are said to be very pleasant to smoke. It is asserted that in pretubercular and early cases of pulmonary consumption mullein appears to have a distinct weight-increasing power, and to be an excellent palliative to the cough in the latter stages, besides being the very best remedy to antagonize looseness of the bowels.

Wood, in the U. S. Dispensatory, speaks of mullein leaves as "demulcent and emollient," and as reputed to possess anodyne properties which render them useful in pectoral complaints.—*Medical Record*.

EXPERIENCE WITH ASTHMA.

SOME QUICK CURES.

CASE I. Mrs. M., fifty-five years of age, had been suffering twelve or fourteen hours from a severe attack of asthma. She was greatly exhausted, laboring painfully for breath, and predicting the hour of her death, which she believed near at hand. The mental condition led me to prescribe Aconite. I dissolved a few globules of the vi and gave it with orders to repeat in ten minutes; before the expiration of that time, however, there was entire relief and the patient had fallen into a quiet slumber which continued some hours.

CASE II. Mr. P., aged sixty-five. I found this patient, who was subject to severe attacks of asthma, sitting on a sofa, his head bent forward on the back of a chair, laboring heavily for breath, and having the appearance of great suffering. He

employed me to give him something at once, and without stopping to examine his case I gave *Nux vomica*, a low potency, I think the xii. I gave this because it had done good service before, and because he had taken remedies which it seemed necessary to antidote. No relief followed the administration of the *Nux* and I looked about for *the* remedy. The symptoms present were excessive anguish, fear of death, and inability to lie down on account of threatened suffocation. I then gave *Arsenicum*, 2c a few pellets on the tongue; in five minutes he began to breathe easier and in ten minutes the relief was very decided. I did not repeat the remedy but left him at the end of an hour breathing easily.

CASE III. Mr. J. D., aged thirty-one. This like the two preceding was a case of asthma. I was called early in the morning, having prescribed for the case the day previous with but temporary relief. He had passed a sleepless night and was now anxious, restless, unable to lie down, almost despairing, with an earthy yellowish face and bluish rings about the eyes. These, as well as other symptoms called for *Arsenicum*, and I gave it, the 2c in water. In five minutes I saw an improvement in my patient's condition, and in twenty minutes he expressed himself as better than he had been for twenty-four hours. There was no return of the paroxysm. These cases are cited, not because any nice discrimination was shown in the selection of the remedies, but to illustrate how rapidly the properly selected Homœopathic remedy will afford relief.

This is a field from which we have had few reports. Many might be given, and read with profit. How soon will he be better? we are often asked by the anxious parents of little ones suffering from croup, or other alarming diseases. In order to be able to answer these questions properly, we should study not only the duration of action of remedies, but the rapidity of their action. We should be able to state with some degree of certainty how soon relief will follow the remedy.

FAIRFIELD, ME.

D. C. PERKINS.

NOTE FROM FLORIDA.

ST. AUGUSTINE, FLORIDA, JAN. 6, 1886.

EDITOR INVESTIGATOR:—I have located in St. Augustine for the winter and may be longer. I should be pleased to take charge of any patients sent here from the north. My office is at Rollston House.

DR. GEO. E. RICKER.

HOW AND WHEN TO GIVE THE REMEDY.

I think a great deal of THE INVESTIGATOR since it has been changed to a monthly.

There is one suggestion I would like to make and that is to place on the editorial page under the paragraph commencing "Communications are invited, etc.," a line in small caps something like this: Please give potency, size of dose and how often repeated, when reporting cases. Several correspondents have made the same request of writers but they fail to do so and if there was something put into the journal to give them a monthly reminder of it possibly they would comply.

Yours truly

SAN BARNARDO, CAL.

A. K. JOHNSON,

PROGRESS OF THE MEDICAL SCIENCES.

Butter, fresh and pure, turns almost white on contact of sulphuric acid; butterine, from lard and other fats, changes to crimson and different colors.—*Caterer*.

Rancid oils may be sweetened, says Viallis (*Rundschau Leitmeritz*), most perfectly by filtration through wood charcoal which has been impregnated with soda. Large quantities may be treated in this way by preparing barrels as follows: Holes

are bored in the bottom of the cask, or barrel, and a piece of flannel laid over them. On the flannel is laid a layer of wood charcoal which has been impregnated with soda. If the oils are highly colored, and it is desired to uncolor them, a layer of animal charcoal is sifted over the wood charcoal. The worst oil filtered through two or three such casks becomes perfectly clear and sweet.—*National Druggist*.

To Distinguish True Butter.—Camper communicates to the *Rundschau Leitmertz* the following process for distinguishing genuine butter from oleomargarine. When true butter is heated over a clear flame, it “browns,” and gives out a pleasant odor—that of “browned butter.” In heating there is more or less sputtering, caused by minute particles of water which are retained in washing the butter. On the bottom of the pan or vessel in which true butter is heated a yellowish-brown crust is formed, consisting of roasted, or toasted casein. When oleomargarine is heated under similar circumstances, it does not “brown,” but becomes darker by overheating, and when heated to dryness gives off a grayish steam, smelling of tallow. There is no “sputtering” when it is being heated, but it boils easily. If a pledget of cotton or a wick be saturated with oleomargarine, set on fire and allowed to burn a few moments before being extinguished, it will give out fumes which are very characteristic, smelling loudly of tallow, while true butter behaves very differently.—*Pharmaceutical Record*.

Milk Test.—A German paper says if a polished knitting needle is dipped into a deep vessel of milk, and immediately withdrawn in an upright position, some of the fluid will hang to the needle if the milk is pure; but if water has been added, even in small proportions, the milk will not adhere to the needle.

Peru Balsam in the Treatment of Fissured Nipples.—Dr. DuBois called attention to the value of this application for *fissured nipples*. The balsam should be applied about four times daily after nursing.

Uva Ursi in the Treatment of Gonorrhœa and Cystitis.—H. Paschkis ("Wiener med. Presse"; "Centralbl. f. klin. Med.") having found arbutin to be of little if any service in the treatment of these affections, has had the opposite experience with a pulverulent extract of *Uva ursi*, which he gives in doses of fifteen grains several times a day, either alone or mixed with sugar of milk. It always acts promptly as a diuretic.

Activity in an Old Vaccine Crust.—A remarkable instance of the preservation of the activity of a vaccine crust is related in a recent issue of the "*North Carolina Medical Journal*." It seems that during the term of office of the Hon. Willis Alston, grandfather of Dr. Alston (as a congressman from North Carolina from 1803 to 1825), Dr. James Smith, of Baltimore, was Director of the Vaccine Institution for the State of Maryland. He sent to Mr. Alston a package of vaccine, and it remained unopened until it fell into the hands of his grandson, Dr. Alston, in May, 1869. It was a crust imbedded in wax and inclosed in a wooden box. Dr. Alston vaccinated his servant with a part of the crust, "and in due time," he writes, "it took effect, leaving a well-defined scar."

MEDICAL NEWS ITEMS.

G. F. Shears, M. D., has removed to 3130 Indiana avenue, Chicago.

J. C. Draper, M. D., the author of *Draper's Physiology* familiar to our older readers died Dec. 20th.

Thos. Franklin Smith, M. D., has removed to 2064 Sixth avenue, between 123d and 124th streets, New York.

Percy O. B. Gause, M. D., of Philadelphia, goes to Aiken, S. C., for the winter for the relief of a bronchial trouble.

Dr. H. W. Taylor of Terre Haute, Ind., has, we hear, just been awarded \$10,000 damages from an Allopath for malicious persecution.

Late.—On account of our moving we are late with this issue of the *Journal* but will be on time in future. Our friends will please send us any item, or article of interest, they may meet in their busy practice.

Now Ready.—Father Small's work on the Practice of Medicine is now ready. Price in one-half Morocco or Leather \$6.50. This work contains the fruit of his long experience. No physician can be without it. It covers the whole field of practice. Order at once.

E. A. Farrington, M. D., of Philadelphia, died Dec. 16th. Dr. F. was a physician of promise, a protege of Father Hering he rose rapidly to be an authority on *Materia Medica*. He was professor of this branch in the Philadelphia college and editor of the new edition of Hering's *Condensed Materia Medica*. He will be sadly missed.

The second meeting of the Southern Homœopathic Medical Association will convene in New Orleans, March 9th and 10th, the two days next following Mardi Gras. Reduced rates will be made on all roads on account of Mardi Gras, and a large attendance of our fraternity from the north, east, south and west is earnestly desired,

Yours truly,
C. E. FISHER.

The annual meeting of the New York State Homœopathic Medical Society is to be held at Albany, February 9th and 10th, in the Common Council chamber. A large number of interesting papers will be presented and Prof. H. T. Biggar, A. M., M. D., of Cleveland, Ohio, will deliver an address on "Medical Progress." A full attendance of members is requested, and a cordial welcome extended to the profession generally.

Removed.—Our lease having expired Jan., 1, '86 on Wabash Ave., we have moved to 56 State St., near Randolph. This is a central location, nearly all the street cars passing or coming near our door. It is also very convenient to, and easy of access from *all* the depots, and our friends coming into the city will have little trouble in finding us. All our readers and friends are cordially invited to call and see us. We are adding to our stock daily and will keep the best of every thing and sell at the lowest living prices. All orders will have prompt attention. Remember the number 56 State St.

Dr. Franklin of St. Louis is dead. He died December 10th of apoplexy. In 1864 the Western Institute of Homœopathy was in session in Chicago. Among the essays was an able one on resection of the hip-joint. The illustrations taken from life in the Mound City Army Hospital were no less artistic than the rotund commanding form of Surgeon Franklin who was the hero of the hour. "He converted me to Homœopathy," said venerable bald-headed, jolly old Dr. Lord. "It was in 1849 on the coast. I had cholera awfully. Franklin was called in and whether it was his little pills or a crupper I put on to assist the sphincter ani that cured me I cannot say exactly, but what I saw after that led me to think that Homœopathy was a power. You see that Franklin had himself been cured on the isthmus by the new system. We have been great cronies ever since. I only wish he was more of a temperance man, but he is a good fellow and a born surgeon." Franklin's surgical career is well known. He was a lecturer of note and an author of world wide reputation. Peace to his ashes.

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CERTAIN POINTS IN THE CONDUCT OF BREECH
LABOR, IN THE SECOND STAGE.

BY J. C. SANDERS, M. D., CLEVELAND, OHIO.

Read before the State Homeopathic Medical Society.

The mortality in breech labor rests almost exclusively on the child; and this fatality depends on conditions—all other things equal—that conspire in the progressions of the second stage. They may be summarized as follows:

First.—As soon as the hips become fairly engaged within the circle of the os uteri, involving, as this does, the close approximation of the thighs of the foetus to its body, the umbilical cord becomes subject to pressure, by being caught between the child's thighs and body. This condition of peril continues on and attends the delivery of the breech through the brim, excavation, outlet, and even the grasp of the vulvar orifice. As

this, however, could operate seriously only during a pain, it alone would not probably endanger the life of the child, but would contribute something towards its exhaustion.

Second.—As soon as the shoulders engage the circle of the os, the cord is submitted to pressure between their circumference and the inner margin of the os, and the presence of the arms flexed upon the chest might intensify, as their extension upwards upon the sides of the head might relieve this pressure, by the extended arms making a kind of bridge over the cord.

Third.—When the shoulders are delivered from the grasp of the os, the cord becomes imprisoned between the circumference of the head and the inner margin of the os, not yet dilated sufficiently for its prompt exit, because the smaller end of the ovoid has been delivered first. The compression exerted at this juncture would be considerable only during pain.

Fourth.—The compression of the cord becomes greatly aggravated, indeed reaches its greatest possibility, when the head, either still in utero, or ex-utero, is wedging the cord between the head's circumference and the inner face of the brim, or between it and the quadrangular planes of the excavation, or between it and the inner margin of the outlet, or between it and the marginal grasp of a firm or rigid vulva.

Fifth.—When the head is detained in utero from a lack of sufficient dilatation on the part of the os margin, the placenta itself becomes specially subject to compression, at every pain, between the uterine walls and the dome of the head, a compression sufficient to compromise the safety of the child; of this there is scarcely a doubt.

Sixth.—The last pain that expelled the head from the uterus, or the next that follows, and before the head is delivered from the pelvis or vulva, may detach the placenta, and thus cut off the maternal current of life before birth has become completed, or after completion, before respiration has become established. In this case the child is prone to perish.

The great sources of peril to the child may be resolved into three:

First.—Compression of the cord.

Second.—Compression of the placenta.

Third.—Detachment of the placenta, prior to completed birth.

In the face of these specific dangers, the great indication of successful management consists in securing to the child the greatest possible immunity, by reducing to the least possible minimum, these dangers, so far as they are unavoidable, and conversely, so far as they are avoidable, to avoid them.

In the fulfillment of this general indication there are cardinal points of conduct, often unappreciated, or unheeded, or disrespected, that are essential to the safety of the child. They may be summarized as follows:

First.—The diagnosis having determined a breech labor, the forceps should be sent for, if not already at hand, and made ready for instant use as the labor approaches its close. Neglect or disregard of this rule may sacrifice the life of the child.

Second.—The position in which the breech is presented should be promptly ascertained, since this must control the decubitus of the mother at the close of this stage. If the breech presents, however, in either first or second position, that is, in either of the sacro-anterior positions, the mother's decubitus is not so important; she may be on her back or side, at the discretion of the obstetrician, or as may be most agreeable to her. But if the breech presents in either of the sacro-posterior positions, that is, in the third or fourth positions, uncorrected, her decubitus, from the time that the perinæum comes to be appreciably pushed against, inviolably must be on her side, left or right. The safety of the child depends on a rigid regard of this rule. The child would probably be lost by any attempt at delivery in either of these sacro-posterior positions, were the mother permitted to remain on her back.

Third.—In the course of the second stage, as opportunity shall best offer, the attention of the mother should be drawn to the fact that there will come a time when, whatever her inclination may be to the contrary, she shall obey the command of the obstetrician, as he shall challenge her to bear down with all her might. Her pledge to this should be secured, as this voluntary force may be most needed when she is least inclined to exercise it, and just this supplemental force may be essential to the safety of the child.

Fourth.—The delivery of the breech should not be aided or hastened by art, except always of course, when art is demanded for the safety of the mother, or when art is demanded to overcome some obstructive condition, as in case of hæmorrhage or convulsions, or to engage the brim by reason of extraordinary bulk of breech, or unusual narrowness of the inlet, or failure to make the necessary rotations after engagement. With these exceptions the rule should be inviolate, whatever the tediousness or delay; whatever the importunity of the patient, or the clamor of the helpers or sympathizers, or whatever the pressure of business engagements on the hands of the obstetrician. This is one of the keys to the problem of safety. This rule unviolated, secures the soft parts the greatest possible dilatation, and furnishes thereby the best possible preparation for the speediest delivery of the head, after the body and shoulders of the child have escaped.

Fifth.—In case the presentation is in either one of the sacro-posterior positions, that is, the third or fourth, as soon as the hips have escaped from the verge of the vulva, the breech should instantly be seized by the hand, and in the interval that now generally ensues, be pushed upwards and backwards, and rotatory motion imparted to the hips, so as to secure the necessary rotation of the shoulders and head, but in case no interval ensues, all further descent of the breech should be firmly resisted, and the voluntary forces checked until the pain

passes off, and an interval is thus made to succeed, when rotatory manipulation instantly should be instituted. This consists, in case it is the third position, in carrying the hips from their anterior-posterior position into a sharp left obliquity that will oblige the shoulders to rotate from their now right obliquity into left obliquity, and the vertex pole of the occipito-frontal diameter, into right obliquity, and thereby engage the brim corresponding to the right acetabulum, thus converting the third into the second position, so that the delivery of the head shall be effected as if the breech had presented in the second position. In case of the fourth position, the hips are to be carried into sharp right obliquity, obliging the shoulders to engage the brim in right obliquity, and the vertex pole of the occipito-frontal diameter to revolve from the left sacro-iliac juncture forward, so as to engage the vertex at the left acetabulum, converting the fourth position, so far as the delivery of the shoulders and head is concerned, into the same as if the breech primarily had presented in the first position.

The successful accomplishment of the conversion of these sacro-posterior positions immensely conserves the safety of the child. Failure in these conversions involves great disadvantage, which may be stated thus:

(a)--Loss of space dependent upon the ill adaptation of the face and forehead, as compared with the acuter curve of the vertex, to the concavity of the symphysis and pubic arch.

(b)--The co-aptation of the face of the child against the immovable inner surface of the symphysis occluding thereby to a greater or less extent, and often completely, access of air to the mouth and nostrils of the child.

(c)--The sharp, spasmodic contraction of the perinæum over and upon the back of the neck of the child, sometimes and often making difficult the displacement of the vertex backward sufficiently to permit the face to be brought down promptly enough to save the child.

These disadvantages may make all the difference between loss and rescue; whereas, with the face to the hollow of the sacrum, as in the first and second, or the converted third and fourth positions, the perineal floor may be pushed back, so as to give access of air to the mouth and nostrils, and thus make respiration possible before the head is delivered from the grasp of the vulva, or even from the outlet.

Sixth.—As soon as the hips are delivered, and their rotation, when necessary with reference to conversion of position, is effected, the limbs of the child quickly and carefully should be brought down, the cord cared for, by bringing it down a few inches, so as to take off all tension on the umbilicus, and giving it a position so as to be relieved to the greatest extent possible from pressure by the descending body and rotating shoulders, and the breech of the child to be supported in the direction of Carus' curve extended, which, in the first or second position, or the converted third or fourth, will carry the body of the child, as the shoulders become delivered, up over the symphysis, towards and upon the abdomen of the mother. But having failed in the conversion, or having been called too late to effect it, in case the breech is presented in the third or fourth position, the movement of the breech and body of the child must be the reverse of this; they must be carried backward over the perinæum, and towards and upon the back of the mother, in order that, as the shoulders become delivered, the mental pole, which leads, may be born first, and the face of the child displaced backwards from the inner surface and arch of the symphysis, so as to give access of air to the mouth and nostrils, and make respiration possible anterior to completed delivery.

Seventh.—The necessary rotation of the shoulders at the outlet, and of the head at the inlet, and the bringing down of the arms should next demand prompt attention. The bringing down of the arms is a nice little art, and should always be

conducted with a movement from the vertex towards the chest of the child, that neither arm may become locked over the back of the neck, and thus embarrass the rotation and descent of the head.

Eighth.—With the arms brought down, and the shoulders delivered, the head of the child is in the excavation, presumably escaped from the uterus, but not necessarily so, since there may not have been attained a sufficient dilatibility of the os margin to permit the head to escape, or there may not be a sufficient vis a tergo to compel its expulsion from the uterus. The head, doubtless, may be retained in the utero, though down in the excavation, and be prevented from further descent by either the grasp of the os margin, or by a deficiency of the vis a tergo. If escaped from the uterus the uterine forces have no more power over it to effect the completion of delivery, and even if not escaped, the uterine forces are so inconsiderable as not in any degree to be trusted or relied on as at all helpful to completion of the birth.

Ninth.—The completion of birth, after the head has become engaged with the excavation, depends almost exclusively on the voluntary forces and the interposition of obstetric art.

These special duties are here immediate and imperative:

First.—To challenge the voluntary powers, the mother's bearing down with all her might, agreeably with her pledge.

Second.—To adjust the cord when it will be least pressed upon.

Third.—To make traction through and upon the neck of the child, so as to keep the center of the head to the line of Carus' curve, and forthwith complete the delivery.

But, whatever the dispatch, obstetric art inviolately must obey three cardinal rules:

First.—The chin must be kept to the chest, for it leads and must be born first.

Second.—The necessary rotations of the head must be secured.

Third.—The integrity of the soft parts must be respected.

Any haste that would drag the chin from its flexion on the neck and chest would incur the liability of locking it upon one or another of the salient points of the outlet, or on the perinæum; or that would disrespect the rotations the head must make, would entail a fatal delay; or that would disregard the integrity of the soft parts, would add cruelty to blunder.

The chin may be kept from departing from its flexion on neck and chest by the application of the first and second fingers of the free hand upon the chin, or one on either side, or, passing the hand a little higher, by their application on the superior maxillary, one finger on either side of the nostrils, or even by one finger cautiously inserted inside of the mouth; never here, however, for traction; never, for traction is to be exclusively exerted upon and through the neck, but used only to keep the chin down on the neck. No defacement of the child, or harm to the symphysis of the lower maxillary, can result from this manipulation thus limited.

The necessary rotations of the head may be secured, if not spontaneous, by manipulations with the body, acting on and through its neck, supplemented, if necessary, by pressure exerted by the fingers of the free hand on one side or another of the chin or face.

The integrity of the soft parts is to be conserved by protecting them from incurring any mechanical disadvantages in the despatch that may be deemed necessary to the safety of the child.

The amount of tractile force justifiable on and through the neck of the child, with the chin kept down, and the head's rotations secured, is far beyond the average estimate. Experience in forceps delivery, with the head leading, wherein the traction is chiefly spent on the child's neck, and is sometimes carried to the limit of the strength of the obstetrician's arm or hand, and this too, with perfect safety to the child, furnishes

abundant assurance of the truth of this proposition. I have no doubt that many a child has been sacrificed by the timidity of the obstetric art at this precise juncture in the conduct of breech labor. Indeed it would be difficult; if not impossible, to exert a force endangering to the child, simply by the one hand and arm that engrasps and engages its body, chest and shoulders, for the other hand has largely to be engrossed in keeping the chin down, properly placing the cord where it will be least subjected to pressure, securing the necessary rotations of the head, and keeping back the perineal floor from the face of the child, if in the first or second position, or in keeping the face from the inner surface of the symphysis, if in the unconverted third or fourth position.

A force then, within the limit of one hand and arm to exert, may be considered safe and justifiable, so far as tension on the neck of the child is concerned, and such a force of traction may be counted on as sufficient for the completion of delivery in every case, except in preternatural narrowness of the pelvis, and except in certain cases where there is such an extraordinary firmness or rigidity of the vulvar and perineal structures as to prove too resistful to the escape of the head. In such cases the forceps become necessary to supplement what tractile force within this limit fails to accomplish, or when a force beyond this limit is demanded. When required they are as imperatively demanded as the life of the child is sacred. If the child be dead, as evidenced by the cord having long ceased to beat, the forceps may be dispensed with, for an intermitting traction, with intervals of a few minutes, in imitation of nature's process of gradual dilatation, will ordinarily soon accomplish the delivery. If there is a doubt as to its life, our duty is to give the child the benefit of the doubt, and immediately deliver. Not to have forceps ready and at command in face of such a peril to the child, is nothing less than an inexcusable and criminal neglect.

The propositions that underlie these last mentioned rules of duty merit the emphasis of repetition:

First.—From the time the head of the child enters the excavation the completion of its birth is exclusively dependent on voluntary forces and on obstetric art.

Second.—The voluntary forces are, however, only a moiety of what is necessary for prompt delivery.

Third.—The completion of birth is chiefly dependent on obstetric art.

Fourth.—Obstetric art, in order to be conservative to the life of the child, must be intelligent, energetic and prompt.

To rely on the uterine forces to complete the birth, after the head has escaped from the uterus, as it generally has, by the time the head comes down into the excavation; or to rely on these, even if the head has not fully escaped, but is so far escaped that only its dome is still retained, and this only by the engrasping of the circle of the os around and just below the parietal eminences, is a deceiving expectation, and only a waste of golden time; or to trust to the voluntary powers for the accomplishment of complete delivery, when at best these aggregate only about one-sixth of the labor forces necessary to carry the head through the outlet and over the perinæum to a successful issue, is alike illusory, and involves an imperiling delay; or to wait on the slow processes of gradual dilatation in the transit of the head is no less a dangerous procrastination.

The safety of the child then, in breech labor, chiefly must depend on obstetric art, but to secure the greatest possible safety this art must be intelligent, efficient and prompt.

THEN AND NOW.

BY C. L. TISDALE, M. D., BROOKTON, N. Y.

When Samuel Hahnemann first began to investigate his new law of cure he found the healing art in a most depraved

condition. Medicine was anything but an exact science, and experiment and conjecture took the place of more certain knowledge.

Hahnemann's heroic endeavors to free mankind from the tyranny of the old despotism were ridiculed, his name was reviled, and the glorious teachings of the "New School" were scoffed at and insulted. But, with the divine faith of a martyr, he labored on, brave and true, in the face of the most violent opposition, and at the end, as the fruits of his work, he bequeathed to a diseased and suffering world the glorious heritage of life and health. The men who followed Hahnemann, many of whom had sat as disciples at the master's feet, were very radical and extreme in their teachings, claimed much for the new system that was preposterous and impossible of proof, and, as is generally the case among the apostles of reform, they brought discredit upon Homœopathy by the ridiculous lengths to which they went, and their claims, which bordered on the miraculous. The old school was more than conservative; it was intensely stiff-necked, and the sworn enemy of progress, not only refusing to recognize Homœopathic physicians, but ridiculing them as charlatans, and their system as the extreme of childish folly. The North pole is not further from the South than were these two schools of medicine separated from each other.

Living, as we do, in the clear light of the present day, it is hard to realize what fierce jealousy and hatred existed thirty years ago. The change has been so gradual as to be almost imperceptible even to the most thoughtful among us. But the fact remains that steadily, year by year, these two antagonistic schools of medicine have come nearer to each other; the chasm between them is filling up; friendly lines are being thrown across, until the distance between Homœopathy and Allopathy to-day is being rapidly overcome. The dawn of a brighter day is breaking, and as the sun of tolerance climbs

higher in the medical heavens, we can enjoy the happy assurance that the time is close at hand when these two warring factions will work shoulder to shoulder in the full noonday of professional unity. Where is old Scalpel, the bloody butcher of fifty years ago? Where is Doctor Jalap, the drastic terror of a later day? They have learned that Aconite, in even small doses, and a proper diet, are more powerful than they. The barbarous inhumanity of the actual cautery has given way before the advancing light of electricity. Indeed that fearful ogre, the ancient school of physic, has become almost a genial friend.

Homœopathy, on the other hand, from the timid, apologetic position of experimental supposition, has abandoned many of the silly absurdities of its early teachers, and become a rational science.

Let us remember that we all, of whatever creed or school, are searching for the same grand, eternal truth. Let us plant ourselves on the broad platform of honesty and charity, and hasten the coming of that medical millennium, when the lion and the lamb shall lie down together, and the world shall no longer recognize any professional distinction.

NOTES FROM PRACTICE.

I have found that glass tubing, made into a funnel of the right size, and the outside covered with gold or silver leaf, by means of isinglass sizing, and the leaf covered with black shellac varnish, makes a cheap and effective ear speculum. Also in one case last winter, hop tea and boracic acid healed a perforation of the drum membrane, when the acid would not do it alone. I injected a drop or two of hop tea into the external meatus, and then packed with boracic acid once a day. When the tea was omitted, and the acid used, the case retrograded, but both together cured. Puls. 3 was given internally.

The case was anomalous. I should have called the throat trouble which caused it diphtheria, if there had been no erythema, and the very slightest trace of desquamation on the forearms and, perhaps, on the face. Patient, a young lady, seventeen years old.

I had a case of malignant scarlatina in the same house at the time, which but just lived. The water of the medicine in the tumbler in this case, would in twenty-four hours become filled with vegetable filaments and some amœbæ, unless the utmost care was taken to cleanse the spoon after using each time, and there were tube casts in the urine.

Kali bi. 30, controlled the angina membranacea, Cistus can. 3 the swollen glands, and Rhus. 3, followed by Lyc. 200, the articular inflammation of the hands and feet. The membrane in the throat was skinny, elastic, of a dirty albuminous (or brownish russet *tinge*, at times,) and *easily detached* from the mucous membrane. It invaded the fauces, tongue and roof of mouth, and even teeth, and Kali b. 30 was *the* remedy indicated by the symptomatology during that stage.

I have cured one case of desquamation of nephritic tube cast after scarlatina (persistent), with Helonias, 3.

ARTHUR F. MOORE.

OXYGEN—NATURE'S REMEDY.

BY RUSSEL BARTLETT, M. D., BOULDER, COL.

Several years ago my attention was called to Compound Oxygen, as a remedy, by reputable persons, who had tried it and derived undoubted benefit from it.

I then looked somewhat into the subject, but could get no further light than the little contained in some medical works and works on chemistry.

Dalton shows its vital importance, in a pure state, to every tissue of the body, in order to maintain a state of health.

Flint says nothing. Reynolds merely suggests its inhalation in cholera.

The Dispensatories—Wood and Bache—speak of it under Ozone and Hydrogen Peroxide, or Oxygenated water, as it is sometimes called, and then in the appendix only; so for a time I gave up the thought of its being of much value in disease, and concluded I would leave it to the charlatan and quack to manipulate, as they seemed to be so successfully doing.

But I continued to hear of cures by this "Vital Air," "Compound Oxygen," "Oxygen Remedy," and other names by which it was known, till I resolved to know more about it, and try it in my own practice, which I am now doing, with what success I will leave for another article, for as yet my experience has been too limited from which to draw conclusions; but in one case of chronic constipation of eight years' standing, it proved a perfect success after I had repeatedly failed with other medicines.

It was rightly called by Condorcet, "Vital Air," for is it not the most vital element to life in nature? The first gasp of the new-born babe is for oxygen, and every breath he draws till he dies, an octogenarian, must contain it.

Tanner could survive forty days without any kind of food, but could he have survived as many seconds without oxygen—air?

If its importance as a remedy in disease could be as readily proven as its importance in nature, it would not be suffered longer to remain in the obscurity from which it is slowly but surely emerging.

Oxygen is in an enormous degree the most abundant and the most important element of matter upon our earth. It is a colorless, inodorous and tasteless gas, more magnetic than any other gaseous substance.

Ice-cold water will hold in solution four per cent. of oxygen. At 68° F., less than three per cent. Of nitrogen monoxide,

water will hold in solution at ordinary temperature, four per cent., and (I throw it out as a hint, merely) is not this the secret of the benefit derived from the "Home Treatment" sent broadcast over the country? For, sneer at it as we may, patients do derive benefit from it, benefit that we too often fail to accomplish with our drugs.

One reason, I think, why oxygen is so little used as a remedy by the profession, is owing to the expense involved in obtaining it pure, and the time and care necessarily taken in its manufacture and administration.

When from any cause there is defective respiration, and the system suffers from imperfect oxygenation of the blood, which it must do unless the blood gets all the oxygen it is capable of absorbing, oxygen gas, suitably diluted with nitrous oxide gas, or pure atmospheric air, or both, is Nature's remedy, and exceedingly useful.

Such diseases are asthma, croup, diphtheria, asphyxia (from drowning, hanging and other causes), dyspnoea, chlorosis, chronic glandular enlargements, and the neuralgias, or any form of malnutrition, such as consumption of the lungs or bowels, anæmia, severe dyspepsia, and indolent ulcers, or, as Dr. S. S. Wallian (to whose articles I am indebted for much of what follows) says, "If I were asked whether the oxygen treatment will cure this or that particular malady or disease by name, I should promptly answer, 'No, it will 'cure' no disease whatever.'

If, on the other hand, a professional brother should inquire, 'In what diseased condition do you consider it particularly indicated?' I should as promptly reply, 'In every chronic, morbid condition of which it is possible to form a conception.'

The question is like asking in what condition of the system is it proper to administer nourishment?

It is merely recognizing the fact that disease is the perversion of a natural state, trying to regain its equilibrium.

He says of that dread of all physicians—asthma, “As palliative of the immediate attack, a mixture of oxygen and nitrous oxide has invariably given instant relief, and a continual use of the two, variously modified, has never failed in my hands to affect, to all appearances, a perfect ‘cure.’”

Is there another physician in the United States, who has treated even a limited number of cases, who can say that of any one remedy, or of all the remedies he has ever tried?

The doctor reports many cases treated, and nearly all cured or greatly benefited, giving history of cases at commencement of treatment, and clinical records that put to blush anything we are able to do in the same diseases with our *materia medica*.

Of the congeners of oxygen, nitrogen monoxide, ozone and hydrogen peroxide, I have said nothing, but they too are veins of value, which, if developed, I believe will yield golden grains of good.

I intended to write but a short article when I began, but the more I have studied the subject the more interested I have become, and if this will lead others to investigate and report, my object will be accomplished.

LECTURE ON ABROTANUM.

BY PROF. J. T. KENT, M. D., ST. LOUIS.

A very useful remedy in marasmus or wasting. The tissues of the body have been wasted away. The child is hungry, but still wasting (*Baryta carb.*, *IODINE*, and *Natrum mur.*). The child is cross, depressed, and very peevish (symptoms which are common to marasmus). The face is wrinkled, as if old (*Arg. n.*, *Baryta carb.*, *Sulph.*). You feel the face and it is cold and dry. There is general emaciation. (If only around the neck, while the body remains fat and plump—*Natrum mur.* *Abrotanum* does not produce this state and cannot

cure it.) Ravenous appetite, all the while emaciating (*Iodine*, *Natrum mur.* Living well but growing thin (*Natrum mur.* and *Baryta carb.*). We find hard lumps in different parts of the abdomen—this is in marasmus. (Another remedy is *Calcareo*, but it has a liquid stool of curdled milk, undigested. *Baryta carb.* has these lumps but produces this condition only as a secondary symptom.) We have a distended abdomen; belly stands away out (also *Calcareo*, but the belly is higher up and like an inverted saucer. *Baryta carb.* has a large belly, but looks old). This remedy has alternate diarrhoea and constipation. Great emaciation of legs is prominent. Among the sensations, which are applicable to a great many diseases, are burning, hanging and swinging, gnawing, darting, tearing, cutting, rawness and dryness. In neuralgic rheumatism it is a very prominent remedy. Some remedies we are able to distinguish from all others by their mental state, others by their symptoms upon other parts of the body. This remedy has no very important mental symptoms. Anxious and depressed (*Ars.*, *Aconite*, and *Rhus.*). This symptom occurs in neuralgia of the heart and stomach which is of a rheumatic kind, and comes on from change of disease or metastasis; useful in chlorosis, skin yellowish-green. Darting and tearing in carious teeth. Gnawing hunger is characteristic when indicated in any disease. Pains—cutting, gnawing, and burning are the most characteristic. (*Arsenic* has great burning.) Now there is a symptom which belongs to this remedy, and to no other, which is, a suddenly checked diarrhoea is followed by rheumatism. Stitching in the muscles *Abrotanum* will cure in six to twenty-four hours. Again, when an ulcer has been dried up, or when a hemorrhage has been checked, or when piles have been suppressed and evil results follow, think of *Abrotanum*. In metastasis of rheumatism from the knee to the heart; in connection with this rheumatism there is a dry cough, which is a prominent symptom. A patient had a diarrhoea, which

was checked; then rheumatism and a troublesome cough came on. *Abrot.* cured the rheumatism; the cough remained, which, however, passed off with the pathogenetic effects of the drug. Nosebleed in children—boys (also Ferrum phos.). In girls fourteen or fifteen years of age, who have suppression of the menses followed by nosebleed, this is a remedy (also Bry.). If the pains fly all over the body, Puls.; but if the disease make one grand move, as from diarrhoea to rheumatism, *Abrotanum*. Eruptions come out on the face, are suppressed, and the skin becomes purplish. After scarlet fever, hydrocele (Apis and Puls.). After Aconite and Bryonia it has cured pleurisy—hence we see its action on the serous membranes. It prefers the left side. Burning, darting, and tearing pains in the left ovary were cured by *Abrotanum* after Apis had failed.—*Hom. Phys.*

PRACTICAL REMARKS.

Cases spoiled by the use of Aconite may often be retrieved by use of Sulphur.

Arnica is more apt to spoil a case than Aconite. Arnica makes a much more profound impression upon the system than Aconite. Its real culminating action is similar to typhus fever. Brilliant results have frequently been obtained from it in the worst forms of typhus.

Physicians who wear spectacles, and who have to ride long distances in very cold weather, will find protection from freezing of the parts coming in contact with the metal by bathing the skin with camphor.

Ranunculus bulb. is one of our most effective agents for the removal of bad effects of the abuse of intoxicating drinks.

“At least one-half of the chronic diseases of women and children are developed by using too much sugar.”

Aconite is one of the most frequently indicated remedies, when the development of the organic disease of the heart manifests itself by tingling in fingers, numbness and lameness of left arm.—*C. Hering.*

CASE OF STONE IN THE BLADDER.

BY R. HEAM, M. D., TORONTO.

Memorandum read to Homœopathic Association, of Toronto.

In 1880–81, attended Mr. E. W., a retired merchant of this city, for a complication of disorders, involving nearly every tissue of his body; subsequently, as I gave no hope of his recovery, he passed into hands of Dr. Strange, an Allopathist, under whose care he continued for a short time until he died. What made his case interesting to me was a remarkable cure he had of stone in the bladder, some four or five years previous to his last illness. He had been a patient of Drs. Hodder & Lizars, who finally advised an operation (lithotomy) for the removal of a large calculus, as the only means of saving his life. When the surgeons came by appointment to perform the operation, Mr. W., a determined, resolute man, positively refused to submit to the operation, believing he would die under the knife. A friend in New York advised the use of a secret remedy, called Haarlem oil, which he said had the reputation of curing stone in the bladder by dissolving the concretion, causing it to be reduced to small particles, capable of being passed through the urethra without pain. Mr. W. at once procured the remedy, and faithfully following the directions, was at once greatly relieved of the mechanical irritation caused by the friction of the rough surface of the calculus, and in about two weeks passed successive portions of a gray sand, until he was finally relieved of all pain and returned home completely cured of the disease. Drs. Hodder & Lizars made careful and repeated examinations of the bladder and could find no

fragment of the large calculus remaining. They were naturally greatly surprised, and keeping their counsel, provided themselves with the remedy and were never afterward known to perform the operation of lithotomy.

With this evidence before me I considered "Haarlem Oil" a valuable and powerful remedy and resolved to study it. If curative in the disagreeable and massive doses ordered by the inventor of two centuries ago, I concluded that like other massive and nauseous doses of the Old School it must cure on the principle of "similia," and I began making dilutions. With alcohol 65 per cent. I failed to make solution, also with ether. I found chloroform alone capable of making solution primarily. To this I added ether until there was evidence of precipitation. Clearing this with a few drops of chloroform, I found pure spirits might be added to any amount without precipitation, and thus I made my dilutions.

I commenced giving it in cases of kidney and bladder difficulty with great success, and guided by the pathogenesis of Sulphur and Terebinth, which are the simple elements of the drug, I have found not only cure of kidney and bladder in very difficult cases, but simultaneous relief and cure of rheumatism of the extremities, but also of piles, and venous congestion of the pelvis generally. With the 2d and 3d attenuation, two drops on sugar, I have cured several cases of gravel, and one case of calculus.

Many imitations of this oil have been made, generally worthless.

I recommend trial of the oil in attenuation as described.

TOBACCO.

BY J. G. GILCHRIST, M. D., IOWA CITY, IOWA.

For over thirty years the writer has used tobacco, in every form, perhaps not in excessive quantities, at least not in the

estimation of most users of the weed. For at least twenty-five years of this period the bodily health and vigor was remarkably good, there being a history of almost typical health. About five years ago sudden attacks of diarrhoea would come on, at intervals, followed by periods of constipation for a week or more, and then the stools would be perfectly natural as to quantity, quality and frequency for a long time, when another attack of diarrhoea would occur. These attacks came on suddenly with sharp, cutting pains in the lower part of the abdomen, as from incarcerated flatus, relieved somewhat by expelling it per rectum, but soon returning. At the same time there was a faint feeling almost amounting to syncope, with nausea. In a few moments, after two or three attacks of these colicky pains, there would be sudden and urging pressure in the rectum, requiring prompt attention, when a most profuse, gushing fluid and offensive stool would occur, with great faintness and giddiness. Perhaps these would be repeated three or four times in one day, and then the symptoms would pass away. On one or two occasions a sort of dysenteric diarrhoea would occur, with great tenesmus, which would continue for two or three days. At first no cause was discoverable, but relief was always secured on taking *Aloes* 30. Finally it was observed that these attacks always occurred when away from home, which, owing to my being engaged in an almost purely surgical and consulting practice, was a frequent occurrence. This led to another discovery, that I smoked more tobacco when away from home, and the suspicion began to dawn upon me that tobacco *might* be the source of the trouble, but no steps were taken to break off the habit. In November of last year (1885) I was journeying to Southwestern Missouri, and, as usual, smoked more segars than was my habit at home. In the night I was awakened from a sound sleep by a desire to urinate, and, getting out of my berth for that purpose, fell to the floor in a fainting fit. After an interval, duration unknown,

cumbled into bed again, cold, weak, nauseated, and in a profuse cold sweat, pulse slow and small. Finally became warmer and dropped asleep, only to be awakened after a time almost in the *act* of vomiting, so that I had to snatch my cap from my head and vomit into it. For twenty-four hours afterwards was sick, and on the verge of vomiting many times, but gradually got better, and the whole thing passed out of my memory. At Kansas City, early in December, I saw Dr. Runnells, and had him examine my heart. No organic trouble found, but some irritability which was readily attributed to tobacco. Early in January, 1886, at an evening party, I smoked two or three times, greatly exceeding my "allowance," and after going to bed, apparently as well as usual, had three severe attacks of angina pectoris, the first one particularly severe, lasting fully twenty minutes. One week after had another, short and mild, in the afternoon. Immediately after the first attack, however, I at once resolved to abandon tobacco, conceiving I discovered a direct relation between it and my troublesome symptoms. The second attack, after a week's abstinence, I cannot account for on any other hypothesis than a continuance of the nicotinism.

That there may be no doubt about the agency of tobacco in the matter, I may state that while I have made more than one journey by rail since giving up smoking, I have not had any trouble with the bowels. Formerly such attacks invariably came on while traveling. The case is reported as of possible value and interest to those who may be in the same category with myself, and as an encouragement to smokers who feel unable to *suddenly* cease the habit. It is now five weeks since I have changed my habit in this respect, and have not felt the least inconvenience from the change being a sudden and radical one.

NOTES FROM PRACTICE.

BY S. A. NEWHALL, M. D., NEWTON, KAS.

EDITOR INVESTIGATOR:—In the January, 1886, number, page 56, is an article by my friend and fellow graduate, Dr. P. Deiderich, of Wyandotte, Kansas, on the treatment of PUERPERAL ECLAMPSIA, with Ver. vir. tinct.

I have found Veratrum viride tinct., in drop doses every hour, or, in extreme cases, every half hour, to be as near specific for puerperal fever as any remedy can be for any disease. After the violence of the pulse has been controlled, I find Belladonna, 3x to 6x, alternated every half hour with the Ver. vir. to be of great benefit, and scarcely ever have to resort to any other remedy.

I wish to ask for the experience of the professional brethren with "*Piscidia Erythrina*," or *Jamaica Dogwood*. A few weeks ago I was called to a case of cerebro-spinal meningitis, the most violent in character I had ever met. In their fright from the suddenness of the attack, the friends had called a young "*regular*," who left a note that he had given *Bromide Pottassa grs. 20*, which I saw was not doing any good, and from my thorough knowledge of my patient's constitution, I believed was doing harm. I began giving Bell. 6x, and Ver. vir. tincture, as above, which had always relieved her in severe attacks of cerebral congestion, but instead of being relieved she grew rapidly worse, till one convulsion succeeded another with but a moment's interval, with gnashing of the teeth, and frothing at the mouth, and screaming with pain, one moment clutching at her hair, the next trying to escape from the bed, finishing up with opisthotonos so violent that she stood upon the top of her head and her feet, in a complete semicircle, giving myself and three other strong men all we could do to prevent her from injuring herself.

I gave her Hyosciamus 3x, Strychnia 5x, trit., but with no

apparent effect. I finally sent for two ounces Fluid Extract Jamaica Dogwood (Parke Davis & Co.), and gave forty drops clear, in the mouth, in the midst of a spasm, with the effect to modify and relax, in a very few minutes, the character and violence of the spasms. I repeated the dose in an hour, with continued improvement, and gave the third dose in an hour from the second, and had the satisfaction of seeing my patient drop into a pleasant sleep for a few minutes and awake perfectly rational, with no return of the spasms until the next day, about twenty hours from the first attack, when she could not retain the *Piscidia* in the stomach. I was called and found it impossible to administer it by the mouth, but gave it by enema, one teaspoonful, with the same quantity of hot water, giving three doses, as before, one hour apart, promptly controlling the spasms, and completely curing my patient, so that she was up, attending to light household duties, the third day after the last spasm, and is in perfect health at present. After exhibiting the drug the first day, I, in looking up its record, found in the *Therapeutic Gazette* an article taken from the *Hahnemannian Monthly*, by Geo. W. Winterburn, Ph. D., M. D., giving a proving of the drug on himself, which gave me a very clear idea of its field of action upon the cerebro-spinal nervous system, and the result was not only surprising, but intensely gratifying to me and my patient, and her friends.

Yesterday the father of an asthmatic child came for something to relieve an attack of asthmatic croup, with violent dyspnoea, and I prepared *Piscidia*, fl. ext. ζ i, Symple Syrup qs. to make ζ i. Sig., one teaspoonful every one to two or three hours, as necessary for relief. The father informs me to-day that in fifteen minutes after the first dose the child began to raise and expectorate mucous, with perfect relief of the asthmatic attack.

I have written in haste, and hope to hear from others as to their experience with the drug. All the record of the intro-

duction of the drug into this country, may be found in the *Therapeutic Gazette*, beginning with the September number, 1879, published by Parke Davis & Co., Detroit, Mich.

A CONTRIBUTION TO THE TREATMENT OF INTRA-UTERINE INFLAMMATION AND PASSIVE HEMORRHAGES WITH EXTRACT OF HEMLOCK.

BY DAVID WARK, M. D., NEW YORK.

The advantages attained during the last few years in gynecological therapeutics have been of a very encouraging character and give promise of still greater triumphs in the near future. We have much pleasure in bringing to the notice of the profession a remedy by which curative results of an unusually brilliant character can be obtained in cases of uterine disease that have hitherto been intractable.

In order to render apparant why such notable results attend the use of measures here advocated, a sketch of the anatomical structure of the mucous membrane in vesting the uterine interior will be necessary. Except at the orifices of the Fallopian tubes and the os internum, the mucous lining of the uterus is very much the thickest membrane of its class in the body. It is composed mainly of tubular glands, that, opening on its free surface, extend through its whole thickness, ending in a *cul-de-sac* at the underlying muscular tissue, to which the mucous membrane is firmly attached. It is therefore essentially, a glandular structure, and is moreover very vascular, becoming specially so at the approach of, during and for a few days, after the menstrual period. It is obvious that when such a membrane becomes inflamed, its density, volume and vascularity present obstacles to its cure of a very grave character. The recorded results of treatment obtained by the means hitherto employed even by the ablest specialists amply corroborate this statement. Professor Thomas writes concerning the disease named by him "chronic corporeal endo-metritis." "Even if the case be not of a very serious character and has lasted only a short time, the possibility of rapid recovery is doubtful, while

if it has continued a number of years it will often prove incurable." Professor Scanzoni, in speaking of the same disease, says: "As for ourselves, we do not remember a single case where we have been able to cure an abundant uterine leucorrhœa of several years' standing."

The use of the corrosive chemicals employed by these eminent specialists in case of intra-uterine inflammation is candidly admitted by them to be a failure. We feel justified in going further and stating that such treatment is usually productive of grave injury to the patient.

She is always conscious of an aggravation of her sufferings directly after the use of the remedies in question. The influence of a caustic applied to the mucous membrane lining the uterine cavity is expended on the surface only; the deeper parts of the inflamed tissue are never reached by the curative influence of the remedy; the effects on the latter are indirectly but powerfully unfavorably. The discharge that oozes from the surface of the diseased tissue is nature's way to keep the inflammatory process in check; but when the mouths of the glandular follicles are suddenly sealed up by the corrosive action of the remedies now commonly used, the discharge is denied exit until the slough separates; during this time it necessarily accumulates in the follicles, distending them and causing the painful tumefaction of the uterine mucous membrane, of which every patient is so conscious directly after having submitted to such treatment. As soon as the slough separates, the mouths of the follicles becomes free, the imprisoned discharge escapes from the deeper parts of the diseased membrane, the latter recovers measurably from the injury inflicted by the treatment, and the patient's sufferings are mitigated until the next application.

We think it may be accepted as a self-evident truth, that no remedies can be curative in the diseases under consideration which expend their power on the surface of the morbid membrane while the deeper tissues are indirectly injured. Curative results can be attained only by the action of a remedy that favorably influences both the surface of the inflamed membrane and the deeper parts at the same time, by coming into intimate contact with the whole interior of the inflamed uterine follicles.

The *extract of hemlock* prepared by the Geddes Manufacturing Company, of Boston, Mass., fulfils the necessary conditions admirably. When placed in the interior of a diseased uterus it saturates the inflamed membrane by filling every follicle, and thus exerts its healing influence on every part. It is not only an astringent of unusual power, but in addition it seems to possess a peculiar tonic influence on the tissue whose treatment we are discussing; for this reason we believe it to be specially adapted to the successful treatment of chronic endometritis in which caustic applications have so frequently proved destructive.

We strongly recommend it to the confidence of gynecologists whose experience corroborates these views. Its application is nearly or quite painless, an advantage always highly appreciated by the patient.

The extract may be applied in full strength to the uterine cavity by means of a probe, the end of which has been wound with absorbent cotton, or a few drops may be safely deposited there with a Molesworth intra-uterine syringe, or it may be dried until it attains the consistence of a soft pill mass; this done, a bit of the remedy the size of a pea may be passed within the os internum on the end of a uterine probe; once in the cavity of the womb it soon dissolves and exerts its curative influence on every part of the diseased membrane.

Convincing proof of the efficacy of the treatment here advocated is afforded both to the physician and his patient by the improvement promptly experienced by the latter. The best results are secured by keeping the uterine mucous membrane under the influence of the remedy almost continually during a large part of the intermenstrual period. The applications should be repeated every second or third day.

In cases of inflammatory disease of the mucous membrane lining the cervix and in granular degeneration of the vaginal portion of the cervix itself, the use of the *extract of hemlock*, with such other local and general measures as will readily suggest themselves to every practical gynecologist, yields much better results than can be obtained by any other remedy with which we are acquainted. The following cases will indicate the effects that may be confidently expected from the use of this valuable preparation of *hemlock* in passive uterine hemorrhages:

CASE I. A vigorous women, forty-five years of age, who frequently boasted that she had never required the services of a physician except at the birth of her children, began to suffer from metrorrhagia as the menopause approached. We saw her on one of these occasions after the flow had continued copiously for about a week; at this time it had lost the appearance of menstrual fluid and assumed that of thin, red blood. As the patient began to be anæmic, we applied the tampon daily during the next three days; the hemorrhage was controlled as long as it was in position, but as soon as it was removed the blood quickly reappeared and did not cease until the inside of the uterus was swabbed out with the extract in full strength.

CASE II. A lady aged thirty-five years, the mother of two children began to suffer from profuse menstruation, which gradually increased month after month until it became a metrorrhagia so copious that her life was saved on several occasions only by the diligent use of the tampon. This resource practically failed as the hemorrhage returned shortly after the tampon was removed. The bleeding was, however, controlled by the use of the extract applied in full strength freely to the bleeding surface. At the next menstrual period the normal discharge was again followed by the copious hemorrhage. We then examined the inside of the uterus and discovered a small polypus, which we removed, with the result of obtaining a complete and lasting cure. This case forcibly illustrates the power of this *extract of hemlock* over passive uterine hemorrhages.

CASE III. A married lady twenty-six years of age called me to attend her during a threatened abortion at the third month of pregnancy. She stated that this condition was brought about by herself, she having voluntarily taken some drug for that purpose. We found the loss of the ovum to be inevitable, and delivered her safely. The hemorrhage was not severe and ceased without the use of local measures, and she made a good recovery. Menstruation began in about forty days, but instead of ceasing at the usual time it became a copious hemorrhage. We did not lose time by resorting to the tampon, but immediately applied this valuable astringent freely to the inside of the uterus, when the blood ceased to flow forthwith.

In many cases of uterine hemorrhage the advantages obtained by the use of this preparation over other remedies—the

tampon included—are obvious. After the application of the latter, the hemorrhage always continues from the bleeding surfaces until the uterus is filled with blood, which when it has coagulated, opposes further hemorrhage, if the blood does not unfortunately pass along the Fallopian tubes to the peritoneum. But when the loss of the vital fluid is checked by the use of the preparation here recommended, the blood ceases to flow immediately. The danger of producing a pelvic hematocoele, and the annoyance to the patient of a tampon in the vagina, are both avoided, in addition to the lasting tonic influence of the treatment on a spongy mucous membrane.—*N. Y. Medical Times.*

AN INVALID BED OR ADJUSTABLE HAMMOCK,

By S. BISHOP, M. D., BLOOMINGTON, ILL.

I invite the attention of the profession to a new device, designed for the easy lifting and otherwise handling helpless invalids. Figure 1 represents the frame-work of the apparatus, and, in the main, illustrates the construction of the different parts, and suggests the uses of the same.

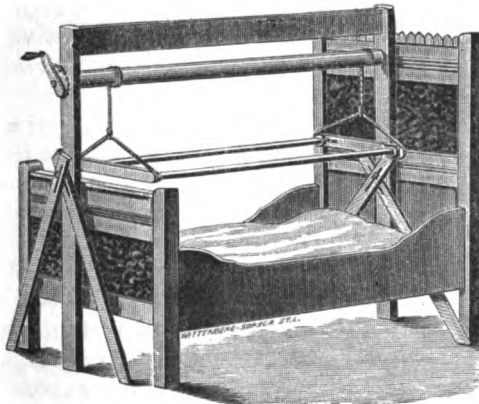


FIG. 1.

The windlass is supplied with a ratchet to prevent a reverse motion.

The feet of the supporting posts are each furnished with two iron prods, which pressing into the floor, insure the posts against slipping.

The braces, which stay the posts and are bolted to them, are adjustable as to length, and are also secured against slipping by means of iron prods.

The tie rail above the windlass has attachment fastenings similar to those used in the railing of bedstead, by which means post is securely bound to post, and by the same means, the process of setting up and taking down the machine is greatly facilitated.

Figure 2 represents the sheets applied to the stretcher frame.

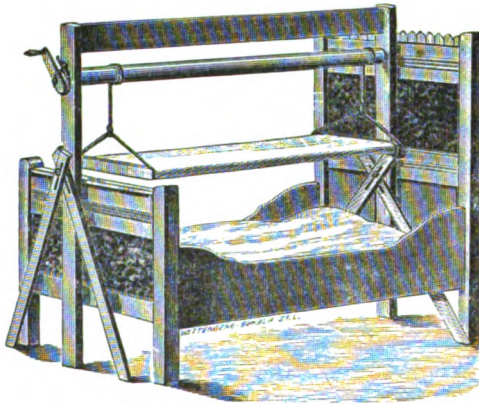


FIG. 2.

The side-bars of this frame are square, and are furnished with ratchets at each of their ends. The journals of these bars have their bearings in the head and foot pieces, which pieces are armed with ropes, as shown, onto which are looped the windlass ropes.

To apply the sheet, the stretcher is let down onto the sheet on which the patient lies, so as to evenly compass him about. (This sheet should be a new and strong one, so as to insure against accidents from tearing.) Then the ends of the sheet

are folded under, so that its length shall conform to the length of the side-bars. This done, the sheet is rolled evenly and tightly around the side-bars until it is stretched firmly under the patient from one side of the frame to the other. This sheet is now the supporting surface in the process of lifting. It cannot slip because of the angular surface of the square bars, and the bars cannot revolve reversely because of their ratchets.

Figure 3 represents the patient in the hammock elevated above his couch, a position which, for a change, after having become weary of and over heated in the bed, is a most welcome relief.

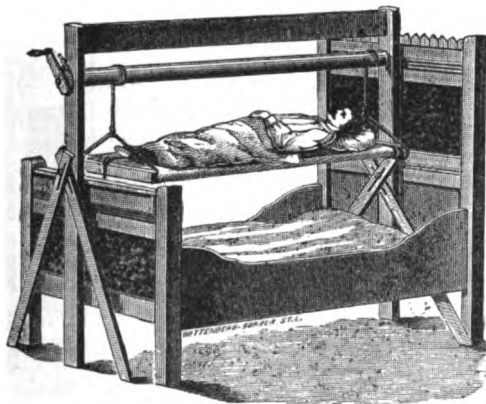
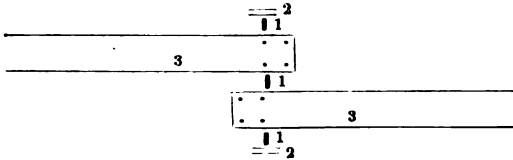


FIG. 3.

Here, especially in warm weather, he often prefers to lie for hours, rather than on the bed. While thus elevated, the bed can be aired, remade, or any changes affected in it that may be desired. The tired feeling also can be rubbed out of the patient's back and limbs, (thus preventing bed sores,) and, by means of an opening in the sheet, at the suitable place, there is opportunity for waiting on the patient in the operations of urination and defecation, in a manner the most cleanly and convenient possible.

The page as a whole may represent the under surface of the sheet. The vertical line, 1, 1, 1, is a rip of slit 12 inches long made at the proper point in the sheet; 2, 2, are stays tacked on to prevent the further ripping or tearing of the sheet.



3, 3, are strips of muslin tacked on to either side of the sheet, as shown, whose free extremities are lapped over the side-bars onto the surface of the sheet, and there made fast by means of strong pins. When the patient is to be waited on, he is raised to the convenient height, the chamber vessel placed in position, and the strips unpinned and reversed. This allows the opening in the sheet to spread, through which opening all dejections pass to the vessel in a manner satisfactory to all concerned.

In elevating the patient, the process is easy and gentle, producing no pain, nor disturbing, in the least, any surgical appliances or adjustments that may have been made. In case of fracture of a leg, when it is necessary to keep up tension to prevent shortening of the limb, the pulley is attached to the foot piece of the stretcher, which adjustment allows the weight to be carried up or lowered as the patient is elevated or lowered.

Should the sheet sag some after a little use, a simple turn of one of the side-bars makes it taut again. Should it sag unevenly, the slack is taken up by rolling in, at the sagging point, any substance, such as a fold of cloth or roll of paper.

To change the sheet, after it becomes soiled, the patient is elevated a little, and the clean sheet placed under him, then having let him down, the soiled sheet is unrolled and slipped out, and the clean one applied in the same manner as was the first.

Figure 4 represents the method of tilting to either side, which is done by shifting the windlass ropes a little from the middle point on the ropes supporting the stretcher, and then slightly turning the windlass.

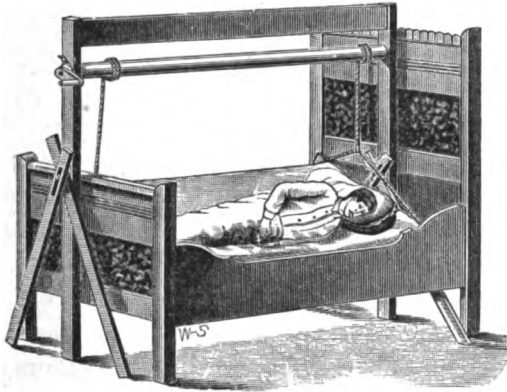


FIG. 4.

This movement is also easy and gentle for both patient and nurse, and is a very great desideratum in getting at the back in the treatment of external wounds, or in handling patients rendered helpless from rheumatism or any prostrating disease.

In practical experience, it has been found that a favorite position with the patient is a rest which is partly on the bed and partly on the hammock. This is accomplished by lifting with the windlass just a little, so that the sheet shall only conform fairly to the contour of the lying surface of the patient.

All who have used this hammock and witnessed its workings have been impressed with its simplicity and cheapness, and at the same time, delighted with its convenience and great worth, to both the patient and attendants. Some expressions of appreciations have seemed almost extravagant.

Further information will be given on application.

NEWS FROM BOSTON.

MESSRS. EDITORS: If you do not feel like it, I presume your readers will gladly pardon my long silence. We are nearly all of us alive, but—. Well, it has been alarmingly healthy around here for many months. Doctors, druggists, and even undertakers, are, and have been for some time, praying for a revival of business. You know we read about the effect of "the prayer of the righteous man," and can draw your own conclusions. Healthful as it has been, Homœopathy is "booming" at the "hub." It has been a long pull, but shrewd calculation has done it. In the first place we don't have moonshine Homœopathy taught here, and that keeps the old school quiet. It takes the wind out of their strong argumentive sails. Our dispensaries connected with the colleges give students a chance to get into poor families, and that gives them a start, and is a stepping stone to the wealthy ones, so all who can, locate here. Every one that does so squeezes so much out of the old school practice, and will not take much from the Homœopaths already located here. If any of the graduates get a case they fear is beyond their skill, any and all of the professors stand ready to assist them (of course, expecting to receive the consultation fee), and this gives the young doctor courage and confidence he would not have in a country town. What is telling the loudest for our cause is co-education. As Harvard College has not admitted women, nearly all the female students attend our college, and, of course, come out pure Homœopaths. Many of them are settling here in Boston, and that draws many families from the old school, as there are but a very few old school female physicians in the city. It has been rumored that a few doctors have been in the habit of meeting at the Parker House occasionally and spending the evening discussing Homœopathy, when not eating, so recently the Massachusetts Surgical and

Boston

Gyæological Society held one of its meetings there and partook of one of those noted dinners. Now, the City Society has followed suit, and the members were so elated (it is a temperance house) that they voted to meet there monthly. This will be a grand departure for the society, as avaricious reporters will hang around to report what is done and who does it, therefore each member will be anxious to do his or her part. The society is fast adding to its members, a majority of the new members being females, and I imagine the time is not far distant when we "fellars" will have to take a back seat and let the ladies run the society. When that time comes won't it be a "cold day" for those who have said, "I don't believe in women doctors?" Notwithstanding hard times, they have one of the best classes that ever matriculated at our college, so the dean says. Now may success attend your Western colleges and THE INVESTIGATOR, but when you want to learn anything about pure, undefiled Homœopathy, or how to make it boom, come

DOWN EAST.

PROGRESS OF THE MEDICAL SCIENCES.

Urethritis in Mumps.—In a case of mumps, Schmidt (*Arch. de Med. Milit.*) observed on the third day a discharge from the urethra, which lasted the same time as the swelling of the parotid gland. There was no orchitis, and the patient had not exposed himself to contagion. The discharge was ascribed to a specific inflammation of Cowper's, Menj's and Littre's glands.—*Phila. Med. Times.*

Vapor of Glycerine for Cough.—Professor Trastour uses with great advantage the vapors of glycerine where and whenever there is a fatiguing and painful cough. He puts 50 to 60 grammes of glycerine in a porcelain cup, and evaporates it by means of an alcohol lamp. An enormous quantity of vapor is generated. These evaporations are very precious in phthisis and other diseases of the respiratory tract.—*Analectic.*

Hygiene of the Mouth in the New-born.—In an article on the diseases of the mouth in infants (erythema, Bednar's aphthæ, stomatitis catarrhalis, thrush, etc.), Dr. Epstein states it as his belief that the most frequent cause of these affections is to be found in the manner of washing the mouth of the new-born child. The cleansing of the mouth, as usually performed by nurses and midwives, is done roughly and unskillfully, and not only causes injury to the mucous membrane, but is also frequently the means of introducing infection from without. He advises that the buccal cavity be washed only once a day after the morning bath, and protests especially against cleansing the mouth immediately after birth without previous disinfection of the nurse's hands. In the treatment of apathæ no attempt should be made to remove any patches except those that lie within sight and easy reach, and any undue force should be most carefully avoided.—*Centralblatt for Gynakologie.*

Cerebral Fatigue as a Sign of General Paralysis.—Dr. Sizaret, in the *Revue Medicale de l'Est*, demonstrates the importance of a quickly-produced cerebral fatigue as a sign of general paralysis. At the commencement of general paralysis, or during a remission, there is neither hesitancy of speech, trembling of the tongue or lips, inequality in the pupils, nor delirium, but only a certain degree of maniacal excitation, an exultation of the sentiment of personality, acts denoting a perversion of the moral sense (*lesion du sens moral*), and a change of manner, but no symptoms which might not be met with in some other form of mental disease. In cases of this kind M. Sizaret considers rapid cerebral fatigue as characteristic of general paralysis. Ask the patient to count from one to one hundred or two hundred. If he complies—which paralytics general do with eagerness—we soon see him making error after error, jumping over tens and hundreds, without perceiving his mistake, and ending in a mass of nonsense.

Certain patients may count to three hundred without an error, but generally they cannot get past one hundred or two hundred, and oftener still they wind up at a still lower figure. The distance they can go without a mistake is equivalent, ordinarily, to a kind of dynamometric test as to the amount of cerebral force left in them. At the same time mental fatigue manifests itself in these patients, we observe the embarrassment of speech and the trembling of the tongue, lips and cheeks, characteristic of their disease. These two signs, errors in counting and embarrassed speech, constitute a precious diagnostic element in the first period of general paralysis.

Electricity in Basedow's Disease (Exophthalmic Goitre).--
Dr. Chvostek recommends (*Centralbl. fur Klin. Med.*):

1. The ascending constant current applied to the cervical sympathetic on each side for at the most one minute.

2. The same to the spinal cord (the anode at about the fifth dorsal spine, the cathode high up in the cervical region).

3. Through the occiput (one pole at each mastoid process), and in certain cases through the temples, a constant current for at the longest one minute, and so weak that the patient can feel but the slightest sensation of burning. Sometimes, also, local galvanism of the thyroid gland with a weak constant current for about four minutes, the current to be reversed at the end of each minute. The application should be made every day.

The proportion of casein in human milk, it is claimed by Dr. Arthur V. Meigs, of Philadelphia, does not exceed one per cent. His remarks on the subject, in a paper published in the *Archives of Pediatrics* for April, 1884, are quite conclusive on this point, and also shows that cow's milk contains three times as much casein as human milk, or even more. Dilution of cow's milk with three volumes of water does not produce a substitute for human milk, because it reduces the

fats and sugar to a proportion far below that of human milk. Dr. Meigs constructs an artificial food which yields almost exactly the same quantitative results as human milk, as follows:

In a measured pint of hot water $17\frac{3}{4}$ drachms of pure milk sugar is dissolved. (In a cool place this will keep sweet for a day or two, but as soon as it begins to sour it must, of course, be renewed.) Procure from a reliable milkman fresh and good milk and cream (not the rich milk and cream of Jersey or other fancy cattle.) When the child is to be fed, mix two tablespoonfuls of cream, one of milk, two of lime-water, and three of sugar solution. Warm it, pour it into the feeding-bottle and use. The quantity must be increased as the child grows older. The doctor does not favor increasing the *strength* of the mixture, at least until the child is six or nine months old.

Bad Effects from the Bromides.—There are several individuals who are dangerously susceptible to the action of the bromides. Dr. L. C. Gray reports the case of a youth who was reduced to a condition of imbecility and general weakness by a three-days' treatment with ten-grain doses of bromide of potassium. In another case the first dose of the drug produced a condition bordering on collapse, from which the patient was restored with difficulty. A third case was that of a young lady who had had a few epileptic paroxysms, for which she had been treated with large doses of the bromide during a period of about six months. She was in bed, almost pulseless, pallid, thin, exhibiting great mental sluggishness, being made to answer questions with great difficulty, weeping at times without cause, somnolent. Organic nervous disease had been diagnosed. The withdrawal of the bromide was ordered, and the patient was about in two weeks. The case of a physician is reported who committed suicide in a condition of frenzy produced by bromidizing himself for the prevention of seasickness.—*N. E. Medical Monthly.*

Remedy for Toothache.—Dr. J. R. Irwin (*N. C. Med. Journ.*) recommends the chewing of cinnamon bark for the relief of toothache. He says that if the bark is of good quality the pain is immediately relieved.—*Therap. Gaz.*

Treatment of Children.—Always look at the lips of a pale and sickly child. If they are of a deep red color, beware of prescribing tonics internally. At the outset you will congratulate yourself, but in the long run you will repent of having employed them.

As a general rule, a sad child has an encephalic lesion; a furious child an abdominal one; a soporific child has both, though indistinctly defined.

In practice it is well to distinguish with precision a case in which disease is due to lumbricoids from one in which lumbricoids are due to disease. For in the former case anthelmintics are of service, but in the latter they do harm.

Since, until a child is able to speak clearly his relations with the physician are clearly objective, it is very necessary that we should study as carefully as do the veterinarians the exact correspondence between lesions and the expression of the patient.

If you wish to cure rapidly and well, joint disease in infants, you must treat them as you would a conflagration—douches, douches, and more douches, until you have succeeded in extinguishing them.

There is finally a danger to the women of contracting a vice as yet unregistered in the annals of concupiscence—mastomania, or the sensuality of nursing. When this physiological act degenerates into vice, nursing becomes so frequent as to be nearly continuous, and the result is ruin to both mother and child. Finally, the physician must here, as always, be at once wise, discreet, of good judgment, and firm.—*Professor Letamendi.*

Thallium.—Thallium has lately been used by Pozzi in the treatment of syphilis. While some benefit followed the administration of the drug, still it does not do the good which mercury will accomplish. In action it is similar to mercury—more poisonous, but more readily eliminated from the system. In two patients it produced epigastric pains and vomiting, and several complained of swelling and tumefaction of the gums.—*Rev. de Therap.*

Incompatibility of Sulphate of Quinine and Iodide of Potassium.—In a communication to the Biological Society, M. Rabuteau calls attention to the ill effects of iodide of potassium and sulphate of quinine when administered together or at short intervals. These effects are, on the part of the digestive organs, anorexia, nausea, epigastric pain, colic, and sometimes vomiting; on the part of the general system, malaise, slowing and feebleness of the pulse, pallor and a sense of fatigue.—*Medical News.*

A FRESH ATTACK.

BY J. J. CLECKNER, M. D., TOLEDO, IOWA.

Some time ago I purchased a copy of the work entitled: "The Physician Himself," by D. W. Cachell, M. D., late professor of pathology, College Physicians and Surgeons, etc., Baltimore, Md. After carefully reading this work I cannot refrain from making a few comments upon its teachings:

In the first place, I wish to say that the author of this work gives some excellent advice with regard to the practice of medicine, in fact, some that I consider invaluable, but, after all, strange to say, he seems to be narrow-minded and prejudice toward all physicians who do not agree with him. He assumes to be a "Regular," and seems to hate and disown the name Allopath. He says: "Remember that the title 'Allopath' was the malicious invention of Samuel Hahnemann,

and is applied to us by his followers with sinister motives; that it is both untrue and offensive, and is *not* recognized by regular physicians." He further says: "Take care to promptly disclaim it when any one applies it to you, and to disown it, etc." While the truth still remains in my opinion that Allopath is the most appropriate name that can be given to all those who practice the old school system, and should be applied by Homœopaths when referring to them. I am aware that they are making a desperate effort to substitute "Regular" for Allopath, so that they may style all other physicians "Irregulars," but it won't work, they are still known by their real name. The author of this work further says: "Study the 'Organon of Medicine,' by Samuel Hahnemann; 'Homœopathy Fairly Represented,' by Willam Henderson, M. D.; 'Hull's Jahr,' 'Hughe's Pharmaco-Dynamics,' 'Hale's New Remedies,' and other leading Homœopathic productions, and you will fully realize what an amazing folly Hahnemann started and *why* we reject it, and will also see how men can mistake the workings of nature, and of faith and credulity, for the effects of *nothing* till their delusions completely pervert their reasoning powers, etc." Please allow me to quote a little more philosophy from our learned cotemporary. He says: "Homœopathy would have been absorbed into rational medicine before we were born if there had been anything in it worthy of absorption, etc." A little further on he says: "When people ask you what school you practice, you may answer that you have no special creed and practice no particular school, but that you try to be *rational*, and like the bee, take the honey of truth where ever you may find it; that as a rational liberal physician, the profession to which you belong, unlike the various limited schools, accepts all truths, whether winowed from past experience or discovered in our own days, and stand ready to receive and utilize any and every valuable discovery, no matter when or by whom made." Now, this is pretty good, but it

does seem as though he was trying to sail under Eclectic colors and still denounce Eclectic physicians as irregulars and quacks. The Eclectics have long claimed the above quotation as their guiding star in the practice of medicine. Now, it looks as though Prof. Cachell was a full-fledged Eclectic, but does not seem to know it.

THE MEDICAL STATUS IN TENNESSEE.

NASHVILLE, TENN., FEB. 8, 1886.

MESSRS. DUNCAN BROTHERS, Chicago, Ill. *Gentlemen*:—You ask me “What are the laws in Tennessee regulating the practice of medicine,” and if “anyone who has not a diploma can practice here?” In reply I would say we have nothing but the common law, making each individual responsible for what he does. Our state has never presumed to set up a medical censorship, relieving the people of the responsibility of forming a judgment upon the qualifications and probable skill of medical men; nor has it endeavored to prohibit to the sick the privilege of having the services of men who do not possess a college diploma. The view taken by our legislators and the wisest among our medical men is, that so many ignorant and reckless men have medical diplomas from colleges of recognized standing, and so many practitioners of medicine without diplomas have been possessed of skill, it will not do to draw the line on the possession of a diploma, the state putting its great seal of authority on all those on the one side, and its command to quit, on pain of fines and imprisonment, on all found on the other side.

The cry of the advocates of arbitrary measures, that if Tennessee does not enact laws like those in Illinois, Alabama and some other presumptuous states, the land will swarm with quacks driven out of them, has proven to be a useless trick. So far as I am informed, our state has not a single addition, to

the large lists of medical practitioners, from Illinois, Alabama, or other states having a board of medical censors.

The class of medical men, which I have the honor to represent, supplied with plenty of diplomas, have no such fear of those who have them not, and no such distrust of the capability of the "dear people," as to desire legislation incompatible with the individual freedom and constitutional rights of American citizens.

Very truly yours, J. P. DAKE.

THE RAPID ACTION OF THE RIGHT REMEDY.

BY DR. JOHN BENSON, FARMINGTON, WASH. TER.

Lewis M., aged fourteen, American, blonde, lymphatic temperament. Called to attend on eighth day of illness. Found patient in bed. Face deeply congested, of a purplish, dusky hue; cheeks very dark red; eyes bloodshot; thick coating of almost black sordes upon lips and teeth; intolerable *fetor oris*; tongue dry with dark brown coating; no appetite, little or no thirst; respiration slow labored; pulse 110, soft and compressible; abdomen bloated, sensitive to palpation, especially over right iliac region. Stools thin, watery, streaked with blood, and very offensive; urine dark red and scanty. Lies in semi-unconscious condition, hesitates and deliberates in answering questions, then relapses back into vacuity. Diarrhœa had set in that morning, had several stools before arriving, do not recollect how many; previous days had from two to three stools.

R. Baptisia tinc., ʒx., gtt. x.

Aqua. font., ꝑiiiij.

M. S. Teaspoonful every two hours.

Also ordered tepid bathing three times daily with saleratus water. Mouth and teeth to be cleansed several times daily, and exclusive milk diet.

Patient improved from the start, and received no other medication. On the sixteenth day the fever was broken, and on the twenty-first day he was about his room.

The father, who had seen and tended many typhoid patients (under O. S. treatment), said he never saw a case act like that one, from after giving the second dose he could detect a change for the better.

Mrs. A. C., aged thirty, tall, slender blonde, nervous temperament, seamstress, complains of a dry, hacking cough, giving hardly any rest; worse at night, keeping herself and husband awake; cough caused by constant tickling in throat, with tightness and oppression of the chest when breathing, as from a weight (is narrow chested); dull frontal headache.

Phosphorus, 3x., three powders (about 2 grains each), one to be taken each night about one hour before bedtime.

Meeting the husband a few days after, on enquiry, he said his wife, after taking the first powder, had not coughed all night, and felt so well she did not think it necessary to take the other powders.

One evening, while sitting in a patient's house, heard a child in the room overhead coughing incessantly. On mentioning it, the mother said, Johnnie had no rest with it day nor night! and desired me to prescribe. The cough was deep, hoarse, hollow, barking and dry, almost croupy in character. Gave her powder (two grains) of *Spongia tosta*, 3x., desired her to place it on his tongue dry.

Returning next day, was informed the child had slept well all night, having had but one spell of coughing after taking the powder. Two weeks later, there had been no return of cough.

Boy eight months, apparently well in evening, awoke next morning with left cheek enormously swollen. Found the cheek oedematous, cool, waxy in color, with puffiness of under eyelids, left more than right. On enquiry, ascertained that the urine had been scant for several days.

℞. *Apis mel.*, 3x., gttss. v.
Aqua Font., ꝑiij.

M. S. One teaspoonful every hour for three hours, then throw medicine out, and wait results.

Next day, father informed me, before the time for the third dose, he could see the œdema begin to disappear, and shortly after, babe had several copious urinations. In twenty-four hours the cheek was normal again.

MATERIA MEDICA NOTES.

GIVE US THE BILL OF FARE IN SECTIONS.

DELTA, IDAHO, JAN. 10, 1886.

EDITORS INVESTIGATOR. *Sirs.*—Have just read last number of THE INVESTIGATOR, and want to encourage Dr. Craig in his plan of publishing Materia Medica cards in this journal.

I heartily concur with him in his plea for exhaustive study of symptomatology. I have found, as have other men, that my Materia Medica is fast slipping away from me. I am gradually losing my knowledge of anatomy and pathology, and feel when my Materia Medica goes from me that I shall be entirely defenceless.

I take my Materia Medica cards written out at college, and undertake the mental effort as described by the doctor, but find them perfectly familiar to me, and can name the remedy upon reading the first line, consequently I read the remainder automatically, and it does not produce any mental impression, and although I know the symptoms perfectly (with the cards before me), yet I cannot apply this knowledge at the bedside, and am gradually forgetting my key-notes. The remedy for this state of things is to write another set of cards in different and unfamiliar language, and as this is an immense labor and practically impossible to the average practitioner, the offer of the doctor to give us the benefit of his twenty-five years' practice in selecting symptoms is peculiarly acceptable (to me). and his idea of two pages at a time is good, as it will give us the right amount to commit to memory at one time.

Yours truly,

D. H. BRIEN.

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 SAMPLE NUISANCE.—“Here, Doctor, is a valuable preparation, but perhaps you have used it? ‘No!’ Well, I assure you that you will find it very satisfactory both to yourself and patients. It is put up in this elegant shape, pleasing to the eye and taste. Give it a trial. What are your initials? Oh, a Homœopath. Well, Drs.— — prescribe it in their practice, and speak very highly of it. (A big lie, I knew.) We should be glad to supply you with samples of any of our preparations. I wish to show our firm that I called on you. Please acknowledge the receipt of these samples, and if you care to, any kind word you wish. Excuse me for taking your precious time. Good day.”

That is the first lesson. The second opens with an inquiry, if we have used samples so and so, and how we like them. Woe betide us, if we are courteous enough to answer such a letter. Lo, we find our names, among a host of others, under a flaming advertisement of “Our elegant preparation.”

We devised a scheme. We politely informed them that they could leave them, and we might give them to some poor person. A tramp received the sample bottles with avidity. One struck his fancy, and he was recommending it far and near as a valuable remedy, given him by the celebrated Dr. —, good for dyspepsia, headache, rheumatism, etc., etc. He had recommended it to many with good effect. Had only a little in

his bottle, but madam could get it at the drug stores. Here was the name. Madam is surprised that Dr. —, a Homœopath, should recommend it. It must be good, if he goes out of his way to use it. So madam is on the high road to Allopathy, and we now carry the samples on a back shelf, to be consigned to the waste basket. Query. Why should not Homœopathy be as persistently urged upon the Allopaths?

A JUDICIAL CLIPPING.—In a decision Judge McAllister gave the wing of our state board of health a severe clipping. He said that their powers were very limited, chiefly to that of passing upon diplomas, and issuing certificates therefor, and examining candidates for license. They cannot, according to this decision, regulate the profession and all the medical colleges, as well as the sanitary affairs of this whole continent. We are sorry for the board. We fear that it will be considered like some other boards, chiefly bark. It has always puzzled us to know why the medical profession needs regulators.

“THIS DELUSION.”—When a journal sends out a sample copy we may infer that it is carefully edited, and reflects its best sentiments. A physician calls our attention to the Nov. 28th issue of the *Medical News*, published by Lea Brothers & Co., in which is an editorial entitled “Dr. Holmes and Homœopathy.” This article recalls Dr. Holmes’ views of twenty years ago, that Homœopathy was “the best trick of the century.” Now he attempts to make it disgusting. The *News* refers to Homœopathy as “this delusion.” When a leading journal takes this view there is no honorable course but self-defence. Were the *Atlantic Monthly* and the *Medical News* both tabooed for thus insulting their Homœopathic readers we should soon see justice done the cause we represent. Homœopathy is a fact, and we insist on its proper recognition, The least that we can do is to send to the publishers of both these journals a brief but emphatic protest.

NEW BOOKS.

A CYCLOPÆDIA OF DRUG PATHOGENESIS, Edited by R. Hughes, M. D., and J. P. Dake, M. D., etc.

This is Part II of the Collection of the Provings and Poisonings. Here we find the effects of Agaricus, Agnus, Ailanthus, Aletris, Allium, Aloe, Alumen, Ambra, Ammonium, Amyl, Anacardium, Angustura, Anthemis, Antimonium, Apis, Apocynum, Arachnidæ, Arelia, Argentum and Arnica.

Those who are accustomed to read only the bald, disjointed symptoms will be interested and doubtless profited by a careful study of these provings and poisonings. As a collection of pathogenesis of the drugs presented in a condensed narrative form, they fill a vacancy in our literature of *materia medica*, especially of the older remedies. We are here carried back to the original provers' union of Hahnemann. If for no other reason they are valuable.

A SYSTEMATIC TREATISE ON THE PRACTICE OF MEDICINE, By A. E. Small, A. M., M. D., etc. Chicago. Duncan Bros. Price, in half morocco or leather, \$6.50.

This is a most concise and at the same time most complete and systematic treatise on medicine. The author exercises rare judgment. He goes at once to the heart of his subject, and presents it, whether a disease or a case, in a plain, forcible manner. It is the most complete because it begins at the beginning with the preliminary necessities, describes disease in terse sentences, tells *what to give and how to give it*, and then leads the reader into a mass of cases, and shows him how to analyze and treat disease in actual practice. The work reminds us of Hufeland's Compend—a collection of mature observations on disease. The whole work has an atmosphere of sound reason and good sense.

The work opens with a review of students' days of long ago, and a kind criticism of the treatment of disease at that day. Chapter I opens with a view of health and disease. This is followed by chapters on the nature and division of the causes of disease, diet, clothing, exercise and water in health and disease, the influence of occupations, and the signs of health and departure therefrom, are carefully given, and then the bodily structure is reviewed, which is followed by a general view of the functions of the body. That brings us to the remedies, and a general survey of their disease applications. The analysis of Homœopathic treatment is clear cut and convincing. The diseases in which the remedies are curative shows the marks of a masterly hand. The prominent clinical standing of remedies, their antidotes, preparations and relations, precede the diseases and their therapeutics.

The author here evinces his strong bias for the practical over the theoretical. Diseases of the digestive organs are first considered very fully. Then follow those of the peritoneum, throat, chest, pleura, circulation, in fine, the whole catalogue of disorders and diseases, even including those of women, eye and ear, and other specialties, that flesh is heir to.

Here we notice a singular feature. The author was a trained regular, and, by way of comparison and emphasis, gives first the Allopathic, then the Homœo-

pathic treatment. The drift of the ages, as well as locality, affect the indications, and the experience from different localities and observers emphasize various remedies; and here we find the experience of many eminent practitioners besides that of the author.

Through the text we notice many cases given as illustrations that fill a whole chapter in the back of this portly volume. How so much could be condensed in less than one thousand pages, we could not understand until we observed the absence of big heads, and other methods of swelling a book abnormally. In fine, this work is one that author, publishers and the profession may take an honest pride in.

MEDICAL NEWS ITEMS.

Hahnemann Medical College and Hospital of Chicago.—This college will hold its opening exercises on February 25th. All are cordially invited to attend.

Chicago Homœopathic College.—The opening exercises of this college will be held at the Chicago Opera House Tuesday, Feb. 23d, at 2:30. All are cordially invited.

Injections of Hot Water in Dysentery.—Dr. John G. Earish gives in the *College and Clinical Record* the history of three cases of dysentery, in all of which copious injections of hot water resulted in almost instantaneous amelioration of all the distressing symptoms and speedy cure.

Dr. S. Bishop, of Bloomington, made us a pleasant visit while in the city calling the attention of surgeons to his new device for handling invalids. It is, as will be seen on another page, both ingenious and valuable. Some physicians have one, which has netted them already nearly \$100 from rent. It is loaned for \$10.00, and goes all over the neighborhood. Send the address of an invalid to Dr. B., and get his special offer to the profession. Do good and get good.

Good Locations.—Dr. M. E. Douglass, of Danville, Va., writes: There are several good locations in Virginia for Homœopathic physicians just as soon as we get the law changed. I have a bill before the legislature at present, putting the Homœopaths on an equal footing with the Allopaths." Dr. J. O. Gorman, of Hastings, Neb., writes: "Juneata, six miles west of this place, is a fine opening, town of 800. Blue Hill, eighteen miles south, 400 or 500. Harvard, sixteen miles east, 1,000. All in rich country."

Peacock's Bromides.—I have used Peacock's Bromide's in my practice, with success. A little girl, twelve years old, had been afflicted with epilepsy since she was three months old, having epileptic convulsions nearly every day, until I put her on Peacock's Bromides. Since then she has not even had a symptom of one. IT IS SURELY A GREAT REMEDY.

HAZLEHURST, Ga.

JEFFERSON WILCOX, M. D.

I take pleasure in bearing testimony to the remedial effects of Peacock's *Fucus Marina*. I am better pleased with its action than anything I have ever used as an antidote to malarial poisoning.

KENTSBURG, Ky.

J. T. HENDON, M. D.

Prof R. H. Curtis, of San Francisco, writes: "It is now nearly three years doctor, if you remember, since we examined the map of San Francisco at your office together just before I came out here. We have now had two successful college sessions with good prospects for the third, our genial dean Dr. Currier has been re-elected, and your humble servant has half of the surgical chair. I have found much kindness and harmony among the members of the profession, and I have also been treated courteously by the doctors of the other school. We have a city Homœopathic club of which Dr. Worth is president, and it is successful, both as viewed from a social standpoint and the benefit derived from an exchange of views."

Treatment of Eczema.—At the conclusion of a paper on this subject in the *Birmingham Med. Review* for May, R. M. Simon, M. D., expresses in brief his views of the disease and its treatment as follows:

1. Eczema is a catarrh of the skin.
2. Its local manifestations may be erythema, a papule, pustule or vesicle.
3. It may commence acutely and tend then to spontaneous recovery or chronicity.
4. When chronic, not only are vesicles, etc., formed, but exudation takes place into the true skin.
5. Such exudation must be removed, which must be by absorption by the medium of the blood vessels.
6. Hard water must be always avoided in treatment.
7. In all acute conditions lotions do good, ointments do harm.
8. Air should be excluded.
9. Water used but little.
10. Crusts must be removed.

Natrum Mur. for Pediculi Capitis.—R. S. Blake, Ph. R. C. S. (*Brit. Month. Hom. Review*, July, 1882), speaking of the effect of *Nat. mur.* in eruptions of the scalp, says: Whereas formerly I was in the habit of using cleansing lotions or ointments capable of killing the lice and cleansing the hair of the ova, a plan I do not doubt still followed by many, I have not found this necessary in a single instance during the past twelve months or more, since employing the *Nat. mur.* internally. The lice appear to have an intense abhorrence of this drug or of the changes it produces in the scalp and hair, for they (in my experience) seem to disappear of themselves as soon as the system is brought under its influence. The improvement in the health either renders their presence no longer necessary or possible, and when the conditions essential to their vitality cease to be fulfilled, they also cease to exist. It must not be supposed that *Nat. mur.* should remove lice in every case, nor unless the state of ill-health were suitable for this medicine.

The Homœopathic Mutual Life Insurance Co..—Permit me to announce, through the columns of THE INVESTIGATOR, that I have resigned the presidency of the Homœopathic Mutual Life Insurance Co., to take effect on the first of May next. The company is doing a larger business than ever before, which

is chiefly due to the energy and push of Vice-President Mayhew, who will succeed me as president. The present time, therefore, seems most opportune for me to lay aside business cares and responsibilities, and I gladly avail myself of it, to return to the practice of the profession I love. The exigency which drew me into the management several years ago, has safely passed, and I now resume my original position of medical director. All applications for insurance pass under my eye; and when I state that we wrote thirty thousand policies last year, and expect to write fifty thousand this year, you will see that I shall remain actively interested in this company, and spend several hours each day in its service. The Company is now fairly settled in its new and commodious building, has a large corps of trained agents, and has all the machinery requisite for an increasingly large business, and my interest, personal, professional and financial, in its welfare and success, is as great as ever, and I trust that it will continue to prosper, and to be an honor to the name it bears..

Yours truly, E. M. KELLOGG, M. D.

Prof. Small Presented with a Badge of Honor and Cane by the Class of 1885-86.—One of the noteworthy "occasions" in the history of Hahnemann Medical College and Hospital happened on the morning of December 24, 1885, it consisted of a testimonial from the class, which was presented at the close of Prof. Small's lecture, and on behalf of the class, by Mr. H. V. Halbert, of New York, who spoke as follows:

PROF. SMALL: Before you leave us this morning we trust you will pardon a slight intrusion of ours, for to us it is an occasion of the deepest import. We have heard, of late, assurances from you that this is perhaps your last regular appearance before us during the present winter session. We therefore consider it our duty, aye, more than that; our privilege to render you some token of our appreciation of your long and continuous labor in our behalf. Rarely is there an opportunity so great; and we assure you, as we assemble here this morning, we realize as we never had before the sense of duty and the debt of gratitude we owe to you.

Yours has indeed been an eventful career, and to-day the name of this college and the fame of Homœopathy must bring to you the laurels of victory and the crown of honor. For nearly forty years you have been a faithful and a zealous teacher of the law of similars, and since the foundation of this institution you have been its guiding spirit and center around which its reputation has grown and developed. Well then may you be thankful; nay, indeed, may you be proud that you are now the President of this the largest Homœopathic college in the world. Fully do you deserve the "well done," which is yours, for none could do more.

When we consider the scope of your life-work, and remember all that you have done for us, all that you are to us, human language is too frail to express the truth our inmost hearts portray. We can but stand before you this morning as your children, and in the solemnity of silence *feel* what words can never express.

Beloved Professor; it is my pleasant duty, as a representative of these students before you, to give to you in their behalf this badge of honor. It is intended as a commemoration of your extensive and worthy course as a teacher of Homœopathy. On one side are the dates of your first and last lectures—from October, 1849 to December, 1885. On the other side is the dedication from the students. Above it is your name. As it is in itself of purest gold, so is it to us an emblem of your character—so pure, so good. With it we present to you this cane. May it bring to you the comfort and strength which your teaching and your life has given to us in the past. Both of these gifts, we pray you, receive, not for their inherent value, nor so much for their daily use, but as tokens of the deep love we bear you.

To which Prof. Small feelingly responded as follows:

Permit me to assure you, as the worthy representative of the class of 1885-86, that the beautiful tokens received from your hands, together with the kind utterances in behalf of the students, have both taken me by surprise. Thanks for the tokens so elaborately and beautifully finished, which, nevertheless, are substantially eclipsed by the sentiments of esteem and friendship which accompany them.

It is feared by me that too high an estimate of my individual services has been made by your esteemed representative, who, I am sure, will excuse me for addressing a few words directly to the class.

Your debt of gratitude expressed to me personally, is more than is deserved. Each and every one of my colleagues has labored industriously and perseveringly in your behalf, and more than equal credit is due to them for the self-sacrifice they have made in preserving the life and spirit of an institution which I am sure you will be proud to claim as your *alma mater*. My duty has been to co-operate, and in the imperfect discharge of my duties, no reward is claimed. If I have been instrumental, whether in co-operation or alone, in doing good to the respected members of the class, or to mankind, "the Lord's name be praised." Your representative, in your behalf, has presented me a medal of pure gold, which is truly an emblem of goodness, which, though sincerely and well meant, I cannot claim, for "there is none good but One—God," who may make us His instruments in doing good to each other and to society. Our duty should be the governing principle. With these remarks I bid you, for the present, farewell.

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EXTRA UTERINE PREGNANCY. LAPAROTOMY.
RECOVERY.

BY J. G. GILCHRIST, M. D., IOWA CITY, IOWA.

Mrs. H——, Rich Hill, Mo., aged forty-two, mother of several children. In December, 1884, she was delivered, after a tedious labor, of a dead foetus, and made a slow recovery. The abdominal enlargement only partially subsided, and the uterus remained large and in a state of sub-involution. After a time menstruation returned, very imperfectly, the general health being poor, to the extent of confining her to bed, for much of the time at least. In the spring of 1885 symptoms of cystitis developed, gradually increasing in severity, until the sufferings became extreme. About this time the patient came under the care of Dr. H. R. Winchell, of Rich Hill. In November he sent me a vial filled with specimens of substances found in the urine, which on examination proved to be foetal bones, chiefly from the trunk. It was learned that these fragments had appeared in the urine for a long time, and that previously

there had been a thick, muddy sediment, smelling very offensively. The diagnosis was readily reached of extra-uterine pregnancy, the ovum having become encapsulated between the uterus and bladder, with subsequent fistulous opening into the bladder.

November 26th I went to Rich Hill, and gained the consent of the patient to a laparotomy, with a view to removing, if possible, the remains of the foetus. Anticipating the probability that the bladder would have to be opened, the incision was carried down to the pubis, the bladder being found high up, on account of the adhesions between it and the uterus. The walls of the cyst were found to be, as was expected—very thick and muscular, so that an entrance in that way would be unjustifiable. The bladder was opened, to the extent of three inches, and the fistulous opening found just above the trigone, making the apex of a triangle of which the uretral orifices outlined the base. The opening was large enough to admit the forefinger with ease. The cavity seemed to be about the dimensions of the bladder, and was partly filled with a muddy matter, evidently the decomposed tissues of foetus—with a few bony fragments. The bladder wound was carefully closed with cat-gut sutures, the parts carefully sponged and cleansed, and the external wound closed as usual. There were no so-called “antiseptic” precautions; beyond thorough cleanliness, there was nothing in the treatment of the wound different from the ordinary care of clean incised wounds. Hypericum was given, and other remedies, as Arnica, Ars. or Ipec., as symptoms suggested.

At first, for forty-eight hours, there was retention of urine, calling for the employment of the catheter; after that time there was incontinence for a fortnight or more. At no time did the temperature rise above 101 F., and then only for a day or less. For twenty-four hours there was some tympanitis, not extreme, soon subsiding. From first to last the progress

of the case was all that could be desired. From a report, dated February 10, 1886, it is learned that the patient is up, and engaged in her household duties, yet there is some incontinence of urine remaining.

THE COMING MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The general secretary has the pleasure to announce to the members of the institute and to the profession generally that the next session of this great national and influential body of physicians will convene at Saratoga Springs, N. Y., the last Tuesday (29th day) of June next, at 10 o'clock A. M., and continue in session *four* days or longer should the interests and business of the institute require it. The local committee of arrangements has contracted with the proprietor of the "Grand Union Hotel" (in one of the large parlors of which the meetings will be held), to entertain the members of the institute and others who may attend the meeting, at reduced rates and in a style unsurpassed. The reasonable participation of an unusually large attendance has alone enabled the committee to secure the advantages obtained. It is confidently hoped that its liberal arrangements will be appreciated. In addition to the attractions of the place, the national reputation of the hotel and the favorable time fixed for the meeting; the other inducements to attend this great conclave should not be underrated. The various bureaus (fourteen in number), embracing every department in medical science and art, are fully organized and resolved to present original and valuable reports. Ample time will be given for a full discussion of these reports, which will contribute largely to the interest and value of the proceedings. A programme of the order of business, and a circular giving all possible information in regard to hotel rates, railroad fares, entertainments, etc., will be issued about the first of June.

Blank applications for membership can be obtained from R. B. Rush, M. D., Chairman of Board of Censors, 120 Main Street, Salem, Ohio, or of the General Secretary, 960 Penn Ave., Pittsburgh, Pa. J. C. BURGHER, General Secretary.

ATONY, CONSTIPATION, STRICTURE OR WHAT ?

EDITORS INVESTIGATOR:—R. W., aged one and one-half years, has always been a sickly child. Was cyanotic when born, and had to be rubbed, etc., for twenty minutes or more before there was any sign of life. The mother states that the attending physician (Allopathic) rubbed the child over the bowels and in small of back until the bowels were paralyzed. He never had a passage for five weeks after birth, and then the doctor injected a solution of Podophyllin, which brought away a large quantity of very foul smelling stuff. She was directed to continue the injection when necessary. He has never had more than half a dozen passages in his life, without the aid of physic or an injection. In December, 1885, I was called to see him, and found the abdomen greatly distended with gas and much rumbling and popping, very restless, and occasionally crying out as if in pain. Bowels had not moved for a week, although they had used the injection as usual; urine scanty and much urging. Appetite entirely gone, high fever and thirst. Gave Apis and Lycopod. for two days with no result for the better; applied hot cloths. Two days later had a consultation, and by aid of injection got some fecal matter away. The consulting physician (Eclectic) advised the use of Podophyllin 1x dil., and teaspoonful dose of Cascara sag. two or three times a day. This treatment did not accomplish any thing except to keep the bloating of the abdomen reduced for a time. Injections had to be used all the time to relieve the bowels. During the interval between Jan., 1885, and Jan. 20, 1886., I continued to prescribe various remedies, which seemed

to be indicated viz: Alumina, Calc. carb. Bry. Lycop. Digitalis, Nux vomica, Opium, Plumbum, Merc. viv., and Podophyllin in potency and small doses of the crude drug. Jan. 20, 1886, was called again and found the child's abdomen enormously distended, so that the ribs were distended, high fever, urine scant, not passing more than three or four ounces in twenty-four hours. The feet, legs and face were cedematous, the hands only slightly so. He was having passages from the bowels about four or five times a day; they looked like plaster, or mortar, that the plasterer uses to finish a hard coated wall, very white and porous. These movements were probably caused by a dose of Castoria, given by the mother the night before. I will say that they have tried all the old women's remedies, and about all the patent medicines. The effect of all physic was the same, viz: it all made him sick at stomach and sometimes produced evacuations from bowels, but not always. The passages from the bowels always look about as described above; there seems never to be any bile in them, nor does the skin or general appearance show any signs of derangement of the biliary functions. I prescribed Apis and Digitalis, and in three days the cedema was all gone; the bowels continued to move until the third day then relaxed into their former condition; urine now normal, appetite good, but abdomen distended. By inserting a tube into rectum he will pass large quantities of wind, which relieves the bloat a little. Am now giving Lycop. 12x and Dig. 1x dil, and $\frac{1}{16}$ gr. of Podophyllin at night. The mother asserts that she found in the rectum a hardened ball of fecal matter as large as an egg, and after she broke it up with finger he passed two quarts of thin white porous fecal matter. He had a few slight movements two or three times a day since without the use of injections.

If the editor or any of the readers of THE INVESTIGATOR can give the diagnosis and the remedy for this singular case I will be greatly obliged, and it may be the means of con-

verting the parents and a host of friends to Homœopathy. Hoping to hear some hints that will help me out.

E. B. WILEY.

[This child's rectum should be examined carefully. There may be a congenital narrowing or stricture—those "balls" would suggest as much. The trouble looks like a mechanical one from the start. The rubbing it received at the birth may have produced atony, and again it may have had nothing to do with it. The white stools, may be due to the milk or food. An artificial food like Horlick's would soon decide whether it was due to the food or to the bile being deficient. The case is one of deep interest and we shall be pleased to hear the outcome.—Ed.]

POLYPUS OF THE STOMACH.

As I saw the question asked "Is there any such a thing as polypus of the stomach?" in the Sept. 1885 UNITED STATES MEDICAL INVESTIGATOR, page 474, and as I had just written off a case I had cured of polypus of the stomach, I expected to see the case come out in the next issue of THE INVESTIGATOR. But not seeing it I will repeat the case, and also the symptoms of that case, which were a continuous bad feeling of stomach, as if some thing were there that did not digest, or a feeling of fullness of stomach, and digestion poor, and sickness at stomach occasionally and vomiting, and when polypus is well developed will vomit one hour after eating, and the patient starves for want of nourishment. I could cite several cases, but do not think it necessary. I will only give the remedies that I know by experience has cured such cases for me. R̄ I gave 5 gtt. of M. Tinct. San. can. on the empty stomach three-quarter of an hour before each meal. Having given San. can., one-half hour after that give one-half teaspoonful glycerole in the morning before eating breakfast, and each meal, eating nothing

between meals. ℞ Glycerole, ii; Fl. Ext. Hydrastis one-eighth ounce; glycerine two ounces, M. Dose, half a teaspoonful fifteen minutes before each meal, and at bed time give a powder of Cal. carb., 2 gr. 2x, every night till cured, which will help or prevent a tendency of polypoid growths.

M. A. NICHOLS.

CHICAGO HOMŒOPATHIC COLLEGE COMMENCEMENT.

The tenth annual commencement of the Chicago Homœopathic Medical College was held February 23d in the Chicago Opera House. Prayer was offered by the Rev. Dr. F. M. Bristol. The report of the session was read by the president, who gave a brief history of the institution, dating from 1876, when it started under trying circumstances, to its present condition, occupying a building the finest of any Homœopathic college in the world, and with a faculty and body of students of which any school might well be proud. In a happy speech the president then conferred on the fifty-six members of the graduating class the title of Doctor of Medicine and Surgery, and presented them the diploma of the institution. The names of the members of the graduating class are as follows:

Lewis F. Acers, Dakota; James J. Backus, Kentucky; Ernest L. Battelle, California; E. J. Beardsley, Indiana; W. R. Bentley, Indiana; E. Bradford, Illinois; William C. Bridge, Illinois; Augustus H. Bruce, New York; Harry S. Buffum, Illinois; Richard J. Carter, Michigan; William F. Coburn, Illinois; Clarence M. Coffin, Michigan; A. L. Soucher, Illinois; Enos A. Edmonds, Indiana; Emory B. Johns, Kentucky; S. H. Johnson, New Jersey; Henry M. Leavitt, Minnesota; D. A. Locke, Michigan; R. Edwin Martin, Wisconsin; Dwight Mereness, Wisconsin; Edwin G. Morey, Illinois; Theodore Nielsen, Illinois; Frederic O. Pease, Illinois; Bowen Porter, Nebraska; William E. Pritchard, Indiana; Hugh Ross, Dakota; John F.

Ruckel, Michigan; James E. Ryan, New York; Frank N. English, Illinois; Paris Follett, Kansas; James H. Gates, Minnesota; James C. Gibbs, Michigan; Victor H. Hollman, Iowa; Charles F. Harvey, Wisconsin; Horace M. Hicks, New York; E. S. Higley, Nebraska; William T. Hobart, Illinois; Calvin Todd Hood, Illinois; Frederick Hooker, New York; Hubbard M. Hoyt, Ohio; R. W. Salisbury, Illinois; L. A. Snell, Michigan; Amuel B. Spach, Ohio; Charles E. Thayer, Minnesota; M. M. Thompson, Illinois; Arthur E. Threlkeld, Kentucky; J. R. Tweed, Illinois; F. W. Weeks, Kansas; Roland T. White, Pennsylvania; Joshua A. Whitman, South Carolina; E. C. Williams, Illinois; B. T. Winsett, Missouri.

The Bullock and Grunnow prize was awarded Dr. H. M. Leavitt, for proficiency in microscopy. This prize, a fine microscope and set of lenses, offered by W. H. Bullock, of Chicago, and Mr. Grunnow, of New York, to the medical student of any college in this city reaching the highest attainments in that department of science, was awarded last year also to a Homœopathic student. This faculty concurred in a resolution to the donors of the prize, thanking them for their liberality, and for the interest created in a useful department of medical science.

The valedictory on the part of the faculty was delivered by Prof. E. C. Grovener, who gave an interesting history of medicine for the past 2,500 years. The class valedictorian, Dr. W. C. Bridge, delivered an elegant speech, which reflected much credit upon himself and his alma mater. The Rev. Dr. F. M. Bristol delivered an eloquent address to the class. He said the priests formerly undertook to enlighten the ignorance of the people as a teacher, to heal their disease as a doctor, and to cure their sins as a minister. The contract was too big, and resolved itself into three distinct professions. That of medicine had become too large for one man, and if a man had all the different diseases at once, it would take fifty specialists to

cure him, and then when the doctor bills came pouring in upon him he would wish the result had been otherwise. He cautioned the students against a practice that would take a consumptive, and leave him a consumptive and a drunkard; or take a person with a nervous disorder, and leave the disease and the opium habit.

The faculty of this college gave a banquet to the alumni, at Kinsley's, in the evening. About one hundred were present, and the evening pleasantly spent with music, toasts, etc.

THAT SCIENTIFIC CLUB.

IOWA CITY, Dec. 24, 1885.

MY DEAR DOCTOR:—Your idea of a scientific course of reading, similar to the well-known Chautauqua University, strikes me as being not only feasible, but highly desirable. The average physician, with a taste for scientific study, is just as likely to go wrong as right, if he attempts to carry out his wishes unaided. A properly organized club, society, or reading circle would be of inestimable advantage and benefit to all concerned, and would receive my hearty approval and cooperation. I cannot suggest a better plan than that already adopted (or originated?) by the Chautauqua circle. As far as my assistance will be of value to you or others in the matter, you are entirely welcome to it.

Very Truly Yours,

J. G. GILCHRIST.

HAHNEMANN ALUMNI.

The alumni association of Hahnemann Medical College, meeting at the Palmer House February 23th, in its third annual meeting, elected officers as follows: President, Dr. A. E. Higbee, Minneapolis; Vice President, C. N. Dinsmore, Omaha; Secretary, Dr. A. K. Crawford, Chicago; Treasurer, Dr. J. P. Cobb; Necrologist, Dr. E. S. Bailey; Executive Com-

mittee, Drs. Mesick, Ballard and Shears. In the evening at the Grand Pacific, the Alumni Association gave the graduates and the faculty a banquet, which was attended by 200 ladies and gentlemen. Toasts were as follows: "Hahnemann College," Dr. A. E. Small; "Alma Mater," Dr. Ballard and Dr. D. S. Smith; "Lightning," Prof. Mailloux; "The Great American Desert," Dr. Dinsmore; "Alumni Association," Dr. Carlson, Milwaukee; "Class of '86," Dr. Kemp; "The Faculty," Dr. Ludlam.

NOT A COLLEGE.

DUNCAN BROTHERS:—* * * * Do you have the Legal right to Examine Physicians that have not had College Education but are well informed so far as the *Materia Medica* is concerned & diagnosing diseases & their treatment. Must they of necessity be Surgeons if they do not intend to practice it. Can you give a Certificate of qualification that will stand law in any part of the U. S. of America If so what are your fees. Please to answer soon & oblige * * *

[The only legal right Duncan Bros. enjoy is to prepare and sell medicines. Although they advertise to sell "physicians' supplies" they cannot make physicians. We would advise this party to attend a medical college and get well informed on all the medical branches, so as to be a fullfledged physician—ready for any emergency. Those who cannot practice surgery are only half made, and in the nature of the case cannot be a *family* physician.—ED.]

NOTES ON SORE NIPPLES.

Allen advises for sore nipples local applications, among which *Calendula* is important. *Phellandrium* is said to remove pain felt in these after each application of the child. Where this pain is of a neuralgic character, and shoots from

the point of the nipple through to the scapula, Dr. Guernsey speaks in high terms of the value of Croton. In weaning Bryonia will prevent engorgement of the breast, and Pulsatilla or Calcarea is recommended to diminish the flow of milk.

China is, as might be supposed, of the utmost value against the effects of over-lactation.

Jahrs (Forty Years Practice) gives his experience as follows:

The soreness and cracking of the nipples are very often relieved by Cham. or Sulph., and if these remedies are not sufficient, by Ignat., Calc. or Lyc. If the breasts themselves are inflamed, and the swelling is red and hard, Bry., Bell. or Merc. help in most cases, and if an abscess forms and discharges, Phosph. and Silic. are the remedies, whether, as Hering fancies, Bry. and Phosph. acts more on the left, and Bell., Rhus. t., and Calc. more on the right breast, I am unable to decide for the reason that if the breast is very hard and of a pale-red color, I generally give Bry. with the best result, and if there is less hardness and the inflammation assumes an erysipelatous character, Bell. or Rhus. t., no matter whether left or right breast is invaded; if both breasts are attacked, all the above named remedies act equally well on either or both.

Nipples tender and painful during pregnancy: Graph., Lyc., Petrol., Puls., Sep., Sil., Sulph.

Sore and bleeding nipples during nursing, *Agaricus*; nipple itch and burn, look red.

Arnica.—In first days of nursing nipples feel sore and bruised.

Calc. carb..—Ulcer appears on nipple, discharging pus.

Castor equorum.—In neglected cases where the nipple nearly rotted off, it only hangs, as it were, by small strings.

Chamomilla.—Nipples inflamed and tender, can hardly endure the pain of nursing.

Crot. tig..—Nipple very sore to touch, excruciating pain running from nipple through to scapula of same side when child nurses.

Graphites.—Soreness of nipple with small corrosive blisters or ulcers, oozing a thick glutinous fluid, which forms a crust that is removed by nursing, when the same formation again occurs and so on.

Hamamelis.—Sore nipples, when *Arnica* fails.

Lycopodium.—Nipples sore, fissured and covered with scurf; the child draws so much blood from the nipple that when it vomits, it seems to be vomiting blood.

Mercurius.—Nipple very raw and sore, sensitive gums, sore teeth, enlarged cervical glands, and other mercurial symptoms.

Phosphorus.—Nipple hot and sore; goneness in stomach; much heat in lower part of back across the renal region.

Phytolacca.—Nipples sore and fissured, with intense suffering on putting child to breast, pain seems to start from nipple and radiates over whole body.

Pulsatilla.—Mother weeps as often as she has to nurse; the pain extends into chest, up into the neck, down the back, changes from place to place.

Sepia.—Nipples crack very much across the crown, in various places cracks very deep and sore.

The best medicines against excoriation of nipples are: *Arn.*, *Sulph.*, or again: *Calc.*, *Cham.*, *Ign.*, *Puls.*

Chamomilla is suitable, especially if the nipples be highly inflamed; or also if they be ulcerated, provided the patient has not been previously subjected to an abuse of this medicine. In the latter case *Ign.* or *Puls.* will be preferable, or perhaps again *Merc.* or *Sil.*

Besides these medicines *Caus.*, *Graph.*, *Lyc.*, *Merc.*, *Nux vom.*, *Sep.*, *Sil.*, may be also administered.

SPINAL IRRITATION—WHAT WILL CURE?

CASE I. Miss K.—medium form and height, aged thirty—head-bookkeeper in a large insurance company's office. All the

money passes through her hands. Nervous temperament, blonde.

Feels weak and debilitated. Has pain in right eye after close application to her books. Sharp cutting, sensitive to sunlight, headache, not constant; at times has throbbings in temples and sharp cutting pains. Again, especially before menses, pain over left eyebrow; don't shoot back. Sleeps fairly well. Appetite generally fair. (Is now following your diet rules.) No complaints of stomach, bowel or urinary symptoms. Recovering from tonsillitis. No lung difficulty. Occasionally has palpitation. Pulse regular, 80. Hands tremble at times. Once in a great while has little cutting pains in right ovarian region. Myopic. Spot sensitive to pressure an inch above end of coccyx. No leucorrhœa.

As a girl was frail from infancy to puberty. At thirteen years of age menses appeared. In the next year or two, there was suppression of menses accompanied by cough. Allopathic physician drugged her; said she must die of phthisis. Homœopathic doctor prescribed, cured cough, restored menses. About this time, in summer, her mother was sick, nursed her through long sickness, entered school, in fall tired out. Passed so as to enter second year. Studied hard, broke down (explosion), had to leave school. Vitality low, from 17 to 20. At 20 had typhoid fever. Three, years in succession had what doctors said was typhoid fever. A short time after recovering from second attack, while she and her mother were away from home, their house burned, destroying a home of comfort. At this time her father left home, leaving no explanation. These discouraging occurrences, together with an additional one which she refuses to tell, but which I imagine is a love affair, had a very unfavorable effect upon her. Whatever the trouble was, she can not allow her mind to dwell upon it for any length of time without its leaving a bad effect. Sometime about this period entered large store as clerk; obliged to give up.

After these attacks of fevers health was better until 1880. Sitting on a fallen tree, which projected over a stream, a limb gave away. She was caught under the right axilla. Hung there some time before assistance came. Right side more or less painful. In about two years became very painful, so that at times would have to give up work for a day or so.

About three years from date of accident, Dr.— discovered a swelling about as large as an orange in right ovarian region. The pain referred to above was confined to this point. Never had pains running down limb, or shooting across. Christmas, 1883, fell on the sidewalk, striking end of coccyx. Fainted. Very sore for long time. Couldn't turn in bed without hurting her. A year after, when riding in carriage, if wheels struck a stone, or went over a rough place, felt pain there. At present sensitive on pressure. Has not rode out much for a year, so does not know whether as sensitive as in 1884. In spring of 1884, a doctor stated abscess was forming in right ovarian region; said it wouldn't do to let it come to a head, and used measures to scatter it. After scattering it, three ulcers appeared on right cornea. Was confined in bed three weeks, and three more in dark room. Corneal opacity resulted. Rest was advised as 'eye was painful. Up to this time had been slightly myopic from close application to study, but never had had any trouble with her eyes. Went away in May of that year for rest. Commenced work in June. Had to give up on account of pain in right eye. Rested until Oct. 15, 1884, then entered a large insurance company's office. In July, 1885, sister was sick; left office and took charge of house. Was out about six weeks, gained two pounds; then entered office somewhat tired, with six weeks work to make up. Worked very hard. Eyes commenced to feel weak, had to give up reading at night. In December eyes commenced paining. January 19, 1886, came to us with the following train of symptoms, as taken from note book: Every appearance of ulceration of right

cornea; pain, sharp, shooting, photophobia, lachrymation, very sensitive to bright light, feels weak and tired. Pres. Bell 3x and Merc. viv. 3x., Atropine locally. January 25th much better, less pain and ciliary irritation. Until 29th improvement, then aggravation, caused undoubtedly by appearance of menses. For a week previous feels weaker than usual. After menses feels better. Is apt at this, (*i. e.*) just before menses, to have pain over left eye. Felt so poorly, cried before others in the office, something new for her, as she generally is able to mask her feelings. Pres. Bell. 3x, and Macroton 3x. January 31st, February 1st and 7th reports improvement in eye symptoms. Can see better; lachrymation, photophobia absent. Bright sunlight still irritates somewhat. During this time she only lost a few days at office. We advised rest, but her circumstances are such she wanted to keep on, if possible, fearing she would lose her position. Cares and responsibilities rest upon her.

February 11th. Sore throat, spasms of glottis, on attempting to sing, and at times when not using voice, loss of appetite, palpitation at times when not going up stairs. February 13th. Fainted in church, unconscious twenty minutes; said heart stopped beating, then after a few moments commenced beating hard and rapidly. No sensation of rising in throat.

At this date, February 19th, appetite fair, spasms of throat cured, has an occasional headache, as before described. Eye better, but apt to tire after an hour or two use; can read Prof. Angell's test type No. 1 at nine inches with left eye, and at four or five inches with right. Opacity probably makes some difference. Can see better through No. 19 concave. Eyes tire as described above. Writes a very fine hand. Has to bend over her work.

Treatment as indicated.

Spot one inch above end of coccyx sensitive to pressure. Don't pain.

Feels better when lying down. Can lie on back or sides. Lately, when lying on back with limbs extended, would go to sleep more readily. In day time, when reclining, this secured a comfortable position. Standing or sitting don't feel quite as well. Working steadily at her books causes aggravation of eye symptoms; also seems to affect her nervous system generally when overtaxed. Rest relieves. We diagnosed spinal irritation or anæmia. Will Ign. 1x, 2x or 3x and Hypericum internally and externally be good or Ign. and Rhus? Don't like to keep still when out of office. Please give prognosis as well as diagnosis and treatment.

Can we hope to cure or relieve her if she continues in the office? Can we ever hope to help her so she will live a comparatively healthy life. *

[This blonde nervous maid, who keeps up on force of will or excitement, must have irritation somewhere, and of two kinds—anæmia of the overtaxed nerve centers and stasis, neuralgia and inflammation at the functional distributions. e. g. the throbbing headache and the throbbing eye and ovary. There is deep-seated irritation of medulla extending, or has extended, as low as the third dorsal vertebra. Now there is evident hyperæsthesia of both extremities of the spinal cord. Her whole training of life has been activity and restlessness, and it will be difficult to get forced idleness of mind and body, and it is a question whether serious results would not follow. If glasses can be adjusted to relieve the eye-strain and an extra diet secured, with remedies she ought to improve. The extra diet should be a glass of hot water an hour after meals, or a drink of liquid beef between meals and a good drink of hot water before retiring; or better yet, a "minister's night cap," *i. e.* an egg beaten to a foam, to fill it with air (oxygen), upon this pour a half pint of hot water, sweetened or salted to taste, and drink as hot as possible and retire. A hot spinal bag (rubber bottle) would help to nourish the spinal nerves while

she rests on the side. The remedies that seem to meet the case are three: Ignatia, Hypericum and Belladonna. Possibly the Ignatia might do much alone. It meets the mental worry and relieves the effects of the work. It will clear her sky. It may in time so tone the cord that the ache will gradually grow less marked, and Hypericum (that balm for wounded, bruised nerves) may not be needed. But it will prove a valuable adjunct. If the eye or ovarian storm comes again, Bell. may head it off, or prevent serious complications. The leniency and sympathy of her employers will help to relieve her anxiety about the future. She should be encouraged. The graduation to a happy, quiet home would aid the cure, unless she should make housekeeping a fresh source of worry. You cannot replace poorly developed nerves, muscles and bones, but the friction may be lessened, disease averted, and life made comparatively comfortable.

T. C. D.]

HAHNEMANN MEDICAL COLLEGE COMMENCEMENT.

The twenty-sixth annual commencement of the Hahnemann Medical College and Hospital was held Feb. 26th in the Grand Opera House. The exercises were opened with prayer by the Rev. Dr. Henson, who invoked the blessing of God on the large body of young men and women soon to assume such great responsibilities in life. The annual report of the dean, Prof. R. Ludlam, M. D., showed the institution to be highly prosperous. The course of instruction had been very full and complete, especially distinguished for its clinical, objective, and practical character. It was attended by 247 young ladies and gentlemen from nearly every state and territory and several foreign countries. Keen interest had been evinced in the college and hospital work, and of the 111 candidates for the degrees, 102 named below were successful:

Marie E. Adams, New York; G. Hamlin Anderson, Kansas; Earl ZePhon Bacon, New York; Sarah E. Bacon, New York; Oscar Marion Baird, Illinois; Olive Artemisia Baldwin, Texas; Robert A. Blackburn, Nebraska; Mary A. Boyd, Illinois; Ira Wickliff Bouldin, Illinois; Charles A. Bozarth, Iowa; William Brown, Minnesota; Emma C. Cawthorn, Dakota; Ann Ervilla Churchill, Wisconsin; Callie Brown Charlton, Oregon; Edwin Jay Clark, Ella Josephine Clark, New York; Cornelius W. Cramer, Michigan; John W. Butler, Illinois; Joseph N. Daniels, Wisconsin; Emma S. Davies, ad eundem, Nebraska; Charles Henry Day, Washington Territory; Guy Bird Dickson, Illinois; Martin E. Dittmer, Iowa; Aaron S. Eshbaugh, Illinois; Sarah Emery, Minnesota; Alicia Aiken Flanders, Hiram Fouser, Illinois; George Frasch, ad eundem, Ohio; Charlotte Elvira Frink, New York; Lizzie Gertrude Gann, Ohio; Myra A. Gillette, New York; Sarah A. Goff, Kansas; Isadore L. Green, New York; Orson W. Grenn, Iowa; Carl Gruber, Iowa; Bessie Park Haines, Minnesota; Chas. Berrien Hall, Illinois; Theodore Harcum, Wisconsin; Mary Esther Hart, ad eundem, Washington; Fr. A. Hodgdon, Vermont; Otto Hottleman, Wisconsin; Willella Howe, California; Willis B. Huron, Indiana; Erwin E. Kelly, New York; Nereus Cooke Kemp, Iowa; John W. Kirtland, Michigan; Angelina E. Knapp, Illinois; Henry D. Lamar, Indiana; Letitia B. Laughlin, Missouri; William Henry Lee, Pennsylvania; Delia Gilman Lyman, Wisconsin; Jean L. Mackay, Illinois; James Mahan, ad eundem, Wisconsin; Burt James Maycock, New York; Charles K. Maynard, Iowa; Eliza M. Miller, Illinois; John Miller, Kansas; Theophilus E. F. Miller, Illinois; Jane Sarah Millsop, Connecticut; J. W. Morse, Illinois; Henry A. Mumaw, Indiana; Alice S. Parkhurst, ad eundem, Maryland; William A. Pease, Illinois; E. Stella Perrigo, Wisconsin; William Edward Reller, Nebraska; Charles W. Roberts, Illinois; Jessie E. Robertson, Illinois; Frederick William Rosenbaum, Dakota; Mary H.

Rowland, Illinois; Orrin Ira Searles, Illinois; John Ward Shults, California; Walter C. Snyder, Michigan; Llewellyn Q. Spaulding, Iowa; Emily Elizabeth Spencer, Kansas; Charles E. Stafford, Michigan; Frank Corwin Stewart, Indiana; Mary E. Stewart, New York; Alice Huntington Strader, New York; J. J. Taylor, Illinois; Margaret E. Thorpe, Illinois; Annie T. L. Thomas, Louisiana; James Henry Thompson, Pennsylvania; Polly Scott Tracy, Pennsylvania; Stephen P. Tracy, Michigan; J. Franklin Tubbs, New York; Porter Turner, Indiana; Arthur O. Ullrey, Michigan; Charles Albert Van Velzer, Illinois; Malcom Graeme Violet, Wisconsin; Harry L. Vradenburg, Illinois; Flora A. Waddell, ad eundum, Ohio; James H. Waddel, Ohio; Bernard Newton Webster, Wisconsin; Edwin Clement Webster, Illinois; Fred James Whitney, Vermont; Eliza Lawton Whiteley, England; Sarah Catherine Wilcox, Iowa; George Hardman Wright, ad eundum, Washington, D. C.; Tandy G. Yates, Kentucky; R. Ludlam, Jr., Illinois.

After the degrees were conferred by President A. E. Small, M. D., the valedictory address to the graduates was delivered by the Rev. Dr. Henson. He said there were no end of doctors—Homœopathic, Allopathic, Electropathic; doctors of medicine, law, divinity, philosophy, and horse doctors. He had prepared a speech on "The Model Medicine Man," but when he found that half the class were women, it had rather unnerved him. He spoke of the progress of medicine, and the requirements of the young physician. The new doctors were advised to take care of their own health, since people do not buy hair-restoratives of bald-headed men. The address was full of depth, and bristled with wit. The college prizes were awarded as follows: The Dr. D. S. Smith prize, \$50, for best general examination, Ella J. Clark, New York; the Halsey Brothers prize for second best general examination, Oscar M. Beard, Illinois; Professor G. A. Hall's prize in surgery, B. J. Maycock, New York; Professor R. Ludlam's prize for diseases of

women, B. J. Maycock, New York; Professor H. B. Fellow's prize, cerebral hemorrhage, first award to Christopher Bollen, of Australia; second, to L. Q. Spalding, of Iowa; Professor S. Leavitt's prize, obstetrics, Edward Jay Clark, New York; Professor J. E. Gilman's prize, sanitary science, Delia G. Lyman, Wisconsin; Professor W. J. Hawke's prize, medical clinics, W. B. Huron, Indiana; Mary Weeks Burnett's prize, diseases caused by tobacco, Jean I. Macay, Illinois. The appointments for Hahnemann Hospital the coming year are: House Physician, N. C. Kemp, Iowa; House Surgeon, F. C. Stewart, Indiana.

THE NEW YORK MEETING.

ALBANY, Feb. 11, 1866.

The following report will give your readers an idea of what was done at the thirty-fifth annual session of the Homœopathic Medical society, of New York State, which met in the council chamber Feb. 9th and 10th:

President M. O. Terry, of Utica, called the meeting to order. Quite a large representation of delegates were present—a body of fine intelligent, scholarly-looking men, thoroughly representative of the new school at large. Among those present during the first day's session were:

Drs. George W. Winterburn, A. B. Norton, Egbert Gurnsey, T. F. Allen, C. F. Sterling, Henry C. Houghton, C. A. Bacon, E. M. Kellogg, New York; George E. Gorham, H. M. Paine, Catherine E. Gowey, E. D. Jones, Albany; R. B. Sullivan, Broome; W. K. Randel, Cayuga; N. Hunting, Chautauqua; H. L. Waldo, Chemung; P. W. Mull, Chenango; S. E. Calkins and C. P. Clark, Columbia; Anna C. Howland, Delaware; A. R. Wright, F. Park Lewis, L. A. Bull, Erie; W. M. L. Fiske, E. Hasbrouck, Brooklyn; Geo. M. Dillow, Hahnemann Hospital, New York; Geo. Allen, Oneida; John J. Mitchell, Oswego; E. S. Coburn, Rensselaer; W. W. French, Saratoga; E. W. Bryan, Steuben; A. J. Frantz, Seneca; A. W. Holden, Washington; John N. Tilden, Westchester; J. M. Lee, Edwin H. Wolcott, Thomas D. Spencer, Monroe. Quite a large number of visitors were present also.

The president's address was listened to with close attention. He referred to the struggles of the legislative committee to prevent unjust discriminations. He recommended that the county societies be strengthened by making every Homœopathic physician an active member, both in the county and state societies. He recommended that the clause, "I hereby acknowledge that I believe in the law 'Similia similibus curanter,'" be stricken from the by-laws as a requisite for membership, so that any regularly-graduated physician should be admitted unconditionally. In consequence of the partiality shown by the state board of charities, its abolishment was recommended, in accordance with Governor Hill's suggestion in his inaugural.

ROUTINE BUSINESS TRANSACTED.

After the reading of the minutes of the semi-annual meeting, and the resolutions on the death of the late Dr. J. Savage Delevan, of Albany, the following committees were announced by the president:

President's address—Drs. Paine, Guernsey, Spencer.

Credentials—Drs. Gorham, Wolcott.

Auditing—Drs. Hasbrouck, Winterburn, Lee.

Invitations—Drs. Paine, Wright.

Regents' degree—Drs. Lewis, Dillon, Jones.

Chairmen of bureau—Drs. Houghton, Dayfoot, Allen.

The following permanent members were nominated by the board of censors:

Russell F. Benson, Troy; S. M. Brayton, Buffalo; Walter R. Chase, Poughkeepsie; Wm. B. Griffin, Atica; George G. Shelton, New York; E. V. Brown, Tarrytown; A. B. Norton, New York; J. H. Kearney, Oswego; W. E. Hathaway, Hornellsville; H. J. Osborn, New York; N. M. Calkins, Rochester; A. M. Gammon, Corning; C. E. Campbell, Elmira; J. F. Barnard, Clyde; Catherine Walker, Fredonia; L. A. Bell, Buffalo; E. H. Wolcott, Rochester.

Honorary members—H. C. Allen, Ann Arbor, Mich.; Elias Vernon, Hamilton, Ontario, Can.

The report of Dr. Woburn, treasurer, showed a balance of \$139.70, between the receipts and disbursements of the past year, counter-balanced by liabilities of \$328, making an actual deficiency of \$189.70. The report was referred to the committee on auditing.

Dr. F. Park Lewis criticized at some length the present method of printing and distributing 250 copies of incorrectly reported transactions. The matter was referred to the committee.

The nominating committee then returned the following names, which were placed in nomination, and will be elected to-day as officers for the ensuing year:

President—Dr. Henry C. Houghton, of New York.

Vice President—Dr. F. Parke Lewis, of Buffalo.

Second Vice President—Dr. G. W. Winterburn, of New York.

Secretary—Dr. Herbert M. Dayfoot, of Rochester.

Treasurer—Dr. E. S. Coburn, of Troy.

Dr. Egbert Gurnsey presented a report from the committee on medical education, accompanying it with critical remarks on the subject, and expressed a hope that examinations would be made more thorough.

Dr. Houghton, chairman of the bureau of otology, read from that bureau a paper by Dr. W. P. Fowler, on "Dulcamara as a Remedy in Catarrh of the Middle Ear," and one on "Tissue Remedies of the Ear," by himself. After the discussion of these papers, the session adjourned.

THE AFTERNOON SESSION.

The afternoon session began at 2:30 o'clock, with the report of Dr. A. B. Norton, chairman of ophthalmology, who described minutely two cases of defective vision which he had treated, and then read a paper prepared by Dr. Alton G. Warner, of New York, on "Phlyctenular Ophthalmia."

Dr. A. R. Wright read a paper on "Morbidity Reports" from the bureau of vital statistics. He made a strong plea for the collecting and compiling of vital statistics, which in England and France is carried to such a degree of perfection. The efforts of the late Dr. J. Savage Delavan in compiling statistics for this State had been successful to a marked degree, but even his system was not perfection.

Dr. Guernsey, of the committee on the president's address, reported favorably on the recommendation in the address, and they were taken up separately and discussed.

The clause endorsing Gov. Hill's view of abolishing the state board of charities was tabled, although a large number were in favor of its adoption.

THE HIGH POTENCY SUBJECT

provoked considerable discussion, Dr. H. M. Paine claiming that

adherence to it was not Homœopathy, but a mere notion, and he favored a motion antagonizing it.

Dr. Brown took the opposite in so far that investigation and experiment should not be hampered or restricted. He thought the next fight would be between medicine and no medicine, and that the true aim of the society should be to favor all attempts at finding out where the potency of medicine ceases.

Dr. Geo. E. Gorham corroborated this view, and declared that as yet it was impossible to draw the line of demarcation between the recuperative forces of nature and the curative power of drugs. In the use of higher potencies the difficulty of the matter is greatly increased, without doubt, but all possible investigation on that point is desirable.

Drs. Spencer, Lewis, Bull and Bakeman discussed the subject *pro* and *con*. Dr. Allen thought that all methods should be left open to a possible following, and that no scientific body could afford to limit investigation on any subject. The matter was tabled indefinitely. The other recommendations were adopted and fifty dollars were raised for the cost of compiling and printing an index to the tenth volume of transactions.

EXCELLENT PAPERS READ.

Dr. Herbert M. Dayfoot, chairman of the bureau of obstetrics, reported several papers, one on "The Management of the Third Stage of Labor," being read by the author, Dr. E. S. Wolcott, and one by Dr. J. Freeman Atwood, on "Mechanical Aids to Parturition, Non-Instrumental," read by title.

Dr. G. W. Winterburn, in place of Dr. F. F. Laird, reported from the bureau of materia medica, and read the following papers: "Dropsy of Pregnancy," by C. Judson Hill, of Utica, and "Materia Medica of Ascites," by himself.

The president here introduced Prof. H. F. Biggar, A. M., M. D., of the Homœopathic college, of Cleveland, Ohio, as the speaker at the evening session. Prof. Biggar briefly responded.

From the bureau of histology was reported to be read the following paper by Dr. J. M. Scheley, on "The Great Prevalence of Nephritis, as Shown by the Microscope," in the course of which he stated that "Life insurance companies are apparently in perfect

ignorance of the existence of catarrhal nephritis and its serious complications." He stated that he had once attended a Brooklyn gentleman for a probable tuberculosis of the kidney, who was accepted for \$50,000 in one company, and another rival company was after him for a policy of \$30,000. His parents and several brothers and sisters died of tuberculosis.

THE EVENING SESSION.

The evening session opened with a most admirable paper on "Medical Progress," by Prof. Biggar, who is one of the best known and most reputed exponents of the school in the West. A brief abstract of his paper follows. He showed that the life of a thousand persons is now equal in duration to that of 1,070 previously, and that 1,000 births will now keep up the growth of our population as well as 1,070 used to. He enumerated some of the progressive tendencies of the medical profession, naming particularly the introduction of anæsthetics, ether, chloroform, nitrous oxide, hydrate of chloral and cocaine. The treatment of wounds by the use of improved antiseptics; also, the many improvements in surgical treatment. He instanced the very decided evidences of medical progress in the prevention of disease, as well as by relieving and curing it; the check that was placed upon the spread of epidemic cholera during the past year in Europe was strong proof of this fact. He also spoke of diminished mortality in epidemics of cholera, typhoid and yellow fevers; the decided increase in the percentage of cures effected in cases of insanity.

To show the progress Homœopathy had made, he quoted from the recent report to the American Institute of Homœopathy, showing that there are in this country twenty-nine state societies, 102 local societies, twenty-one medical clubs, twenty-five general hospitals under Homœopathic control, thirty special hospitals, fifty dispensaries and thirteen Homœopathic colleges, from which were graduated, last year, 365 Homœopathic physicians. The value of exclusively Homœopathic hospital property is nearly \$4,000,000, and the number of prescriptions upwards of 300,000. In conclusion, he counseled still greater activity, and recalled the fact that progress had only been made slowly, and what was needed was permanent application and loyalty.

Dr. Brown read an interesting paper on "Dynamization and Force," which was followed by an extended and exhaustive report of the committee on legislation. This embraced several able papers, including one by Dr. H. M. Paine. The session continued until ten o'clock, adjourning to the same hour this morning.

EPIDEMIC CHOLERA AND OTHER PAPERS.

The society reconvened this morning at 10 o'clock, the attendance being somewhat larger than yesterday. The proceedings were opened with a report on clinical medicine by Dr. George E. Gorham, of Albany. The report embraced three papers: "Epidemic cholera," by Dr. H. M. Paine, of Albany, in which were embodied summaries of circulars issued by the various state boards of health, which contain all the essentials regarding the most approved methods for arresting the progress and securing the control and entire eradication of this peripatetic scourge; "Lead colic," by Dr. George Allen, of Waterville, giving its etiology, morbid anatomy, pathology, symptoms, prognosis, treatment and prophylaxis; "Gangrene of the lungs," by Dr. F. Lenggenhager, of Utica, in which the history of an interesting and instructive case was given in detail; "Etiology of Asiatic cholera," by Dr. J. N. Tilden, of Peekskill, embracing the means of communication, various theories regarding the cause of its origin, recent investigations into the germ theory, favorable conditions for the growth of the poison, the origin of the germ being in India, and closing with a review of Koch's theory of the disease.

REPORTS OF COMMITTEES.

Dr. Spencer from the bureau of surgery reported two papers, one of which, "The value of ovarian pathology in etiology of mammary neoplasms," by Dr. H. I. Ostrom, was read by title, and one on "Urethral stricture of large calibre," which was read by the author, Dr. J. M. Lee. The board of censors reported in favor of the admission of the following named persons as members, and they were duly elected:

Dr. F. Morris Strong, of Ward's Island; Dr. William H. King, of New York; Dr. C. A. Graves, of Ticonderoga, and Dr. William W. Seeley, of Albany.

ELECTION OF OFFICERS.

The society then went into an election for officers, with Drs. Sterling and Gorham as tellers. The following were chosen:

President—Dr. Henry C. Houghton, of New York.
 First vice president—Dr. F. Park Lewis, of Buffalo.
 Second vice president—Dr. Titus L. Brown, of Binghamton.
 Third vice president—Dr. E. W. Bryan, of Corning.
 Secretary—Dr. H. M. Dayfoot, of Rochester.
 Treasurer—Dr. E. S. Cobourn, of Troy.

The only contest was on second vice president, when Dr. Brown received 25 votes to 8 for Dr. F. F. Laird.

Censors—Northern district, Drs. A. W. Holden, S. J. Pearsall, and W. T. Laird; southern district, Drs. F. E. Doughty, E. S. Hasbrouck, A. B. Norton; middle district, Drs. M. O. Terry, George E. Gorham, F. L. Vincent; western district, Drs. A. S. Couch, N. Osborn and E. H. Wolcott.

Chairmen of bureaus were designated as follows:

Materia medica, Dr. T. F. Allen; **clinical medicine**, Dr. H. L. Waldo; **obstetrics**, Dr. E. S. Hasbrouck; **gynæcology**, Dr. A. R. Wright; **mental and nervous diseases**, Dr. S. Lilienthal; **ophthalmology**, Dr. C. F. Sterling; **otology**, Wm. P. Fowler; **laryngology**, Dr. George M. Dillow; **histology**, Dr. Chas. McDowell; **climatology**, Dr. H. M. Paine; **pædology**, Dr. Gertrude Goewoy Bishop; **surgery**, Dr. Thomas D. Spencer; **vital statistics**, Dr. Elias L. Brown; **necrologist**, Dr. A. W. Holden.

TO MEET AT NIAGARA FALLS.

After a lively ballot Niagara Falls was selected as the place for the semi-annual meeting over Poughkeepsie and Syracuse. Brighton Beach was one of the places suggested, its racing and pool attractions being descanted upon in a humorous vein by several of the members.

FOR THE REGENTS' DEGREE.

The special committee appointed to examine the qualifications of Drs. S. Lilienthal, E. S. Hasbrouck, Titus L. Brown, and E. S. Coburn as candidates for the regents' degree, reported favorably, and they were duly elected and will be recommended to the regents of the university for the degree.

ROUTINE BUSINESS.

Dr. H. M. Paine, George M. Dillow and F. Park Lewis were appointed a committee to report at the next annual meeting regarding the design for which the honorary degree of doctor of medicine was created.

A resolution of Dr. Dayfoot that all papers accepted by the society

may be published elsewhere than in the transactions at the option of the authors was adopted.

Drs. Wright, Paine and Brown were appointed a committee on clinical experience to settle the potency question.

VALUE OF TRACHEOTOMY.

Dr. Thomas D. Spencer presented a report from the bureau of surgery with a paper by himself on "Tracheotomy in diphtheritic laryngitis with post-operative treatment." The paper was valuable in that it presented some undisputable arguments founded on practical experience of the benefit of tracheotomy judiciously employed in diphtheritic croup and laryngeal diphtheria.

SEEKING TO INFLUENCE LEGISLATION.

Dr. H. M. Paine next offered a long preamble with reference to the subject with the following resolution:

Resolved, That the committee on legislature be instructed to endeavor to prevent the repeal of the law of 1872 creating state boards of medical examiners; also to secure an amendment thereto providing for a withdrawal from the medical colleges of the right to grant licenses to practise medicine in this state.

This was adopted, and after the transaction of some further routine business the society adjourned *sine die*.

DISEASES IN CHINA.

BY DR. S. P. BARCHET ON THE HEALTH OF NINGPO FOR TEN MONTHS ENDED 31ST MARCH, 1885.

The general health of the foreign community at this port during the above period has been good. There have been five births and one death; the latter was caused by aneurism, and valvular disease of some years standing.

The summer months were exceptionally cool, and there was much sickness. The usual complaints, fever and diarrhoea, yielded readily to treatment. No cases of cholera occurred among foreigners, and only a few sporadic cases among natives.

The autumn months were dry and pleasant; this may account for the usual intermittents being late in making their appearance. We had instead a large crop of boils and carbuncles.

The winter months were cold for Ningpo. Foreigners suffered from colds and bronchitis, and the natives were attacked with ague of the tertian and quartan types.

February was marked by liver complaints, and March by catarrhal fevers.

Tu-fung-hwa, a pernicious, contagious fever, has become epidemic. Some die in a few hours, others last as long as ten days; but of those attacked few recover. Many families have been entirely swept away.

Two Chinese lepers presented themselves for treatment. They are both young men, natives of Ningpo. One of them, however, had lived several years in Hangchow. They came from different parts of the city; they belong to different clans, and are the only members of their families afflicted with this disease. The leonine face was prominent in each case; they have not been long enough under treatment to speak of results. I may, however, mention an interesting case that presented itself eight years ago:

A leprous youth, seventeen years of age, in whom the tubercular form had already far advanced, having within three years spread over the surface of the body, came to seek relief from the discomfort caused by the ulcerating leprous patches that had attacked the extremities, on account of which he was practically helpless. The disfigured face gave him more the appearance of an old man than of one who was only beginning life. A cure was hardly looked for, for it was difficult to make any impression on the ulcerated hands and feet. It was noticeable, however, that the disease made no further progress; this encouraged the patient, and helped him to persevere with the treatment for three years, and he was cured. The treatment consisted of small doses of Arsenic and Mercury internally, keeping him in the open air as much as possible; and besides his ordinary food he was allowed as much of the fat of the edible snail as he could readily digest.

Last autumn, when the canals were nearly dry, six cases of carbuncle came under my care.

One of these was facial, four were on the back of the neck, and one was seated over the sacrum. The last proved fatal; but the patient had been previously weakened by a miscarriage. One of those on the back of the neck had been cut by a native doctor, after which the face was attacked by erysipelas, and the man had a narrow escape.

I have given up the use of the knife in carbuncles, and prefer strapping. But better than strapping I find the application of an elastic band, especially facial carbuncle. The common elastic band at stationers answer the purpose very well. Stretching the band so as to embrace the entire base, it is easily kept in position by a piece of flat elastic or tape passed round the head or neck. This plan lessens rather than increases the burning pain; it limits extension at the base, and by its gentle persistency forces the carbuncle to come to a head.

Eye diseases are common all the year round. Amongst 25,000 cases treated during the past eight years, 40 per cent. were affections of the eye. So high a percentage demands some explanation. The roads being few and the canals many, there is not much sand or dust in the air; we must look elsewhere for the irritating causes. Bright sunlight, smoky dwellings, and filthy habits, as well as peculiar diet, are no doubt factors in affecting this sensitive organ. *Lao-tsiu* (wine distilled from rice) will, even in small quantity, cause congestion of the conjunctiva.

Affections of the conjunctiva and eyelids are the most frequent, and trachoma with pannus are often hard to relieve. Want of cleanliness helps to keep up a chronic inflammation, which tends to invert the eyelids; and the eyelashes, in many cases, grow in every direction. The lachrymal apparatus is also disturbed in proportion.

Affections of the cornea come next in frequency. Ulceration is very common, and probably more eyes are lost from this cause than from any other. The frequent conjunctival inflammations tend to impair the nutrition of the corneal tissue; and it would appear that this weakness is inherited, as we notice a tendency to corneal ulcerations in members of the same family.

Affections of the iris and uveal tract are not often met with, apart from adhesions through corneal ulceration. Cases of iritis are mostly rheumatic, rarely syphilitic.

Choroiditis and irido-choroiditis are occasionally met with in consequence of injury; sometimes after measles. A few are idiopathic.

Cataract is not uncommon in this province. In its incipient stage the native oculists do not recognize the trouble, but when full formed they call it "internal opacity." They do not know how to operate for cataract, but I have met one native doctor in Chekiang who understands the method of couching. He was taught by his preceptor that cataract was caused by catarrh of the brain, exudation from the brain dropping into the eye, rendering the lens opaque. He couches by introducing a needle into the sclerotic, a little behind the equator of the eye; carries the needle forward till the point of it reaches the upper portion of the lens, when he depresses the needle till the lens fall out of view. The patient is kept in a dark room for a few days, and if the lens floats too high and obscures vision he couches again.

Affections of the optic nerve and retina are but rarely met with.

PERSONAL RECORD.

The American Institute of Homœopathy propose to do a good work as will be seen by the following letter:

FEB. 1, 1886.

Dear Doctor: It is proposed to collect a personal record of all the members of the American Institute of Homœopathy, and at its last meeting the bureau of organization, registration and statistics was directed to obtain these before its next annual meeting. For this purpose the enclosed circular has been prepared, and you are earnestly requested to fill out the blanks, and return it to the chairman of the bureau, T. Franklin Smith, M D., 2064 Sixth avenue, New York City, at your earliest convenience. By making this as complete as possible, it will give a personal history connected with the institute which will be of inestimable value in the future. It will also place on record the professional work done by each member, and to indicate the direction in which the different members are capable and often desirous of working. This will add greatly to the strength and efficiency of the institute, in which we are sure you feel great interest.

We also propose, if possible, to make a photographic group of the members of the institute, and would therefore ask you to kindly send to the chairman of the bureau your photograph.

If every member will aid us, the work will be comparatively an easy one; but to make it a success, we must have the aid of every one. Will you not, then, kindly fill out the blanks now while they are before you? It will take but a short time, whereas, if you lay the circular away in your drawer, it will, in all probability, be forgotten and never thought of again, and thus we shall be prevented from completing our work.

Yours fraternally,

THOS. FRANKLIN SMITH, M.D.

I. T. TALBOT, M. D.

C. E. FISHER, M. D.

W. E. LEONARD, M. D.

Bureau of Organization, Registration and Statistics.

[We hope that each member will write himself "up in full," and that his "best face" will adorn its photographic archives.]

STATE UNIVERSITY OF IOWA—HOMŒOPATHIC
DEPARTMENT.

The ninth annual commencement of the Homœopathic Department of the State University at the opera house March 2, was an event of more than ordinary interest. The attendance was large and the audience highly entertained. Prof. Gilchrist had charge of the exercises. After an invocation by the Rev. R. G. Woodbridge, and a vocal solo by Chas. C. Clark, J. L. J. Barth, A.M., delivered the valedictory address. His theme was "Progress" and in its discussion he said that in no department of science had there been greater advancement than in the medical. He insisted that a higher standard should be maintained in the profession, and complimented the State University for the thorough work it was doing. His allusions to the professors of the Homœopathic department were fervently tender. The speaker, in conclusion, gave some excellent advice to the class, saying that success could not be achieved in a day. The door of the world does not open easily to the professional man. A sudden effort to make it turn on its hinges will be unavailing, but steady pushing will accomplish it. Mr. Barth's address had the merit of brevity, was practical in character and made a good impression.

The annual address was delivered by the dean of the Homœopathic faculty, Dr. A. C. Cowperthwaite. It was a polished, scholarly effort and reflected credit upon the speaker whose oratory and thought were of the highest order. His advice to the graduating class was practical and sound. Mr. Johnson, the violinist, and Miss Nellie Cox, the soloist, rendered their parts splendidly and were encored. The degree of M. D. was conferred upon Fred J. Becker, Geo. E. Blackman, J. L. J. Barth, Jno. E. Barrette, Wm. Bray, A. A. Cotton, R. S. Kirkpatrick, F. D. Paul, W. S. Norcross, D. E. Stratton, F. S. Strawbridge.

CATALEPSY VS. DEATH.

FORT WAYNE, Ind., Dec.—Some would lead us to believe that a large per cent. (50) of our population are buried alive. Not wishing such an absurd view to get too much of a start in its flight and serve its purpose to mar the sleepless hours of the sick and those constitutionally nervous, let me try to antidote its deleterious effect if it is possible.

I have been engaged in the active practice of medicine more than a third of a century, and have probably held my full share of clients. In that time only four cases of simulated death, or cases at all suspicious, have fallen to my care, one of which was a mesmeric or clairvoyant sleep. Cases of sinking chills, fainting, partial drowning, or from hanging, all temporary suspension of animation, are not included. I have only learned of three other cases, one of whom was buried while in that condition, but whether she ever turned over and tore her hair out, according to tradition, no one ever knew, for she was never disturbed. There are but few causes of apparent death, and only three in which a mistake could possibly occur. One is hysteria, one is mesmeric hypnotism, and the other most common is catalepsy. Neither of them are alike. Catalepsy is the only one in which there is, or can be, any real danger of a premature burial from. Neither cold water, friction, stimulants, or electricity, will start up the machinery again. It is a suspension of the nervous system, a temporary paralysis. I do not believe they would ever act again if the person was to be laid on a cold marble slab to be watched for the return of life. But in such a case they should be kept in a warm room, and if efforts are made to restore them (which need not be done in great haste) let the person be placed in a hot bath or wrapped in hot woolen blankets, wrung out of hot water, and the limbs be rubbed up, to force the blood up through the nervous structure toward the heart, while pressure is made

over the heart and lungs equal in frequency to that of respiration, to aid in starting the heart and lungs to action.

As I have witnessed two cases of said to be death by catalepsy which were restored to health again, let me give a picture of them that may help to aid some one in distress or anxiety about a supposed death.

All pains die out, the pulse gets slower and weaker, respirations become fainter, the eyelids quiver and slowly close, while tears appear at the inner angles. The limbs and arms get cold, to slowly progress over the whole body. The limbs and body do not become rigid as in real death.

I came near being expelled from a room once in such a case, but after convincing them that no one ever died with tears in their eyes, a fact, was allowed to proceed and restored the patient.

If a rigidity of the muscles (rigor mortis) does not supervene soon after death, wait, and apply a nail, blue hot, over the brachial or femoral artery, and if it reddens up, there is yet chemical action and the person is not yet dead, and an effort should be slowly made to restore the suspended animation.

If the limbs can be flexed and stay where you put them, then it is not death, only a suspension of nervous action.

No one should be buried or even confined until satisfactory evidence is shown comprehensive to the most illiterate that death has established its claim. I do not believe there is one person in 10,000 ever buried alive. G. W. BOWEN.

THE COALESCENCE OF ALLOPATHY AND HOMOEOPATHY.

BY E. R. ELLIS, M. D., DETROIT, MICH.

In your February number, Dr. Tisdale, of Brookton, N. Y., has an article in which he discovers that "the two antagonistic schools of medicine are coming nearer to each other. the

chasm between them filling up, friendly lines are being thrown across until the distance between Homœopathy and Allopathy is being rapidly overcome."

Now, I do not believe this is true, nor would I sympathize with the result if it was likely to be realized. The differences between the two schools of medicine are as great as the "north pole is from the south." They are exactly *opposite* in fundamental principles. Allopathists give drugs for direct or drug effects, which are always *poisonous* effects. Take, for instance, their sheet-anchor morphine. When given by the physician the effects which he seeks and expects are exactly like the fatal effects of an overdose, the only difference being that in the latter case the effects are a *trifle more* than what the physician desires (but sometimes realizes) when he gives it. Take any cathartic which the Allopathist gives; it tears its way through the bowels by reason of its being a poison, and acting as a poison meaner than anything already there which it is destined to "carry off." Cathartics are seldom fatal, but they always act as poisons. So with every drug which is given on the Allopathic principle.

Homœopathically, drugs are given for their secondary or *reactionary* effect, and so given that the direct effect is almost, if not quite, imperceptible while the *reactionary effect is in the line of cure*. The reactionary effect of Allopathic doses is *contrary to the line of cure*, and hence the more they dose, especially in chronic cases, the more obstinate the case becomes.

Modern Allopathy consists wholly in stimulants and narcotics. *Stimulants in fevers and inflammations!* The Allopath says that heroic doses of stimulants, whiskey and quinine (20 to 80 grs.) act as a sedative. When a man is dead-drunk they call it a "beautiful sedative effect," and seek to produce that effect on a sick patient. What is the result? It is this, for a fact that, under modern Allopathic treatment, disease is *more fatal*

than it was under "Old Scalpel" the bloody butcher of fifty years.

Do we Homœopaths want to fraternize with that system? Certainly not. It becomes us to fight them heroically and persistently.

They want nothing of us unless it is to secure a good fee for consultation." One of their leading journals, the *American Lancet*, for January, 1886, speaking of the discussions among New York Allopaths (which evidently has almost turned the head of Dr. Tisdale), says: "This whole new-code pather is a mask, because there is the same feeling against Homœopaths now—even among the new-codeists—that there was before."

Allopathic medicine has not made a single discovery or advancement of value within the present century. Chloroform, Ether and the recent Cocoa were discovered by dentists, and are only useful in surgery. True, they have *invented* some questionable things, such as the method of sub-cutaneous injections and sugar-coating nauseous doses whereby they can outrage the stomach without insulting the palate of the patient. But the same vile poisonous stuff is given and in increased doses. Within a generation they have made a complete "flop" or change of base from *depressants*—blood-letting, calomel and antimony—to *stimulants*: Quinine and whiskey. They have not discovered a single new principle in medicine, nor will they in the future, and even go so far as to claim that there are no fixed principles to seek for. The late J. Marion Sims in a lecture a short time before his death, predicted that "within a hundred years medicine would consist of prophylaxis and surgery."

The world has nothing to hope for from that source, and the sooner they are pushed overboard the better it will be for mankind. And this is what we should all unite to hasten in-

stead of tickling ourselves that the time is coming when they will smile upon us.

Let us watch them vigilantly and see that none of our members are seduced by their artful and plausible ways.

A RARE CASE—WHAT WILL CURE?

DEAR DOCTOR.—Herewith I send you notes of a case that for the past 15 months has defeated my best efforts. If you would kindly draw the bead of your materia medica rifle upon it through THE INVESTIGATOR, you would greatly oblige a perplexed brother. If you ask, what have I given? I can only point to the "Materia Medica," for their name are legion." At present am trying Mag. phos. 6x.

Mrs. A. H., aged thirty-eight, married, American, brunette, nervo-bilious temperament. Previous history: girlhood healthy and strong, married at eighteen, year and a half later child birth; labor long and severe, lasting twenty-six hours, unconscious during the latter part (according to description must have been a face presentation). No other attendant than an ignorant midwife; after child was born, a large hard tumor was detected in left groin, midwife thought it was another child, but was not as it gradually disappeared within two weeks, accompanied by an offensive discharge per rectum. Since then the left groin has ever been sensitive, and has suffered ever since from prolapsus uteri. Three years after had a tumor taken from the fundus uteri by Dr. J. C. Brubaker, of Waseca, Minn. Cannot tell what kind of tumor it was; under the doctor's care for about a year. During the following eight or ten years was a constant sufferer from prolapsus and ulceration uteri, occasionally confined to her bed for three months at a time, when in addition to this, about eight years ago, she began to suffer from a new complication, that has gradually increased in severity until it now overshadows all her other ailments.

In January, 1885, I was called to attend her during a severe attack of pelvi-peritonitis, bedfast about six weeks, after recovery treated for ulceration, prolapsus and cystocele. In September, 1885, had a lighter attack of pelvi-peritonitis, recovering each time without adhesions forming, as far as can be detected. Since then has gradually improved in health and strength (with the exception below) and is as well as can be expected without operative measures.

Present condition: health fairly good, menstruation normal, flow natural, with some pain but not severe. Her great period of suffering comes exactly two weeks after the first day of menstrual flow, and in the 15 months I have been her physician, the attacks have come as regular as clock-work, to the day, and almost hour.

I will give nearly her own words in describing one of these attacks: "The first symptom felt, is a weak tired feeling low down the back (across sacrum); this feeling will last sometimes for a day, followed by a sharp pain in left side back (left posterior iliac region). This pain extends to back and over the ilium to left groin, also through from left side of back to left groin. The pain is a hard steady ache, and at the same time sharp and cutting. These pains gradually increase in severity, as they converge and centre in the region of the womb and left ovary, where for about three hours the pain is most intense and excruciating, often causing a flexion of the body to that side. The womb at this time, descends very low, often to the vulva, and feels greatly congested, as also does the left ovary, with great bearing down pains. After the third hour the pain gradually subsides leaving the womb and left ovary so sore and sensitive to motion that she can hardly stir round for three or four days afterward."

Other concomitant symptoms are: fever and palpitation sets in and lasts as long as the acute pain. Pulse increased 20 to 25 beats, temperature increased about 2°. This fever

causes the palms of the hands to burn for two or three days after, so as to often produce desquamation. The soles of feet burn, but not so much as hands. Head aches through temples, the left mostly, a hard sharp aching similar to sick headache. Also severe aching on vertex (not burning). Face flushes a dark red, eyes are congested, ache and burn, feel weak and sensitive to light. Bowels are always constipated, at the same time, there are sharp pains in neck of bladder with burning on urination, often a desire to urinate continually. Urine scant, high colored with yellow reddish sediment on standing. During these attacks, the only relief is found by lying on the right side, and by heat applied to left groin. Cannot lie on back or left side for days after, and it is painful to lie on left side at all times, on account of sore spot in left groin. During an attack generally lies with both limbs flexed upon abdomen. Walking is at all times painful to her. Her mental symptoms, as may be inferred from 20 years of suffering, are, low spirits, depressed, despondent, with often gloomy spells, or "blues" as she calls them. Easily moved to tears, and is of a retiring disposition.

Help is asked from THE INVESTIGATOR'S family. Like the woman of Scripture, she has "suffered many things from many physicians," without relief from any. For the honor and advance of Homœopathy in the distant territory I greatly desire to relieve or cure my patient, so I ask one and all "what will cure?"

JOHN BENSON,

Farmington, Wash. Ty.

[Should judge that the reported attacks of pelvi-peritonitis has produced narrowing of left fallopian tube; ovulation of left ovary two weeks late. That terrific pain is traumatic, obstructive. Bell. ought to help if not Gels. The radical cure is ablation of the left ovary. Galvanism from left ovary to back might help if persisted in. Let the reader suggest.—ED.]

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.

YEAST DYSPEPSIA.—A family was always complaining of their stomachs, and whose cases baffled the skill of the attending physician, finally submitted to his suggestions to change the yeast (the compressed) to another brand. The result was prompt relief. The good old days of plain simple yeast is past, and it is well for the profession to inquire into this subject. Composition of the ferment may be the innocent sugar fungus, or it may be a soda fountain of deleterious gases that leave in their train a lot of noxious acids. Bread that will not keep sweet when stale would soon destroy the gastric apparatus of an army mule. We commend this subject to the chemical committees in our various state societies who are now looking for a practical topic to report upon. What is yeast, and how is it compounded and adulterated?

OUR BEAUTIFUL STATE LAW.—The more our law is examined the more beautiful it appears. Here is an illustration of how it helps the profession: A graduate of a Chicago college practicing in Colorado where duly licensed, is summoned to an old friend in Chicago, expecting as soon as patient is able to travel to take her back to Colorado, but the case proves a stubborn one and drags on for weeks. The Colorado physician is

retained under promise of ample fee. Suddenly, while nearly well, paralysis carries off the patient. The attending physician's bill goes to probate with the rest of the accounts against the estate. Relatives dispute these, and because the physician, who graduated in Chicago, did not have a license from our state board of health, the claim for medical services is "disallowed." The lawyer for the opposition said: "This is a case where the doctors have to take their own medicine however hard it may be." The facts above given are not the worst of this case. The Colorado practice after a five months' absence, of course, is scattered, and the physician not only loses that, but is all broke up, in debt, and has to begin again with the odium of losing the case here. All this because the form of applying for a license was not complied with. A diploma from a college especially chartered by the state does not help in this case. It looks as if we would be better without a state regulating board. We are of the same opinion of Dr. Dake as given in a recent issue.

PESSARIES, USES AND ABUSES.

BY A. B. GRANT, M. D., LOWELL, MICH.

The diagnosis and treatment of uterine displacements, while very much improved are not of modern origin. The writings of ancient medical literature evidence their familiarity with this subject. Without detailing the history of the uterine pessary we will define it as an instrument constructed of various materials, shapes and sizes, for the purpose of holding a displaced uterus in situ. Pessaries are divided into four (4) varieties, according to their construction and uses, viz: abdominal, vaginal, vagino-abdominal and intra-uterine. The former may be constructed of bandages, corsets, supporters, etc., for the purpose of sustaining the pendulous abdomen and thereby removing its superincumbent weight from the fundus of the

womb. The vaginal pessaries are those contained wholly within the vagina; vagino-abdominal where the purposes of both are combined in one; and the intra-uterine stem, indicated chiefly in flexions of the uterus.

Much has been said and written and various theories have been advanced for and against the uses and abuses of the uterine pessary; it has been, as it were, a bone of contention among the profession of all schools of practice. Its advocates have been men both high and ordinary in the profession; so, likewise, its opposers. To deny that there are conditions coincident with uterine displacements which demand mechanical interference, it seems to me, would justly provoke criticism from those whose experience has been largest and most successful in this branch of gynæcological work.

There are many devices in the market for holding the displaced uterus in position. Some are not without merit; others are calculated more to put money into the pockets of the inventor and manufacturer than they are to relieve the patient. Then again, a good pessary improperly adjusted is capable of doing more mischief than a poor one properly adjusted.

Conceding that the pessary is held as a *dernier resort* after all other medical and internal treatment has failed, a few qualifications, then, are necessary in order to be able to successfully treat uterine displacements from a mechanical standpoint. And first, the anatomy of the pelvis and its viscera should be thoroughly understood, the exact relations of its organs in health, that any deviations in disease may readily be recognized, etc., etc.

Mechanical ability and genius may find here a large field for cultivation. As a dentist fits the mouth for artificial teeth, as a tailor cuts and fits a suit of clothes, or a shoemaker a pair of boots, so must the gynæcologist apply and fit the pessary to each individual case, as he will find no two cases

exactly parallel. Yet I would not be understood that the same size pessary could not with safety, or even benefit, be used on more than one case, but as a rule our success will be due largely in properly fitting the pessary to each particular case. Before adjusting any kind of a pessary it will be necessary first to replace the uterus in as nearly a normal position as possible. The varieties of dislocated uteri more frequently met with requiring manual manipulation to replace the organ, are retroflexions and retroversions. To accomplish this manoeuvre we find various methods suggested in every text-book on gynæcology. Among them will be mentioned the uterine sound. My own experience has led me to discard the use of the sound altogether in replacing a dislocated uterus, and my reasons for so doing are chiefly these, viz: First, it produces a great deal of unnecessary pain; secondly, from the requisite amount of force used you are in danger of abrading the mucous surfaces, not to say puncturing the parenchyma of the uterus, and thereby excite acute endometritis and parametritis. Unless the uterus is bound down by strong adhesions, it can be replaced quite readily with the hand.

You will pardon me if I digress for a few moments to speak of the usual manual method of replacing a retroverted or retroflexed uterus, as adopted by the majority of gynæcologists, knowing from experience some of the difficulties and perplexities met with in performing this seemingly simple feat. Instructing the patient to assume Sims' position, and standing or sitting at her back, introduce the index and second fingers of the right hand, with palm surface backward toward the rectum, carry the hand upward steadily but not too forcibly, keeping the fingers pressed firmly against the posterior wall of the uterus, at the same time carrying the perineum upward until the fundus reaches the promontory of the sacrum; to complete the replacement glide the index

finger in front of the cervix and carefully but firmly draw it backward, when, by the aid of both fingers, force it backwards and upwards till you feel the fundus drop into position.

Unless there exists a congested condition of the uterus cellulitis, or perchance bound down by adhesions, this manipulation will not cause severe pain. Some operators prefer the knee chest position, aided perhaps by introducing Sims' speculum, thus combining gravitation with atmospheric pressure at the same time, which will be well to bear in mind in case of failure by former methods. In all of these manual and bi-manual manipulations, the advantages of being in possession of lengthy fingers will be apparent. In case the operator should have short fingers, with a large broad hand, he can call to his assistance the uterine elevator in these cases, but by all means, for the patient's good and your own reputation, avoid the use of the sound when it is possible to replace the uterus by other and milder means. It is recommended by some to replace the uterus every day for several days before adjusting the pessary, but as a rule you will find this unnecessary. Should there be much cervical or corporeal tenderness and irritability, I have had good results follow the daily packing of the posterior and anterior vaginal pouches with absorbent cotton saturated with pure glycerine or glycerate of tannin. Having replaced the uterus, the next step will be to carefully estimate the diameters and curve of the vagina, which can be done with the fingers or uterine probe, remembering there are no two vaginas exactly alike any more than there are two mouths which can wear the same artificial plate. In regard to the kind of pessary preferred, I will say the more simple in construction and yet fulfill every purpose the better. Hard rubber is preferable to soft on account of its non-corroding and non-absorbent properties, its high polish and non-elasticity. Where there is extreme irritability of the uterus, and it is not convenient to repeatedly

use the cotton packing referred to, as in case your patient resides at a distance, it may be advisable to use soft rubber at first, or until hard can be tolerated. As a rule no pessary should be so large as to put the vaginal walls upon the stretch, thereby causing them to lose their natural elasticity and tonicity, excepting, of course, such cases as old subjects, cystocele and rectocele. The Albert Smith, Emmet and Thomas' hard-rubber lever pessary have given me the best satisfaction of any varieties used. To make any change or alteration in the curve or bearing, oil their surface with a little olive oil, and gently pass back and forth through the flame of a lamp, being very careful not to burn them, as this spoils their polish, makes them rough and more liable to chafe the delicate mucous surfaces. A well fitting pessary should not produce any pain, but on the contrary relief and comfort. Should there be pain it will be an indication to change it or make some alteration in its bearing.

After a pessary has been adjusted, examine the patient while standing, to ascertain its adaptability and capability of rendering the proper support necessary, and instruct your patient to report again in at least one week. You may be obliged to make several trials and use various instruments before one is found which can be permanently worn. It will be a wise policy to look after your cases frequently for several months, or in fact so long as the pessary is worn, in order to avoid against accidents and avoid censure. A well fitting pessary is productive of better results if occasionally removed or a smaller size inserted in its place. Instances have been recorded where the patient was not informed that a pessary had been inserted, and the instrument removed some years later. "Dr. Rodenstein, of New York, met with a similar case a few years ago, of supposed cancer, which he found, upon examination, to depend upon a large round, hard rubber ring, introduced thirteen years before, in Ireland, for prolapsus uteri." I want to warn you against the prevalent habit some practitioners have fallen into by imposing upon their patients the so-called self-adjusting supporters, such as Babcock's, McIntosh's, Shannon's, Cutter's, and that class. I can fully appreciate the temptation to harness up some patients with these complicated machines, but as a rule they do not give satisfactory results. Of course there are cases, for

instance, where it is desirable to elongate the interior or posterior vaginal pouch, when a vagino-abdominal support may be indicated, and answer the purpose better than any other, but they need to be watched very carefully or they are liable to do more harm than good.

The danger of ulceration from unequal pressure, improper adjustment and tendency to become displaced, are some of the reasons which suggest themselves as objectionable to their use as a permanent or continued support.

But whatever kind of pessary is used, frequent vaginal injections and cleansing with tepid water or castile suds water should be strictly enjoined. As a pessary, if left in the vagina too long, will become incrustated with calcareous deposits, thereby forming a direct source of irritation, hence, the necessity of removing frequently if for no other but cleaning purposes.

The indications for the use of the intra-uterine stem are those distortions of the cervical canal, viz: retro, ante and latero flexions, which have become incorrigible to the use of vaginal supporters, including areolar hyperplasia and sterility, or obstructive dysmenorrhœa from cervical stricture. The best material are of those made of hard rubber or glass, being careful in selecting to use one no longer than from one-quarter to one-half inch shorter than the uterine cavity as determined by the sound or uterine probe.

PULSE INDICATIONS.

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

I lay no claim to this paper being wholly my own production, though a few things in it may be original. Twenty-two years ago, while attending lectures at the Hahnemann of Chicago, the *Professor of Physiology and Pathology introduced a lecture on the pulse with these words: "The clinical value of the pulse has been variously estimated at various times, and by medical men of different nationalities. Foquet believed that each separate organ of the body had its own peculiarity of pulsation, when that organ was embarrassed by disease. Dr. Oppenheim tells us "that nothing so enhances, in Turkish eyes, the value of a physician, as his being able to tell everything after feeling the pulse. By the pulse alone,

* Ludlam.

he must know, not merely the nature of the disease, but be able to say whether the patient slept well the night before; what he ate during the day; whether the bowels are open, etc. After having once felt the pulse, the physician must put no questions to the patient, for it is considered as a sign of ignorance. At his very first visit he must declare, from the pulse, at what precise time the patient will die or recover."

The pulse will greatly aid us in forming a correct opinion of the person's condition, and even, in many cases, locate the disease. We examine it for the purpose of ascertaining its frequency, rhythm and force. "Movement and exertion of all kinds quicken the pulse, and mental emotion or excitement in neurotic persons run up the rate very high. In examining healthy people for life assurance, as well as when visiting patients, this must be taken into account. A good meal increases the fullness and frequency of the pulse, and so does the use of stimulants in health, though in acute disease the reduction of the pulse rate is often the test of their beneficial action. The pulse is less frequent during the night and sleep; it rises in frequency during the early hours of the day."—*Quain*.

Excessive and long continued muscular efforts, as in rowing, swimming, running and other athletic sports, have been known to permanently quicken the pulse. I have in mind a man whose heart throbs ninety to ninety-five times in the minute, caused by immoderate swimming during his boyhood. He is in health, yet the rapid working of his heart is hurrying him with undue haste to the grave. He is about forty-five years of age, with the appearance of a man of sixty. Old age, in fact, crowding itself into middle life. Hysteria may greatly and persistently quicken the pulse, even double the rate per minute, but as hysteria gives away before a serious or acute disease, we need not err in regard to its significance. "In fevers the pulse is generally quickened in proportion to the elevation of the temperature, though the proportion between the pulse and temperature varies in different fevers. * * The same elevation of temperature quickens the pulse relatively much more in children than in adults."—*Ringer*.

You will find the pulse a reliable and unfailing guide in a woman's condition following labor. If it is about ninety-four or ninety-five per minute it will not do for her to leave the

bed, though the traditional nine, or even nineteen, days have passed since delivery and she may feel ever so well. That pulse rate indicates a laceration or injury to either the cervix or soft parts. The falling of the pulse to a point below eighty indicates that she is ready to get up, whether she has been in bed only a week, or more than a month.

"If a pulse is quicker than the temperature will explain, it indicates cardiac weakness—the weakness being in proportion to the want of ratio between the temperature and pulse. In this way the pulse affords important information in prognosis and treatment."—*Ringer*.

A quick pulse in chronic diseases generally indicates cardiac weakness; and a patient in such a condition, with a pulse rate of 120, or a little higher, maintained for any length of time, will be pretty sure to die.

A pulse rate reduced in frequency is less commonly seen. It indicates blood impurity, such as is found in jaundice, and anæmia; convalescence from some acute fever; fatty degeneration of the heart. Certain gastric disturbances will slow the heart. Poisoning by lead and *Veratrum vir.* will also affect it in this way.

NEW BOOKS.

CHART OF URINALYSIS. Chicago: Duncan Bros. Price, 15 cts.

This chart gives in a nut-shell the different tests for urine and how to prepare them, including Fehling's solution. Such a chart has long been needed, and all those wishing to test urine will find it invaluable.

LECTURES ON SYPHILIS. By G. Frank Lydston, M. D. Chicago: A. M. Wood & Co.; Duncan Bros. Price \$1.25.

These nine lectures were originally published in *The Western Medical Reporter*. The definition, modes of transmitting, etc., are well given, but the treatment is Old School.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA, 1885.

This is a nicely gotten up volume, and contain some excellent papers from some of the best men in the profession. The address by President James, although brief, is a good one.

HISTORY OF HOMŒOPATHY: ITS ORIGIN; ITS CONFLICTS, by Wilhelm Ameke, M. D., translated by Alfred E. Drysdale, M.B., edited by R. Dudgeon, M. D. London: E. Gould & Son. Chicago: Duncan Bros.

The main incidents of Hahnemann's life and the chief sphere of his activity being Germany, the history of Homœopathy is practically its history in Germany, and the task of writing it could most appropriately be undertaken by a fellow-countryman of Hahnemann. How well Dr. Ameke has performed his self-imposed task the English reader has now an opportunity of seeing. This work was translated by Dr. Drysdale, and carefully revised and superintended through the press by Dr. Dudgeon.

REPORT OF THE COMMISSIONER OF EDUCATION FOR THE YEARS 1883-4.

This is the fourteenth annual report. This report contains 943 pages of closely printed matter.

THE YEAR-BOOK OF TREATMENT FOR 1885. Philadelphia: Lea Bros. & Co. Chicago: Duncan Bros. Price, \$1.25.

The object of this book is to present to the practitioner not only a complete account of all the more important advances made in the treatment of diseases, but to furnish also a review of the same by competent (old school) authorities.

FRACTURES AND DISLOCATIONS, by T. Pickering Pick, F. R. C. S. Philadelphia: Lea Brothers & Co. Chicago: Duncan Bros.

This manual is essentially clinical, and the writer has sought to present to the reader a concise and practical treatise of the causes of the various common fractures and dislocations, the signs by which they may be recognized, and the appropriate treatment to be adopted for their cure.

A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD. By J. Lewis Smith, M.D. Philadelphia: Lea Bros. & Co. Chicago: Duncan Bros.; leather, \$5.50.

This is the sixth edition of this work. The author says he has revised the text to such an extent that a considerable part of the book may be considered new. This work stands at the head of the literature on diseases of children in the Allopathic School of practice.

CHART OF FEVERS. By Prof. T. S. Hoynes, M. D. Chicago: Duncan Bros. Price, 50 cts.

This chart was arranged by Dr. J. P. Hough, for which he deserves great credit. It will prove valuable to the student and practitioner, as it gives in a few words the prominent features of the eruptive, continued and periodic fevers with treatment. Every physician and student should send for one and study it carefully.

DOGS IN HEALTH AND DISEASE, AS TYPIFIED BY THE GREYHOUND. By John Sutcliffe Hurdall. London: E. Gould & Son. Chicago: Duncan Bros.

This book is written for lovers of dogs and to enable owners of dogs to discover at the outset of disease what a patient is suffering from, and also to suggest a few remedies that will prove useful in the earlier stage of acute disease, while professional advice is being sought. This work is worth reading.

A MANUAL OF AUSCULTATION AND PERCUSSION, by Austin Flint, M.D., LL.D. Fourth edition. Philadelphia: Lea Bros. & Co. Chicago: Duncan Bros.

This is the fourth edition of this work which is an evidence of its popularity with the profession. This manual retains its position as one of the best books published on its subject. The present edition contains some important modifications, and considerable additions. A notable improvement is the introduction of diagrammatic illustrations, which will enhance the usefulness of the work.

HAND-BOOK OF THE DISEASES OF THE NERVOUS SYSTEM. By James Ross, M. D., LL. D. Philadelphia: Lea Bros. & Co. Chicago: Duncan Bros.; leather, \$5.50

This work is divided into two parts, a general and special neurology. In the former is given a brief outline of the evolution and dissolution of nervous structures and functions, adding a chapter on the general principles of treatment. In the special part the great aim has been to make the work thoroughly practical. Diseases which are most apt to be mistaken for each other, will be found described in close proximity, and the reader can thus note the various features which differentiate nervous diseases clinically allied. The work contains 184 illustrations, and is one that every physician who cares to know about nervous disease should possess.

MEDICAL NEWS ITEMS.

Dr. Emory E. Nixon from Louisville, Ky., to Fort Worth, Texas.

F. Duncan, M. D., of Mendota, mourns the death of his wife. The sympathies of our readers go out to our brother in his sorrow.

New Journal.—*J. S. Jewell, M.D.*, of Chicago, is about to start "The Neurological Review." It will be crazy, reliable, and regular.

A. L. Cole, M.D., of Palatka, Fla., has been appointed surgeon to the Jacksonville, Tampa & Key West Railroad. A good man for the place.

The Ohio Society.—We are making arrangements for a fine meeting of our State Society at Toledo on May 11 and 12. I hope you will attend. H. E. BEEBE.

Dr. T. F. Allen's handbook of *Materia Medica* is announced by Boericke, and will be a portly volume judging from the sample forwarded. It will be, we believe, trustworthy.

J. P. Mills, M.D., of Chicago, is in Europe for rest and study. He will visit Paris, Rome, Vienna and other points of medical interest. We hope that he will return with renewed vigor.

Equal Rights.—By the *Boston Journal* we see there is a move on foot to establish a board of health in Massachusetts. We also notice that they are trying to keep out Homœopaths from that board, but as long as we have such wide awake men as there are in that state, they will have a hard time to do so.

Alumni Association.—The annual meeting and banquet of the Alumni Association of the Hahnemann Medical College of Philadelphia, will be held at St. George's Hotel, Broad and Walnut streets, Philadelphia, on March 31st, 1886, at 8 p. m. The members of the Alumni are cordially invited to attend. WM. TOP HELMUTH, M. D., '53, president; WM. W. VAN BAUN, M. D., '80, secretary, 227 Catharine st., Philadelphia.

Nebraska State Homœopathic Medical Society.—The twelfth annual meeting of this society will convene at the Bostwick hotel, Hastings, Neb., Tuesday, Wednesday and Thursday, June 1st, 2nd and 3rd, 1886. Hotel rates for members at the Bostwick hotel, \$1.50 to \$2.00 per day. Reduced railroad rates will be obtained on all roads going to Hastings as far as possible. F. B. RIGHTER, M. D., president; F. W. WINTER, M. D., secretary.

News for the Blind.—JACKSONVILLE, Ill., Feb. 27, 1886. Dear Sir: I address you upon a matter of public charity. I desire to find all the blind children in the state under twenty-one years, in order to place before them the opportunity to enter this school, which the state has provided for them free of charge. I also wish to find all the blind men over twenty-one years of age, to give them a chance to enter the work shops, free of charge. To attain this end, I would like your co-operation by sending me the names and address of any such blind persons in your town or community. See that the person is worthy of such charity. Please give this your earliest attention and oblige. Yours respectfully, F. W. Phillips.

Poultry News.—The poultry business in this country is having an extensive boom, even greater than that of a few years back. Almost every one who desires to make a living on a small investment has taken to raising poultry. To successfully engage in this business one must be posted to some extent. About the easiest way to get posted is to take a poultry publication. Among those which

come to our table, we find the *Poultry News*, published at Elyria, O., at the head. It is the only poultry newspaper in the U. S., and has sprung into marked favor. It is a large eight-page, published every Saturday, at \$1.00 per annum. Sample copies, 5c. Every yearly subscriber remitting 10 cents extra for postage, receives the American Standard of Excellence, the standard guide for the breeder and fancier. We recommend our readers to send for a sample copy.

A Phrenological Calendar for 1886.—The popularity of special calendars has been fully established, and we have here something entirely new, in the form of a Phrenological calendar. It consists of a pictorial, symbolical, Phrenological head about 6 by 10 inches, beautifully lithographed in colors, on heavy card board, which is cut out in the shape of a head and face. A key to the Phrenological faculties and a full calendar for the year are conveniently attached to it. "We know whereof we speak" when we say, that in the recent flood of attractive novelties there has been nothing offered to the public equal, in actual value and proportional price, to this very unique calendar. It is an educator. Each day the peculiarities of friends will be studied out, and the reasons why they are not "thus and so" will be discovered a pleasant pastime for a whole year, is offered you for a small sum. This is a reduction of the beautiful Phrenological chart published by Fowler & Wells Co. last year, which is sold at \$1.00. For the purpose of introducing the subject, the calendar, although about one-half the size of the original, is sold at the low price of 10 cents, an amount merely intended to cover the cost of publishing. This may be sent to the publishers in postage stamps. Fowler & Wells Co., 753 Broadway, New York.

A Bearing Orange Grove in Chicago.—One of the greatest novelties of the age will be presented to the people of the Northwest at the Exposition building in Chicago during the latter part of this month, in the shape of a grove of bearing orange trees. This exhibit will be made in connection with an exhibit of citrus fruits, such as oranges and lemons from the now famous orange section of the Pacific Coast, under the auspices of the Immigration Association of Southern California. The transcontinental railroads have generously offered to bring this exhibit to Chicago free of freight. It will fill twenty cars, and twelve men will accompany it. The exhibit will be under the management of L. M. Holt, editor of the Riverside (Cal.) *Press and Horticulturist*, assisted by H. N. Rust, formerly of Chicago, as business manager; J. E. Clark, commissioner of immigration; C. Z. Culver, of Santa Ana, and Frank A. Kimball, of National City, San Diego County. This will be a novel exhibit for the people of Chicago and the Northwest, and will attract crowds of people. Those who desire to get information relative to Southern California should attend this fair and consult with the best posted men of that section who will be in attendance.

C. S. Halsey.—The old readers of THE MEDICAL INVESTIGATOR will be pained to learn of the death of our old friend C. S. Halsey. He was an enthusiastic friend of Homœopathy and a pioneer publisher in Chicago. The first Homœopathic Pharmacy in Chicago was started by Mr. Halsey, at the earnest request of his brother-in-law, Dr. G. E. Shipman, in whose office it was located. He soon had to have a separate store. Many of the early Homœopathic physicians will remember the cosy, attractive store on the corner of Madison and Clark sts. The growth of his business, including case making, vial moulding and publishing, and frequent removals to larger quarters, was but an index of the wonderful growth of Homœopathy in the West a score of years ago. Mr. H. was a genial, active man, and was overworked. He retired after the fire and only recently resumed business. He started this Journal as

an exponent of his Pharmacy, but it soon took on the dignity of a Medical Journal, and true to its name was an early investigator as well as propogator of the truth. When the history of Homœopathy in the West comes to be written Mr. H. will have a large place: Perhaps no one man done more to advance Homœopathy than C. S. Halsey. Personally the editor owes him a great deal. From a score of years ago, when a recent graduate he was called to collect copy for Mr. H. to the present, his relations have been intimate, and he has always found Mr. H. generous, self-sacrificing, and above all an enthusiastic Homœopath.

Indiana Institute of Homœopathy.—The twentieth annual session of the Indiana Institute of Homœopathy will be held in Indianapolis on May 25 and 26, and in the suitable celebration of this double decade you owe it to yourselves, your state, and the honor of the glorious tricolor you bear to more than show that there is no decadence of the strength of or interest in our state society. The time is near at hand when you must again rally around our banner, with fervent loyalty to the great law of similia and the crystallized teachings of its great master, and show that you are neither dead nor asleep, but anxious to be found in the front rank, with your whole heart in the work, and with sufficient physical, mental, and financial vigor to cope with the situation. In this work of revolutionizing medicine (much less needed now than a few years ago) we want to see the Homœopathic physicians of this state developing their latent talents, brightened, polished, and improved by that contact and friction of mind against mind that organized association work implies. Besides a full attendance from all parts of the state, what we need is papers detailing advances in therapeutics, as proven by clinical experience with new or old remedies, administered according to the Homœopathic law of similia, as well as studies in pathology, diagnosis, and general and special medicine and surgery. A copy of this circular will be sent to every Homœopathic physician in Indiana, and it should be considered a personal matter with each one to at least acknowledge its receipt. Those who intend to bring or send papers should at once acquaint the secretary with the titles thereof, for incorporation in the circular soon to follow this. Those members or non-members who may wish to send papers may do so, satisfied that they will be treated fairly and according to their merits, and published somewhere, if they deserve it. To non-members we say: Don't insist on remaining encysted any longer, and, hiding your light under a half-bushel, appear in the attitude of apparent indifference to the success of our cause. Even if you can not come to the meeting in person, you can come in spirit, and to this end you should become a member. The standing of Indiana physicians has presumably been somewhat elevated by the operation of the new medical law, yet, so far as our society is concerned, close scrutiny of the character and professional standing of applicants for admission still obtains. Membership-application blanks will be furnished by any officer. The yearly dues are \$2 in advance. The certificate of membership is a large and handsome steel-engraved affair, and should adorn the office of every Homœopathic physician in Indiana. If there are any members in arrears they should at once abandon such a penny-wise pound-foolish policy, come forward and pay up, resume relations, and reap the benefits. If there are any old members who think that they have been in the harness long enough and have done their duty, it is earnestly hoped that they will come once more, and add lustre to the celebration of the institute's double decade. The usual cheap railroad and hotel rates will be secured, and due notice as to further particulars will be given in the next circular. Send title of paper at once. Yours fraternally, Wm. B. CLABLE, M. D., secretary Indiana Institute of Homœopathy.

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A COMPOUND BACK CASE.

I have taken THE U. S. MEDICAL INVESTIGATOR for several years, and should feel at a loss without it. I have been very much interested in your articles on "Backache, or Disease of the Spine." I have a case, that for four or five years has baffled the best medical skill of the Allopathic school of this vicinity, and they frankly own the coin.

I wish to report this case to you, and ask your opinion:

CASE. Lady thirty-eight years of age. Has been married eleven years, and has one child (a girl ten years old). No abortions. Of a nervo-sanguine temperament. Rather fleshy. Flesh hard and firm. General health always good. Dark hair, blue eyes, but not of a very dark complexion. Intelligent and of an amiable and pleasant disposition. Medium height, weighs about one hundred and sixty pounds. Occupation previous to marriage and to time of sickness—a school teacher. Present condition: Pulse, 68; respiration, 17 per minute; heart sounds normal; respiratory murmur, clear in both lungs; thorax gives, no evidence of disease. No headache. No

throat trouble. Can find no evidence of disease in epigastric, right and left hypochondriac, umbilical, right and left lumbar, or right and left inguinal; but complains of considerable pain in hypogastric region, which is referred to bladder. Digestion good; appetite good; sleeps well nights. Bowels habitually constipated; urine alternate scanty and profuse—when scanty loaded with sediment, when profuse, clear. Was told by doctor she had catarrh of bladder. The pain in the hypogastric region is always worse when urine is scanty and bowels do not move every day. She has taken pills every day to move bowels for over two years previous to the time of coming under my treatment last November. I ordered physic discontinued and in its place used warm water enema, using for that purpose a fountain syringe once a day. (This lady in her earnest desire to get help, passed through the hands of several Allopathic doctors, and a good part of the time taking medicine as often as fourteen times a day for over four years. Accessory to that treatment they used both the galvanic and faradic currents, Turkish and electric baths, with rubbing, spitting and kneading. Under all this treatment she grew gradually worse, and for the last eighteen months has not been able to stand on her feet.)

In the absence of any desire to go to stool I prescribed Alumina 1x, two grains every four hours, which had the effect to move the bowels every day without use of enema. After the first week it was not necessary to give the Alumina but once a day, at night. Four months have past and it has not been necessary to return to pills. She was taking spirits of nitre for soreness of bladder and turbid urine. For the soreness of bladder, urine white and turbid, I prescribed Cannabis sat. 3x. pellets No. 35, three at a dose every four hours. Medicine cleared up symptoms in a few days.

Abdomen is not large or bloated, but seems hard and full. There seems to be a pressure downward that holds the womb

prolapsed to within two inches of vulva. Any attempt at repositing uterus is met by firm resistance from above. She complains of womb being so low that she sits in it. There is no uterine or ovarian disease discoverable. Menses always regular and normal, and attended with no pain. There is no pain or tenderness along spine until you reach sacral region. There is swelling and tenderness near fifth lumbar vertebra. Spine very sensitive over sacral region. Coccygeal region numb; levator ani, coccygeus sphincter ani; the posterior lip, of os tinae, roof of vagina and I think some portions of bladder internal, external; from tuberosity of ischium posteriorly; trochanter major on sides from a point three inches below poupart's ligament there is absolute paralysis, extending over the entire lower extremities. Limbs cramp except when in two positions—sitting in chair or lying straight in bed. The paralyzed parts feel as though they were bound. Feet and legs to knee have bloated more or less for past two years. Remedies given for paralysis have been *Hypericum per.* from 1x to 6x; *Arnica*, 3x; *Rhus. tox.*, 1x to 30x. This treatment first caused severe pain in affected part of back, and also aggravated cramping of lower extremities. I then used compress on back with the following lotion: *Ether sulph.*, ʒj.; *Arnica*, ʒj.; *Aq. Dis.*, Q. S. Oj. M. S.—Keep constantly applied wet. The result of treatment has been to restore partially the feeling in the lower part of the body, lessening somewhat the pressure in lower part of abdomen, causing first a pressure in lower extremities, afterward a creeping and crawling sensation. Two or three times was sensible of pain in side of right foot. I will say right here that she burned herself on right shin which made a sore larger than a silver dollar, for which I prescribed *Cantharis Oint.* After a few days there came two large blisters on right foot. (Limbs at that time were considerably bloated). The blisters were located on side of foot and heel. At this time she despaired of

recovery, as her former physicians had told her that any sores that would come on limbs would not heal. I found the foot considerably inflamed and hot. Prescribed an ointment of Glycerine and Amylum, and bandaged limb with roller bandage from toes to knee. (This was the first time during her disease that foot and leg had been warm). After three or four days I applied roller bandage the same to other limb. It has now been about four weeks, and the bloat has nearly disappeared from both limbs. The burn has entirely healed, and sores on foot nearly so, and considerable general improvement, but her legs are as useless to her as if they were dead.

Previous history.—Was very healthy up to age of twenty-three, at that time had trouble with my stomach. Sharp pains in pit of stomach extending to back, which I attributed to close confinement in school-room and rich food. This trouble lasted me for three years. Was treated by several Allopathic doctors. One doctor gave me a mixture of Corrosive Sublimate so strong that every time I took a dose I felt it to my toes. It stopped the pain in my stomach and left a numb feeling. Of this mixture I took from March till September. At that time what passed my bowels looked like the scraping of entrails. Another doctor was called. After a year's treatment with him I recovered. Was in good health up to the spring of 1881. While I was hanging paper standing on a high chair, I fell backwards alighting on my back on the floor; just how I fell I cannot tell. I felt the effects of the fall for a few days, but not enough to lay up. Did not think I was much injured. Sometime in the summer following I noticed a soreness of the end of the back bone, which lasted for some time and went away. The following winter felt a slight numbness in right leg if lying down; but thought nothing of it until the following spring. When I discovered a bunch on my right ankle, and consulted a doctor, who pronounced it a weeping sinew, and that it was the cause of the

numbness, and to bind a piece of lead on it. Did so, but it done no good. Consulted him several times during the summer and following winter about the numbness which was growing gradually worse, and now affected the other leg. The following spring he said to use electricity. Used a battery five weeks twice a day, but received no benefit. Then, after a year's treatment with another doctor, not receiving any benefit but growing gradually worse; the doctors put a seton in my back; kept it in thirteen weeks, and was worse when it was taken out. The balance of the history of the case has been previously told.

Doctor, I want to call your attention to the following points in the case: 1. Thirteen years ago to the mixture of Corrosive Sublimate. 2. Her close confinement to school-room, and being constantly on her feet. 3. Fall from her chair. 4. The swelling of her ankle joint. 6. And through all this siege her general health remaining good, with no head or spinal troubles, would, in my opinion, locate the injury in the lumbo sacral cord, and not in the spinal cord proper.

Mrs. W— is very much encouraged with Homœopathic treatment, and has read with interest your articles in this journal, which makes her very anxious to consult you, and is sanguine of a cure. If there are any points you want information on, I shall be glad to furnish, for this case is one of merit, and I want Homœopathy to have the credit of curing if a cure is possible. A prominent Allopathic physician told me this that after treating her for one year, that he did not know what was the cause of the paralysis, nor could he do any more for her.

If you think this case of sufficient interest to publish you are at liberty to do so. Any suggestions you may make will be thankfully received.

G. L. WAKEFIELD.

[This graphic case is one that should be cured. There is evidently traumatic spinal and interstitial hyperæmia, and

possibly plastic exudation of the lumbo sacral region. The treatment at first was wide of the mark. Dr. W. has a very clear conception of the situation. Absolute quiet, galvanism, proper uterine attention, and the Homœopathic remedy ought to gradually and surely put that spine to right. The predisposing and exciting causes, make the case one of unusual interest. T. C. D.]

HOW NUX VOMICA ACTS, WITH COMPARISONS.

BY E. A. FARRINGTON, M. D., PHILADELPHIA.

You will recall that I have already mentioned that *Ignatia* and *Nux-vomica* both, contain as active principles two alkaloids known as *Strychnia* and *Brucia*; the *Brucia* being in much smaller quantities than the other and present more in the bark of the tree than in the nut itself. Its properties are somewhat similar to those of *Strychnia*. Both alkaloids are combined with an acid known as *Igosuric acid*, which is identical with the *Malic acid* found in apples and pears. *Strychnia*, the principal alkaloid of *Ignatia* and *Nux vomica*, has a well-described symptomatology, being a poison not uncommonly used for suicidal and homicidal purposes, and also for the extermination of the lower animals, cats, rats, etc. *Strychnia* causes restlessness, trembling of the limbs, stiffness of the neck and jaws. The throat is constricted similar to what we find under *Belladonna*. Sometimes there are tetanic convulsions with opisthotonos. These tetanic convulsions differ from those of true tetanus only in the fact that the muscles relax between the paroxysms. The temperature of the body is not so high as in true tetanus; and trismus comes late in *Strychnia* poisoning. These *Strychnia* convulsions are re-excited by any impressions made on the senses, particularly by the slightest touch, while rubbing relieves the patient. In very large doses or in oft-repeated doses, *Strychnia* causes paralysis of afferent nerves.

Finally, collapse ensues as the result of exhaustion of the motor centres. I give you these symptoms of Strychnia for two purposes. One is that you may be familiar with them in order to recognize them in case one of your patients is unfortunate enough to be poisoned with the drug. The other is that you may the better understand the action of *Nux vomica*, for Strychnia being its principal ingredient, you will find running all through its symptomatology this over-impressionability; by this I mean that everything impresses the patient excessively. External impressions, as sounds, odors, and noises, excite him, and that over-irritability, I say, is characteristic of the drug.

The nearest ally to Strychnia, that I know of, is the active principle of *Cocculus indicus*, *Picrotoxine*. This, like Strychnia, causes tetanic convulsions, the main difference being that in the case of Picrotoxine, there is not the same impressionability; the convulsions are not so readily excited by external influences.

Cocculus indicus, from which the alkaloid Picrotoxine is obtained, may be used in convulsions when the respiration is impaired not so much from spasm of the respiratory muscles as from spasm of the glottis; and when the convulsions occur in persons who have been weakened by the loss of sleep, or by loss of animal fluids.

Veratrum album causes convulsions with spasm of the glottis and constriction of the chest amounting almost to suffocation. The hands and feet are drawn inward, and the pupils are contracted. You distinguish it from Strychnia in this; under *Veratrum album*, it is secondary to exhausting diseases and never primary, as under Strychnia.

Stramonium like Strychnia causes tetanic convulsions which are worse from touch or from light. The distinction lies principally here; with *Stramonium* there is almost always mania present, while under Strychnia the mind is clear to the last hours of life.

Camphor and *Phytolacca* are very similar to *Strychnia* in tetanic spasms. Both of these have showing of the teeth from drawing-up of the corners of the mouth. *Camphor* is indicated in tetanic spasm with the ever-present deathly coldness.

Phytolacca is called for when there are clenching of the hands and flexing of the toes. The lips are averted, and there is alternate spasm and relaxation of the facial muscles.

Angustura is indicated in tetanus of traumatic origin with trismus. The back feels stiff, and there are darting and spasmodic pains in the neck.

Curare is indicated in catalepsy with spasm of the lower jaw.

In studying *Nux vomica*, you will remember these prefatory remarks. First of all, let me say that *Nux vomica* is complementary to Sulphur. By that, I mean that very frequently after *Nux vomica* has done as much as its symptoms will allow it to do, the remaining symptoms often find in Sulphur the remedy that will complete the cure.

Now, let me give you the *Nux vomica* temperament. It does not necessarily follow that you must not use *Nux* if the constitution is not what I am going to describe; but it does follow that it acts better in the constitution about to be mentioned. *Nux vomica* suits best for rather thin, spare patients. It does not seem to act so well on the fleshy. Especially, is it indicated if the patient is rather irascible, and quick and active in his motions. He has a nervous temperament. The face is rather sallow or yellowish. There is a sort of false plethora, that gives the patient at times red cheeks on the yellow background. Generally, too, you will find that the patient suffers from any strain on the mind; particularly, if this overtaxing of the mental powers is intensified or rendered more injurious by sedentary habits. Thus you find the drug of great value for those who deprive themselves of sleep and

exercise in pursuance of their studies. You will find it frequently indicated in ministers who take very little exercise, and who have become dyspeptic. They have headache and are tired in the morning when they awake. The Nux patient frequently lies awake at night; his mind is so wrought up that he cannot sleep. Thoughts run through the mind in confusion. He falls asleep long after midnight, and then awakes in the early morning, four or five o'clock perhaps. He falls asleep again, and when he awakes once more, he feels terribly used up, as if he had been on a spree, and his sleep had done him no good. He has a bitter taste in the mouth; the tongue is coated; he complains of dull headache, and in fact of every symptom that points to wearing out of the system from overwork. This then is the kind of patient in which you will find Nux the most effective.

The Nux patient, you will find, has a great deal of trouble with the digestive organs. He suffers from headache. This headache is situated either in the occiput or over one or the other eye, usually the left. When it is situated over the eye, it begins usually in the morning, and increases all day until night, and is accompanied generally by sour taste in the mouth (less frequently by a bitter taste), by accumulation of flatus and by annoying retching. This may be associated with vomiting of food and sour matters, but the prominent feature of the vomiting is the violent retching, often or more less ineffectual, showing you the irritated condition of the stomach. He, too, has this peculiarity of sleep, awaking early, at three or four o'clock in the morning, and then falling asleep once more, awakes again feeling worse than at first. The bowels are constipated; and this constipation consists characteristically in ineffectual urging to stool. Thus you see that it is not due to atony of the rectum, but to irregular, fitful action. He suffers, too, from gastralgia which is usually made worse by eating. It is sometimes worse, however, when the

stomach is empty. The pain starts in the epigastrium, and radiates in various directions, into the back, etc. The paroxysms are very apt to recur periodically every morning, and are often associated with vomiting of sour matters and ineffectual urging to stool. The pains themselves are of a griping, clawing character, as though a hand were scraping the inside of the stomach; and they are often relieved by hot drinks. Now, you will notice that the symptoms I have mentioned for *Nux vomica*, if mentioned in pathological language, would have to be put under the term gastric irritability. The nerves are in such a state of hyper-irritation that food causes spasmodic action of the stomach and ejection of its contents. This, you will notice, is pathologically similar to the condition of the rectum.

In this extreme gastric irritability, we find *Nux vomica* and two or three other remedies which we cannot get along well without. You are treating a patient who has been prostrated by disease; as soon as he swallows food up it comes again. *Nux* is here one of the remedies particularly in children who are very excitable, and in men when they have indulged in excessive eating or in debauchery.

In other cases, where there is much burning in the stomach with the violent ejection of food, Bismuth is the remedy. The Subnitrate of Bismuth is the remedy for pure gastralgia, that which is not associated with any catarrh, or with any of the symptoms of indigestion. The epigastric pains may be burning, griping or lancinating, and associated with dull pain in the back, and spasmodic vomiting.

Another form of stomach trouble in which *Nux* is applicable is a dyspepsia in which there is marked aggravation about an hour or so after eating. The patient complains of great hunger about twenty-four hours or so before the attack comes on. In these cases, he craves meats, gravies, and fat foods. He has violent thirst, and water distresses the stomach and

causes distension of that organ. The patient, after even a light meal, is obliged to loosen his clothing.

In still other cases, we find *Arsenicum* the remedy, when in addition to the burning pains, we have the intolerable restlessness and anxiety, thirst, etc. It produces a perfect picture of subacute gastritis.

Still another remedy more valuable than any yet mentioned is *Kreosote*. Kreosote is a remedy for this irritable weakness of the stomach. Food cannot be digested. But I think its distinctive character lies in this fact, that though the stomach retain the food several hours, it finally ejects it undigested.

In gastric symptoms following debauchery *Nux* sometimes fails and sometimes is contraindicated by temperament. In the former case *Carbo veg.* is a good remedy.

Pulsatilla is preferable to *Nux vomica* when the symptoms have resulted from a mixed diet, such as meats, pastry, ice-cream, etc., especially if the temperament agrees.

In constipation *Nux* is similar to several remedies. *Lycopodium* has constipation with effectual urging to stool, but under this remedy the ineffectual urging is caused by constriction of the rectum and anus.

Carbo veg. has urging to stool similar to *Nux vomica*, but it is relieved by the passage of flatus, showing that that was the cause of the urging.

Under *Opium*, *Bryonia*, and *Alumina* the constipation is unattended by urging to stool. *Opium* has constipation from inactivity of the bowels; the stool consists of hard, round black balls.

The *Bryonia* constipation results from dryness of the alimentary tract. The stools are large, dry and hard.

Marked inactivity of the rectum characterizes *Alumina*. Even a soft stool requires great effort for its evacuation.

Nux vomica has a marked action on the liver. It is particularly indicated in liver affections in those who have in-

dulged to excess in alcoholic liquors, highly-seasoned food, or have abused themselves with drastic purgatives. Nux is one of the best remedies we have to counteract the effect of Allopathic dosing. You will frequently find it necessary in taking charge of a case that has been under old school treatment to administer Nux before you can make head and tail of the case. The liver you will often find in these cases swollen and hard and sensitive to the pressure of the clothing. There is often colic attending these gastric and bilious troubles. This colic may come from accumulation of flatus which presses up towards the chest, producing inconvenience in breathing; or downward upon the rectum and bladder, developing both urging to stool and urination. Or it may be hæmorrhoidal colic. By this I mean abdominal pains which follow the sudden stoppage of a hæmorrhoidal flow. The patient has been for years subject to piles, with bleeding at stool. If from some cause this flow is suddenly checked and headache or colic results, Nux will help him. If the liver is enlarged, you must give Nux in repeated doses, and you will often be gratified at finding the liver resume its natural proportions. If it does not then you have to fall back on *Sulphur*, *Sepia* or *Magnesia mur.*

Nux vomica is also useful in jaundice provoked by violent anger, by abuse of Quinine, or by too high living. The patient has attacks of faintness, after which he feels very sick or weak.

Nux may also be indicated in the enlarged liver of drunkards.

Chamomilla may be employed in jaundice resulting from a fit of anger.

Bryonia is useful in jaundice when the case has been spoiled by the abuse of Calomel.

Corduus marianus is indicated in jaundice with dull headache, bitter taste in the mouth, tongue white, especially in the

middle with the tips and edges red. There is nausea with vomiting of an acid green fluid. The stools are bilious, and the urine golden yellow. There is an uncomfortable fulness in the region of the liver.

In hæmorrhoids Nux may be useful when there is itching, keeping the patient awake at night, and frequently so severe as to compel the patient to sit in a tub of cold water for relief. There is frequent ineffectual urging to stool. There is bleeding from the piles. Unless Nux is thoroughly indicated, it should not be prescribed, for while in such cases it may cure the piles, it will excite some other trouble more unbearable than the one it has relieved.

The analogues of Nux in hæmorrhoids are several. First, *Æsculus hippocastanum*. This is a wonderful remedy in abdominal plethora. You will find it indicated when there is throbbing deep in the abdomen, particularly in the hypogastric region. The hæmorrhoids, which may or may not bleed, are accompanied by a feeling of dryness in the rectum, as though little sticks or splinters were pricking the folds of the mucous membrane. That is the key-note for *Æsculus*. *Æsculus* also has weak feeling at the sacro-iliac symphysis, as though the legs were about to give up.

The next remedy that I will mention in this connection is *Aloes*. This remedy has abdominal plethora and flatulence like Nux and Sulphur, and hæmorrhoids like Nux, Sulphur, and *Æsculus*. But it differs from these remedies in that it acts almost entirely on the rectum, producing catarrh of the rectum. The stools are accompanied by an immense expulsion of flatus. The hæmorrhoids protrude like a bunch of grapes and are greatly relieved by cold water. There is also a sort of uncertainty about the rectum, shown in a feeling as if the bowels were about to be moved. *Aloes* also cures a headache which, like that of Nux vomica, is situated over the eyes. It is attended by a sensation as though a weight were

pressing the eyelids down. Relief comes from partially closing the eyelids.

Collinsonia is indicated in hæmorrhoids when there is a sensation as of sticks in the rectum. Constipation is usual. The bowels are more apt to move in the evening. *Collinsonia* is also useful in prolapsus uteri complicated with hæmorrhoids. It is just as frequently indicated in this condition as is *Podophyllum* in prolapsus uteri with diarrhoea and prolapsus recti. We find that *Collinsonia* has a symptom like one of *Opium*, dry balls of fæcal matter are passed from the rectum, but they differ from those of *Opium* in that they are of a light color.

Hamamelis is called for in hæmorrhoids when there is considerable hæmorrhage with marked soreness of the affected parts. The back feels as if it would break.

Nux vomica may be used in diarrhoea coming on after a debauch. The patient is usually worse in the morning. The stools are papæsent or watery, and are characterized by being scanty and often accompanied by urging, thus keeping up the character of *Nux vomica*. The patient gags and retches in the morning, vomiting perhaps a little froth or sour fluid. He craves liquor, of course, but so irritable is his stomach that he vomits it as soon as it is taken. Such persons seem to be particularly intolerant of milk.

We may give *Nux* in dysentery when there is frequent urging to stool, this urging ceasing as soon as the bowels move. The stools are bloody, slimy and watery and also scanty. The patient is worse in the morning. *Nux* is indicated by these symptoms, whether the disease is the result of cold, or whether it comes from the suppression of a secretion, as the perspiration.

Mercurius is distinguished from *Nux* in dysentery in that the urging to stool does not cease with the evacuation, no matter how free that may be.

Another concordant remedy in dysentery is *Aloes*. This drug is useful in dysentery when there is griping pain in the hypogastrium before stool, being here very much like *Nux vomica*. The stool consists of blood and mucus coming out in jelly-like masses. The griping may or may not cease after stool. In addition, we may have an extraordinary amount of mucus expelled.

Let me speak of the use of *Nux* in incarcerated hernia, whether inguinal or umbilical, and I will have done with its abdominal symptoms. *Nux* is indicated when the patient complains of a feeling of weakness in the abdomen on rising in the morning.

Lycopodium may be used for right-sided inguinal hernia.

Cocculus indicus comes into play in umbilical hernia after *Nux vomica* has failed.

Now let us look at the action of *Nux* on the different organs, for instance, the eyes—we find it indicated in many eye diseases. In the first place, you may give it in ordinary conjunctivitis, particularly when it is worse in the morning. This period of aggravation is so well marked that it becomes characteristic of the drug. There is agglutination of the lids and photophobia in the morning. These symptoms may also indicate the drug in scrofulous ophthalmia and in blepharo-spasmus.

It may also be indicated when the deeper structures of the eye are involved. For instance, it may be given in that dread disease, atrophy of the retina, whether it come from choroido-retinitis or not.

We find it indicated, too, in another condition of the retina, that is hyperæsthesia of the retina. It is indicated by the intolerance of light, worse in the morning; the least attempt to use the eyes is followed by intense pains and spasmodic motion of the different ocular muscles; with this, there may be excoxiating lachrymation.

Another condition in which you find it indicated is, in ecchy-

mosis of the sclerotic, when a certain amount of blood is effused beneath the conjunctiva. These often follow debauchery or sitting up late at night to study, in persons subject to dyspepsia.

If these ecchymoses are of traumatic origin, then we are to think of *Ledum* and *Arnica*.

Now for *Nux vomica* in catarrhs. *Nux* is suited to the initial stages of the ordinary coryza, particularly when it has been caused by dry, cold weather, or by sitting in cold places; especially from sitting on cold steps. The trouble is associated with sneezing, and stuffed-up sensation in the nose. The nose seems to be dry, there being no discharge to speak of; the eyes water, and there is a scraping rawness in the throat. Sometimes these catarrhal symptoms seem to be worse in a warm room and are relieved by the open air.

Now this rawness differs from that of *Mercurius*. It is not a sore, raw feeling as if the skin were off, as it is a rough, scraping sensation. *Mercurius* then is useful in coryza, with rawness and soreness of the nose and throat, with aggravation in damp weather.

Pulsatilla is the remedy for a ripe cold, in which the discharge is green and bland. If *Pulsatilla* is prescribed in the beginning, it usually spoils the case.

If, despite the use of *Nux*, the cold travels downwards and involves the chest, I have found *Phosphorus* to follow well.

There is an epistaxis curable by *Nux vomica*. It occurs in persons of a hæmorrhoidal disposition. It is usually preceded by headache, with red cheeks. It usually comes on at night during sleep, although it may occur at any time.

Nux may also be used in Eustachian catarrh. There is itching and tingling along the Eustachian tube, and this induces a frequent desire to swallow.

You will sometimes find symptoms of the mouth suggesting *Nux* as a remedy. Ulcers form on the lips which burn and have sticking pains in them. Ulcers also appear in the mouth.

The stomach of *Nux vomica* is of gastric origin.

The cough of *Nux vomica* is not very characteristic; but you may employ it in cough of nervous origin, for instance in coughs which are proved by mental work. It may also be used in coughs of gastric origin; after eating, the patient suffers from cough. This is usually accompanied by soreness in the hypogastrium.

In diseases of the chest, we do not find *Nux* indicated very often; still it is sometimes useful in asthma. This asthma is usually not the pure nervous asthma, but it is that which arises from gastric disturbance. It is associated with a feeling of fullness and oppression in the stomach; particularly manifested after a hearty meal during which the patient must loosen all the clothing about the hypochondria. The abdomen is distended with flatus. Belching relieves this asthmatic state. The symptoms are always increased by cold air or any exertion, particularly ascending a height.

There is a drug analogous to *Nux vomica* which is often overlooked by members of our school, and that is *Zingiber*. *Zingiber* or ginger has a tonic effect on the stomach unless it is over-used. It is not a safe article of food to be indulged in by children or by those who have any kidney affection, as it rather favors the development of morbus Brightii. As a medicine, *Zingiber* may be used in asthma of gastric origin. The attacks come on in the night towards the morning. The patient has to sit up to breathe. Despite the severity of the paroxysms there seems to be no anxiety.

Carbo veg. and *Lycopodium* may be used in asthma from abdominal irritation with marked flatulence.

In hæmoptysis or blood-spitting, *Nux vomica* is indicated when the trouble results from debauchery. The attack appears after a drunken spree or after some violent emotion, as anger. It may also result from suppressed hæmorrhoidal flow.

Nux vomica is a useful remedy in diseases of the genito-urinary organs. It is indicated in renal colic, when one or the other kidney, usually the right, however, is the seat of the disease. The pains extend into the genital organs and down the leg. It is usually associated with intense back-ache. We must here differentiate *Nux* from a few other remedies, *Lycopodium*, *Cantharis* and *Berberis*.

One of the best remedies during the paroxysms is *Cantharis*, which relieves the patient by lessening the amount of local irritation and so permits nature to get rid of the stone with less suffering to the patient.

In the passage of all gall-stones, I find that *Ether*, externally and internally, is very good. It here acts better than Chloroform.

Belladonna is another remedy for biliary calculi. The pains are of a sharp, shooting character; they come suddenly and radiate in various directions from the central point of irritation. The patient becomes feverish and excitable.

Berberis is an excellent remedy for biliary as well as renal calculi. The pains are of a shooting character. The patient cannot make the slightest motion, and must sit bent over to the right side to take the pain from the sore region. If, in addition, he complains of sharp darting pains following the direction of the ureter and extending into the legs, there is no remedy like *Berberis*. You find in the urine a reddish deposit, consisting of mucus, epithelium and lithates.

The remedy to permanently cure biliary calculi is *Cinchona*. This has been highly recommended by Dr. Thayer, of Boston. Unless some symptom or symptoms call you specifically to another drug, put your patient on a course of *Cinchona* and have him continue it for a number of months.

We find *Nux* indicated in hæmaturia when it is traceable to the same causes as the hæmoptysis.

Nux vomica is indicated also in affections of the bladder,

particularly in strangury with painful urging to urinate, with passage of only a few drops at a time causing burning and scalding and other uncomfortable sensations.

Sometimes I have noticed that after gonorrhœa has been cured so far as the discharge is concerned, the patient still complains of irritation far back in the urethra, probably in the prostate, causing an uncomfortable feeling which the patient refers to the root of the penis. With this urging to urinate, there is urging to stool. In gonorrhœa, Nux is useful after the abuse of Cubebs or Capaiva, when the discharge is thin.

Nux is useful in sexual excesses, especially for the bad effects of early masturbation. It is one of a group of remedies used in these cases ever since the days of Hahnemann. This group consists of Nux vomica, Sulphur, Calcarea and Lycopodium. Nux is to be given when the patient has headache, frequent involuntary emissions at night, especially towards morning; he complains of bachache, difficulty in walking. Do not repeat your medicine too often, and when the improvement ceases under Nux, you will almost always find that Sulphur will be the next remedy which will give the patient any relief.

Calcarea usually follows Nux and Sulphur, particularly when night sweats follow every emission; or, after marriage, every coitus is followed by weakness of mind and body.

Lycopodium is indicated still later, when the case has gone on to complete impotency; when the erections are either absent or imperfect. The genitals are cold and somewhat shrivelled.

Staphisagria is called for in the bad effects of masturbation, particularly if there is great emaciation, with dark rings about the eyes, sallow face, and well-marked peevishness and shyness.

There is still another remedy which I would mention in this connection, and that is *Kobalt*. This is an excellent remedy

for backache in the lumbar region, following seminal emissions whether voluntary or involuntary; this backache being particularly worse while sitting.

Nux is indicated in quite a variety of diseases of the female sexual organs. We find that it is a remedy which has caused and therefore can cure prolapsus uteri. It is to be used when the disease is of recent origin, and has resulted from a sudden wrenching of the body. These symptoms are often associated with constipation with ineffectual urging to stool. If Nux does not entirely cure, the best remedy to follow it is Sepia.

The menses, under Nux vomica, are almost always profuse, and generally dark in color. The patient has frequent fainting spells about the time of the menses, especially when in a warm room.

During pregnancy, Nux is a useful remedy for the morning sickness. The patient arises in the morning feeling haggard and sick at the stomach. The more retching predominates over vomiting, the more can we expect from Nux vomica. Jaundice, even, may be present. The skin is sallow, the bowels are constipated, and the appetite is lost. Still later, the patient complains of great pressure upwards, as though she could not breathe.

During labor, Nux is the remedy when the constipation calls for it. The labor-pains may be very spasmodic and severe; the woman has a constant inclination to stool and urine. This symptom, when Nux is the remedy, is not due to mechanical causes, such as the pressure of the child's head, but it is purely of reflex origin. Frequently, you will find fainting during the pains, or, the pains are in the back, and descend thence to the buttocks and thighs. We may also give Nux when the labor-pains nearly or entirely cease, exactly as in Pulsatilla. The temperament of the patient will enable you to decide between the two.

Now, the action of Nux vomica on the spine: It produces,

as we have seen when speaking of Strychnia, irritation of the motor centres and efferent nerves. The backache cured by Nux is that located in the lumbar region. It is usually worse at night when lying in bed, and the patient cannot turn over without sitting up. It is thus useful in lumbago. The longer he lies in bed in the morning, the more does his back ache.

It is also indicated in torticollis, arising from cold and due to spinal disease.

In spinal irritation, you may use Nux when the backache just described is present in association with the following symptoms: Sudden loss of power in the legs in the morning; the hands and feet go to sleep easily; stiffness and tension in hollow of the knees; the clothing about the waist feels too tight; sensation as of a band about the waist, desire to lie down; numbness and formication along the spine and in the extremities. These symptoms also indicate Nux in myelitis, and in the early stages of locomotor ataxy, especially when the trouble has occurred from exposure to cold or to sexual excesses.

Physostygma has a symptomatology almost typical of spinal irritation. Every nerve of spinal origin is irritated under this drug. The pressure of the finger between the vertebræ causes the patient to wince. *Physostygma* causes rigidity of the muscles from meningeal irritation. It finally develops trismus and tetanus.

Belladonna is the best remedy for stiff-neck of rheumatic or catarrhal origin.

Nux is useful in rheumatism when it involves the larger joints and muscles. It is especially indicated in rheumatism of the trunk. The swelling in the joints is usually rather pale. The symptoms are almost always worse towards morning.

Cerebral softening may be averted by *Nux vomica*. Especially is this remedy to be thought of, when sedentary habits and mental efforts have operated as well as intemperance to

produce the disease; especially, too, in persons who have been living too high. The memory is fickle, headache comes with every attempt to exert the mind. He has vertigo when he awakens in the morning, and his gait is vacillating.

Phosphorus is the remedy which most frequently follows Nux in this condition.

There is a new remedy which I would here like to mention, and that is Picric acid. This is a violent poison. It is to be thought of when, after every severe mental effort, the patient suffers from intense headache of throbbing character, and felt more particularly at the base of the brain. Often, too, there is congestion of the spine with increase of sexual excitement, so that erections become almost violent enough to be termed priapism.

Next, we will look at Nux vomica in typhoid fevers. In the selection of Nux in such cases, you are guided by the gastric and bilious symptoms, bitter taste in the mouth, especially in the morning, nausea, vomiting of bile, and the characteristic constipation of the drug. The weakness which necessarily belongs to the typhoid state is expressed under Nux by strong inclination to lie down. The nights are passed in nervous, excited sleep; slight noises cause him to start. He dreams a great deal at night. He may be delirious.

Nux vomica is useful in intermittent types of fever, when the chill is preceded or accompanied by blueness of the fingernails; gaping and yawning are well marked. There is always aching in the limbs and in the back; this is followed by fever, and that by sweat. During the apyrexia we have prominent gastric and bilious symptoms.

A peculiarity of Nux well worthy of mention is, that it seems to intensify the action of Sepia. The same relation exists between Sepia and *Lilium tigrinum* and Sulphur, and Mercury. Nux vomica is inimical to Zinc.—*Hah. Monthly.*

ELECAMPANE FOR HYDROPHOBIA.

AN IMPORTANT LETTER FROM AN EXPERIENCED WRITER.

Mr. Editor.—My attention was drawn to Elecampane many years since as a preventive of hydrophobia. The active medical principle of this plant is found in the root, and is called inulin. From my experience I believe this inulin neutralizes the virus, or poison, of hydrophobia. Allow me to give a few instances where this simple remedy has been used. My own nephew, then a small boy, was bitten badly in the face by a dog unmistakably mad. This occurred within a few miles of this city.

The father of the lad came immediately to town to obtain medical advice. We called on an eminent physician (now deceased), who at once prescribed the plant named. The root was obtained and administered as hereinafter directed. No symptoms of hydrophobia appeared, and the lad, now a hale, hearty farmer in Montgomery county, lives to show the scar of the wound in his face.

The physician above referred to related to me a number of instances in which the remedy had been used, and always with success. He in fact remarked, "I never knew it to fail when properly administered." I will give but two cases: First. Two men, living near this city, were bitten in the hand by the same dog, and within fifteen minutes of each other. The dog, a stranger to them, was secured and imprisoned, to await an order. The next day he showed unmistakable signs of madness, and finally died of hydrophobia. Alarmed for their safety, both men came to this city and waited on the doctor quoted above. He prescribed Elecampane root. One of the men remarked "that is an old woman's remedy," and refused to take it. This man, returning to his home, placed himself under the care of his own doctor, who cauterized the wound and administered medicine to salivate him. On the ninth day

he was seized with spasms and died in agony. The other and more fortunate man took the Elecampane as prescribed, and never suffered in the least degree from the dreaded disease.

Second. A number of cows feeding in a pasture were all bitten by a mad dog. The circumstance coming to the knowledge of those who had heard of this Elecampane remedy, they thought it a good opportunity to give it a trial. The cows were accordingly separated—to one-half the number the root was administered (in form of decoction) and not one of the cows suffered from hydrophobia; whilst all of those not so treated took the malady and died from its effects or were shot. In quite a number of cases coming under my own observation of persons bitten by dogs supposed to be mad, I have recommended the use of the Elecampane, and have yet to learn of the first case of hydrophobia resulting from such bite where the root was used. I think, therefore, I have good reason to have confidence in the remedy as a preventive.

Whether after a manifestation of the disease it would have a good effect, or any effect at all, I am unable to say. I doubt whether it would. But the antidote is so simple and so readily obtained that it would be almost criminal not to employ it.

Having said this much, allow me to give the mode of using the remedy: To one and a half ounces of good, sound Elecampane root, bruised in a mortar, add one pint of new milk; boil to half-pint, strain off, and when cold take at a dose in the morning fasting. No food should be taken for from three to five hours afterwards. Repeat the dose on the third morning, allowing one morning to intervene, and again on the fifth morning. The above quantity is for an adult; for children, given in proportionate doses, say to one of twelve years, half the quantity.

R. S.

Philadelphia, April 18th, 1877.

[The foregoing letter is from the experienced head of a wholesale drug house, and is therefore entitled to a special

consideration. It is published for the general good, for it must certainly have a salutary effect for people to know that so simple a preventive remedy is available. At the same time it is deemed proper to express the strong belief that in a great many of the instances in which hydrophobic symptoms are exhibited the symptoms (not the disease) are induced by excited imagination and apprehension. Considering the large number of cases of injury by bites from dogs that occur every year, and the very small number of well-authenticated cases of hydrophobia, or even of reported hydrophobia, persons who have the misfortune to get bitten may well afford to keep their minds at rest about the matter. Not less than a score of the carriers of the *Ledger* have been bitten by dogs, we regret to say, and some of them several times, but they, having no apprehension of hydrophobia, have never developed the symptoms of that disease. It is well, nevertheless, to have the Elecampane remedy at hand.—*Editor Ledger.*]

HYDROPHOBIA RARE—ELECAMPANE, ETC.—*Mr. Editor,*-- Having an interest in the subject of hydrophobia, I have some views in regard to its treatment, historical and practical, from which I draw the following facts in regard to elecampane, which has been so strongly recommended by "R. S." in your columns in 1877, and again December 19, of last year.

Elecampane (called *Inula*, in the U. S. pharmacopœia), is the root of the *Inula Helenium*. It is given in a powder, in doses of from 20 to 60 grains, or in decoction. "It contains a subject closely allied to starch—*inulin*, a bitter principle, *helenin*, and a little volatile oil." (Lander Brinton). It does not appear to have any decided therapeutic action.

Its first connection with the treatment of hydrophobia appears to have been as one of the ingredients of the once famous *Ormskirk Remedy*, supposed to have been invented by one

"Hill," an apothecary of Ormskirk, and which was analyzed by Lewis and others, and found to be composed of chalk, Armenian bole, Alum, Elecampane root and Oil of Anise (Lipscomb). This remedy is thus spoken of by Dr. James Thacher, in an interesting book on hydrophobia, printed in Plymouth, Mass., in 1812: "The renowned compound called the *Ormskirk Medicine*, * * * poised for half a century on the pinnacle of fame, combatting, as supposed, the shafts of death when presented in the shape of rabies canini (*sic.*); its prosperous career, however, is now finished, and its powers and fame with those attached to the preceding farrago are alike disregarded."

If any human being can be fortified in his mind against the disease usually called hydrophobia by the use of this or any other remedy, it may be an excusable deception; but regard for the truth must compel the scientific student to limit its efficaciousness, notwithstanding the admirable argument in its favor by R. S.

The best prevention against hydrophobia, in my opinion, is a knowledge that it is exceedingly rare; that it does not inevitably follow the bite of a rabid dog; that it has been cured. In addition to this, it may be profitably urged upon our now somewhat excited people that rabies is also very rare in dogs, and that no good evidence has been produced that any of the dogs recently said to be mad in a neighboring city were really mad, or that those persons who were bitten by them—some of whom have been sent to Paris to be experimented on by Pasteur—were in any danger of having hydrophobia.

Yours respectfully, CHARLES W. DULLES, M.D.

DYING WITH TEARS IN THE EYES.

In your March number, Dr. Bowen, of Fort Wayne, Ind., says in his article "Catalepsy vs. Death," "It is a fact that no one ever died with tears in their eyes."

A few weeks ago I saw a little girl aged two years die with plenty of tears in her eyes.

The cause of death was malignant diphtheria; duration of disease, two days; mode of dying, asthenia.

I had noticed the statement of this fact once before somewhere, and remembered it, to my chagrin, this time. I assured the family when they sent for me saying that the child was dying, that I did not think so, and pointing to the tears in her eyes said, "It is a fact that no one ever died with tears in their eyes."

Every other symptom certainly pointed to a speedy dissolution but this "fact."

She was dead ten minutes after my assurance to the contrary, and rigor mortis soon supervened.

The late Prof. McClatchy, of Philadelphia, on opening his course of lectures in 1879, said to us, "Believe all things, doubt all things said to you;" and I certainly would have been spared my recent chagrin had I acted according to this rule in this instance, though backed by a "fact." J. W. WATZEK.

RHEUMATISM OF THE HANDS.

The following is the history of a case I should like to have the readers of THE INVESTIGATOR suggest treatment for:

Lady aged about twenty-six, unmarried, brunette, dark eyes, and has had rheumatism for about a year and a half. For about ten months it seems to have settled in her hands. They commence to pain very much then swell so the skin is tight, then pain leaves. Seems well every other way. C.

[Caulophyllum has a special rheumatic affinity for the small joints of hands and feet. It ought to meet this case. It may make the rheumatism miscarry next time.—T. C. D.]

NOTES ON PUERPERAL ECLAMPSIA.

BY J. M. BARDEN, M. D., MANSFIELD, PA.

I can corroborate the statement of those who have spoken of the usefulness of Verat. vir. in puerperal eclampsia. I had a case of eclampsia gravidarum at the sixth month, where it seemed as if there could be but one termination and that not far off. Where Gelsem, Bell., Hyos. and Ignatia had failed to make any impression. When noticing the great rapidity of the pulse, I changed to Verat. vir. in alternation with Cuprum met. Improvement began soon, and I had the satisfaction of seeing my patient recover, but not without miscarriage. She was in a generally œdematous condition from albuminuria; and right here comes a question: Are not a majority of those cases of eclampsia to be referred to albuminuria as their cause? I think so. The prevailing epidemics in this locality are mumps and mud. Merc. for the first, and patience for the last.

NOTES FROM PRACTICE.

GOBLEVILLE, Mich., March 17.

We have been having a peculiar epidemic of catarrh in this vicinity which readily gives way to the proper remedies, that being Spigelia indicated by the following symptoms: Fever, coryza, eyes antero-headache on the left side with tearing shooting into the left eye and malar bone, which causes the teeth to ache on the left side. Symptoms generally grow worse from morning until noon, when they decline, to appear the next day in the same order.

P. DEVERE.

MORRISON, ILL., March 25.

Prevailing diseases are: Influenza, diphtheritic sore throat and catarrhal fevers. All have got well so far. Remedies used for influenza; Gels., Bell., Arum.; sore throat: Merc. iod., Bell., Bry.; catarrhal fever: Gels., Bell., China, etc. With the old people have used Arsenicum and Ars. iod.

C. J. PEARSON.

DIARRHOEA AND FEEDING-BOTTLES.

"Baby has the diarrhoea, doctor," "Do you nurse him?" "No, doctor, he takes the bottle." How frequently has this conversation taken place between doctor and mother.

One of the commonest causes of diarrhoea, nasty, persistent diarrhoea, that resists treatment, is the use of the bottle. Yet it should not be so; it is not a necessary accompaniment of the bottle.

But the majority of mothers are careless about keeping the bottle clean. Two bottles should be always in use. When one is emptied, it should be well washed in hot water, thoroughly rinsed, and allowed to stand full of warm water, into which a small piece of washing soda has been introduced, until required for use, when it should be again well rinsed.

Long nursing tubes are an abomination, and form ready nests for the propagation of disease germs. We should employ the ordinary rubber nipple, without any tube, and, having several on hand, those not in actual use should be kept soaking in water and soda. If we have good milk, that has not soured, and if we observe these simple precautions, we will soon cure these obstinate diarrhoeas without drugs.—*Med. and Surg. Record.*

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THAT SPINAL CASE.

REPORTS IMPROVEMENT.

My spinal case which was published in the March number of THE UNITED STATES MEDICAL INVESTIGATOR shows the following condition now: Eye symptoms very much improved; spinal symptoms and general health better; has gained two pounds; feels quite cheerful. I attribute part of the improvement to galvanism; it has cleared up ovarian irritation almost wholly. After sending the statement of case new symptoms appeared. By pressure over other parts of spine other than coccyx no sensitive spot appeared until about two or three

weeks after I wrote. Then suddenly complained of hyperaesthesia of third dorsal vertebra. Eyes gave out from overwork about this time. Insisted on rest. Obtained battery and applied negative over spine; positive over epigastrium. Occasionally an electrode was passed down to coccyx, placed positive electrode over right ovary.

The galvanism seems to help her. After writing menses were partly arrested; blood looked brownish and unhealthy. Prescription: Puls., which is helping; shall depend on galvanism, Ign., Bell., and Hypericum; Puls. as intercurrent. F.

SPINAL IRRITATION WITH ANTEVERSION OF THE UTERUS AND ASTIGMATISM.

I take exception to the teaching of those who regard anteversion as a proper position for the uterus; but this is not my present point. It is to show that the very commonest source of spinal irritation, uterine displacement, should always receive due consideration in difficult cases, and that then, the similitum does its perfect work.

Miss C., aged thirty years, having had her menses, became rigid about the whole spine, worse in the neck and up to the head, with sensitiveness to touch; the whole body and limbs became helpless, as if paralyzed, with constant general distress, and downward pressure in the lower abdomen. Examination per vaginam showed impacted anteversion of the womb. Replacement relaxed the rigidity, and a few doses of *Silicea* 200, cured all the rest.

Spinal Irritation with Astigmatism.—Dr. —, aged forty-eight, had for a long time his studies produce a dull, distressing, painful, exhausted feeling in the head and nape of neck, down to the dorsal region. "Brain-fag" being diagnosed, rest and change were tried with some relief. He then read a report of a similar case, where astigmatism of the eyes had been discovered, and cylindrical glasses applied by a competent oculist, and a cure of his so-called "hyperæmia of the brain" thereby effected. The same remedy was applied, and with a like curative effect. *Silicea* 200, was also very serviceable.

J. C. MORGAN.

CLINICAL NOTES.

ASHTON, Dak., April 12, 1886.

Please give notice of our society meeting here June 1st, 2nd and 3rd. We hope for a large attendance. We are having fine weather. Business very good. Prevailing diseases are colds, pneumonia, pleurisy, rheumatism and measles, a few cases of diphtheria. The usual remedies give satisfaction in most cases. Obstetrical practice is unusually good. Our people are very enterprising, and believe in settling up the country. They are too impatient to wait for the slow process of emigration.

M. L. REED.

RELIEF OF PAIN, ETC., IN SURGERY.

J. F. M—, aged thirty-three, fractured lower jaw; with wound of inner back right cheek; has had a cold. Had Acon. 3; nothing since March 23rd; is constipated. Redressed fracture last evening. Necessarily it was made pretty tight to retain the fragments. Suffered pain at night. Cheeks and upper lip much tumefied. At 11 P. M. got severe pains in top of the head, and in teeth (front side of fracture); sleepless all night; sitting by the fire or going about; could not lay his head back, it caused the pain in head to be very severe; but was sleepy; hard aching up to ear, mainly at right back of jaw, and on raising up, shooting, tearing from fracture to both sides and top of head. This morning at six o'clock felt very dull, had to lie down. Less pain after 9 A. M.; still very severe; demanded the removal of dressing. The upper lip looked "very white," and puffy. Restlessness; changing posture continually on the chair. Unable to articulate at all. Difficult to swallow. At 10:30 A. M. to-day gave in solution, Opium; dissolved about one grain of the first trituration in four fluidounces of water; teaspoonful every hour; each dose about $\frac{1}{300}$ grain. About 11:15 A. M. bowels moved well. After

the second dose went upstairs, lay down and fell asleep. The bandage was not disturbed. At 4 P.M. saw the patient and found him almost free from pain, and able to converse quite well. Had had six doses—in all about one-sixtieth of a grain of Opium.

March 26.—Conversed too freely yesterday with the captain of police who interviewed him concerning the assault, and at night had a good deal of pain, not as before, in the head, but in the back of the mouth, where the cheek had been wounded by the lower wisdom tooth. To-day there is bad breath, foul mouth, cough, stiffness of right side of neck, etc., plainly demanding *Mercurius vivus*; gave it in the 200th every three to six hours, for two days, relieving these symptoms; the fracture going on to cure by means of the appropriate dressing,

The stiff neck and rigidity of facial muscles at one time strongly suggested a possible attack of tetanus, but all this happily yielded to the remedies. JOHN C. MORGAN.

THE CHEMICAL BAROMETER.

The liquid in this weather-glass is made as follows: Take Camphor 2 parts, Sal Ammoniac 1 part, Saltpetre .1 part, dissolve in alcohol, and add water until the camphor is partly precipitated, put in a bottle about ten inches long, cork well and seal with wax, and then perforate cork by burning through one small hole by means of hot needle.

Directions.—If clear weather precipitate remains at bottom. Change for storms: small crystals like stars will be seen floating in liquid; storm, precipitate rises till near the top; squall, long, hairy crystals will rise on the side from which the wind blows. C. F. Z.

INFANTILE CONSTIPATION.

BY J. G. GUNDLACH, M. D., ST. LOUIS, MO.

I was much interested in that case of Dr. E. B. Wiley. If there ever was a remedy for infantile constipation, I have

it proved in *Sanicula*. If you will take the trouble to look up *Nat. m. Alum Silicea* with *Calc. carb.* and other compounds, place all these constipation symptoms together, you will have a picture of *Sanicula*. It has all the inertness and inactivity of the bowels. At other times ineffectual urging, the great accumulation, and all that. Sometimes the stools consists of small compact balls with no coloring matter, with the most horrid smell, like Limberger cheese. In fact, they are undigested casine of the milk. At other times the stools are of the same light color, but soft and very sticky, requiring the greatest effort to evacuate the bowels. The little fellow will grunt and groan and press until he is as red in the face and head as can be. When he stops, the stool, either soft or hard, slips back. The distending perineum and the efforts to evacuate reminds one of the last few minutes of the second stage of labor.

Dr. Sherbino, of Abilene, Texas, tells me he has made some nice cures with it. He has also given me a proving of it.

POST GRADUATE STUDENTS.

PHILADELPHIA, March 28, 1886.

DEAR DR. DUNCAN.—Thinking over your Post Graduate plan, a la Chautauqua Circle, I notice the advertisement of the "Chautauqua University." This works by mail, thus: it has, *at present*, a "Department of Liberal Arts." In this are some dozen "schools," such as the "School of Latin," the "School of Greek," the "School of Business," etc., etc. Also, it has a "Department of Theology."

It should now have a "Department of Medicine," and the Homœopathic profession can offer to run it.

Each "school" *within each department* has one "principal." Such a medical department could have a "School of Anatomy," a "School of Physiology," a "School of Pathology," a "School

of Practice," a "School of General Surgery," a "School of Obstetrics," a "School of Gynæcology," a "School of Ophthalmology," a "School of Otology," a "School of Microscopy," a "School of Orthopædic Surgery," a "School of Neurology," a "School of Materia Medica," a "School of Pharmacy," a "School of Hygiene," a "School of Botany," etc., etc.; each having a "principal," and thus every student would be free to follow his own bent, in selecting his plans of study. Two-thirds or three-fourths of the whole, to entitle him to examination for *diploma*—but single certificates for proficiency in any one school. What think you?

If not best to unite with the Chautauqua University, a similar corporation can be chartered. Still, this would have prestige,
Fraternally yours,
JOHN C. MORGAN.

GALVANISM IN STRICTURE.

NEW LONDON, Conn., March 6, 1886.

DR. DUNCAN,—*Dear Sir*: I presume you have sufficient to take up your time without having to answer scattering letters like this, however, I write you just the same. My first attempt to use the galvanic current (McIntosh Bat.), six cells, for the cure of urethral stricture, is not exactly satisfactory. I wish to ask you if you know where the hitch is? Used negative pole attached to urethral electrode six cells. No complaint of discomfort from patient. No. 15, English olive passed in fifteen minutes. Four days later in the interval, there having been quiet a good deal of discharge; stricture had contracted to No. 11, but at one sitting dilated to No. 15 again with steel sounds. What was the matter with galvanic business that it worked so unsatisfactory?

Very respectfully yours,

GEO. S. MORGAN.

[Should judge that the current was not strong enough; add six more cells, or see case every day for a few days. Follow with Gels., and I guess that it will stay dilated, unless he is a masturbator.—T. C. D.]

CASE OF SPINAL IRRITATION WITH MYOPIA.

Miss E. P. H., aged fifty years. (Has had Sulphur 2c.) Is myopic. Prescribed glasses. Has been wearing them; finds much difference in her spine and in her whole body when wearing them. Yesterday, while getting breakfast without them, had pain in the sacrum, extending round her forwards; it took all her strength away. Began with pressure in the eyeballs. The whole was relieved by wearing them; also gradually, by wearing a shade over the eyes. Has often when walking about without them, numbness in hands and feet, as if asleep. Gets drowsy. Also, when wearing neither shade nor glasses, when standing or sitting, has a feeling like a worm crawling in the marrow of the cervical spine, sometimes partial, sometimes in the whole. Sometimes chills also run from the same place, forward to the face and ears. Has had, occasionally, uneasy, stiff feeling between the shoulders in the dorsal spine, extending down the arms to the fingers, as if they were asleep—when she uses her eyes without her glasses, looking steadily, these bad feelings come on, with “drawn feeling,” locally. Often has pain in her feet, like cutting in the tendo achillis; aching in ankles; drawing-twisting in the hips; it extends to the hypogastrium, thighs, legs and feet, as if the menses would come on; yesterday, after lying down she put on her glasses, and was directly afterwards able to walk out, and felt well. Has also, at times, a hysterical feeling of a lump in her throat, when not wearing her glasses; relieved by putting them on.

J. C. M.

STUDY OF THE MATERIA MEDICA.

BY J. D. CRAIG, M.D., CHICAGO, ILL.

With the present number of THE INVESTIGATOR will appear the first installment of the Materia Medica cards promised in January. It was intended to commence them in February,

but owing to professional engagements I was unable to devote the time to fully develop the plan.

It was first intended to write the symptoms on one side of the cards, with the name and comparisons on the other, but it was soon seen that the labor which this involved would necessitate frequent interruptions and delays, as the work would fall on myself alone. I have therefore decided to ask the cooperation of the readers of *THE INVESTIGATOR*, and particularly the older members of the profession, towards enriching our *Materia Medica* by a repertory made largely from their own clinical experience, for it is certain that if only half the knowledge gained by experience by our older practitioners were made available Homœopathy would stand far in advance of where it is to-day.

The cards therefore will be issued in two sets, the first containing the symptoms only, with a number and letter on the back; the number being of the remedy, and the letter the card, and each reader is expected to send in the name of the remedy for each card by its number, and companions for each symptom, noting the remedies having the same or similar symptom, the conditions, ameliorations and aggravations. When a symptom has been verified there should be double lines made. As fast as the answers come in they will be carefully examined and arranged, and such as are evidently reliable will be made the bases for the repertory which will form the second series of cards. Each card will have a number and letter to correspond with its fellow in the first set, and will have the name of the remedy in large type, so that if desired both may be cut out of the journal and pasted together, thus forming cards that may be carried in the pocket, having symptoms on one side and a repertory with the name of the remedy on the other, or if the plan meets with the approbation of the profession, and a call is made for them, a reprint may be made on regular card-board as fast as the second series appear, printed on both sides as above. What remedies have these symptoms?

Cold sensation in the larynx, with cold feeling when inspiring; after breakfast; better after shaving.

Constriction in the larynx.

Larynx painful to touch.

Stitches in posterior portion of larynx with feeling of constrictions when swallowing saliva.

Scraping and rawness in the larynx provoking cough; in the evening.

Child grasps it throat every time it coughs.

Expectoration of bright red blood.

Cough worse after taking cold; drinking cold water; from tobacco smoke; lying on either side; evening, night, more after midnight.

Lying on the back partially relieves dry cough with nervous excitability.

Stitches in the chest.

Lancinating pains through the chest, with dry heat; difficult breathing, often chill.

Hoarseness, voice cracked or faint, choking sensation.

Pain in the larynx on touching it and on turning the head.

Laryngismus stridulous.

Sensation of obstruction in the larynx as from a plug with impeded respiration.

Incessant cough from low down in the chest when there is a sore pain.

Inflammation of larynx, trachea and bronchi.

Deep, forcible inspiration is necessary from time to time.

Difficulty of breathing, cannot inspire deep enough.

Much rattling in the larynx when coughing.

Sensation as if the air passages were full of smoke.

Affections begin in the bronchi and ascend to the larynx.

Cough with sudden paroxysms of suffocation on swallowing; respiration very short; obliged to catch for breath.

Hawks copious thick blue mucus in the morning.

Early formative stage of cough; worse from two to three o'clock in the morning; the tough mucus strangles him.

Membranous croup; diphtheritic croup, invading larynx, trachea and even the bronchi; voice hoarse, uncertain; cough hoarse, metallic; deglutition painful; tonsils red, swollen; covered with membrane difficult to detach with expectoration of tough stringy mucus; coughs up casts of elastic fibrinous nature.

Hoarseness, lasts all day, phlegm in small quantities and tough; constant hemming and hawking.

Tightness and constriction about the larynx with soreness and hoarseness.

Membranous croup, with wheezing and sawing respiration, dry, barking cough, especially children with dark eyes and dark hair; child grasps the throat with the hand.

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.

HOW TO SUCCEED.—We are always tempted about the time of the commencement of the medical colleges to offer a few hints on success in practice. We asked an old physician this year, because the crop was unusually large, what advice he would give to a young physician starting in practice. He replied promptly, "None; what good would it do? Have they not been studying many long months until they are satisfied, and the faculty is satisfied that they know it all, and what more is required but to hang out their shingles and let the world know that they are ready for business, and the people will flock to them because they have the latest information. If that does not draw, then they can fall back upon the device that they have at their call the whole faculty. In fact the people who employ them will be treated (of course by proxy), by the ablest men in the whole United States. With such backing and confidence, my advice or your advice would hardly meet with respectful consideration." Perhaps the old fellow is right. But to ease our mind we feel that we must say something: Settle down as near as you can by the side of an old established physician. Of course all Homœopathic physicians are overworked, and he will be glad of your help, besides he may need you for counsel. Of course you will let the people know

who you are and where you came from. Hang up your diploma so that they can see the date, that you are a new physician—the latest and most approved edition. Perhaps it would be well before selecting the place to look the field over; you will meet with some people who will tell you there is a good opening, that the old doctor is overworked, inattentive, and that there is lots of people who would employ you. Do not stop to enquire the man's motive for getting a rival for the old doctor (whether he is a man who pays his bills, or whether he is a deadhead); every man who talks for you of course will help to advertise you. Whether he can or will pay you for your work, that is a secondary matter. Take rooms at the hotel where you can be "hail fellow well met" with all the loungers and those who have nothing to do but sound your praises. Hire the finest rig and dash around through the town and out into the country, and impress the people with the fact that you have a driving business. As a young man, get acquainted with the daughter of the wealthiest man in the place, hire a stylish rig and let as many people as you can see you ride out with Mr. Money Bag's daughter. Call on the local editor; show him all your credentials, letters and testimonials, and get him to write up your arrival in his latest style (you, of course, furnishing the article). Go to the leading, most crowded church, and hire a boy to run in after you (of course taking the wrong aisle), and at last finding you, when the whole attention of the church is directed to you.

Repeat these prescriptions frequently, and if this does not make you succeed after a few months' trial, you may conclude that the place is not large enough for you. Then you may look about to go into partnership with an old established physician. It is easier to run out an old physician when you are in partnership with him, for he is compelled to endorse you, than when you do not have his active co-operation. After you have been with him awhile, and feel that you have confi-

dence of a fair share of his patients, you may secede and find yourself established in business. Before you take that step be sure that the people get the impression that the old doctor is jealous of you, and that you are the superior physician, that you help him instead of his helping you.

Another method is to buy at once a residence on a prominent street, or negotiate for it, conveying the impression that you have wealthy relatives who are anxious and willing to buy you a home in their town, and thus establish you if they can see just the place to suit you. Such negotiations may be protracted for months, in the mean time the people will look upon you as a permanent resident and established physician.

Another method: Get acquainted with a few of the busy-bodies of the town, and hire them by flattery or otherwise, to get you called in to see the most prominent patients of any of the physicians. If you cannot be called in counsel or as his successor, give them to understand that you would be glad to see the case any way. After a clandestine visit you may arrange for subsequent ones in the back way. This last is a *dernier resort* in case the other methods fail.

Of course we would like to see you succeed, and we know you will, or at least ought to, for "the world owes you a living," and the medical profession a cordial reception. We might offer you many other suggestions, but prefer to prescribe for each case individually.

SEASONABLE HINTS.—The liver seems to be on a strike just now. From infancy to old age none are exempt. Sometimes it is only an indigestion with much belching of gas; again it is pain or distress in the side and stomach, with white tongue and light stools; again there is fever, anorexia, malaise and intense cephalgia. Allopathic dosing with Quinine makes no headway, but Bryonia unravels them nicely; Nux completes the good work. What means this abundance of liver trouble? Is it a change from the diphtheritic state of 1860, to that of cholera-rea, bile flow, cholera.

MAY MEDICAL MEETINGS multiply most amazingly. Secretaries are now sending searching screeds: "Please promptly report your paper's topic." Frequent result: "No report." Chairmen often awake to honors that elude them ere they grasp them. Many, like awkward drill-masters, cannot wheel their squad into line. There are many deserters from the ranks of committees. Where are the irrepressibles? Wait and watch. Where all the faithful workers? Listen for the roll of medical musketry. Where the caustic critics? You may stumble over them in the hallway. What motley mixtures these medical meetings may be. Yes, yes they May—be better extracts and pure tinctures. Honor bright, Dr. from long experience and close observation, we have at last concluded that medical meetings are about what *we make them*—only that and nothing more. Look over the list of committees and see if that interesting case will not fit in nicely. May we be there to hear it. Which case? Then have one ready for each committee—if you have enough to go around and time will allow.

MEDICAL EXAMINERS.—Those who investigated the subject years ago, found that the bulk of medical examiners were the favored regulars. This may seem a small matter perhaps, but when one considers the rare advantages to become familiar in physical diagnosis, it is evident that this constant drill is invaluable. The complete examination of a subject for life insurance is no simple matter. Compare what is expected of the medical examiner of to-day with what was expected years ago, and the strides in science are forcibly realized. To one who has not made many examinations the undertaking is formidable. Many shrink from it, especially if they know that their work is to pass under the eye of a haughty, exacting know-all medical director. If the examiner is nervous and awkward he is apt to make an error, or to confuse the person examined so as to make a poor showing. He may search in vain for a hint as to whether the abdomen or chest measure

is to be taken under the shirt or vest. Whether the chest measure is to be below or above the nipples. Whether the pulse is to be taken first or last; the same with the respiration. "Complexion" bothers, so of many other indefinite questions. If the urine is to be tested he may be at a loss to know whether he is to examine it there or at some other time. The party may just have taken a hearty meal or a large drink, and sample will of course mislead. "Microscopic appearance" is a poser to many, that is now insisted on in many companies, especially where the amount of insurance is large. Singular, in the face of the recent progress in the O. and O. department, there should be little attention given to the eye and ear, especially as they are so important in mental diagnosis. The fact was that years ago life insurance was a luxury, and the people who were "a little off" were never solicited. Now the assessment plan, with imperfect or no examination, has made insurance cheap, easy and popular. This rush on the examiners is an extra tax. While it may be an easy matter to decide that such and such persons are "first-class risks," it is often not so easy a matter to shade and qualify this person as only a "good risk," and that as a "fair risk." That work demands the most expert analysis. Fortunately, most of these associations encourage a good fee, so that we can take more time to study the evidence so as to fairly judge. It is unquestionably an honor to be a medical examiner, and every physician consults his own interest as well as that of his patrons and friends when he can "pass" the sound ones for insurance as "worthy and well qualified," especially if he can do it expertly and with professional pride and dignity.

PROGRESS OF THE MEDICAL SCIENCES.

Iris in Cholera Infantum.—I wish also to add my testimony to the great value of *Iris versicolor* in cholera infantum. It has never failed me in any instance of these derangements of the bowels, where its employment seemed indicated.—*Hahnemannian*.

Eczema Capitis.—Dr. H. Taylor, of Boston: "I have treated with unfailling success the above disorder by the administration of *Petroleum* internally, and the simple application externally of *Myro-petroleum soap*, dissolved in hot water, washing the head frequently with it. This destroys the disagreeable odor, and soon the crust ceases to form. I never remove the crusts.—*H. M.*

Paraldehyde.—This substance seems to be attracting considerable attention in certain quarters, because of its reputed hypnotic properties. Dujardin-Beaumetz has examined into its physiological action and therapeutic effects, making comparative observations between it and other well-known hypnotics and anodynes. He found that it is much less disagreeable to take than some of them, chloral, for instance. Its effect is to produce a sleep very closely simulating the natural sleep, the subject awaking without heaviness or headache. It possesses scarcely any anodyne power, having had no effect in relieving the pain in cases in which its powers in this direction were tested. He regards it as a valuable addition to our hypnotic agents.

Digitalis to Prevent Excessive Desire.—In the case of a man who had persistent desire to have intercourse with his wife, even during the day, Dr. Folsom reports in the *Med. World* the successful action of *Digitalis* as a complete depressor of venereal appetite. He prescribed it in ten drop doses, but the efficient point was obtained only after a teaspoonful at a dose was reached, which abolished the power to cause erections,

though it did not prevent the amative desire. In another case a young man wanted something that would enable him to hold his passion in check. The Digitalis was prescribed for him also, commencing with ten drops, gradually increasing the dose until the desired effect was obtained, which required tea-spoonful doses, as in the previous case. Dr. Folsom prescribes it in insanity resulting from self-abuse.

[Some fellows' heart will yield to such pressure. Papaya will "fix him" much easier.—Ed.]

Mitral Insufficiency.—An important diagnostic sign in mitral insufficiency is the fact that the patient on any extra exertion is always short of breath. This, of course, can be readily understood. If an obstruction exists at the mitral orifice, the left auricle and the pulmonary veins and capillaries must be overloaded, rendering the lung capacity smaller than in health; and although there is sufficient breathing surface for ordinary exertion, an extra effort finds the lung unable to accommodate a quantity of air large enough to properly aerate the blood, consequently the breathing is more rapid.

In aortic stenosis or insufficiency, if the hypertrophy of the walls of the left ventricle is sufficient to overcome the obstruction, this distressing symptom does not exist.—*J. W. Dowling.*

Practical Anatomy.—Prof. Beneke, of Marburg, gives the result of some measurements relative to the size of different organs at different periods of life and in different morbid conditions.

1. Before the age of puberty, the aorta is larger than the pulmonary artery; after this period the relation is reversed.
2. The aorta and pulmonary artery are smaller in the female than in the male, even at those ages when the size of the body is greater in the female sex.
3. In adult males the volume of the lung is greater than that of the liver; in adult females the reverse is the case.
4. In men the volume of the two kidneys is less than that of the heart; in women it is greater.

5. Children have a relatively larger intestinal canal than adults.

6. A sudden increase in the size of the heart occurs at the age of puberty.

7. The iliac arteries diminish in size during the first three months of life.

8. The cancerous diathesis is associated with a large and powerful heart, capacious arteries but a relatively small pulmonary artery, small lungs, well-developed bones and muscles, and tolerably abundant adipose tissue.

9. Pulmonary tuberculosis is often associated with a very small heart.

10. In rachitis the heart is large and well developed.—*Boston Med. & Surg. Jour.*

The Value of Certain Single Symptoms.—Emeritus Professor Pollitzer contributes (*Jahrbuch für Kinderheilkunde*, Band xxi, Heft 1) from his ripe experience some very valuable hints for the guidance of the less initiated. The "single symptoms" which he enumerates are in some cases pathognomonic, and in others are of great importance for differential diagnosis.

The first symptom is a *strongly marked nasal or palatal cry*. This is present in, amongst other complaints, syphilitic ozæna, hypertrophied tonsils, and paralysis of the soft palate; but, where these can be excluded, it affords very strong presumption of retropharyngeal abscess. Dr. Pollitzer relates that on one occasion he was examining a child when the nurse passed through the room, bearing another, four months old, in her arms. On hearing it give this nasal cry he stopped the nurse, but the mother affirmed that the baby was quite well. However, Pollitzer introduced his fingers and felt the expected swelling. This was incised, and a large quantity of pus evacuated.

The second symptom is *an excessively prolonged loud-toned expiration, with normal inspiration and without dyspnoea*. This is an early symptom of chorea major, and may precede all other manifestations of the complaint. In illustration of this, the author mentions that he was once called to see a case of supposed croup, but, on observing this peculiar breathing, he felt no hesitation in diagnosing chorea. The mother had observed this symptom about two hours, and stated that it appeared suddenly, when the child was apparently quite well and asleep.

The next day he was informed that this breathing continued for another hour, and then gave place to a singing semi-delirium. Later, the ordinary symptoms of chorea developed themselves.

The third single symptom is that of a *high-thoracic, continued sighing inspiration*. The author regards this as almost pathognomonic of weak heart, and of certain cases of acute fatty heart.

The breathing differs from that of croup and other stenoses, in that, while the diaphragm is almost passive, the accessory muscles of inspiration are in vigorous action. The symptom is of especial value because it is early, and furnishes an indication for treatment long before the other signs—such as cyanosis or pallor of the face, thready pulse, cold extremities, etc.—show themselves.

Another “single symptom” of importance is *the presence of a pause at the end of expiration*. This serves to distinguish between laryngeal catarrh and croup, and when well marked, absolutely excludes the latter. In examining for it, however, the room should be perfectly still, and the ear should be placed close to the patient’s mouth. The author relates how he succeeded in diagnosing laryngeal catarrh from the mere presence of these pauses, in a child who had been ill three days with stenotic breathing, hoarseness, and somnolence. The laryngoscopist who was called in confidently expected to find well-marked false membranes; but no such were visible, and the child was well in a few days. Another symptom, of which it is important to understand the significance, is the so-called *respiration stridula*. It consists of a slightly noisy but otherwise normal inspiration and a loud bleating, interrupted (staccato) expiration; it continues day and night, sleeping and waking, with very rare free intervals of ten minutes or a quarter of an hour. It begins soon after birth, and lasts from eight to twelve months. To the physician unfamiliar with the condition, it appears to be a serious affair and to demand active measures; but, as a matter of fact, it involves no dyspnoea, and does not affect the nutrition or development of the child; moreover, it is very obstinate to treatment, and ultimately ceases of its own accord. The author regards it, therefore, as being within physiological limits, and recommends no treatment.

[*To be continued.*]

Hoang-Nan in Hydrophobia.—Gingeol has recently made a communication to the Academie de Paris on this subject, with the following conclusions: 1. There is reason to believe that clinical experience will verify the opinion as to the good effects of Hoang-Nan in the treatment of hydrophobia. 2. The original practice, which consists in administering the drug by the mouth should be rejected on account of the difficulty in swallowing and the eventual vomiting. 3. The drug can better be administered by the subcutaneous injection of an aqueous solution—1 to 10 of the alcoholic extract, or an alcoholic acetous preparation, every fifteen minims of which represent probably the active principle of three of the pills recommended, and given by Tong-King. 4. The maximum dose of the preparation cannot be formally indicated, but must depend upon the indications.—*L'Independente.*

Hydrastis Canadensis in Painful Menstruation.—In one of the recent numbers of the *Archiv fur Gynakologie*, Professor Schatz calls the attention of his colleagues to the value of tincture of Hydrastis in many cases of painful menstruation, which hitherto have been supposed to need operative interference. The Hydrastis contracts the vessels and lessens the genital congestion. Often by its use the pain attending the menstrual epoch is diminished or wholly removed.—*Medical and Surgical Reporter, March 1, 1884.*

NEW BOOKS.

MILK ANALYSIS AND INFANT FEEDING, by Arthur V. Meigs, M.D. Philadelphia: P. Blakiston, Son & Co. Chicago: Duncan Bros. Price, \$1.

This book contains much good reading. Infant feeding is a broad field. Each manufacturer of foods thinks he has the best. This work gives the analysis of several kinds of milk from different females and their analysis, and also of several foods.

A SYSTEM OF PRACTICAL MEDICINE, edited by W. Pepper, M. D., LL. D., assisted by Louis Starr, M. D. Philadelphia: Lea Bros. & Co. Chicago: Duncan Bros.

This is volume four of this great work, and contains diseases of the Genito-Urinary and Cutaneous Systems, Medical Ophthalmology and Otology. This volume, like its predecessors, are nicely gotten up, and contains much that is of a practical character in diagnosing cases.

A CYCLOPEDIA OF DRUG PATHOGENESY. Edited by R. Hughes, M. D., and J. P. Dake, M. D., and others. Part III.

This is part three of this work with the proving and poisonings of part of Arnica, Arsenicum, Artemesia, Arum, Asafetida, Asarum, Asclepias, Asparagus, Asterias, Aurum, Baptisia, Barium, Belladonna, Atropinum, Bellis and Berberis. In this part Arsenicum takes up over seventy-five pages. We are told part four will complete the first volume. All who love to study drug pathogenesis should not fail to get this work.

PURPURA, by Geo. W. Winterburn, Ph. D., M. D. New York: A. L. Chatterton & Co. Chicago: Duncan Bros.

The author of this work has, without doubt, spent a good deal of time looking up this very little known disease, Purpura Hæmorrhagica. Chapter 1 contains Etiology, Pathology, Symptoms, Varieties Diagnosis, Prognosis and Treatment. Chapter 2 gives the remedies and their indications. Chapter 3 is the Repertory which adds much to the book. The whole make a very nice, readable book, and our friend, Dr. Winterburn, is to be congratulated in giving to the profession such a readable book on this little-known subject.

HAND BOOK OF PRONUNCIATION, by Lewis Sherman, M.D., of Milwaukee (\$1). It is a work of merit as well as of deep interest. It illustrates by type and accent just how words should be spoken. As a contribution to advance cultured speech it is of special interest to our profession. We are proud of the fact that this author is a distinguished member of the Homœopathic fraternity.

OUR HANDY LISTS FOR SHREWD ADVERTISERS FOR 1886. Chicago: Lord & Thomas.

This is a complete catalogue of newspapers: Agricultural, medical and religious papers arranged alphabetically according to states and towns. This is a nicely gotten up book, and those wishing to do advertising should write this enterprising firm.

MEDICAL NEWS ITEMS.

Puns.—Tendency to make puns.—*Cannabis ind.*

E. W. Murray, M.D., has located at Redfield, Dakota.

Died.—Dr. B. Ehrman, of Cincinnati, Ohio, died on March 15.

Pulse.—Pulse below the natural standard, as low as 46.—*Cannabis ind.*

The Illinois Homœopathic Medical Association meets in Chicago, May 20, 1886.

Women Doctors.—There are now about 2,500 women holding medical diplomas in the United States.

Dr. W. C. Latimer has removed from 44 Third Place to 410½ Clinton street, between Union and President streets. Brooklyn, N. Y.

American Public Health Association.—The fourteenth annual meeting of this association will be held in Toronto, Ont., October 5 to 8, 1886.

Errata.—In my communication on "Extra Uterine, Pregnancy, etc." page 120, line 13, you make me say "muscular," for "vascular." Please correct, and oblige,
J. G. ГИЛЬБИСТ.

Hahnemann was born in this month (April 10th), 1755. The centennial of Homœopathy occurs in four years, 1890, when a world's Homœopathic jubilee should be held. Where?

Indiana Institute of Homœopathy.—The 20th annual session of the Indiana Institute of Homœopathy will be held Tuesday and Wednesday, May 25 and 26, 1886, at Plymouth Church, Indianapolis.

J. H. Bates, the advertising agent of New York, has bought the agency of S. M. Pettengill & Co., who have been in the business almost forty years, and after April first will be run by Mr. Bates. We wish him success.

Dr. E. H. Mallbie, from Mendota, Ill., to Huron, Dakota. The doctor makes the change on account of her health, and we hope she will improve. She is a hard worker, close prescriber, and will without doubt make a success.

Dr. Wm. Ameke, of Berlin, the author of the "History of Homœopathy," a work translated by Drysdale and edited by Dr. Dudgeon, recently died in the thirty-fifth year of his age. Every Homœopathic physician ought to read this excellent work.

Female Dentists.—In Chili a young lady has passed a brilliant examination in dentistry, and been allowed to enter upon the practice of her profession. Females ought to make a success in this branch of the profession, as it is said they are good at the jaw.

Queer Medicine.—The purser of the steamer *Britannic* relates an incident of a young lady crossing the ocean in one of their elegant ships. A portion of her diary read as follows: "At eight o'clock in the evening I took a pill; at six in the morning I passed an iceberg."

On Kissing.—A New York physician has written an article entitled "Kissing as a Medium of Communicating Disease." It has long been known that kissing causes a species of heart disease which terminates in matrimonial fever, and the victim dies sooner or later—generally later.—*Norristown Herald*.

Out of Place.—The *Cincinnati Medical News* affirms that: "A physician who does not pay for his journal is not fit to practice medicine. He had better be engaged in driving mules to the market and let his M. D. stand for mule driver." It looks as if some of the *News* subscribers were dilatory in paying their bills.—*Lancet*

No Baby Here.—It is related of a Detroit doctor, that he was called to see a lady who supposed that she was pregnant. He entered the house and took in the surroundings, a poodle dog here, several birds there, a cat yonder, and other things to match. He at once turned on his heel with the exclamation: "Hell! There is no baby here." Later developments proved his diagnosis correct.—*Lancet*.

Witty Landlady (to sober professional boarder)—Doctor, will you please dissect this turkey for me? Doctor. (Eyeing the subject suspiciously). Well, madam, if there is no one else to do it, and you will furnish the necessary instruments, and tell me how you want "the parts laid out," I will try and get through with it somehow. Lady.—What instruments do you need, doctor? Doctor.—Such as we always use in dissecting: *very sharp knives*, chain with three hooks, a saw, cold-chisel and mallet. I might use my old ones, but they are too delicate.

N. Y.

P. J. McC.

The Homœopathic Aid Association is being organized for the purpose of advancing the interests of Homœopathy, and to furnish life indemnity or pecuniary benefits to widows, orphans, heirs, and relatives by consanguinity or affinity, and devisees or legatees of diseased members. It is governed by a board of directors composed of prominent laymen and physicians throughout the country, with headquarters in Chicago. It is practically an insurance association organized on the mutual assessment plan, graded very low, consistent with the elements of safety. The expenses are light and met by a small admission fee and annual dues. There is a reserve fund to be used after years to meet the assessments of members, and to provide for excessive mortality. Those familiar with the plan upon which it is organized speak of it in the highest terms. It has already enlisted the active co-operation of leading physicians throughout the country, and will doubtless do much for the cause of Homœopathy. We expect to give full particulars in our next.

Western Academy of Homœopathy.—The Twelfth Annual Convention of the Western Academy of Homœopathy will be held at Galesburg, Ills., May 6th, 7th and 8th, 1886. We anticipate a very large meeting, as there is an unusual amount of interest manifested on the part of all members heard from. The chairmen of bureaux are earnestly requested to notify the secretary at once of the titles of all papers to be presented at the meeting; also, if there be any changes in the names or addresses of their associates. The publication committee take pleasure in announcing that the volume of transactions for 1885 is

in the press and will be mailed, in a week or so, to all members who have paid their dues for 1885. The delay in publishing the transactions has been entirely owing to the fact that some of the members retained their papers presented at the last meeting, instead of handing them to the secretary. In this way much valuable time has been lost, and a great deal of unnecessary work has been caused both to the publication committee and the secretary. Papers are welcome from all physicians, whether members of the academy or not, and may be sent either to the chairman of the proper bureau or to the general secretary. Applications for membership should be addressed to the chairman of the board of censors, Dr. J. M. Kershaw, 3500 Laclede Avenue, St. Louis, Mo., who will furnish blank applications, if required. An additional circular will be published in about six weeks, giving the programme for the three days' session of the Academy, and all particulars as to railroad fares. The committee of arrangements have promised to do all in their power "to make the meeting interesting."

Yours fraternally,

W. JOHN HARRIS.

Dakota Homœopathic Medical Association.—The next annual meeting of the Dakota Homœopathic Medical Association will be held at Ashton, Dakota, June 1, 2 and 3, 1886. This society was organized at Huron, Dakota, in June, 1884. The next regular meeting was held in Mitchell, Dakota, June, 1885. Owing to the fact that this society is in its infancy, and that heretofore its meetings have not been thoroughly announced, the attendance has been small. We, as physicians, not alone for our personal good, but also for the benefit of the public and the advancement of the Homœopathic profession of this great territory, should each one of us put our shoulders to the wheel and make this society thrive. We are extremely anxious to make our next meeting a grand success, and the only way to do it is to have a good attendance. We therefore earnestly solicit your attendance and that of every Homœopathic physician in the territory at our next meeting in June. We are sure that you will feel well paid for the time taking to attend this meeting. We cannot afford to be outdone by our brethren of other schools in these matters of professional enterprise. Do not fail to come and join hands with us in this effort for good. "In union there is strength." Without it our society cannot thrive. Bring with you an essay on some medical or surgical topic, or report some interesting cases of your practice. If you cannot attend in person send us a communication. It will encourage us and will be thankfully received. If you know of any physician to whom we have not sent this letter, please send us his name and address soon. An early reply informing us as to the probability of your meeting with us will be earnestly hoped for. All communications should be addressed to the secretary. Fraternally yours,

M. L. REED, M.D., Secretary,

Ashton, Dakota.

J. M. WESTFALL, M.D., President,

Watertown, Dakota.

SPRING POETRY.

The piles! Aha! I know them Well.
Each feature, though I may not see 'em;
Old foes, which fume, and fret, and swell,
And vex and plague my perinæum.

You blush at mention of a "pile."
And would, perhaps, the theme avoid;
Well, then, let us suppose, for style,
We call the thing a "hemorrhoid."

Though bearing this ill-omened name,
It seemed as if they might not pain us,
When first as visitors they came
And took up lodgings in our anus.

But now at each succeeding bout
The pelvic pains appear distincter,
And there can be no longer doubt
Of their relation with the sphincter.

You ask me, by what obvious sign
One may, with certainty, detect 'em?
Well, I can only say that mine
Are like a hornet in the rectum!

—*Canadian Practitioner.*

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CLINICAL CASES FROM PRACTICE.

BY R. B. LEACH, M. D., PARIS, TEXAS.

CASE 1. Mrs. J. G. P., aged sixty, nervo-sanguinous temperament, weighs about one hundred and forty pounds, and standing five feet five inches in bare feet, had headache throughout life.

History.—Was born from parents who were first cousins, prematurely, at six months, of gestation, caused as was then supposed by measles of mother and child. When born weighed one and one-half pounds and was often placed in a quart cup with the lid closed down to exhibit it as a curiosity. Was so small that a silver dollar placed over the face completely hid it. Was nursed by carrying on a pillow, wrapped in cotton, and fed milk from the tip of a feather until about six months of age when could nurse at the breast. Passed through all the ailments incident to childhood with little or no trouble. Was always a very small child and only developed to much size after maturity, when went to California

(from Tenn.) where fat and muscle accumulated faster than nerve force, causing much trouble and apparently the cause of a dyspepsia which then developed.

Has had two children, began to menstruate at age of fourteen and ceased at age of forty-four years with about the usual symptoms.

Has never suffered much at the menstrual period (except with her head) which was always scant and tardy.

Has had, as above said, two children, each time with perfect ease and no uterine or ovarian trouble throughout life time.

Headache is the only trouble, and is the bane of her life, for which I was called to see if I could do anything more than her Allopathic attendant who has treated her for the past twelve years, which same treatment she has had all her life with two exceptions (at Eureka Springs once, for a day, and at Sherman, Texas, once, for a day).

When called elicited the above, and also that only a few hours since had taken, according to directions, considerable medicine of some sort ("presumably calomel and Dover's powders and a dose of ergotine") about the same treatment at these times for the past twelve years.

Headaches at no stated times; sometimes vomiting, and sometimes so violent cannot bear light noise or much air; sometimes pain in small of back accompanying and sometimes crampy pains extending from feet to hips, usually left side, crampy pains in ankle joint, cramps in back and side, between short ribs and hip bones; two sore at these times to double up or even move in any direction.

During attacks is always blue under eyes and often over whole face. Suffers very often with vertigo (like she was under influence of whiskey, which has often taken), has often suffered with hot hands (like inward fever) and hot feet that cannot keep the covers over them.

During attacks, checked or cogwheel respiration and frequent sighs—movement of bowels for many years only affected through agency of purgatives, cathartics, laxatives or enema. Feet so tender can scarcely bear to step upon them; eyes burn and feel full and “gritty,” ears roar constantly. Large quantities of urine passed during attacks, sometimes smelling very strong.

Headache, at times, extends down into throat and mouth, feels at times, as though might be relieved by drawing off a part of brain substance; head full and heavy, presses hold with hands for relief; at times wants to butt her brains out against wall; sometimes relief from combing hair; head always feels better when tightly bound. Symptoms better when in motion and worse when quiet; sometimes so nervous jumps out of bed; at times flushes of heat; tongue usually flat and coated white; good appetite always; sometimes full pulse especially in head.

The above was first prescribed for on March 26th, 1886. ℞ Sulphur 50M. one dose, and Sac. lac. powder every A. M.

The headaches had previously been recurring *every day*, but since the first dose of medicine for first eight days there was no return of trouble, and bowels, before constipated, moved off and kept regular and easy to date, April 23d, 1886.

This patient has been seen now and then since the first dose of medicine and with but two exceptions has had no return of headache, and then only very slight attacks not really needing a physicians care; but when seen once called for Glon. 30x, a dose once in three hours, the next time for Cact. grand. cc., a dose once in two hours until relief, which followed the third dose.

I report the above as I think the *history* of the patient especially interesting, as it seems her existence is a freak of the laws of life and death and the notes I believe are full and instructive to any.

I now present the name of a new remedy, Eserine 12x, which I have used in two cases, bringing almost immediate relief and in one case curing like magic.

CASE II. L. D. Astigmatism (spasmodic) by direct or indirect ophthalmoscopic examination and glasses prescribed to fit defect, but producing only at times relief and not permanent, but followed at times by exacerbation of difficulty in focusing. Removed glasses, prescribed Eserine 12x, three pellets, No. 35, once a day with magic effect, which to date, now three months, has remained a cure.

CASE III. Mrs. Dr. N. Astigmatism (spasmodic) for which glasses were prescribed, as per examination, but with no desired effect; removed, prescribed Eserine 12x, three pellets, No. 35, daily, and now fast on the mend with but occasional return of "blurring of vision." The use of this drug was prompted by a remark in Mittendorf's Diseases of the Eye and Ear, p. 351, stating: "Spasm of accommodation is also artificially produced by the use of Eserine." Why so and why produced artificially I don't know, but it was tried Homoeopathically on that recommendation and has proved very useful thus far. Now I should like to know if this drug has ever been proved entirely or even partially by any of the profession?

A NEGLECTED REMEDY.

BY C. F. POPPELL, M. D., MT. PULASKI, ILL.

Quite a variety of tumors are very favorably effected under the use of Condurango if they have not fully assumed a malignant type.

Condurango, the first decimal trituration given three or four times a day till some change for the better, then less often, produces, in a majority of benign tumors, a favorable change in three or four weeks.

The tumors will either disappear gradually or soften and

break, or will get soft and on opening a cheesy mass enclosed in a sack will be found. After removing the cheesy substance and the sack the wound will heal readily, and nothing of a tumor will be seen afterwards. This result has been attained in tumors which were hard and of ten and twelve years existence and had no tendency of softening before the use of this remedy.

Abscesses of long standing assuming more the nature of tumors, soon change their doubtful nature under the use of Condurango.

The tincture or dilutions of the tincture has not been found by experince to be so satisfactory as the first decimal trituration of this remedy.

NOTES ON MELILOTUS.

BY C. CARLETON SMITH, M. D. PHILADELPHIA

I wish to call attention to a comparatively new drug introduced to the profession, I believe, by Dr. Bowen, of Fort Wayne, Ind. We have had, thus far, it is true, but a fragmentary proving of this remedy, yet enough has been gleaned from the meagre symptoms to show beyond a doubt that it is destined to occupy a high position in our materia medica. I refer to "Melilotus"—the Sweet Clover.

I have been enabled to gather the following symptoms from provings made by Dr. Bowen, and which in practice I have thus far found reliable, having first become acquainted with its virtues in the year 1878.

Mind.—Fairly furious; had to lock him up; loss of consciousness, with gushing of blood from nose.

Head.—Terrible headache, with or without nausea; headache accompanied with dizziness, faintness and nausea; intense throbbing headache, with feeling as if all the bloodvessels in the brain would certainly give way and cause some lesion of

that organ. Accompanying this headache was the prominent symptom of being obliged to void urine frequently. Headache so intense as to cause a purple redness of the face and bloodshot eyes, culminating in epistaxis, which affords relief.

Periodical headaches of a nervous character, occurring every week, or once in four weeks. More frequent during the winter months. Headache so severe that it almost produced delirium; frightful, heavy, oppressive headache, lasting three days, which was relieved by the application of vinegar. (Belladonna has aggravation from vinegar.)

Headache intense in left supraorbital region; made worse from any motion, and always aggravated by attempting to think hard, but better from lying down. (Belladonna worse from lying down.) Talking caused the pain to disappear from forehead and settle in occiput. But when ceasing to talk, pain returned at once to forehead; it could be distinctly felt migrating.

Nose.—Blood gushed from nostrils with loss of consciousness.

Face.—Very red face, highly congested, almost livid.

Stomach.—Acid cructations all day, causing burning and smarting.

Rectum.—Felt heavy throbbing and fullness in rectum, which proceeded from internal piles, evidently caused by the drug, as the prover never had hemorrhoids before in his life.

Urinary Organs.—Was obliged to leave business to go and relieve accumulation of water in the bladder, which became very annoying.

Respiratory Organs.—Horribly distressing cough, causing great anxiety. Became very weary and could not get air enough; felt as if smothering. Toward night a slight expectoration, detached with much difficulty, but which brought some relief. Had to give up business and apply hot cloths to chest; part of the night delirious, talking wildly. Cough so

heavy and oppressive could not finally lie on either side; tickling in throat, with cough and spasmodic breathing, causing extreme nervousness. Cough relieved, like the head, by epistaxis.

Chest.—Great load on chest, causing difficult breathing; feels as if he must smother, causing me to examine clothing to see if garments were not too tight. Became very weary, "because I could not inhale air enough to do me good." Chest very sore.

General Symptoms.—Very nervous and easily annoyed. Extremities cold.

NOTE.—Dr. Bowen informs me that he gives this remedy for all cases of epilepsy or spasm of any kind, especially for those occurring in children during dentition, with almost unvarying success. Also finds it almost specific for all cases of epistaxis.

Melilotus may be studied with Alumina, Carbo animalis, Coffea, and Dulcamara—all of which have epistaxis with the headache.

Ant. crudum has, like Melilotus, epistaxis, but it occurs in the evening, and *after* the headaches and *after* the rush of blood. Both the white and yellow species were used in making the tincture.—*Hom. Phys.*

ANSWER TO A COMPOUND BACK CASE.

To one who has given any considerable attention to the study of materia medica, reports of cases have a good deal of interest, particularly when the symptoms are stated with any degree of clearness as, unfortunately, is not often the case.

In reading the interesting case reported by Dr. Wakefield three or four remedies stand out in the mind very prominently, but the selection of the proper one may depend on some symptoms that have been overlooked and therefore not stated. The remedies I would suggest to select from are Cocculus,

Platina, Plumbum and Zincum, the preference apparently resting on Platina for the reason that, in addition to the numbness and paralysis, it has the following symptom prominently, "*Tension in the limbs, especially thighs, as if wrapped tightly.*"

CHICAGO.

J. D. CRAIG.

CERVICO-SPINAL IRRITATION FROM UNMATED EYES.

The right eye is often found to prefer a shorter distance for ordinary vision than the left (called by oculists "anisometropia"); it is easily recognized by holding a newspaper at varying distances and letting the patient read the place and date of publication, a type of medium size, with each eye separately. Asthenopia, occipital headache, and other troubles coexist, often general debility. The following cases were thus diagnosticated:

CASE I. A lady, just confined, did a good deal of sewing. Great distress, bodily and mentally, ensued. Gave China, 200, three time a day, cured promptly.

CASE II. A student's eyes "gave out," had to have his books read to him; could not take notes, very sensitive—distressed at his bad prospects. Gave China, 200 three times a day. Resumed his work with ease. J. C. MORGAN.

STUDY OF THE MATERIA MEDICA.

BY J. D. CRAIG, M. D., CHICAGO, ILL.

(Continued from page 207.)

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1. *Cough caused by any part getting cold; eating or drinking anything cold; cold air; lying in bed; talking; crying; drinking.*
2. *After cough, sneezing; crying.*
3. *Sensation as of drops of hot water in the chest.*
4. *Weakness of the chest; cannot talk from weakness.*
5. *Spasmodic constriction of the chest after talking.*
6. *Tenacious mucus in the chest.*

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1. Shortness of breath; palpitation and feeling of weakness on going up stairs.
2. Dry morning cough from tickling in the larynx.
3. Dry cough with stitches and burning in the chest.
4. Cough with expectoration of large quantities of mucus, frequently blood streaked.
5. Expectoration, salty, sourish, gray or white.
6. Sensation of weakness in the chest.
7. Sharp, quick, piercing pains.
8. Tendency to bronchial and pulmonary congestion and hemorrhage.

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1. Chronic dryness in the throat; sensation of swelling in the larynx and expectoration of thick mucus.
2. Aphonia with swelling in the throat.
3. Dryness in the throat with soreness, swelling and redness.
4. Breathing short, accelerated, constrained breathing; extreme dyspnoea; cheeks and hands livid; compressible pulse.
6. Asthma, especially after the rose cold; worse from odors.

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1. Starts from sleep suddenly, with contraction of the windpipe.
2. Dyspnoea; severe on lying down; exhaustion worse in the chest after every exertion; sudden weakness; tottering when walking; blood seems to rush to the chest as if it would burst; with frothy white sputa and much retching.
3. *Cough dry, barking, hollow, croupy, or wheezing or asthmatic.*
4. *Dry cough, day or night, with burning in the chest.*

4.

1. Breath hot; hot feeling in the lungs.
2. *Agony; sits straight up, can hardly breathe; pulse thread-like; vomituro sweat with anxiety; swelling under the short ribs; after scarlet fever.*
3. Oppression of the chest when moving fast or ascending.
4. Cannot lie on the right side but only on the back.
5. Laryngeal complaints after straining the voice.

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1. Spasms of the muscles of the chest; single parts twitch; spasmodic motion of the arms; sometimes chest fixed, breathes only with the diaphragm and abdominal muscles.
2. *Cough of drunkards.*

3. Periodical, painless, spasmodic cough; shrill, screeching tone; worse mornings; from touching the throat; from walking in the wind; in vaulted from looking at bright objects; after a debauch; after fright.
4. Whooping cough; barking, croup like, with suffocating contraction of the chest; violent beating of the heart; rattling; anxiety; congestion; blood spitting; convulsions.

VALUABLE SUGGESTIONS IN THE USE OF LACTATED FOOD.

BY J. MILNER FOTHERGILL, M. D.,

Member of the Royal College of Physicians of London; Senior Assistant Physician to the City of London Hospital; Associate Fellow to the College of Physicians of Philadelphia.

110 PARK ST., GROSVENOR SQUARE, }
LONDON, W. ENGLAND, November, 13, 1885. }

Messrs. WELLS & RICHARDSON Co.,

Gentlemen:—Having requested me to give you my opinion, as a food expert, upon your "Lactated Food," I do so herewith.

You state that it contains "The purified gluten of wheat and oats with barley diastase and malt extract combined with specially prepared milk sugar;" in other words, that it is self-digestive as regards the conversion of insoluble starch into soluble dextrine and maltose. My experiments with it lead me to hold that this is correct.

The food then contains carbo-hydrates, some albuminoid matter and the various salts in grain, notably phosphate of lime.

Such a food can be added to milk and treated in the manner you describe in your leaflet. So prepared with milk it forms an admirable food for infants and dyspeptic persons who require very digestible aliments.

But it has a wider range of utility. The body-temperature is kept up by the combustion of grape sugar. Grape sugar is supplied from carbo-hydrates, either the insoluble starch, or the soluble sugar. Starch forms a great portion of our food and is converted into grape sugar within the body. Where the system is unequal to the digestion of starch, as in feeble diges-

tion, or conditions of acute disease, then predigested starch must be furnished to the organism. Otherwise the system will perish of exhaustion, just as a fire dies out when its fuel is consumed.

Beef tea contains nothing which can form grape sugar, and in fact is a pleasant stimulating beverage or food adjunct; but without food value practically. (For what food value it has is so infinitesimal that it is not worth counting). But when it has added to it a food such as your Lactated Food it has a distinct measurable food value. Consequently such food should be given with beef tea, and the compound forms a valuable food.

When Lactated Food is placed in water hot enough to be sipped a rapid transformation of the starch remaining in it (by the diastase it contains), goes on; and a nutritive fluid is the result which requires but a minimum of the digestive act.

Such fluid can be flavored and drank as a nutritive beverage, specially acceptable in febrile conditions. Flavored with lemon, ginger, cloves or other flavoring agents to give variety—a matter far too much neglected in the treatment of the sick—it can be largely used. Or wine, either red wine as claret, or sherry or port, can be added to it when a little stimulant is required; and brandy when a stronger stimulant is indicated.

The resort to farinaceous matters, predigested, must become greater and greater as our knowledge of digestion and its derangements waxes larger. It is not merely in the case of feeble infants that such predigested starch and milk sugar are indicated and useful; persons of feeble digestion require these soluble carbo-hydrates which they can assimilate.

But to my mind an equally great matter is the feeding of persons acutely sick, and especially where there is pyrexia, who now are allowed to perish of inanition on the mistaken conviction that beef tea is a sustaining food. It is in the sick room that soluble carbo-hydrates have a great future before them.

A STUDY OF GELSEMIUM.

BY CLARENCE W. BUTLER, M. D., MONTCLAIR, N. J.

It is not my purpose in this paper to give a resume of the action of this valuable drug upon the human organism, nor to indulge in speculations regarding the rationale of its many recorded effects, but to present hints for its therapeutic application in some of the diseases where it is often useful, in the light of my personal experience with it in such uses.

Gelsemium is especially adapted to nervous, hysterical, excitable people,—to those who are suffering or have suffered from depressing emotions, particularly for the physical ailments dependant upon such causes; to sensitive nervous temperaments; to young children and onanists. The headache which I have come to look upon as most characteristic of Gelsemium is a dull, heavy, tired ache at the base of the brain. It is continuous, making the patient low spirited, or exceptionally "cross." He lies with the head high upon the pillow but desires pressure over the seat of pain. When standing or sitting the head inclines to fall backward and is frequently supported by the hands clasped under the occiput; this both for support and for the relief afforded by the pressure. Sudden motion or excitement will bring on quickly a severe, sharp or sometimes a throbbing pain which gradually resolves itself into the original ache. He is giddy on walking, the whole head feeling confused and is extremely averse to, and indeed scarcely capable of, continued exertion either mental or physical. This headache is worse from exertion especially mental labor, from smoking tobacco and from lying with the head low. It is relieved momentarily by pressure and temporarily by *stimulants*. Such headaches often follow a debauch, the excessive use of tobacco, loss of sleep, continued mental labor, and sometimes violent emotions. Persons who come to us suffering from the effects of a debauch usually present one of

three forms of headache. First, a dull heavy frontal ache, associated with a bad breath and heavily coated tongue—a reflex pain from the irritated and abused stomach. Here *Nux vomica* is the most frequently needed remedy. Again the pains may be violently throbbing, worse from light or noise, or especially from *jar*,—an active congestive condition where *Belladonna*, or more often even, *Glonoine*, may be the remedy; or, and this is my experience is a common form of headache among tiplers, the pains may be dull and heavy, referred mostly to the occiput, with sensations of fullness and confusion of the head. These are the patients who want a cocktail in the morning to relieve their nervous tremulousness, and to mitigate the pain in their head. For this headache *Gelsemium* is a remedy of great value, more permanent and not so dangerous in its action as its only successful rival, viz., a champagne cocktail. The condition is one of passive cerebral congestion and general nervous depression. *Gelsemium* has also a congestive headache. The pain commences in the occipital region and extends from there over the whole head while the pain remains usually most severe at the point of original appearance. It is throbbing in character and not very severe. It may be accompanied by a moderate amount of fever, the face is flushed and of a dusky hue, the pupil of the eye may be *contracted* or dilated, or there may be the characteristic diplopia. (The face in *Belladonna's* headache is a lighter red and the eyes have a brightness not found with *Gelsemium*. The *Belladonna* headache is worse in the anterior part of the head; that of *Gelsemium* worse in the occipital region. The headaches of *Gelsemium* and *Sanguinaria* both commence in the occiput, but while the *Gelsemium* pains gradually involve the whole head, those of *Sanguinaria* settle over one eye, usually the right, and are most severe there. The *Sanguinaria* headache terminates in nausea and vomiting which seldom occurs with that of *Gelsemium*. The headaches of *Sanguinaria* and *Belladonna* are both aggravated from light

and noise; that of Gelsemium is sometimes only worse from noise and very seldom affected by light. The patient desires the head elevated under all three drugs but the desire for pressure is markedly a Gelsemium condition). This congestive headache of Gelsemium is worse from motion, exertion, (mental or physical), and from alcoholic stimulants, the only exception that I know of, to the general rule in Gelsemium conditions, viz., relief from stimulants. A third variety of headache in which Gelsemium has served me well, is a dull heavy ache, not very severe, worse in the fore part of the head accompanied with and often preceded by dizziness and dimness of vision, all of which is relieved by a profuse discharge of clear watery urine. This last condition I am led to believe by the observations of others, may be characteristic of the headaches in general to which Gelsemium is applicable. I myself have never met it except in the last mentioned variety.

Of the uses of Gelsemium in affections of the eyes I shall not speak but desire to call attention to three characteristic conditions which will serve as guides in other affections. These are ptosis, dimness of vision, and diplopia. No remedy has more markedly the drooping of the eyelid than Gelsemium. This will often aid in its selection in headache, malarial conditions, neurasthenia and paretic or paralytic affections.

The dimness of vision consists most characteristically of a mistiness or smokiness before the eyes. This condition may precede the headaches which characterize this drug and at such times is accompanied with vertigo. The same combination, dimness of vision with vertigo, may be found in conditions of general weakness with loss of muscular power such as often follows severe or protracted illnesses. The diplopia of Gelsemium is characteristic. Objects when seen double are, the one a little above and to the right of the other. Guided by this diplopia and the Gelsemium headache, my former associate Dr. Eaton, was led to prescribe this remedy in a severe and

seemingly hopeless case of meningitis with prompt and marked relief; under its use principally the patient entirely recovered. Dr. C. Hering recommends its use in the congestive stage of cerebro-spinal meningitis. Its principal sphere of usefulness will certainly be found in this stage, but evidences of actual inflammatory action do not, in my opinion, contra-indicate its use, when the symptoms, especially the headache and the diplopia are such as call for Gelsemium. That they may be present in this disease during the inflammatory stage, I am sure. Of the diseases of the auditory apparatus in which Gelsemium is useful my experience warrants me in speaking only of deafness from catarrh of the eustachian tube. This deafness comes on somewhat suddenly and has periods of great relief. I have used it with benefit in such cases when they were acute or subacute. Gelsemium has been recommended for nasal, laryngeal and bronchial catarrh, in pneumonia, in spasm of the glottis and in bronchial and croupy coughs. I have no experience with it to offer in any of these diseases.

The mouth of one suffering from over doses of this drug is dry, the tongue coated yellow or a yellowish white, with a foul, "spoiled" breath. This without thirst or hunger. I have met these conditions in digestive disturbances and in malarial diseases where the Gelsemium was useful, but most markedly in brain troubles, as the meningitis already spoken of. The breath was of that peculiar and indescribable odor which we meet at times in brain diseases and no where else. I have used Gelsemium with good results in a condition in nervous women where the mouth seems persistently dry, with absence of thirst and where *Nux moschata*, has failed (as it often has in my experience). The tongue presents many symptoms of nervous irritation, and later of paretic or even paralytic conditions, such as sensations of thickness, of numbness and burning, constriction of the base of the tongue, partial and even entire inability to articulate. In the throat we find the same sensation of dry-

ness that we have noticed in the mouth. The most marked condition in this region, however, is the paresis of the muscles of deglutition.

"Spasmodic sensations and cramp like pain in the gullet;" "inability to swallow though he tries" etc., etc. We are reminded by these symptoms of the paralysis of the throat seen at times in hysterical subjects, and of post-diphtheritic paralysis of the muscles of deglutition. In both conditions it has proven a valuable remedy. Upon the stomach and abdomen there are two effects worthy of special mention. The one of retarded digestion with various symptoms of accumulation of gasses, as eructation, hiccough, heartburn, and colicky pains which are relieved by dejections of flatus. Colicky pains with sensation as if stool would follow and indeed, followed by stool. In these conditions it will always be of secondary importance while we have Carbo veg., Colocynth Dioscorea, Cinchona, etc. In neuralgic pains through the abdomen, unaccompanied with gaseous accumulation, and which are temporarily relieved by *stimulants*, I say from personal observation and with great confidence, you may expect favorable results from this agent. Its range in bowel complaints is not wide but it is invaluable when needed.

"Many persons are seized with diarrhoea whenever subjected to sudden depressing emotions particularly fear and anxiety. * * * * Gelsemium removes it, together with the trepidation which caused it." This remark of Dr. J. B. Bell's from that most excellent of all our monographs, his "Therapeutics of Diarrhoea, etc.," has been so often proven that I need not further speak of this condition. Another however, and one which I regard as second to this one only in point of importance and in usefulness of the drug, I shall speak of more at length. It is diarrhoea or dysentery *accompanied with severe pains in the stomach and (or) abdomen which are relieved promptly* (though but temporarily) *by stimulants*.

The following report of a case may not be out of place here. Mrs. L—, an extremely sensitive and nervous woman, aged ninety-two, has been suffering for four days from dysentery. The stools were of bloody mucus, have changed under remedies and are now small and consist of mucus and small particles of fecal matter. They are frequent, and attended with much straining which is relieved after the evacuation has been accomplished. With the desire for stool, which is often ineffectual, comes a severe pain, hard and continuous, in the lower abdomen, and this pain, together with the tenesmus is relieved at once by a swallow of brandy. The departure of her son this morning made her angry, and latter, sad and depressed. Since his departure she has suffered much more acutely. At 10 A. M. I gave her Gelsemium 1000 in water to be repeated every hour until better, then every three hours. At 9 P. M. I found the pains and tenesmus much better, the stools larger and more fecal. She is more cheerful and has passed a comfortable afternoon. All symptoms of a dysenteric character disappeared entirely within the next twenty-four hours.

Dr. Amos, in his proving of Gelsemium noticed the following symptom: "Sensation as though something remained behind when urinating; the stream stops and then commences again." This symptom, pointing to spasmodic stricture of the urethra has led to its use in this disease with favorable results. In one case of gleet with slight, glairy discharges, most noticed in the morning, accompanied with spasmodic stricture of the urethra, Gelsemium 1st cent. in drop doses three times daily, proved curative in five or six days. The gleety discharge disappeared with the stricture. The dose was hardly sufficient in this case to credit the favorable result to an antipathic action of the drug, and I am of opinion that a higher potency would have acted equally well, or possibly better. I have had no opportunity to use it again in a similar case however, and can not of course speak "as one having authority."

A frequent emission of clear limpid urine which relieved the head symptoms, viz: "pain, giddiness, dullness, heaviness" and so on, was a symptom noticed by several provers and one which has proved a valuable and reliable guide in prescribing.

Nocturnal emissions of semen during the weakness following prostrating illnesses or in old onanists, especially where the genital organs are flaccid and cold and the emission occurs without erection, is the condition I think, where the Gelsemium will prove a valuable therapeutic agent.

In cases where the emissions are commencing as a result of the vice of masturbation, and are accompanied by sharp, even painful erections, it will prove useless.

In diseases of the female genital apparatus Gelsemium has proved useful in several conditions which I shall not attempt to mention because, either I have no experience in them or can add nothing to what is already well known. In two conditions however, where I may speak from experience I will testify to its value. Of these the first is in rigidity of the *os uteri* during labor. The *os* will be found thick and rigid, (Belladonna, thin and rigid) while the pains may or may not present the characteristics of Gelsemium viz; "Going from before backward to the sacrum and hips." Gelsemium in this condition promptly relieves the rigidity and promotes a natural and healthy labor. It is not necessary to use the drug in tincture or the lower potencies to produce antipathic action as some observers or theorists seem to think. The 200th potency has served me so well that I have never felt it necessary to use any other.

The other condition relating to these organs of which I wish to speak is uterine displacement with the usual dragging pains in back and abdomen, accompanied with general muscular relaxation, tired, "played out" feelings, etc., where such condition follows depressing emotions, as the continued work, anxiety, and watching of attendance upon the sick. Mothers, after

attendance upon sick infants, where the natural anxiety, the continued muscular exertion of carrying the child, and sometimes the grief of losing it have brought on uterine displacements, have been, in my practice, materially benefitted by this drug.

I have once met that peculiar symptom: "Feels as though she must move constantly or the heart will stop beating." It was in case of a very nervous women, a poor sleeper always a high liver who took but little exercise, and who was subject to violent attacks of indigestion. Gelsemium relieved her promptly. I am but repeating what you all know as the most marked toxic effect of Gelsemium, when I say that it produces upon the muscular system in every general symptom of depression from the tired feeling and tremulous weakness to complete paralysis, and all without loss of consciousness, and with comparatively little affection of the sensory nerves.

It has been found useful accordingly in diseases presenting similar conditions as, e. g., in spinal congestions, paraplegia, locomotor ataxia, etc. In neuralgias it will not be often useful and here I think the key note will be neuralgic pains are *relieved by stimulants*. In muscular tire, with mental tire as well—a general laziness (where this is not the normal condition) Gelsemium is a sovereign remedy. Such conditions are frequently the precursor, and more frequently a sequel of malarial diseases. They are also met with in over-worked brain workers, as professional men. Such patients are also poor sleepers, even though drowsy a good deal of the time. Youth who are growing rapidly; misses at about the time of the menstrual establishing; onanists and they who too often "look upon the wine when it is red," and the beer when it is bitter; persons who have over-exerted themselves muscularly when the pain and lameness has gone, but the tone of the muscular system does not return, all are good subjects for Gelsemium. These are conditions which are usually temporarily

relieved by stimulants and this modality, when present, is an additional indication for the use of the drug.

Restless, uneasy, dreamful sleep, when accompanying other troubles, is an indication for the use of Gelsemium. The dreams are unpleasant, or of exertions which weary the dreamer (the sensation of tire manifest in sleep), or about the business of the day. They are working at their usual avocations and are wearied thereby. This restless sleep is often followed by drowsy days.

The fever of Gelsemium is one midway between the sthenic fever of Acon. and Verat. vir., and the asthenic fever of Bap. Bry. or Rhus. tox. The temperature never runs high, the pulse is full, flowing and not rapid while the patient is at rest but becomes more frequent upon exertion, the tongue is coated yellow, the skin lacks the pungent heat of the sharper pyrexial and there is usually present headache of one of the types mentioned, especially the occipital pain.

In malarial fevers its most useful place is in the intermittents of children, where the chill is lacking and the patient has much nervous irritability. There is not present the restlessness and thirst of Arsenic which it most resembles in these troubles. In the beginning or at the ending of the so-called gastric fever—the remittent malarial fever—it frequently finds a place. I think, however that its principal use in malarial conditions will be found in the general malaise, weakness and mental and physical tire which precedes and follows the active manifestations of this poison. In such conditions it acts well.

In conclusion let me again and emphatically express my conviction that the general conditions to which Gelsemium is suitable, and especially the neuralgias and the states of general weakness, mental and physical, will experience a temporary relief from stimulants. This modality as a “characteristic” of Gelsemium, I am, so far as I know the first to have noticed, or

at least to have called public attention to. In a paper published something more than two years ago, in the *Homœopathic Physician* I called attention to this condition and related a case of intermittent neuralgia cured by this drug. At that time I had not examined the original provings and thought the symptom purely clinical; but when, on examination of the provings, and especially the involuntary (or toxicological) we find that in all dangerous cases the promptest, if not the only relief afforded the sufferers was from the use of stimulants. We must recognize this as a proven, not a clinical symptom, and when you have seen many conditions where this indication was present yield to the use of Gelsemium, I am sure you will regard it as amply confirmed and as a valuable and reliable therapeutic guide in your practices.

DISCUSSION.

Dr. Wells would add a fact in the relation of Gelsemium to fevers as observed in himself many years ago, when he was engaged in investigating the infusoria, and in seeking for them got in a very foul spot and was made sick. The sickness threatened to become serious. Gelsemium, one dose, relieved at once. He believes it is almost sovereign in the early stage of zymotic fevers.

Dr. Kent: Many drugs, we know, have a double action. Gelsemium produces muscular and physical depression with activity of the mental state. In one patient from a low potency there were contraction of the pupils and mental activity and not much fever; he has verified this many times. Among the first things one hears in a case for Gelsemium is, "Doctor, I'm so tired." "I don't see how I got so weak, so tired, so heavy." A lady had occipital pain extending to the shoulders, as if in the muscles of the neck drawing the head backward, with heaviness of the body and arms. Gelsemium promptly cured.

Redness of face and not much heat belong to it. The diarrhoeas of Gelsemium have a *cream colored stool*; in Aloe it is

cream colored mucus; in Gelsemium it is scanty cream colored fecal, with more or less straining. Diarrhoea from excitement is characteristic of Gelsemium. One dose of the 77m. of Fincke cured a young lady who had diarrhoea in going on the stage to sing solos. It is also suitable to soldiers going into battle.

Dr. Brown had found it useful in four cases of acute paralysis. In one, a young married man, it came on gradually, first in the left foot; in forty-eight hours he lost all use of his limbs; had been sick three weeks when he saw him. There was great heaviness. He gave Gelsemium 3x, and in five weeks he had good use of his limbs. Another case now under treatment is a lady of seventy years, who was taken suddenly with heaviness in the hand; she could not raise it; it was below the elbow. He gave Gelsemium 3x, and she is improving.

Dr. Allen said relief from stimulants is a marked characteristic of Gelsemium; but we find many cases in which characteristics are wanting. Four years ago a minister, after recovering from malarial fever, had diarrhoea on going into the pulpit, was compelled to use a clay commode before going into the pulpit, although he had no fear of failure in his preaching. Gelsemium 200 relieved him much, and the 1000 potency cured him. When a student, at the time Dr. J. S. Douglas was proving Gelsemium, he took a drachm of Gelsemium tincture; one symptom was great heaviness of limbs and body; it leaves a lack of co-ordinating power. It has been useful in post-diphtheritic paralysis with heaviness and loss of co-ordination. Another remedy, Lachesis, has a similar sensation in the limbs, as if tied to the bed from heaviness. Many such cases are relieved by Lachesis. In intermittents, chills run up and down the back the whole length of the spine, occasionally also cold waves run up the back in the hot and sweating stages. He regards this as the most characteristic indication for this remedy in intermittents

Dr. Nash would call attention to Gelsemium in the diseases incident to old age, especially the trembling.

In the case of a lady of eighty years who had been for a year depressed in mind and body, could hardly sit up, with a pulse of forty. Under Gelsemium 200, the pulse, in one week, went up to the normal beat. In a short time the slowness returned and did not yield to the other remedies, but under Gelsemium c. m. (Fincke) it came up to the normal and remains there. In another state, the depression of typhoid before the rise of the temperature and pulse, he believes that he has, with Gelsemium, lifted many a patient from what would have been typhoid fever. After taking Gelsemium in this depressed state the patients have a feeling like blood tingling to the finger-tips, or blood going all through them.

Dr. McLaren said that when with the nervous trembling the patients want to be held; Gelsemium cures in two or three minutes. It is also curative in headaches from tobacco.

Dr. Butler: With headache after intoxication there is muscular tremor, nervous irritability and depression. Gelsemium relieves and prevents a second debauch. A patient in his neighborhood was lately attacked with convulsions in the night he thought probably from a plug in a small artery of the brain; the right arm was paralyzed. He recovered quickly after one dose of Gelsemium 30m. (Fincke)—*P. I. H. A.*

RECOGNITION OF DEATH.

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

It seems to be a disposition of all mankind to shun their enemies, or at least avoid an intimate acquaintance with them. But there is one universal enemy of the human race, and of doctors especially, that we, as medical men, should become so conversant with that we can recognize even its shadow before its presence becomes visible to the public eye. We should not

be compelled to wait until its cold hand has been placed upon those we are especially charged to guard from its presence.

More than twenty years ago I had learned to recognize an "aura" that death is wont to diffuse even before its blighting shadow fell. About that time I was called to consult with an old doctor in the case of a child about one year old, that had been sick about a week with sore throat, inability to nurse, difficult respiration, and a profuse discharge of water from the eyes and one ear. It had spasms two days before. I called the doctor's attention to the excessive secretion from the eyes, but he assured me it was the breaking of the tear ducts from the use of some *Phytolacca* he had given, and was a sure sign the patient would get well. I pointed out to him the pinched nose, sunken eyes, cold extremities, retracted tongue and the foetid odor of the breath, as indications that our common enemy was near; all of which he and the nurse stoutly denied. So, as I could not assist them, I retired as gracefully as the circumstances would admit of. In one hour the child was dead, and in ten minutes after that there was a free discharge of bloody matter from the nose. The doctor made the amende honorable to me.

I need not point out all the indications that herald the approach of death, for they are many, and vary in different diseases, but would urge attention to an early recognition, so we can give a safe and guarded prognosis, not to needlessly cloud the atmosphere with sadness, or build up hope where hope cannot exist.

The vital forces must be duly weighed, and their ability to resist the invasions of disease must be counted as a factor of a certain quantity, in making up our estimate of resistance. Deprivation of the sustaining power of food or nutriment, in any shape, lessens the capability of resisting the invasions made by diseased action, and after several days we may see it evinced in the form of asthenia, and death from that cause may

ensue, but its effect is slow and gradual, never sudden, as it is caused by exhaustion from loss of vitality.

Hence my advice to I. W. W. and others, would be to cultivate a true Christian spirit, at least in so far as it is necessary to become conversant with our enemy, death, so as to be able to recognize the slightest fall of his muffled tread, and not have to wait until he is only ten minutes distant.

ANSWER TO CASE.

The April number of THE INVESTIGATOR has just come to hand, and in it I find a very interesting case from G. S. Wakefield. I think friend W.'s idea of the spine is correct, but I think his query "thirteen years ago" to the mixture of corrosive sublimate, hangs the badness of the case, and his treatment should in part be directed to eradicate that from the system, and Silicea is the remedy, and should have been given instead of Alumina, which if used a sufficient time, with his other treatment, will cure his patient. When I read the reports of such cases I am inclined to the opinion that such "Regulars" should not be allowed to practice medicine, and the only wonder is that the woman survived such a *tornado of dosing*. But I should have hopes by the use of Silicea twice a day, and then once, for three or four months. This, with his other treatment, will do a great thing for his case.

D. C. JERALD.

TRAUMATIC CEPHALALGIA.

DEAR DOCTOR: I have a case that I would like to bring before the readers of this journal. I would like to have suggestions from yourself, as well as other members of the profession, regarding treatment as well as diagnosis.

Mr. C., aged about twenty-eight; single, brown hair, blue eyes, nervous temperament. Manager in a soda ash factory.

In January, 1884 an explosion took place on the second floor. As he went up stairs to see what the trouble was he was suddenly overcome by carbonic acid gas, and fell senseless to the floor below, striking on the head and shoulders.

When taken up blood flowed freely from the right ear. Reaction took place in about three hours. From that time there has been a constant pain in the right temporal region, over the ear, in a circumscribed spot, about three inches across. There are times, when he is perfectly quiet, that the pain is slight, but a sudden start or noise of any kind, or rapid walking, will bring it on at once. Riding in a horse car or carriage will increase the pain. Close mental work, figuring and the like, increases the pain, and he is not sure of himself, as he often makes mistakes. He has been examined by some of the ablest specialists in Philadelphia (old school) one of whom said the tympanic membrane had been ruptured, causing partial deafness of the effected side.

The symptoms are few, as the man is in every other respect in perfect health. Complains of roaring in the ear, and the pain he describes as pressing and often hard to endure. It seldom passes down into the face or back of the head. There is no sore or tender place to be found. He has always had the best of old school advice, has taken the Bromides and Iodides quite freely. There is no syphilitic history to be found. Is the case that of extravasation of blood into the cranial cavity? Who can answer, and what shall we give him? Please give diagnosis, prognosis and treatment. G. N. M.

[This is a case of traumatic cephalalgia, due to the fall. The tympanum (ear drum) was doubtless ruptured, and there was extravasation in the inner ear, and, we judge, in the meninges above the ear. The pressure in the meninges is aggravated by motion, hence the pain.

Two remedies suggest themselves, (1) Arnica, and (2) Bryonia. The first ought to help, and if the pain gets very

sharp, then the second may be necessary to control it. If the dilatation of the vessels is great, there may be no cure for him, only palliation. As he is able to work, it would seem that Arnica ought to help him.—T. C. D.]

THE ETHICS OF FEMALE STERILITY.

BY A. REEVES JACKSON, A. M., M. D., PROFESSOR OF GYNÆCOLOGY
IN THE COLLEGE OF PHYSICIANS AND SURGEONS OF CHICAGO.

The instinct of maternity is one of the purest and holiest characteristics of woman; indeed, the desire for offspring is so general an attribute of womanhood, that its absence may be properly regarded as an abnormal condition. In many instances, the only drawback to conjugal happiness consists in the lack of progeny. This natural yearning for children is thwarted, according to statistics based upon many thousands of cases, in about one marriage out of every eight.

The causes which are thought to be potent in the production of sterility are very numerous, but it is not my purpose to state them in detail. They may, however, be grouped under the following heads:

1. Incapacity for insemination.
2. Incapacity for impregnation.
3. Incapacity for ovulation.
4. Incapacity for gestation.

A few remarks upon each of these classes will be a necessary preliminary to what I shall have to say upon the ethical relations of infertility.

I. INCAPACITY FOR INSEMINATION.

Insemination may fail from default on the part of either the male or female—more frequently on the part of the former than is usually believed. Thus, in an examination of forty

cases of sterile marriage in which both male and female were investigated, Kehrer* found the male to be in fault in 31.5 per cent. Noeggerath found eight in fourteen. Gross,† in a table comprising 192 cases, including the foregoing, shows that the male was deficient in one out of every six. I incline to the belief that the proportion is even greater than this.

Male defect may consist in:

- (a.) Non-secretion of semen.
- (b.) Semen may not contain spermatozoa.
- (c.) Spermatozoa may be scanty, motionless, or their movements may quickly cease after emission.
- (d.) Inability to perform the sexual act.

Coitus, and, consequently, insemination, may be impossible from various conditions on the part of the female. These are of a physical character and comprise such malformations or imperfections of development, congenital or acquired, as prevent the intromission of the male organ. In such cases a woman is impotent and likewise sterile. Another form of impotency in the female arises from inability to perform completely the sexual act. This, however, does not imply either impossibility of insemination or sterility. The condition is what is usually known as frigidity, including absence of sexual desire, or orgasm, or both. Many women aver that they never experience any degree of voluptuous excitement during cohabitation, and yet they may bear children. It is conceivable that the erectile structures of the genital organs may become turgid even in this class of cases, just as is known to take place in the male, without orgasm, although in the latter it is usually accompanied by desire. It has been shown by a number of observers (Litzman, Wernich, Pallen, Beck, Munde) that during orgasm the uterus is affected in a remarkable manner. It assumes a more perpendicular position, and sinks lower in the pelvis; the os uteri becomes softer; the labia of

* *Centralblatt für Gynäkologie*, No. 23, 1879. † Male sterility.

the uterus project and retract alternately in such a manner as to produce a "suction" effect. These manifestations are accompanied by the emission of a clear, viscid mucus.

It is probable that orgasm to the degree here depicted occurs in a comparatively small number of cases, although to lesser extent it does so perhaps in all those who experience any measure of pleasurable sensation during sexual congress.

2. INCAPACITY FOR IMPREGNATION.

For impregnation to take place it is necessary that living spermatozoa should come in contact with a mature healthy ovule at some part of the generative passages beyond the canal of the cervix. Many conditions on the part of the female may interfere with this, even when coitus and insemination are perfectly performed. Displacements and flexions of the uterus; a narrowed condition of the os externum or os internum, or of any portion of the cervical canal; polypus or fibroid tumors of the uterus, especially when located in the cervix; obliteration of the Fallopian tubes—the latter by preventing alike the passing inward of spermatozoa, and the transmission of the ovule from the ovary to the uterus being an absolute barrier. Practically, also, many of the conditions which result in painful or difficult intercourse produce the same result, both by limiting sexual relations and by making them ineffectual. This is notably the case in the more pronounced instances of vaginismus and hypertrophic elongation of the cervix with its accompanying pinhole os—a not infrequent anomaly, and one which is always accompanied by sterility.

3. INCAPACITY FOR OVULATION.

Many, perhaps all, of the conditions which may interfere with the development of the ovule are unknown to us. There is much reason to believe that many ovules escape from the Graffian follicles of healthy ovaries which are immature, or so diseased possibly as to be incapable of impregnation. On the

other hand, women in whom both ovaries are so involved in disease as to make it seem impossible that they should be able to perform their functions at all, conceive and bear healthy children. Or, a healthy mature ovule may be formed, and be unable to escape from the ovary; or, after escaping, be unable to reach the uterine cavity. These hindrances may arise from the various inflammatory affections involving thickening of the walls of the Graffian follicles, the tissues about the ovary (perioophoritis); or which result in contraction, closure, dilatation or distortion of the Fallopian tubes; adhesions of the fimbriæ to the ovary; atresia of the uterine extremities of the tubes, etc.

4. INCAPACITY FOR GESTATION.

This results from failure of the uterus to furnish a suitable nidus for the reception, attachment and subsequent development of the ovum.

The membrane which lines the corpus uteri is a highly organized structure and subject to numerous derangements. In order to perform the function of gestation, it must be in a normal condition; but intra-uterine disease is of such frequent occurrence that I consider it the most common of all the causes of sterility. It does not necessarily act by preventing conception, for many women thus diseased are potentially fertile, but by rendering the mucous membrane unfitted for the fixation and growth of the ovum.

Endometritis, which is unquestionably the most frequent of all uterine diseases, doubtless acts in other ways than that mentioned; that is, it may not only interfere with gestation, but by reason of the dense, glairy discharge plugging the cervical canal, it obstructs the ingress of spermatozoa, and by its irritating properties their vitality may be destroyed.

SUBJECTIVE SYMPTOMS OF STERILITY.

In considering the various causes of barrenness, it seems proper to consider, in addition to those of a palpably physical

character, certain subjective symptoms which are found so frequently as complicating conditions that they ought not to be ignored as possible etiological factors. For example, in a table compiled by Kammerer,* out of 408 cases of sterility, dysmenorrhœa was observed in sixty-nine; menorrhagia and metrorrhagia in fifty-seven, scanty menstruation in forty-one, menstruation never appeared in two, menstruation tardy in eight, vaginismus was present in two, hysteria in sixteen, nervous headache in three, intercostal neuralgia in one. While it may be difficult to understand how some of these rarer symptoms could possibly act in any manner as causes of the sterile state—as probably, indeed, they do not—it is very easy to see how others would be likely to prevent conception quite independently of their accompanying structural change. Thus a profuse uterine discharge of any character is capable of washing away an ovule before or after impregnation. Painful menstruation is frequently—the membranous variety always—accompanied by sterility; not, of course, by reason of the pain, but because this is the result of some uterine or ovarian disease or some impediment, organic or functional, to the free escape of blood—an impediment which we can readily understand might also, in some degree, interfere with the ingress of spermatozoa.

ETHICAL CONSIDERATIONS.

We are now prepared to discuss certain questions which involve the ethical aspects of sterility, as follows:

1. Should the treatment of the sterile condition be based upon the presumption that the fault lies with the woman?
2. Under what circumstances should sterility in the female become a subject for medical or surgical treatment?
3. Is artificial impregnation a justifiable procedure?

* Transactions New York Academy of Medicine, Part VII, Vol. 3.

1. SHOULD THE TREATMENT OF THE STERILE CONDITION BE
BASED UPON THE PRESUMPTION THAT THE FAULT
LIES WITH THE WOMAN ?

Perhaps the short answer to this interrogatory should be in the affirmative. For while on the one hand, the function of the male in the processes of generation is wondrously intricate and easily disturbed; on the other those of the female are of equally interesting complexity and much more numerous; so that the probabilities, at least, are in favor of the correctness of popular opinion, which is prompt in attributing the lack to the wife in nearly every case of unfruitful marriage. Medical opinion, as reflected in medical practice, does not differ from this. No evil would be likely to arise from this opinion and resulting practice, provided the former were regarded only as presumptive; but it goes further than this, and practically concludes the question by ignoring the possible, and, as we have seen, very probable default on the part of the male. This leads frequently to useless, sometimes injurious, and occasionally aimless treatment. To avoid such impropriety, every case of supposed sterility should be studied systematically. The question of its presence ought first to be considered. And in doing this, it must be remembered that infertility is not a definite thing. It may exist in different degrees, may be temporary or permanent, relative or absolute. It has been shown by Ansell's tables that in 6,000 cases, 3,159 children—more than one-half—were born within one year after marriage; 2,163 in the second year; 421 in the third; 137 in the fourth; and only 292 were born in the subsequent fourteen years. So that while a majority of women conceive during the first year after marriage, and a very large number during the second year, yet in a considerable percentage of cases, conception does not occur until the third. Hence, it may be premature to conclude that a woman is sterile until after the end of three years

of married life, and then only when husband and wife are in good general health, and the conditions of intercourse favorable.

The fact of sterility being assumed, the next question for determination should relate to the particular cause or causes of the default. This can only be done, if at all, by a physical examination of the most thorough character. Search should be made by inspection and touch for any malformations or diseases of the vulva, for the cause of painful and difficult intercourse, in case this symptom should be present in any degree; the parts surrounding the vagina should be carefully examined with reference to the existence of abnormal swellings and points of tenderness. By vagino-abdominal touch may be ascertained the condition of the uterus as to size, position, sensibility and shape; also the condition of the Fallopian tubes, ovaries, and other pelvic structures. The rectal and recto-abdominal touch may greatly aid in this investigation. The source and nature of any abnormal discharges from the genital organs should be ascertained. For this the speculum is needed. By its use we may also learn the size and shape of the os uteri, the presence and appearance of erosions, ulcerations, fistulous openings, or other conditions involving changes of color or character of surface. By means of the uterine sound, we may learn the condition of the cervical canal and its orifices, as regards their patency, size and degree of sensitiveness. An examination thus carefully and thoroughly conducted should reveal any condition which might interfere with the entrance of spermatozoa into the uterine cavity. A negative result of such an investigation would eliminate the more apparent causes of sterility, and the presumption that the cause of infertility lay in the female would be no longer justifiable—although the failure to find such cause would not by any means be conclusive.

The next step should be the investigation of the male. The

inquiry should embrace the past history and present condition as to the development of the generative organs, sexual abuse, gonorrhœa, gleet, urethral stricture, syphilis, degree of verility and the character of the semen. A great deal of tact on the part of the physician will be sometimes required to enable him to obtain information upon these points. Most men are averse to knowing—certainly, to having others know—of any sexual deficiency on their part; and I have observed that husbands are usually quite unwilling to have their procreative ability tested when it has been brought in question.

If the genital organs appear normal in structure and verile capacity, the semen should be submitted to a microscopical examination. A portion of the fluid should be obtained as soon as practicable after emission and examined before it has had an opportunity to be deleteriously affected by exposufe to a low temperature or other influence inimical to the vitality of spermatozoa. In this way only can be determined the presence of spermatozoa and their condition, whether, if present, they be dead and motionless, or alive and active. If spermatozoa be absent or without motion, the man is sterile. If, however, they be found in the seminal fluid, display normal activity, and the man be otherwise potent, we must turn our attention again to the woman, in order to ascertain whether the vaginal or uterine secretions may be injurious to the spermatozoa. To do this, a speculum should be introduced into the vagina within an hour or two after coitus, the woman in the meantime maintaining the recumbent posture. A portion of the semen may be drawn into a hypodermic syringe, a glass tube or pipette. The cervical mucus may be obtained in the same manner by dilating the uterus slightly with a uterine dressing forceps introduced half an inch into the cervical canal and separating the blades.

When the secretions of the uterus are healthy, the movements of spermatozoa in the cervical canal continue at least

twenty-six hours, and they have been found alive at the end of seven and a-half and eight and a-half days (Sims, Perry); whereas, Levy, of Munich, who made microscopic examinations of the spermatozoa at different intervals after coitus in sixty women among whom catarrh of the uterus was present in fifty-seven, found that in these latter the number of spermatozoa found within the uterus was always small, and that they all became motionless at the end of five hours.

The most frequent cause of the untimely death of spermatozoa is the acid mucus of the vagina. The degree of acidity varies greatly in different women, and in the same women at different times. On the contrary, the slightly alkaline mucus of the interior of the uterus is favorable to the vitality of the spermatozoa, although this, too, as already stated, becomes injurious when altered by disease.

Thus far the investigation into the causation of sterility has been capable of affording some degree of definiteness of result, for it has dealt with conditions coming within reach of practicable diagnostic methods. And the result may be negative. What next? We are now justified in inferring that the barrenness is dependent upon the more hidden conditions connected with the development of the ovule, its extrusion from the Graffian follicle, and transmission to the uterus, its implantation and development in the uterus, and the progress of the spermatozoa beyond the cervical canal. These, however, are not within reach of sight or touch, and, without laparotomy, before or after death, incapable of detection. We know from post-mortem observations that certain diseases, deformities and displacements of the ovaries, Fallopian tubes, and uterus are capable of successfully interfering with ovulation, conception and gestation; and the frequency of these abnormal states may be inferred from the report of Winckel, published in the *Med. Chirurg. Rundschau*, December, 1877.

This report was based upon an examination of 150 autopsies

of women who died between the ages of fifteen and fifty years. Atresia of both tubes was found in nine cases; enlarged cervical and corporeal mucous follicles were found in twenty-two cases, in seven of which there were also adhesions about the uterus, ovaries and rectum, in two cases there were found cystic tumors in both ovaries, and in thirty cases a single ovary was cystic. In fifteen cases conception was impossible from abnormality of the tubes. The detection of these morbid states was not possible during life, and their large number tends to throw doubt upon the question as to whether, or to what extent, an existing sterility may be caused by conditions ascertainable before death.

2. UNDER WHAT CIRCUMSTANCES SHOULD STERILITY IN THE FEMALE BECOME A SUBJECT FOR MEDICAL OR SURGICAL TREATMENT?

The treatment of sterility, as every practitioner of experience is aware, is of the most unsatisfactory character. While it is not rare to find reports of cases in which medical or surgical treatment has apparently been successful, it should be remembered that these constitute a very small minority when compared with the number of those in which the result has been absolute failure. The latter are commonly not taken into account. The prognosis in any given case is always doubtful, and the greatest care should be taken in announcing it.

Very largely the failures to treat successfully the sterile condition depend upon two causes: 1. The difficulty of ascertaining the efficient cause or causes of the barrenness; and, 2. The difficulty or impossibility of removing many of these causes when their presence is ascertained.

It is evident that any mere hap-hazard treatment—any treatment not based upon a diagnosis of the case—can only by the merest chance be successful. Indeed, unless some cause be found, any treatment is unjustifiable. Manifestly, also, treat-

ment of any kind would be useless when important organs are absent, imperfectly developed, or incurably deformed; or where there exists insuperable obstacles to coitus or to the transmission of semen to the uterine cavity. No treatment should be undertaken for sterility alone, which involves danger to the health or life of the woman. The desire for offspring may be strong, and the importance of an heir under some circumstances may seem very great, but these considerations ought not to influence a surgeon to imperil a life by an operation of complaisance which must, even when successfully done, be of doubtful efficacy. So, too, no treatment of the woman—certainly no treatment of a dangerous character—should be employed unless it shall appear beyond reasonable doubt that the fault is attributable to her and not to her mate.

This question assumes a different aspect when operative or other treatment is demanded for the cure of some painful or dangerous complication, as, for example, dyspareunia or dysmenorrhœa. Here the comfort and health of the patient are involved, and the removal of the disturbing element may incidentally remove the infertility also—the latter being, however, a secondary consideration.

The conditions, then, which would justify treatment of female sterility, are the following:

1. The detection of an evident cause and its reasonable susceptibility to removal.
2. The reasonable certainty that the cause of the barrenness lies with the woman and not with the man.

From what has already been said, it appears that the causative conditions which are most likely to be favorably influenced by treatment, are:

1. Those which interfere with the proper performance of the sexual act, as, many of the malformations or diseases of the genital organs which result in painful or difficult coitus.
2. Those which offer some mechanical impediment to the

access of spermatozoa to the interior of the uterus, as, an unbroken, or otherwise defective hymen, displacements and flexions of the uterus, stenosis of the vagina or some portion of the cervical canal.

3. Those which tend to destroy the vitality of the spermatozoa; as, abnormal secretions of the vagina or uterine canal.

3. IS ARTIFICIAL IMPREGNATION A JUSTIFIABLE PROCEDURE?

A good deal of rather misplaced sentimentality has been indulged in by many writers in regard to this subject. Objections have been urged against the proceeding on grounds which hardly bear the test of either scientific or ethical scrutiny. Both in Great Britain and America a number of physicians professed to be greatly shocked by the details of the methods employed by the late Marion Sims in his experiments in this direction, and yet did not hesitate to approve and adopt other means no more promising, no less indelicate, and far more dangerous, for the accomplishment of the same purpose. Continental physicians have not been so fastidious, and Girault, De Sinety, Richard, Lesseuer, Delaporte, and other French physicians, have employed the method frequently and with an encouraging degree of success. Owing to the absence of details, the ratio of success is not known. During the year 1866, Sims made fifty-five experiments on six different women. Many of the operations were imperfectly done, or performed under unfavorable circumstances. In a single instance conception followed, but even this was inconclusive, since the experiment was preceded and followed by ordinary cohabitation. The results of the treatment in other hands have been more favorable. Girault* reports eight successes, one a twin pregnancy—the number of experiments not given.

De Sinety† says: "The successes obtained after eight or ten

* Etude sur la Generation Artificielle dans l'espece humaine. Paris, 1869.

† Manuel de Gynecologie, 1879.

futile attempts are an encouragement for the repetition of the manoeuvre a certain number of times."

Eustache* says: "The last intervention—*ultima ratio*—is not condemned by either morality or religion; it is justified by the essentially legitimate and moral desire to have children, also by a certain number of incontestible successes,"—a sentiment with which I fully agree.

That the procedure is liable to abuse must be conceded, but this objection may be urged equally against almost every other therapeutic measure; and as concerns other objections of a purely ethical character, they may be properly left for the disposal of the parties chiefly interested—the husband and wife.

The cases which are especially adapted to this method of treatment are those in which there is some obstacle to the passage of spermatozoa from the vagina to the cavity of the uterus; for example, flexions below the os internum, and stenosis of any portion of the cervical canal. In such cases, after other rational methods of treatment have been fairly tried and have failed, artificial impregnation may be essayed under the following conditions:

1. It should be certainly known that the husband is potent and fecund, as indicated by a normal condition of the semen.
2. The menstrual function must be properly performed.
3. The genital and other pelvic organs must be normal in structure and function.
4. The consent of both husband and wife should be previously obtained.

VERIFIED PATHOGENIC SYMPTOMS.

BY ARTHUR F. MOORE, M. D., LUDLOW, VT.

When I verify a symptom, I am apt to mark it in my *materia medica*; and I find the following which I have most thoroughly

* *Manuel Pratique des Maladies des Femmes.* 1881, p. 732.

verified. Some by the use of the single remedy and some by the alternation of the remedy verified with another I had been giving, but which obstinately refused to cure the symptoms which the other verified. Many times the first remedy was not expected to cover all the symptoms and especially the one verified by the second remedy, which was finally given in alternation with it and promptly verified its pathogenesis, so that in each case given there can be no question but that the remedy stated cured the symptom.

Baryta carb. 30.—Swelling and suppuration of the glands in scarlet fever (in N. Y. State.)

Cistus can. 30.—Same symptom in Vermont where *Baryta* would not cure.

Belladonna 3.—Pains begin suddenly and cease suddenly.

Stannum 200.—Pains increase and decrease slowly and very gradually (also *Platinum*—not verified by me in case of *Platinum*.)

Creasote 3x.—Leucorrhœa of bad odor, debilitating, mild or corrosive. *Menses and leucorrhœa are inclined to be intermittent*; she thinks she is almost well when the discharge returns again. (Leucorrhœal discharge smells like sulphuretted hydrogen. Prolapsus uteri dependent on these symptoms. I have cured with *Creasote* 3x, several times.

Digitalis 3x.—*Slow pulse* 50, with *nausea* and perhaps diarrhœa. (Verified many times.)

Hydrastis can. 2x.—*Slow pulse*, 56, with *vertigo*. (Cured the vertigo, and the pulse was normal when the patient sat up.

Gelsemium 3.—Diplopia, controllable by looking sideways.

Lachesis 1000.—*Cough*, worse after sleep—(a nap in the day time.)

Lobelia inflat. 3x.—Headache with slight giddiness and *nausea*. Another marked *Lobelia* condition which I have verified many times is acidity of the stomach, *heartburn*, with *ptyalism*.

Lycopodium 1000.—Redness, inflammation and swelling of all the joints of the fingers (and toes, in rheumatism after scarlatina.

Teucrium 200.—Swelling, itching and creeping at the anus, as from ascarides, with restlessness at night, and tossing about. (Specific for ascarides if persisted in for weeks and months. Verified many times.)

Mercurius viv. 200.—Neuralgia after herpes zoster. (Must be persisted in for months sometimes, *whenever it returns*. *Croton tig.* cures the eruption. *Merc. viv.*, verified many times, also *Croton tig.*)

Psorinum 500.—Debility and despair of recovery in acute disease, during convalescence.

Scilla marit. 3x.—Edema of the feet and ankles, with bronchial catarrh. (Capillary bronchitis.)

Sepia 1000.—Aggravation of all the symptoms by letting the limbs hang down. (Also *Puls.*, reverse *Verat alb.* Only *Sep.* verified by me.)

Sulphur 1000.—Sensation of hairs in throat, (and on tongue in rhumatic fever. Cured with one or two doses of pellets.)

Thuya tincture—externally.—Warts. (And I've seen it fail, so I did not verify a *symptom*.)

Kali bromat.—A crystal rubbed on the gums of teething children stops the irritation of gums and brain. (From Hale. Verified *many* times.)

Cannabis ind. 3x.—Laughs indiscriminately, at the merest trifle. (After cerebro-spinal meningitis. Seemed inclined to be foolish. A girl. Cured.)

Coca erethrox.—Feels much stronger in voice. Can sing much louder and clearer. Relieved permanently a shortness of breath from running and climbing hills. (Verified on myself by chewing the leaves when I felt the need of them. Was two or three years in getting *permanent* relief. Do not need them now, and if I chew them they temporarily

produce some of the mental symptoms, *secondary* hypochondria, peevishness, etc.)

Mercurius cyan. 6x.—True diphtheria. (Seems to cure like magic so far as I have tried it, wherever there is true diphtheritic (not scarlatinal) membrane—a membrane which cannot be detached without leaving the mucus membrane raw and ulcerated.)

Erigeron can. 1x.—Epistaxis. (In valvular disease of the heart. A seemingly hopeless case. Patient had bled profusely. Cured by smelling from the vial, and for a long time would stop it upon every return of the bleeding!!)

Helonias dioica. 3x.—Bright's disease. Pain in the (region of) kidneys, with albuminous urine," (Tube casts after scarlatina, persistent until cured by *Helonias* some months after.)

Lycopus virgin. 3x.—"Cough, with *hæmoptysis*." (An old case, with amenorrhœa and irritable spine, given over by Allopaths to die of consumption. *Sticta pulm.* cured the spine and hacking cough caused by it, and which was always worse from pressure on spine by lying on it, or by chair back, but *Lycopus* cured the hæmoptysis promptly at every return, and now the woman does her own work for a large family, and for five years has been a wonder to her old Allopathic doctor. The amenorrhœa is also better, but there is a flexion of the uterine neck.)

Rumex crispus 3x.—"Dry cough," with diarrhœa only in the morning early.

Sticta pulm. 3x.—"Rheumatism of all the large and small joints, with swelling and pain." (Rheumatic fever.)

Veratrum vir. 3x.—"Active congestion and engorgement of the lungs. Pneumonia with high fever; will arrest the inflammation in the first stage." (Verified many times. Cuts it short even after "rust colored" sputa has appeared.)

Nux vom. 3x-200.—"Frequent urination with scalding; prolapsus uteri and vagina from straining and lifting.

THE
UNITED STATES MEDICAL INVESTIGATOR.

"HOMŌOPATHY, 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.

SOME BUSINESS HINTS.—“When I meet a physician and know his locality and special surroundings I study his medical and financial ability. Some excellent practitioners are very poor business men.” A physician remarked the other day, “I have great difficulty in collecting my bills. Nearly everyone in this town owes me,” said a dejected country practitioner, adding at the same time with pride, “I have made some brilliant cures.” The counsel he received was about as follows: “I see that you are in a place where there can be but little ready cash. A physician can soon have a long list of standing, open accounts, but I suppose your people are ready to barter and give notes; you ought to get them to settle up their accounts occasionally. Take their notes either with or without interest. These you can trade off for various things, also you can get them discounted in the bank, I suppose. In that way you can keep yourself in ready cash and have no debts of your own. I see one difficulty you labor under, you have no pressure, perhaps, for a start. If your house is not paid for make that your pressure, or some medical need, as new instruments, books, etc. To help you in this venture, or new departure, you will need to wear an anxious countenance; that creates sympathy and an interest which precede help. Allow no

trifling remarks to throw you off your purpose. Familiarity will interfere with this plan. Insist on being addressed as Doctor, no Doc nor first name boys play. You know that "familiarity breeds contempt." There is a dignity that is expected of a physician, that goes with respect and confidence and is absolutely needed for financial success. The more courteous the people the higher they hold their physicians in respect and, therefore, pay them more willingly. There is nothing to hinder you from having a fine house, best rig, best office in the place. I should take anything in pay. With these notes you can supply yourself with almost all that you may need. To secure these notes, in some cases you must use strategem. I should make a habit of sending a statement either yearly, half yearly, or oftener. Send it by mail before you ask for a note. When you meet the party explain that you sent it so that they would know how they stood, then suggest that you expected to meet a payment soon and that you might call on them to help you out, and if they had not the money you might use a note. That would pave the way, and usually commit them, as well as prepare them. A note is a sort of settlement which will make them feel better and they will start in again and run up a good bill before they are aware of it. Then you can get another note and so on. By this plan you never dun your patients but always effect a settlement which to them is often a great relief."

Some of our well-to-do readers can readily testify to the great advantage of this method of collection.

WILL THE INSTITUTE ENDORSE IT?—A strong effort is being made by the publishers of Homœopathic Pharmacopœia's to bring a pressure to bear upon the Institute by having an article copied and recopied in the various medical journals, calling attention to the fact that there is more than one pharmacopœia, and that neither of them is authorized. The effort to induce the Institute to declare one of them official will, we

judge, be without result. The Institute, after laboring with this question for many years, turned it over to private enterprise. The last chairman of this committee endorsing, in so many words, THE UNITED STATES HOMŒOPATHIC PHARMACOPŒIA, issued by Duncan Bros.

How many members of the American Institute are competent to pass upon the proper method of preparing all the remedies in the materia medica? It was this that swamped the Institute enterprise and caused it to set aside the project. Some years ago there was organized the American Pharmaceutical Society. This is the proper body to prepare an official pharmacopœia, if one is ever issued. But is this necessary?

There is an unwritten law, recognized by all the old Homœopathic physicians, that the original preparation of each remedy, when proved, should be the standard for its preparation hereafter. This was followed by Hahnemann and all his immediate followers, and should be down to the latest times. The only question the pharmacist should give attention to is, how was such and such a drug first prepared, when proved? If a different method is employed, then the drug should be reproved. The question of the official preparation of each remedy is thereby practically settled by usage.

NAMES OF REMEDIES.

The following are the names of the remedies for the symptoms given in our April number. Send in the names of the remedies for the symptoms given in this issue.

1. Bromine.
2. Aconite.
3. Spongia.
4. Bromine.
5. Kali bichrom.
6. Iodine.

AMERICAN INSTITUTE OF HOMŒOPATHY.

COMMITTEE ON RAILROAD FARES.

IOWA CITY, Iowa, May 22d, 1886.

DEAR DOCTOR:—The Trunk Line Commission, which controls all eastern lines of railroad, refuse to make special rates for our meeting at Saratoga, for the reason as they say “that the summer excursion rates to Saratoga for this season are so low that it is unnecessary to go to the trouble of making a special rate.” Eastern members, therefore, will simply purchase an ordinary excursion ticket to Saratoga, and will require no certificate.

The Central Traffic Association which controls all lines east from Chicago, St. Louis and Cincinnati, grants a return to all points within its territory at *one-third* fare to all who have paid full limited fare going. In order to secure this reduction it is peremptory that each person on purchasing their ticket have filled out a “starting point certificate” by the agent of whom the ticket is purchased. When this has been endorsed by myself at Saratoga it will secure a return ticket at one-third fare. CERTIFICATES GOOD UNTIL JULY 20th. Those who fail to comply with this rule will not get the benefit of the reduced rate. The Wabash, St. Louis & Pacific Railway have kindly consented that these rates and rules shall apply to all points on their system, including Kansas City, Council Bluffs and intermediate points, outside the territory controlled by the Central Traffic Association. No stop-over privileges are allowed.

These certificates can only be obtained by addressing me at Iowa City, Iowa. In ordering them it will not be sufficient for one person to order several in his own name. In every instance I must have the name of the person who is expected to use the certificate before it can be sent.

The Committee has selected the Chicago, Detroit & Niagara Falls Short Line and New York, West Shore & Buffalo Rail-

ways, with which to make special arrangements for the transportation and convenience of those who attend the meeting. A special train, if numbers warrant it, and, at least, a special car, will leave the B. & O. Depot, at Chicago, Sunday, June 27th, at 3.45 P. M., arriving at Detroit, (W., St. L. & P. Depot) at 11.50 P. M., Niagara Falls, 8.20 A. M., Buffalo, 9.18 A. M., reaching Saratoga, via Schenectady, about 7 P. M., Monday, June 28th, in time for the preliminary meeting of the Institute. A special sleeping car will be in waiting at the Wabash depot in Detroit, to be attached to this train. This car will be open for the reception of passengers after 8.30 P. M. There will also be a special parlor car in waiting at Buffalo. It is earnestly desired that all parties living contiguous to either Detroit or Buffalo, or who expect to join the special train at these points, will notify me at an early date in order that arrangements may be made for more cars if needed. It is also desired that the parties from St. Louis, Indianapolis, Cleveland and other southwestern points, purchase their tickets via Buffalo and the West Shore Railway, and plan to meet the special train either at Detroit or Buffalo. This will secure us a handsome and fast special train from these points, and will add much to the convenience and happiness of the entire party. The W., St. L. & P. Ry. will furnish a special car from any point on their line where there are a sufficient number to warrant doing so.

In all cases it will be absolutely necessary for parties to return over the same route that they take in going.

The long limit allowed for returning is quite an unusual concession, and has been made in order that members and their families may have abundance of time for rest and recreation after the adjournment of the Institute.

Yours fraternally,

A. C. COWPERTHWAIT, *Committee.*

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THE ILLINOIS MEDICAL MEN IN COUNCIL.

The Illinois Homœopathic Medical Association assembled in Chicago, May 18, 19 and 20. This was the the 31st annual session of this society and a finer body of men it would be hard to find. Here were the veterans and the young M. D's., authors, professors, editors and all phases of practitioners. The gathering was large, even from the first hour when President H. M. Bascom, of Ottawa, called the Association promptly to order at 10 A. M. in the large assembly room of the spacious Grand Pacific Hotel. C. M. Beebe, M. D., of Chicago, was ready to take notes, and A. A. Whipple, M. D., of Quincy, occupied the treasurer's table. The attendance was large and not far from 300 physicians were present during the sessions. The address of the president was an able one, it dealt largely with the history of the society. It is strange but true that there is no connected record of the doings of this body. The minutes of the thirty sessions would make interesting reading. They ought to be compiled and published when so many of the originators are alive.

The committee on the presidents address was appointed by Vice-president C. B. Kenyon, M. D., of Rock Island.

An auditing committee was appointed.

The first Bureau of Legislation, Registration and Education had, as usual, no report. If they do not report next year, may they be incarcerated at Joliet or consigned to some insane asylum.

The Bureau of Obstetrics came to the front in good shape. B. P. Marsh, M. D., of Bloomington, presented in fine style a most practical paper on "Anæsthetics in Normal Labor." He advocated its more general use, keeping the patient in talking distance. He believed it both humane and helpful. L. C. Grosvenor, M. D., of Chicago, started off to criticise the paper just read but was brought down to his own labor by Dr. Hall calling him to order. The president ruled the point well taken and away went Dr. Grosvenor to give his method in a desultory lecture, the gist of which was that he used it in most of his many cases giving, however, only a few whiffs just before and during a pain.

Dr. Whipple handled the "Forceps" in a masterly manner showing his familiarity with his subject.

E. M. Hale, M. D., of Chicago, changed the drift abruptly by describing a case of labor in a fleshy woman whose vaginal tissues seemed to impede labor. This case was easily and quickly delivered on her knees at her third labor, the other two being both forceps and chloroform ones, and the perineum ruptured both times. Had tried the kneeling posture in other cases with like happy results.

In the discourse that followed G. A. Hall, M. D., of Chicago, led off with caustic comments on the reckless use of anæsthetics. He knew that they were harmful. In normal labors they were rarely needed, in difficult labors they were beneficial. He could understand when the kneeling posture could be used to advantage.

G. W. Foote, M. D., of Galesburg, in his droll factious manner remarked that he thought that the kneeling posture in labor was his patent. Glad to see that Dr. Hale had also resorted to it. It was a common practice in the country. "Try it boys."

J. W. Hawkes, M. D., of Chicago, used chloroform, but not indiscriminately. Few of his patients could endure the kneeling posture. The natural posture of animals in labor was that of lying.

Dr. Marsh in reply stated that he advocated the sensible use of anæsthetic in labor.

Promptly at high noon the Association was called from labor to refreshments.

After lunch, at 2 P. M. promptly, labor was again resumed, when J. S. Mitchell, M. D., of Chicago, gave his learned views at length.

S. Leavitt, M. D., of Chicago, gave a very excellent paper on "the Female Catheter."

Dr. Dunham, of Winona, related an interesting "case of Distocia."

W. D. Shotwell, M. D., of Peoria, followed with one on "Puerperal Convulsions."

W. F. Knoll, M. D., of Chicago, brought up the subject of chloroform in labor again. The views and experience of L. Pratt, M. D., Wheaton, T. J. Merryman, M. D. of Champaign, was given at length. E. H. Pratt, M. D., closed up the discussion in good style without any reference to the rectum.

The board of censors appeared like a coment and recommended C. W. Creary, M. D., of Kenwood (formerly of Lake City, Minn.), M. J. Bliem, M. D., H. E. Cross, M. D., and Julia R. Law, M. D., of Chicago, for membership and they were duly enstalled.

The Bureau of Ophthalmology and Otology being opened, the following papers were read: Dr. J. H. Buffum, Chicago, "Nasal Reflexes in the production of Ocular Symptoms;" Dr. C. H. Vilas, Chicago, "Malarial Iritis." These papers were both interesting and practical. In *Materia Medica* the following papers were read: Dr. A. W. Woodward, "Camphor for Hyperpyxia;" Dr. F. W. Gordon, Sterling, "Drug Action;" Dr. R. N. Foster, "Poisoning by Opium;" Dr. C. E. Lanning, "Study of Actinite," *materia medica* is a dry subject; and these papers, although very interesting, provoked little comment. In pathology, physiology and histology, Dr. T. J. Merryman, of Champaign, read a paper on "Cancer of the Alimentary Canal;" Dr. E. S. Bailey, Chicago, the Nerves of Special Sense—taste and smell—as factors in dyspepsia; Dr. M. J. Bliem, Chicago, Embolism in Acute Inflammatory Rheumatism. This is the best report made by this bureau for some time. The paper by Dr. Bailey was a practical putting of physiology. Embolism in endocardiac inflammation is to be looked for. The general subject, "Diseases of Women," was next considered. Dr. John W. Streeter lectured on "Mechanical Treatment of Uterine Displacement." The idea was the perineum was the main uterine support. Anteversion rarely needed attention. In retroversion usually the uterus was not pitched far enough forward onto the bladder. The knee-elbow position should be assumed and the neck held with a volcellum while, with an elevator in the uterus, it should be thrown well forward and a pessary adjusted though without pressure. Of all the pessaries he had come to use only a few, of these the Albert Smith modification of Hodge, that distended the vagina laterally, any other form of distension would do harm. [To be continued]

MEDICAL NEWS ITEMS.

Prof. R. Ludlam has removed to his fine residence, 1823 Michigan Ave.

Dr. H. I. Ostrom has removed to No. 42 West 48th Street, New York City.

Prof. J. E. Gilman, has taken a down town office at the Central Music Hall, hours from 1 to 3.

Prof. A. E. Small has bought a fine new residence at 3319 Rhodes Ave., into which he has moved.

Dr. E. Hasbrouck has removed to 369 Ninth street (fourth house below Sixth avenue), Brooklyn, N. Y.

Dr. C. W. Breyfogle of San Jose, Cal., has been elected mayor of that city. A good man for the place.

State Society.—The Illinois Homœopathic Medical Association was well attended. The President, Dr. Bascom, made a fine presiding officer.

Notice.—We would call attention to advertisement of Dr. Borick's Rectal Case, on another page, for sale by J. H. Waddell, M. D., Wauseon, Ohio.

Notice.—All books for review, articles for publication, subscriptions and all communications should be addressed to Duncan Bros., 56 State St., Chicago.

G. M. Ockford, M. D., has been driven South by the New England climate and has located in Lexington, Ky. He has entered into partnership with Dr. Edgar.

Dr. W. M. Stearns has removed his office to 100 State St., corner of Washington, over City of Paris, where he will continue the practice of diseases of the ear nose and throat.

Dr. Elizabeth Blackwell, who has a large practice in New York, is said to have been the first woman in America to take a medical degree. She is now sixty-five years old.

Dr. M. M. Eaton, of Cincinnati, has removed his office to No. 60 East Fourth street; and his residence to Walnut Hills, corner Park avenue and McMillian street, Cincinnati, Ohio.

Dr. D. W. Straup read a very able paper on Drainage and Sewerage at the Schoenlykill county Homœopathic Medical Society, and it was published in the *Erie Herald* of Shenandoah, Pa.

The Shotwell Rectoscope Co.—We have received from this company one of their rectoscopes for the treatment of rectal troubles. This instrument will be found of great service to those who have rectal diseases to treat.

Post Graduate Course.—The first Post Graduate Course held in any Homœopathic College has just closed in old Hahpemann, of Chicago. There was a good attendance and the teaching was excellent; almost exclusively clinical.

Three Score and Ten.—On the 28th day of April Dr. D. S. Smith, the veteran Homœopath of the northwest, reached that age. Dr. Smith is well preserved and a jolly fellow to have a chat with. His storehouse is full of rich experience and he is ever on the watch to say a good word for Homœopathy.

Good Locations.—Broken Bone, the county seat of Custer county, is one of the best locations in the state for a good Homœopath. Seven Allopaths and no Homœopath. Railroad just completed. Also other good locations in Custer county. For further particulars address Dr. J. G. Brenizar, Merna, Custer county, Neb.

West Shore Railroad (N. Y. C. & H. R. R. Lessee).—West Shore Route the short line to New York, and also the short line to Boston, via the famous Hoosac Tunnel, with palace sleeping and parlor cars on all through trains. Finest equipment in America. Beautiful scenery, easy grades, steel rails, double tracks, iron bridges and stone culverts. A model railway, saving 5 miles of transfer in New York and making through connections for Saratoga and all other famous pleasure resorts. The only line running through cars to New York and Boston via the famous Suspension Bridge at Niagara Falls. C. E. Lambert, Gen'l Western Pass. Agt., Room 8, 95 and 97 Clark St., Chicago, Ill.

Prof. Dowling's two sons, John W., Jr., and George B., graduated from the New York Homœopathic College at the recent commencement of that institution. John W., Jr., who is a graduate of Columbia College, had already received the degree of doctor of medicine from the regents of the New York State University after qualifying before the state board of examiners. At the commencement he was presented with a valuable microscope, the first faculty prize for the highest standing in all of the branches taught throughout his entire period of study. He also received Prof. Talcot's prize of fifty dollars in cash, for the best written report of the professor's lectures. Both of Prof. Dowling's sons will locate in New York City.

Niagara Falls Short Line.—This is the shortest and most direct route via Detroit and Niagara Falls to Saratoga, Philadelphia, New York, Boston and intermediate points. Elegant sleeping cars run on Fast Express, leaving Chicago daily at 3.40 p. m. to New York over the West Shore Route without change. On the 8.45 p. m. train, Pullman Built B. & O. Buffet Sleepers run to Detroit, and the noted Mann Boudoir Cars to Niagara Falls; these with fine Day Coaches, form an equipment unsurpassed by any line. These trains run over the popular Great Western R'y, between Detroit and Niagara Falls, through the finest section of Canada. Tourists and pleasure seekers naturally select this route going East on account of its many advantages. Tickets on sale at 83 and 109 Clark St., Palmer House, and at Depots foot of Monroe St., Lake Front. General Office 109 Clark St. J. H. Whitman, G. W. Agent.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

VOL. XXII.—JUNE, 1886.—No 6.

RECTAL THERAPEUTICS.

A LECTURE DELIVERED BEFORE THE MEMBERS OF THE POST-GRADUATE CLASS OF HAHNEMANN MEDICAL COLLEGE,
MAY 11, 1886, BY W. S. GEE, M. D., LECTURER
ON MATERIA MEDICA.

LADIES AND GENTLEMEN:—In responding to your cordial invitation to deliver a lecture on some subject of practical interest to the general practitioner, I have decided that from the average inability to manage rectal diseases, and from the frequency of these troubles, that we might spend the hour very profitably in a study of the therapeutics of the rectum. There are very few common ailments which are more annoying to both patient and physician than those seated primarily in the rectum. Their frequency and importance bring them into daily work.

To thoroughly comprehend the sphere of these disabilities one should recall the anatomy and physiology of the rectum and adjacent parts.

The term *rectum* is used to designate a comparatively straight portion of the large bowel extending from the sigmoid

flexure downward—a length of from six to eight inches. We have said *comparatively straight* and while this is true, when contrasted with the tortuous course of the large intestine above, the fact is known that the rectum itself has a double antero-posterior and a lateral curve.

The first curve, from above downward, is made as it follows the curvature or hollow of the sacrum, then as it reaches the point of the coccyx it makes a sharp curve in the opposite direction to the anus. The lateral curvature extends from the left sacro-iliac synchondrosis to the median line ending about opposite the third sacral vertebra. While this description is applicable to most normal cases there are many variations within the limit of health.

For convenience of study the rectum is divided into three sections; the *first*, beginning with the anus, extends an inch and a half, or about the tip of the prostate; the *second* from this point to the third sacral vertebra—about three inches; the *third* to the left sacro-iliac synchondrosis.

The curvatures correspond approximately to these divisions. Important structures lie near the rectum in front of the first and second divisions, viz: the vagina, bladder, membranous portion of the urethra. On either side connective tissue. Near the third division are found folds of the peritoneum, small intestine and important visceral relations.

The first is of most interest to the patient, hence to the physician. The upper portion of the rectum receiving but a limited nerve supply gives but little inconvenience from pain in that region, even from the existence of a large fecal accumulation or a cancerous development.

The first section includes the external and internal sphincter muscles. The anus is the outer termination and at times becomes the seat of great discomfort. The skin is thin, joins the mucous membrane, is supplied with sebaceous follicles, erectile tissue, and muciparous glands. The coats are the

same as those of the large intestine except that, according to some authors, the mucous coat of the rectum is much thickened. The coats are arranged in four layers; peritoneal, muscular, submucous and mucous. The thickness varies, according to the development of the muscular coat. As in other parts of the body the muscular coat is the chief one and is made up of layers of longitudinal and circular muscular fibers. The layers are distinct, one over the other, and not as basket work.

The longitudinal fibers are continuous with those of the colon, but here form a continuous sheath or band thicker on its anterior surface. Bundles of circular fibers form the internal sphincter and the questionable third sphincter—the office of the latter being to hold the rectum firmly to the point of the coccyx and probably to act as a sphincter muscle. With the external sphincter the physician has largely to deal. This is an elliptical muscular band situated beneath the skin, inserted into the perineum in front, and behind attached to the coccyx. Its function is to close the anus, under the will, and maintain that condition until antagonized by the aid of the will. The nerve supply is from the hæmorrhoidal branch of the internal pudic, and from a branch of the fourth sacral nerve. The internal sphincter is just above the external and is also supplied by the hæmorrhoidal branch of the internal pudic nerve. We cannot, in one hour, give a careful study of the whole subject, but in passing let us remember that all the nerves in these parts are connected with the general arrangement of the cerebro-spinal and sympathetic systems. “The former are branches from the sacral plexus, and the latter from the mesenteric and hypogastric plexuses.”* The spinal nerves supply branches to the neighboring viscera—being derived from the third and fourth sacral nerves and anastomosing with the sympathetic. The fifth sacral nerve also sends a

* Kelsey.

small twig to the coccygeus. The posterior branch of the superficial perineal nerve, from the internal pudic, supplies the skin in front of the anus, while the anterior branch gives several small filaments to the levator ani. The inferior hæmorrhoidal branch of the internal pudic supplies the lower end of the rectum, the internal and external sphincters, and the skin of the anus. The posterior branches of the sacral nerves also supply the skin over the coccyx around the anus.† The normal tonic contraction of the external sphincter is credited to the action of the nerve center located in the lumbar region of the spinal cord.

Thus we see that these nerves come from the sacral plexus in which are included the great and small sciatic, superior gluteal, and muscular branches which supply large muscles in that vicinity. These nerves communicate with pelvic ganglia of the sympathetic which have communicating branches above and below. Recognizing the complex nervous relation of the rectum it is not surprising to find pain in remote parts from rectal disease. A physician, a few days ago, complained of a sore pain near the left ischium and backward. He was unable to relieve it or to account for it. When asked if he had any rectal trouble he replied, "Oh, yes, I have been having an attack of hæmorrhoids, but I did not suppose that had anything to do with it." Had he recalled the nervous relations of the parts he could have explained the cause of trouble. The rectal irritation is transmitted to the sacral plexus in which are included the muscular branches supplying the part complained of, and the irritated sensory filaments locate the pain at the periphery. In this way we may account for the backache (see *Æsculus hip.*) and pain in the plantar surface of the foot from a prolapsed hæmorrhoid.--(*Kelsey.*) The pain disappears after the rectal irritation is removed. In another case as reported by the same author "a fissure may cause

† *Kelsey. Gray.*

pain in the lumbar and iliac regions; pain, loss of sensation and cramp in the legs, and symptoms of the bladder, and urethral disease, besides more general nervous phenomena." Who has not noticed the headache of hæmorrhoids?

The circulatory and lymphatic communications are of importance in the disease study, but as Homœopathic prescribers the nervous phenomena are of most value.

A hint has been given as to the existence of a third sphincter and some have described valves existing in the same locality. These valves are of folds of the mucous membrane and they are supposed to assist the third sphincter in protecting the lower rectum except at the time of defecation. It is not a new fact to most of you, but will bear repeating that the normal state of the rectum is empty. The shape of the sigmoid flexure with the normal contraction tends to preserve the above mentioned natural condition. Normal defecation is probably in this manner: the fecal matter accumulates in the sigmoid flexure of the colon until it becomes so distended as to change its long axis, bringing the weight of the accumulation to press upon the upper sphincter. The peristaltic action of the colon extends into the sigmoid and is active at this time. To this power is added the voluntary pressure of the diaphragm, abdominal muscles, and the pressure of the contents of the abdomen down upon the rectum. This combined force opens the sphincter and allows the rectum to be filled. The presence of the fecal matter through the sensory nerves conveys the impulse to the nerve center and the motor filaments act to expel the offending matter.

The act of defecation is a composite one, incensed by the will but completed by the aid of involuntary mechanism. Normally at the time of the voluntary pressure the sphincters relax. The external sphincter is in a state of contraction maintained by the action of a nervous center in the lumbar portion of the cord. "By the action of will, by emotions, or by other

nervous events (see Gels. Arg. nit.), the lumbar sphincter center may be inhibited, and the sphincter itself relaxed, or stimulated, and the sphincter tightened. This relaxation is the second of the voluntary elements in the act of defecation." The peculiar conformity of the sigmoid flexure is the probable barrier which prevents involuntary defecation as is often shown in cases where the sphincters are absent. It is a universal rule that irritation causes increased action, and then follow functional derangement and later organic change. You remember what a complex arrangement of nerves exists about the rectum, and how a slight irritation may cause functional derangement. If that irritation and resulting disturbed function continue for some length of time incapacity results, and so perfectly adjusted are these parts that but a slight stimulus is required. Suppose the patient to be the son of psoric father and mother. Naturally he has but a limited degree of vitality imparted, for a stream cannot rise higher than its fountain head. Unless some decided hereditary organic deficiency is given him his vitality may be so distributed as to carry on all normal functions to a limited degree. It is now within his power to weaken some part of the body by indiscretion, and commonly it is error in diet which produces functional derangement of the chylopoetic viscera, and later, of the portal circulation, then of the hæmorrhoidal system. As a result irritation of each part is followed by functional derangement and paresis. An attack of constipation follows, perhaps hæmorrhoids; if neglected the whole hæmorrhoidal plexus becomes involved and this disarranges, through the nervous communications in an inhibitory way, many other parts. Fissure, prolapsus ani, the whole mucous membrane within the field of the speculum may have a bluish color giving a turgid appearance and, perhaps, covered with a sero-purulent discharge, or with acrid mucus. All this process may have taken months, or years, but the tendency is the same if unmolested. The

moment an abnormal inhibition is exerted the organ is weakened and invites disease, and abundant opportunity is offered for a latent psoric or other miasm to become aroused through the loss of his vitality. We may have a case of pronounced ulceration, tuberculosis or cancer of the rectum as an outgrowth of it. The development may be slow as only occasional steps of retrogression are pronounced. Only a polypus may appear now and then, or some foreign body may accidentally reach the rectum, such as a fishbone or apple seed, and the straining occasioned by a constipated stool may force an enlodgment into a fold of the mucous membrane. Subsequent efforts at defecation drive it deeper until with an ulcerative process the victim, after weeks or months, reaches some physician who recognizes the condition and tells him that he has incomplete internal fistula. Or if it should be near the external surface after a series of rectal abscesses, it becomes, or is made, a complete rectal fistula. We have supposed this patient to have been a psoric individual, and in fact he would be the rarest patient, with such a condition, if he were not of the decided psoric diathesis.

What shall we do for him? There are many ways practiced and each, *apparently*, has been partially successful. We purposely dwelt upon the anatomy and nervous relation to show that the cause of chronic rectal disease, as with other chronic diseases, originate in *nervous disturbance*, then functional derangement and organic disease result (surgical and mechanical, or chemical causes, excepted). Depression first, however slight, then irritation, excitation, increased action, diminished action, limited function and organic change. In every instance let us look at the *causa*. In chronic disease it is *dynamic*. We Homœopaths cannot afford to discard dynamization of disease or of medicine. If we shut our eyes against all that may, without *careful study and experimentation*, appear illogical, our sphere of usefulness will be shamefully curtailed.

To intelligently prescribe for our patient we are under obligations, as followers of Hahnemann, to adopt his instructions and to gather all possible symptoms of the case, thus making a grand photograph of the totality of the symptoms. We must ascertain as to whether the cause still exists. "The physician, in curing, derives assistance from the knowledge of facts concerning the most *probable cause* of acute disease, as well as from the most significant points in the entire history of a case of chronic disease; aided by such knowledge he is enabled to discover the *primary cause* of the latter, dependent mostly on a chronic miasm. In connection with this, the bodily constitution of a patient (particularly if he has a chronic disease) the character of his mind and temperament, his occupation, his mode of living and habits, his social and domestic relations, his age and sexual function, etc., are to be taken into consideration." (Sec. 5, Org.) "When the physician knows, in each case, the obstacles in the way of recovery, and how to remove them, he is prepared to act thoroughly and to the purpose, as a true master of the art of healing." (Part of sec. 3.) "In a disease presenting no manifest exciting or maintaining cause for removal, nothing is to be discerned but the symptoms. These alone (with due regard to the possible existence of a miasm and to accessory circumstances) must constitute the medium through which the disease demands and points out its curative agent. Hence the totality of these symptoms, *this outwardly reflected image of the inner nature of the disease, i. e., of the suffering vital force*, must be the chief and only means of the disease to make known the remedy necessary for its cure, the only means of determining the selection of the appropriate remedial agent." (Sec. 7.) The removal of the cause then is first in importance. If there is an exciting cause in coffee or liquor drinking, late hours, excesses of various kinds, it is a waste of time to use curative means until such cause is removed. The mode of life may need attention. The

young man in the office may be obliged to visit the gymnasium once a day, take up his residence in the country or make a change of climate. Having given requisite attention to the accessories, adjuvants, etc., the greatest study will be necessary to closely fit the remedy. The above mentioned photograph should be duplicated as nearly as possible. Remember that in prescribing for these troubles our remedy must, as far as possible, cover the totality of symptoms in order to approach the nervous centers first involved. If we bear in mind that now those nervous centers are at the lowest point of activity, then the stimulus must be of the mildest type to reach and stimulate the thread of life remaining. The parietic limb may become thoroughly paralyzed by using the same electrical current too strong which, in a suitable strength, should materially aid toward normal activity. We are aided by taking cognizance of the amount of organic change, the diagnosis, to satisfy ourselves and the friends, as well as to better give a prognosis. In all cases, however, our prognosis will be altered by our success in finding the remedy and the rapidity with which the patient responds to its curative influence. The history of acute troubles preceding are often of value, and any peculiar marked symptom attending those attacks may aid us in the selection of the remedy. Among the remedies which have a special action on the rectum will be found those having a marked effect on the adjacent parts, particularly so with the bladder and sexual organs of both male and female. This adds another beauty to our law of prescribing, for how similar to the disease relations and accompanying nervous phenomena are the effects of drugs.

Remember that we prescribe for *nervous phenomena* and lose sight of organic changes, except so far as they serve to confirm the selection.

To make a list suitable to all cases would include a great share of our materia medica, but of the great number a *few*

are *more frequently* indicated, and among them we find this group, (the surgical treatment will not be considered at this time):

Æsc. hip.—When there is much heat, burning, soreness, itching, fulness and urging to stool (Lach. Plumb.) Dryness and a feeling of constriction of the rectum. A feeling as if full of sand or sticks, (Collin.) Purple hæmorrhoids, with aching and lameness in the back; back gives out when walking; low spirited; very irritable. You will remember that in the country many carry the horse chestnut to prevent an attack of piles. The patient, poisoned by this drug, is exceedingly uncomfortable, in fact he can neither lie, sit, nor stand, but is in less distress when kneeling. He wants to have a movement from the bowels but the pain and burning prevent.

The twin sister, *Æsculus glabra*, the buckeye has also been carried in the pocket to prevent piles. It produces constipation in cattle poisoned with it. The same purple hæmorrhoids are cured and the lame back and lower limbs. Patient has much vertigo; the head feels full and heavy; senses impaired; speech thick.

Aloes.—The urging diarrhœa and the jelly-like stool, with flatulency, should always remind us of this remedy. An uncertain control of the sphincter exists and the feces escape almost without being noticed. Hæmorrhoids protrude like grapes, with constant bearing down in the rectum. Quick to stool and quick to urinate. He is very likely to have a movement from the bowels when he urinates. We may reason out the parts involved when this remedy is strongly indicated for the tenesmus is of bowels and bladder. The diarrhœa is likely to be worse in hot weather, and especially on standing or walking. Rectal symptoms aggravated on *standing* and *walking* are often cured by Aloes, even symptoms that were not produced in the proving.

Alum.—Here we have an almost painless condition. The patient may go for a week without a desire to have a movement. The sigmoid flexure becomes greatly disturbed and being almost without nerves no pain is experienced from a slight unnatural accumulation. At times he may go for weeks a paresis of the parts involved (like *Sanicula*). There is probably a partial loss of the inhibitory power over the lumbar center, for great straining is required although stool is soft. The same is true, at times, with the bladder so that the urine can only be passed when straining at stool. The straining is so great that the patient cannot give the required force and control the adjacent function. (A different condition is present when *Aloes* is indicated, and although he has a stool when *urinating* it is because he has such imperfect control over the sphincter and that even the slight straining to urinate—although at times it is great—causes a movement of the bowels of a spoonful of jelly-like mucous.)

A similar condition is present when *Platina* is indicated. The stool adheres to the rectum. Children must have the feces washed from them, and even adults sometimes complain of this annoyance of the stool being so tenacious. The fidgety, haughty, faultfinding, vulgar talking little hoiden nearly has a fit because of this clinging stool, or because she becomes constipated every time she travels. She may have nymphomania with excessive sensitiveness of the sexual organs, and the immodest position during sleep.

Aur. met.—Piles with rectal catarrh; constipation worse during menses; melancholy, suicidal mood. It is not uncommon to see a young mother have such melancholy as to threaten her life when she suffers from hæmorrhoids and attendant troubles, for in women they are most likely to be accompanied with uterine disturbance, prolapsus, induration, etc., or she may be sad because she is barren. Sterility in syphilitic women. All are good indications for the remedy.

Berb. vulg.—This is a royal remedy for rectal troubles, and has cured fistula in ano several times. If you ever find a case of fistula with chest troubles (*Sil.*), cough, give this remedy with confidence. I have seen it verified. Look for the kidney troubles with the pains in the region of the hips, extending downward, and in the hips when urinating.

Bromium has one peculiar symptom, viz: that the hæmorrhoids are worse from warm or cold water, but are better from wetting with saliva. It has been verified.

Causticum should be remembered for one if for no other symptom, viz: that the stool passes better, or only when standing. I remember one old drawn over rheumatic case in which that was a prominent symptom. It has led to many cures, for this is a valuable remedy for many troubles. Many of its troubles are aggravated when *walking*. The anal fissure pains worse, his breathing is arrested, his knees crack and he sweats profusely.

A few days ago a lady, about fifty-five years old, came to the office complaining of a pain in the back of her head and neck and small of the back. Her back gave out when walking. She complained of having felt a lump in the rectum for some months and wanted some relief from it. She said her bowels were regular and moved once a day. She was assisted to the chair and turned to her right side for the purpose of making a rectal examination. She feared some great surgical operation was to be made and urged that nothing severe should be done. She was assured that nothing would be done of a severe character without her consent. The speculum was introduced and the plug (*Rorick's speculum*) withdrawn to find it covered by a yellow semifluid stool. A quantity of air escaped as it was withdrawn, and the speculum was filled with the same character of stool. The examination was postponed. "Have your bowels been loose to-day?" "No, but the thought of the examination brought on that condition. If I worry or

am nervous about anything it always has that effect upon me." Two remedies came to mind for that peculiarity, Arg. nit. and Gels. The backache of Arg. nit. is relieved when standing or walking, while that of Gels. is such a dull aching that she can not walk. The muscles refuse to obey the will. Gels. was given and she was instructed to report in a few days. She reported later very much improved, and the examination was postponed. This case is given to show how we may be misled on slight examination. Had not an attempt been made to examine the part complained of, she would have received *Æsculus hip.* and probably reported no better.

Graph.—In fleshy people, cracking about the anus; easy protrusion of the rectum (like *Ruta* and *Ign.*)

Ignatia.—Stitches up the rectum from the anus; prolapsus ani with the constipation.

Lach.—Ineffectual urging; anus feels closed; beating in the anus as from little hammers; wants to pass stool, but the pain is so increased thereby he must desist (*Æsc. Plumb.*)

Mag. mur.—Complete atony of bladder and bowels; stools crumble at the verge of the anus.

Mez.—The rectum becomes prolapsed and strangulated by the sphincter closing around the fallen rectum; look for skin troubles past or present.

Mur. acid.—Piles suddenly in children; burning, reddish blue; too sore to bear the least touch; prolapsus ani while urinating.

Nat. sul.—Knotty, wartlike eruption on the anus and between the thighs, (*Euphr. Thuj.*)

Nit. ac.—Fissures; bright red blood after stool; faint from least motion.

Phos.—Ulceration of the rectum with discharge of pus and blood; anus feels as if open.

Plumb.—Constipation; stools hard, lumpy, like sheep's

dung; urging and terrible pain from constriction or spasm of the anus; anus feels as if drawn upward. (Kali bic.)

Pod.—Piles with polapsus ani and long standing diarrhœa.

Pso.—Soreness in the anus and rectum when riding; a grand old antipsoric.

Ruta.—Rectum protrudes immediately on attempting a passage; feces often escape when bending over; constant urging to urinate, could hardly retain it; if forcibly retained it could not be voided; severe pains.

Sepia.—Sheep dung stool; weight in the anus after stool; pain in rectum to genitals; oozing of moisture from the rectum; the uterine symptoms and those of the bladder are likely to be present.

Stan.—Rectum inactive, (Alum. Plat.); much urging, even with soft stool; crescendo-dimenuendo character of troubles.

Sul.—Blind hæmorrhoids with violent bearing down in the small of the back toward the anus; hæmorrhoidal colic; lancinating pain from anus upward after stool, (see Ign.); stools excoriate; frequent nightly emissions of large quantities of colorless urine; hot flashes; weak faint spells. Other remedies are frequently called into use, such as Bell. Acon., Nux.

Whatever remedy is chosen must cover the totality of the symptoms of the case. It may be that symptoms remote from the rectum will be most important in the selection of the remedy. The rectal trouble may be but a secondary outgrowth of something else, and hence, to reach the primary cause we must prescribe on the *totality* of the symptoms.

ON THE USE OF THE OBSTETRICAL FORCEPS.

BY A. A. WHIPPLE, M. D., QUINCY, ILL.

Read at the Illinois Homœopathic Medical Association.

Notwithstanding the indisputable fact that only a few experienced obstetricans acquire such dexterity and confidence in the use of forceps as to resort to them freely, it may still be

truly said that the whole armory of our art furnishes few instruments that are so useful in saving life and in lessening suffering. Many an obstetrican, skilled and ready in everything else, is afraid of the forceps.

Distrusting his own dexterity and fearful of possible evil, he rarely or never resorts to them. I have in mind a case which came under my observation while a student in my preceptor's office, where, an otherwise excellent physician and obstetrican, suffered a patient to continue in the second stage of labor unaided an unnecessary length of time, until the nurse, husband and patient were exhausted and discouraged. Another physician was called in and delivered her with forceps.

The result was as it always will be under such circumstances, the successful obstetrican gained credit, while the one who had practiced a quarter of a century without using instruments was regarded as incompetent.

Is the delivery of a parturient woman by the forceps attended with any considerable degree of danger to her? The general tone of our teachers and text-books of the past generation replies in the affirmative. Cazeaux warns us of "lesions of the cervix and perforations of the vagina." He says, "there can be no doubt that the use of the forceps increases the danger of delivery." Churchill speaks of "laceration of the vaginal parietes and bruising of the os uteri." Blundell says, "in violent hands the long forceps are a tremendous instrument. Force kills the child, bruises the soft parts, occasions mortification, breaks open the neck of the bladder and crushes the nerves."

Bedford says, "the use of the forceps is too often a scene of harrowing agony to the patient." He speaks of "fractured pelvic bones," and "disparted symphysis," of "vesico-vaginal fistula," of "occlusions of the vaginal walls and the meatus urinarius" as common results after forceps delivery.

The following figures quoted from "King's American Ob-

stetrics" plainly indicate the fallacies of over-cautious teachings in foreign obstetrical practice a few years ago. In 52,268 cases of labor, occurring in British practice, the forceps were applied in 144 cases, or about one in 362 $\frac{3}{4}$.

In 44,736 labors in French practice they were used in 277 cases, or about 1 in 162; and in 261,224 labors in German practice they were resorted to in 1,702 cases, or about 1 in 153 $\frac{1}{2}$. A total of 358,228 cases of labor in which the instruments were applied 2,123 times, or about 1 in 168 $\frac{1}{2}$. The result to the mother in British practice was 1 death in 20 $\frac{1}{2}$ cases; to the child, 1 in 4 $\frac{1}{2}$. In French and German practice, 1 mother was lost in 13 $\frac{1}{2}$, and 1 child in 5.

The expressions and figures above mentioned would naturally cause the inexperienced obstetrician to look with fear and trembling upon an instrument the use of which was followed by such fearful mortality to both mother and child. To me, with some observation and experience of my own, these terrible representations seem ridiculous and absurd.

I affirm that the forceps *are not, in any material degree,* dangerous instruments to either mother or child. When skillfully used they are not only harmless but painless.

I never attend a patient whom I have previously delivered with forceps without her asking for their use again, if there is any delay in the second stage. They are indeed innocent instruments. With their curved form and rounded edges they are almost incapable of mischief. They cannot cut, puncture, tear or scrape. Neither can they bruise the soft parts without the most stupid or reckless violence. As for their being pushed through the vaginal or uterine walls it would be difficult or impossible to do so intentionally.

I will not undertake to enumerate the exigencies which require the use of forceps. There are very often cases in which everything is normal, save expulsive power, which may utterly fail as the period of delivery approaches. This failure is

familiarly known as uterine inertia, and from it arises, more frequently than from any other cause, the necessity for operative assistance. Whenever, in cephalic presentations with probable room for the head to traverse the pelvis and with the os fully dilated, or partially dilated, and easily dilatable, the longer continuance of unaided labor involves danger, either to the mother or to the child, or even a long duration of suffering to the mother, the forceps should be used.

I remember very well, a general rule laid down by one of my obstetric teachers, not to interfere, until the second stage of labor has continued for twenty-four hours, without delivery having been accomplished; and that we should not be too hasty, even then in their application.

Another author lays down the rule, in *italics*, for emphasis, that "they are to be applied in *no case*, till we are perfectly satisfied that the obstacle cannot be overcome by the natural powers with safety to the mother and child."

It is such rules as these, causing perilous delay, that makes the use of forceps, in the crude statistical tables above noticed, seem the means of death.

I, for one, repudiate such rules.

They may fitly be followed by those who believe the operation to be difficult or dangerous, but they are not for me, who think I find it as easy as passing a catheter, and as innocent as giving an enema.

There are two methods of applying the forceps, the cephalic or oblique and the pelvic or direct. I am inclined to believe that teachers and writers on obstetrics, as a rule, have put too much stress upon the oblique or cephalic application. The grand question in the use of the obstetrical forceps is, whether the law of application should have relation to the particular position of the head, or to the curve of the pelvic axis; to the anatomy of the child or the anatomy of the mother.

It is the former of these alternatives that most authors adopt especially for what is termed the low operation.

I think all who have had considerable experience with the use of forceps, will agree with me when I say, that in all the more difficult operations, the application must be direct; and in those cases where the head is well advanced, rotation has taken place, bringing the occiput nearly, if not quite, under the pubic arch; so that, in these cases, the pelvic and cephalic application are practically the same.

I believe that the blades should simply follow the course of the utero-vaginal canal; and when applied, should in all cases, be in accord with the curve of the pelvic axis, regardless of the cephalic position.

The cephalic application imposes upon the operator the necessity, as a preliminary step, of correctly ascertaining the position.

Even to the experienced practitioner this is not always easy; to the neophyte it is always difficult and uncertain.

This doubt is a constant source of embarrassment and hesitation, and often makes him withdraw and introduce a blade again and again. As a rule the forceps are applied only to the head, yet some authorities think they *can* be applied to the breech. My friend, Prof. Leavitt says "the ordinary forceps, though designed for the head, may be safely applied to the breech." I have never applied them in that way, believing as I do, that if the foetus is alive it is more prudent to abstain, because of the danger of compressing the abdominal organs or crushing the bones of the lower extremities or the vertebræ.

Prof. Leavitt also says, "the blades, when on, should embrace the pelvis over the poles of its transverse diameter."

It is true they should be applied that way, if at all, but for obvious reasons it is much easier advised than practiced.

The application of forceps to the after-coming head in pelvic

presentations, and in the last stage of delivery by prodalic version, is not often required, but we always have them ready, lest any difficulty should arise in regard to the extraction of the head by the ordinary process.

CANCER OF THE ALIMENTARY CANAL.

BY T. J. MERRYMAN, M. D. CHAMPAIGN, ILL.

Read before the Illinois Homœopathic Medical Association.

Mr. H., American, aged sixty-seven, small in stature, of lymphatic temperament, a farmer, of regular habits, consulted me, April 3, 1885, for severe griping pains in the region of the stomach, but which afterwards extended over all the abdomen. They were somewhat paroxysmal in character, especially worse after eating, late in the afternoon and evening. Somewhat relieved by bending forward, with pressure over the seat of pain. He had not felt well for some time; the pains had come on gradually and the bowels were very much constipated, with frequent ineffectual efforts at stool, which were scanty, insufficient and of dark color. He was scarcely able to eat anything, on account of an uncomfortable feeling of fulness over the entire abdomen, but especially in the region of the stomach and descending colon. A thorough evacuation of the bowels would relieve the fullness to some extent for a time, but it would soon return again. After two or three months he became so weak as not to be able to be out of bed. His tongue was heavily coated, urine high colored and offensive, and his skin became extremely jaundiced in its appearance, with yellowness of the sclerotica.

Cancer was suspected, and we thought that we could feel some nodules high up in the rectum. There was no nausea nor vomiting, until a week or ten days before his death, which occurred August 4, 1885.

A post-mortem examination was readily granted, which re-

vealed the following conditions: The walls of the stomach, at its pyloric extremity, were so thickened by cancerous deposits as to almost close the aperture to the duodenum. There were also deposits of cancerous matter all along the transverse, descending and sigmoid flexure of the colon, down to the rectum. Where these deposits were the most numerous the intestinal walls were contracted, and the caliber thereof so diminished as to seriously interfere with the passage of the fæcal matter. As a result, the transverse and descending portions of the colon were filled and distended with large quantities of hardened fæcal matter, which doubtless gave rise largely to the painful sensation of fulness with which he suffered so constantly for weeks before his death.

In addition to these we found also hard yellow, globular shaped deposits, scattered here and there through the omentum. Under the microscope fat globules seemed to predominate in these deposits, but were intermingled with cells of a peculiar appearance, strongly resembling those of cancer, and were thus diagnosed.

I present herewith pathological specimens from the duodenum, colon, and omentum.

This case is reported on account of the extent of the cancerous deposits.

VIOLA IN CONSUMPTION.

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

It is related of Margaret Charlton, the future wife of Richard Baxter, whose Saints' Rest has comforted so many souls, that when in her teens she was brought nearly to death with consumption. A day of humiliation and prayer was appointed for her recovery. "God heard us and especially delivered her, as it were, by nothing, or by an altogether undesigned means. She drank of her own inclination, not being directed, a large

quantity of syrup of violets, and the next morning her nose bled, which it scarce ever did before or since, and the lungs seemed cleared, and her pulse suddenly amended, her cough abated, and her strength returned in a short time." She lived to reach the age of forty-two. The medical means in this case is worthy of notice. Turning to our very meagre proving of *Viola odorata* we find under "*Respiratory Organs*: Short breath, with great apprehension, associated with violent beating of the heart," due doubtless to spinal irritation.

"*Chest*: Frightful oppression of the chest and dyspnoea, with pain in the chest as from a stone lying on it," due, it would seem, from pulmonary blood stasis. This in the case narrated was relieved by the epistaxis. The only nose symptom report is, "Numb feeling in the tip of the nose, as if it had been beaten and the blood were pressed out," a feeling following nose bleed. The "nose bleed" may be looked upon as a *Viola* aggravation. The symptoms, "a pricking in the forehead from *rush of blood*" would favor that view. The "great apprehension," "short breath," and "weight" of *Viola* suggest Aconite, at once so valuable in the menstrual and pulmonary troubles of young girls. The cough of *Viola* as given by Hering is "in long lasting spells by day, dry, short, violent, with much dyspnoea. Sputum profuse, clear, ropy, jelly like." These are grave symptoms when rapid pulse and prostration are present. *Viola* produces, "trembling of the limbs," "relaxation of all the muscles," "great nervous debility," "night sweat." It is adapted to "tall, thin, nervous girls; mild, impressive, of fair complexion; tuberculous." (Hering.) "The intellect predominates over the emotions." In other words there is a central (frontal) hyperæmia ("increased mental activity") and a corresponding spinal anæmia (helplessness and irritation.) "Aphthæ and œdematous swelling of the lower limbs," complete a grave picture. A counterpart may, perhaps, be too easily found among the girls now rushing

on to graduation. Who will give us a better proving and comparative study of this old remedy that helped to cure Mrs. Baxter away back over two hundred years ago (1660)?

CHRONIC INFLAMMATION OF THE MIDDLE EAR.

BY J. S. MARTIN, M. D., MUNCIE, IND.

Read at the Twentieth Annual Session of the Indiana Institute of Homoeopathy, Indianapolis.

Boy, aged eight years, very fair, skin pale, anemic condition, scrofulous taint. Has had more or less discharge from the left ear for the past six years. When the discharge first began it was yellow or creamy in color, but is usually sanious or watery, except when he takes cold, then it becomes thick, purulent and bloody. The boy has been treated by several different physicians, but was never entirely cured. The case came under my care last September. On examination with the ear speculum and mirror the ear was found to be filled with a thick creamy pus, which was removed with probe and cotton, when it was found that the drum head was perforated. The Eustachian tube was found not to be closed as the discharge was seen escaping. Also in the throat a dull, aching pain was almost continuous, preventing sleep at night; the pain was controlled in part by the use of a four per cent. solution of cocaine, so that the little fellow could sleep most of the night. I put him on Sulphur 12x three times a day, and a powder of Silicea 6x at night. The local treatment consisted mainly of syringing out the ear night and morning with Hydrogen Peroxide for some three weeks, then once a day for a while, then with the same diluted as the discharge became better, which was the case almost from the beginning of the treatment. At the end of about four months the ear seemed to be entirely well, but Sulphur was continued for almost another month, when the case was discharged, and

now, after an elapse of about four months there has been no return of the ear trouble. When I commenced the treatment the boy could not hear the tick of my watch, even if it was placed against the ear. He can now hear it about fifteen inches distant from the ear, having about recovered his hearing entirely.

CASE OF SUPPOSED UMBILICAL HERNIA.

BY J. D. GEORGE, M. D., FRANKLIN, IND.

Read at the Indiana Institute of Homeopathy, Indianapolis, May 26, 1886.

I was called to see Mrs. S—, aged fifty, at 5 P. M. on Saturday, on account of some so-called "stomach trouble." I found her suffering intense pain in the region of umbilicus, which came on suddenly while she was at dinner. She at once left the table and went to bed, and tried various remedies, among others, lying on her abdomen, which she says has relieved her of similar pain before this attack.

She says she has worn an abdominal band for years of her own make on account of a supposed rupture.

The history is as follows: Twelve years ago in her last labor she had a difficult time, a long and tedious labor, and supposed there was a rupture took place, although the physician knew nothing of it. Since that time she has had a tumor at umbilicus, which gave her much trouble, unless supported by an abdominal bandage, and at various times she suddenly felt a sharp pain at point of tumor, which was always relieved by lying flat on her abdomen.

On examination I found what seemed to be an "umbilical hernia." To all appearances there was a rupture, and the gut was apparently crowded through and made grape-like pouches, which had the appearance of being filled with gut and very tense. There also seemed to be a tumor six inches in diameter, with an attachment around the navel. The tumor could be

raised up and moved about, but the attachment was firm, and I could detect no intestine between it and the abdominal wall. Her suffering was intense, grinding, constricting pain, and came on in paroxysms, she all the time in a cold sweat.

I at once supposed there was a hernia, but could not account for the large tumor which she says has existed for years, but she can't tell how large it has been. I tried taxis, drew her knees up in order to relax the abdominal muscles, used hot applications, and large injections, changed her position, had her try to relax her abdominal muscles, but all to no purpose. She had been in this condition about five hours when I saw her, and already there was an elevated temperature. Finding I could accomplish nothing, and not being willing to take *all* the responsibility of making out a death certificate (which always injures *some* physicians) I called an old school M. D., who came and could not account for the tumor, which seemed to be fibroid in character. He said we could do nothing more than I had done.

The following morning another Allopath was called in connection with myself, and he said he could only give opium and wait result, as the tumor had such large attachment. Thought he might cut rather than see her die. This was Sunday morning, and I was taken sick Sunday evening and kept my bed for a week, hence saw no more of this interesting case. She died on the Monday following with an elevated temperature, and gangrene had apparently set in, so it was stated. My old school colleagues held a post-mortem, and from three of them I got different opinions as to the real trouble. One said there seemed to be an old rupture and the gut crowded through, and a tumor over the rupture. Another said there was no rupture, but an apparent constriction of the transverse colon by omentum, and thus a tumor, but the post-mortem was very unsatisfactory to him. The doctor who did the cutting said he could not tell what he found to be truthful, there seemed to be a

large tumor not fibroid, but more like semi-solid fat, with an attachment to the umbilical, and while external to the tumor and in the abdominal wall there was a smooth, sunken, or crowded out place, there was positively no gut in it, and no incarcerated hernia.

My main object in presenting this paper is to get the opinion and experience of any of our members that can give anything like a positive opinion as to the real condition present.

To myself it was surely a case of umbilical hernia, but of what was the tumor composed?

Not seeing the post mortem I could only surmise from three different opinions from as many different M. D.'s.

PUERPERAL PERITONITIS.

BY HELEN COMBS, M. D., WESTVILLE, IND.

Read at the Twentieth Annual Session of the Indiana Institute of Homeopathy,
Indianapolis, May 26, 1886.

Of all the diseases a physician is called upon to treat, none is more dangerous than peritonitis.

Few are more fatal, and the comparative frequency of the disease makes it incumbent upon every physician to be thoroughly informed regarding it.

The alarm that patient and friends feel on knowing that the disease exists is fully shared by the physician, who, while he realizes the gravity of the case before him, hardly knows what to do at times to combat this most terrible and dreaded malady.

The contagious and infectious nature of the disease is now a conceded point, it having been proven beyond a doubt that physicians who have attended cases of it have conveyed it to patients under their care.

CAUSES.

We have the nervous system of our patients severely taxed before the final act of delivery takes place.

The serous linings of the abdomen are subject to more or less contusion during labor. Traumatic effects may be produced by injuries resulting from the passage of the child's head through the parturient canal.

Mental conditions may predispose to it, communicating their impulse through the nervous system, or septic conditions, due to a retention of portions of membrane, or of decomposition of blood coagulation, communicating directly with the system through the uterine surface at the placental site, or from a lacerated cervix, or there may be intense uterine irritation induced by the parturient effort.

There is also an immense amount of perspiration passing from the body during labor, leaving it in a condition susceptible to the slightest change of temperature.

These conditions are contingent upon the act of child-bearing. We then have induced causes, such as a determination of torrents of blood turned upon the tissues by an indiscreet drink of ice water, getting out of bed in a state of perspiration, severe action of drastic cathartics, or from whatever cause, the system becomes the seat of an inflammatory action, which determines in the patient the commencement of child-bed fever, called also uterine phlebitis, metro-peritonitis, or puerperal peritonitis.

An inflammatory action, which with lightening-like rapidity is reflected to the peritoneum, which covers every organ in the pelvic cavity.

DESCRIPTION AND SYMPTOMS.

The disease begins from the third to the fourth day after delivery, occasionally somewhat later, predisposition to it often exists before labor.

On the third day appears the fluxional movement toward the mammary gland, causing more or less constitutional disturbance. The pains of peritonitis are sometimes mistaken

for after pains, but while they may and do alternately appear and disappear in a somewhat similar manner, we do not have the characteristic uterine contractions that mark the occurrence of the after-pains.

The disease is generally ushered in by a chill or rigor, which are usually severe, according to the extent of the inflammation, may last from twenty minutes to two hours. Where there are constantly occurring chills there is reason to apprehend septic conditions.

Chills are followed by fever, and frequently we have profuse perspiration.

Intolerable thirst, offensive lochia which may be, and often is suppressed, sometimes vomiting, nausea, and suppression of milk.

Often intense pain in the epigastric region, bloated abdomen, which is exquisitely sensitive to touch, even the weight of the bed clothing giving pain.

The pulse rate rises rapidly to one hundred and twenty, or even fifty.

Temperature from one hundred and three to one hundred and five.

Respiration visibly increased. The pain, which is sharp and lancinating, soon becomes very intense. Terror unspeakable takes possession of some patients, and is depicted upon their anxious countenances. The tongue varies, sometimes white-coated, or coating in center with red edges, or rough and red with patches of white, marked with heavy fissures, and sometimes dry and cracked.

The eyes become glassy, pupils dilate, dark areolas surround the eyes, causing an unearthly appearance, anxious, hypocratic countenance, cold clammy skin.

In fatal cases the pulse increases in rapidity, becomes thready, intermittent, and towards the last barely perceptible. Often vomiting of dark, bilious matter takes place, indicating

disorganization of the stomach, then with mental faculties generally clear, sometimes disturbed, the end rapidly approaches.

The transition from a state of comparative comfort to one of wild commotion may supervene in a few hours.

A patient can be left in a state of comfort, to be found at the next visit in a condition that calls for prompt action, and fills one with apprehension.

Attention should be drawn to the fact that finding a patient in the lying-in room with flexed limbs is one of the characteristic symptoms.

Of great significance is the condition of tympanitis, caused by paralysis of the muscular coats of the intestines, which occurs while the peritoneum is inflamed.

Large quantities of gas are generated from the accumulations, and distend the intestines, causing the abdomen to become as large as before delivery, hard and sonorous upon percussion. The consequence of this distension being that the diaphragm is pushed out of position, crowding upon the lower part of the lungs, impedes respiration; which becoming labored and painful grows shorter and shorter, the interchange of gases cannot take place in the lungs, the blood is overloaded with carbonic acid gas, the result—death.

PATHOLOGICAL CONDITIONS.

This disease when fully established assumes a septic condition, which generates contagion and contamination.

These conditions are supposed to be due to the presence of organic bodies which are most formidable and difficult to control. They are called the micrococci and bacillus, the result of the researches of our most recent and reliable scientists.

Investigation reveals their presence in countless numbers in those subjects who have suffered from and died of this most dreaded malady.

All septic conditions are propagated through the lymphatic system and bloodvessels; decomposition of animal matter generates and feeds these conditions, which once in the blood are beyond the reach of ordinary skill.

We should carefully examine to ascertain if there be present any lacerations of the cervix uteri in these cases, the absorption of septic material from such lacerations may be the cause of the development of these conditions. If found to exist they should be treated with local applications of Tinc. of Iodine and Iodine 3x, or Kali chlorate 3x should be given internally. Attention to this point may save valuable lives.

TREATMENT.

A state of perfect cleanliness should be observed, mild disinfectants and antiseptics should be employed.

A warm vaginal douche of carbolic (three per cent. sol.) should be given every two or three hours, or Bichloride of Mercury 1 part to 2,000 may be used, using a fountain syringe, which gives a slow, uninterrupted stream of water.

Intra-uterine injections should be avoided, unless absolutely necessary on account of retained portions of placenta membranes or coagula. When used, great care should be taken to use them *quite* warm, and excluding carefully all air, syringe very gently.

Topical applications of hot water, protected by oil silk, are very useful. Also Tinc. of Acon. rad., diluted with warm water, i3 to iii3, applied to surface of abdomen, promotes absorption and relieves pain.

The strength of your patient should be sustained by nourishing food in liquid form, beef tea, milk, etc. Alcohol is urged by many as an adjuvant, stimulating and sustaining the heart's action, retarding tissue waste, and is an excellent antipyretic.

INTERNAL TREATMENT.

Aconite.—Fever, violent thirst, difficult respiration, sup-

pressed lochia, distended abdomen, sensitive to touch, periodical cutting pains, fear of death.

Veratrum vir.—This remedy given in one or two drop doses every two hours is very useful in the early stages of this disease. Rapid pulse, high temperature, fever, thirst, etc.

Belladonna.—Abdomen distended, pains come and go quickly, violent spasmodic colic, as if abdomen were grasped with claws, scanty lochia, watery, scanty, slimy, offensive.

Bryonia.—Sharp cutting pains, desire for large drinks of cold water, sensitive abdomen, aggravated by motion, serious inflammation of stage of effusion.

China sulphate.—Useful in one grain doses every two hours, excessively high temperature, with prostration.

Mercurius.—Expectorating, boring pains, abdomen sensitive to touch, profuse sweat without relief.

Arsenium.—Thirst, chilliness, with flashes of heat, burning, throbbing pains, great restlessness and anguish, great prostration, hippocratic countenance, nausea and vomiting, small, weak, intermittent pulse.

Arnica, Aconit, Balastrin, Opium—when disease corresponds to symptoms.

DRUGS AND THEIR MEDICINAL VIRTUES.

Since the earliest ages efforts have been put forth to restore the sick to health—some rational, but mostly irrational. Surgery, too, in its crude and barbaric methods, was resorted to many centuries before Christ. This of Hippocritus was the first scientific basis of their idea of the causes of disease. The history of medicine is a story of uncertainty, of a doubt, of disappointments, and failures. Even down to the scientific present we are forced to admit that in the administration of drugs we have no unerring guides, no assurance of

accomplishing our aims. By this I do not wish to be understood as having lost all faith in medication, nor am I ignorant of the wonderful advances that have been made in this direction during the last fifty years. Notwithstanding the real and substantial progress in the healing art, still must it be said we are groping in the dark. All efforts of all ages to discover remedies and how to make use of them, so as to positively bring about certain results have but ended in failures. Yes, and in the light of the nineteenth century and with a full realization of the triumphs yet to be achieved do I predict substantially the same results. We have long since learned that specifics in medicine are out of the question, that successes with a given medicine in one case and disappointment in a similar case, ever has been and ever will be our unhappy lot. I apprehend, however, that in the not far distant future many of the difficulties we now labor under will be overcome. As scientific and minute researches are made regarding the etiology of diseases, so will new light break in upon us as to the best methods of applying our remedies so as to successfully combat their ravages. Who does not see in the history of medicine a similarity to the natural laws which govern physical forces? One extreme having been reached the other is inevitable, so long as there are vital forces to bring it about. The medical pendulum had been swung to that extreme that it was but natural and in conformity to universal law that a great reaction should take place. Is it unreasonable to conclude that this cause and this alone gave birth to the great law of cure that calls us here to-day. While I yield to none in veneration of the immortal founder of this incalculable boon to suffering humanity, still must I maintain that in Hahnemann's day the great medical pendulum was made to reach the other extreme. It was but natural, too, that this should be so. The pendulum still swings, majestically scientifically, but its arc is diminished. Henceforth and forever its destiny is fixed.

and must ever tend toward the happy mean. Does any one question this? If so, let him survey the entire field in a candid and unbiased manner. Much as we admire our great leader for the principles evolved and handed down to us, yet what percentage of his followers are to-day strictly adhering to his teachings. I venture to say they are comparatively few. To maintain that all who are not practising in strict conformity to Hahnemann's example is to maintain that the last seventy-five years has witnessed no progress, no scientific advancement in our particular branch of the healing art. Some fifty years ago a German named Priessnitz did much to swing this healing pendulum to another extreme, whereby it was sought to allay all the ills of mankind, and bring joy to suffering humanity by a judicious use of nature's sparkling beverage—cold water. That much good has grown out of it, directly and indirectly, no one can doubt. The tendency of late years has been to the other extreme, and the virtue of hot water has been sounded far and near. It is to-day highly extolled by many, and doubtless has an important mission. Observe, however, that the present day tendency is to investigate carefully, more cautiously, and thereby avoid the extreme and one idea theory that characterized the practice of medicine in former ages. Our present knowledge of the laws of general sanitary science and hygiene is of incalculable benefit to success in the healing art, and it is gratifying to know that such means are becoming more appreciated and made use of. I have come to believe that a thorough application of the rules of hygiene is far preferable under almost any circumstances without medication than with the most skilfully affiliated remedies and a total disregard of these laws. Much speculation still abounds as to the modus operandi of medicines in the cure of diseases. We know that a given remedy will ordinarily produce certain symptoms when given in large doses. We also know that when properly affiliated in accordance with the law of similars

that certain results may be looked for. Yet how these agents act upon the human system in order to bring it about we know not. Headland taught "that the great majority of medicines must obtain entry into the blood or internal fluids of the body before their actions can be manifested." In other words, that the mere contact of a medicine with the stomach is not in general sufficient for the production of its peculiar action on the system. He further says "that the only apparent exceptions to this rule consists of agents having a mere local action on the mucous membrane, for which simple contact is all that is required." In proof of this he refers us to the fact that Tartar emetic, when injected into the veins produces vomiting. A moistened leaf of tobacco applied to the skin has been known to do the same. Mercurial ointment so applied will produce salivation. This being true, the question arises whether their influence may not still be due to effects upon the nerves. In all probability the circulation of the blood through the human system is sufficiently quick to account for the action of all remedies, however quick they may be. Besides, it is affirmed on good authority that the majority of medicines have been detected in the blood. Doubtless that is not true at the present time, if indeed it was in Headland's day. That most medicines pass away from the mucous surfaces into the circulation is doubtless true. It is also probable that most of them do so without material change by absorption or endosmosis. We know that Opium and Calabar bean will contract the pupil, but how they have operated to bring about that result is not so clear. Belladonna produces the opposite effect. We are told that one-tenth grain of Atropia sulph taken into the stomach will dilate both pupils. Whether by its stimulating effects upon the nerves of the eye, or by its paralyzing effect upon the nerves or muscles, or both, has never to my knowledge been definitely settled. However, it is not in my opinion so important that we understand *how* drugs act upon the sys-

tem as it is that we possess a thorough knowledge of their effects. Our system of proving drugs is one that must commend itself to all thinking minds as rational and scientific. Yet I fear it has been wounded in the house of its friends by attempts (as I stated two years ago) to saddle upon it a thousand and one symptoms that are unreliable, and but tend to confuse and mislead. As I remarked at the outset, medicines at best are unreliable and often disappoint us. For this reason I consider it of great importance that we aim, principally, for symptoms in drug proving that are least liable to disappoint, such as pathognomonic, instead of wasting our time on that which but tends to bring ridicule upon us, to say nothing of the risk to the health and even lives of those under our care.

We can all remember with what zeal and assurance we went forth from our alma mater, equal in our imagination to any emergency that could arise. We all doubtless, remember, too how soon we were obliged to confess that the ease with which we were to baffle diseases and overcome all obstacles was not forthcoming. In other words, that our expectations were not realized, and that our fine spun theories were often dashed to the ground. Because of the uncertainties in the experience of every physician of accomplishing the results sought in the administration of medicine, I would impress upon the minds of all the importance of dealing with fewer remedies if need be, in order to a thorough understanding of their true spheres of action. And to administer to those seeking our aid only such as give greatest promise of fulfilling the requirements. Experiments are necessary, but let them be confined to their proper spheres. Any attempts to experiment upon those who confidently seek our aid is a breach of trust, and should receive emphatic condemnation. All honor to those who have diligently sought to unearth new virtues, and bring to our use new drugs before unknown; but let us have abundant proof

of their usefulness before employing them at the bedside. Says Hempel: "Common sense, backed by an appropriate amount of technical information, is a far more valuable gift to a practitioner than whole volumes of abstract science." One writer truthfully says: "In order to cure disease successfully the practitioner must know what the nature of the disease is, and what the action of his remedies will be. When these are positively known therapeutics becomes a science. But when either is uncertain it is simply an art." In proportion to our knowledge of experimental physiology and experimental pharmacology will our success in what is termed rational therapeutics depend. "In all ages of the world's history," says Quain, "we have had the therapeutics of fancy and the therapeutics of fact running side by side, and in proportion as the latter has predominated has treatment improved." Although the time is yet far distant when the use of medicines will be altogether rescued from the domain of empiricism, nevertheless, when we compare the progress of the last fifty years with the fifty years previous, we have great reason to take courage. May we act well our part. "Prove all things and hold fast that which is good." When this which we now term simply an art shall have indeed become a science, and stands upon the topmost round of the ladder, let it not be said that in our generation the great pendulum stood still.

STUDY OF THE MATERIA MEDICA.

BY J. D. CRAIG, M. D., CHICAGO.

2.

1. Respiration painful, especially at the base of the left lung.
2. Cough dry and hard, with constriction of the throat, causing pain in forehead and abdomen.
3. Sharp pains from the left nipple downward, with stiffness of the left side of the neck.

4. Pain moves up behind the sternum, aggravated by drawing a long breath and motion of the arms.
5. Intercostal spaces near the sternum tender to pressure, and shoots over to right side.

13.

1. Cough only at night; from irritation in the throat.
2. Cough every evening; with pain under the left ribs, as if something were torn loose there.
3. *Violent convulsive cough, accompanied by frequent eructations and hoarseness.*
4. Very saltish expectorations when coughing.
5. Sense of rawness in the chest.
6. Wheezing in the chest.
7. Tearing pressure in the left side of the chest.

36.

1. Cough from crawling upward in the throat with expectoration of mucus.
2. Constriction of the chest; needs to breathe deeply, but it produces pain in the chest.
3. Stitches in the upper part of the chest through the shoulders on inspiring.
4. Chest very sensitive, with stitches in the left side of it on inspiration.
5. *Stitches in the sternum on coughing; he was obliged to hold the chest with the hand.*
6. Stitches in the right side of the chest, worse on expiration.
7. Shooting stitches in the back, through the chest.

33.

1. Hacking and violent cough, with slight expectoration of a mouldy taste and with the same smell from the chest with every paroxysm of cough.
2. Every three or five minutes he is obliged to take a quick, deep breath, which is every time followed by a stitch in the

right side of the chest, with a subdued painful sigh and slow expiration.

3. With every cough and deep inspirations sticking in the chest; worse when lying on the affected side.

21.

1. Sputa mixed with blood.
2. Bloody expectoration from the chest.
3. Short panting breath.
4. Dyspnœa, quick inspiration and expiration.
5. Violent stitches in the middle of the left breast.
6. Pain as from a strain in the joints of chest and back.
7. All the joints of the bones and cartilages of the chest feel painful, as if they were bruised during motion and breathing.
8. Sticking pain in one of the sides of the chest, accompanied with a short cough which increases the pain, and by continued asthma.

17.

1. Irritation to cough in the supra-renal fossa.
2. Severe cough, especially after lying and sleeping.
3. Great feeling of suffocation; it seems as if she could not long survive for want of air.
4. Intense sensation of suffocation; threw the collar wide open; could bear nothing about the throat; with dusky face and bluish lips.
5. Hurried and difficult respiration, with fever and headache.
6. Dull, aching pains in the left side of the chest, near the middle of the sternum, several times during the day, with sensation of fullness in the chest, and short breath.

NAMES OF REMEDIES.

These are the names of the remedies for the symptoms given in our last number. We should like to have all our readers

send in answers. The memorizing of the materia medica is what every one should be deeply interested in. Dr. W. S. Thatcher, of Paris, Texas, has guessed this list correctly with one exception. Dr. Edwards, of Texas, has them all correct. How many more can do as well?

- 87. Hepar sulph.
- 93. Iodium.
- 156. Sanguinaria.
- 163. Spongia.
- 4. Aconite.
- 168. Stramonium.

CASE OF PRURITUS.

MESSRS. DUNCAN BROTHERS, Chicago, Ill. *Dear Sirs:—*
 Pardon me for troubling you with this letter, but I am a constant reader of THE INVESTIGATOR, and desire advice in regard to a case. If we are successful in curing I shall write up the case. It will certainly be interesting reading for your many subscribers.

A wealthy gentleman applies to me for advice. Here is the case. About fourteen years ago he had a little rash on scalp, face, and scrotum, similar to measles as he describes it, itching intensely. This continued same for several years. Got no relief from numerous physicians; finally under continued Homoeopathic treatment for six months he was relieved. In one year and a half it came back, changed a little in character, and itching even more intensely than before. He has been treated by numerous physicians of all schools of medicine, with no relief. Here is the case as I have it. Old gentleman, sixty years old; nervous temperament, rigid fiber, excellent health; every function of body performed properly; on eyelids, over malar bones, under *alæ nasi*, on lip, on scrotum, intense itching, almost driving to madness; skin apparently healthy, normal; nothing visible on skin even with small mag-

nifying glass; after scratching, slight roughness of skin and redness; pruritus present most of time, aggravated by cold, especially cold north or east wind; by warmth of bed at night, and by becoming heated during day. Nothing gives much relief; sometimes a little by constant, steady pressure of hands over affected parts; also little benefit from the application of cosmoline. This is the case entire, though brief. The only complaint is constant pruritus, and it certainly could not be worse. My treatment was *Rumex crispus* 3x five pellets, four times a day; occasional doses Sulphur 3x, locally *Rumex* tincture in water. Reported in three weeks as no better, then gave him *Rumex crispus* 30x five pellets four times a day, and occasional doses Sulphur 30x. I still have him on this. *Ledum* covers many of the symptoms, but I think *Rumex* better indicated.

Yours resp.,

Pekin, Ill.

S. D. Low.

[From the history of the case, as reported, I should consider it one of pruritus, and *Ledum* as the proper curative remedy. It is barely possible that on a careful questioning of the patient, *Ignatia* might be found to be better indicated than *Ledum*.—T. S. HOYNE.]

CONGENITAL PHIMOSIS.

BY C. B. KINYON, M. D., ROCK ISLAND, ILL.

Read before the Illinois Homeopathic Medical Association.

At first it was my intention to make a full report of the following case, and using it as a text give you a lengthy article regarding the phenomena, or perhaps better called the symptoms produced by the irritation of the nerves supplying the male organs of generation, but upon learning that my genial friend, Dr. Pratt, was chairman of the bureau I desisted, feeling that it would not be fair to impose such a burden upon one of whom I can truly say that he never bored me, although I have listened to his lectures and talks over a hundred times.

And I doubt not the society also will feel gratified that I have abbreviated my report.

CASE I. This patient is a young man about twenty-one years of age. Height five feet two inches. Weight before treatment varying from 110 to 120 pounds. Excessively nervous. He had attributed this largely to temperament. Since he can remember was always tired, and upon any undue excitement or overwork was completely exhausted. Continued restlessness. This so very troublesome that he could not study with any purpose. In fact, was not capable of doing anything with a purpose, with a will, or to accomplish anything. Was fast reaching that point where he could neither eat, sleep, talk, read, or think with equanimity. In other words, was fast approaching destruction on the rock dementia.

With, as he then thought, a full appreciation of his situation and condition, he sought the advice of his family physician regarding the probable effect of marriage. His doctor, animated, I doubt not, by much the same purpose that leads so many physicians to advise travel, or water cures, or change of climate for cases they cannot cure, viz., desire to shift responsibility, told him by all means to marry, as it would be his salvation.

And so it proved, but no thanks to the doctor, for the woman of his choice proved a believer in Homœopathy and persuaded him to consult a Homœopath, which he did, and as a result he is a well man to-day.

When he first consulted me (February, 1886) I found him in the demoralised condition already described. He had then been married but a few weeks, but during that time he could plainly see that he was losing ground.

His wife, who, by the way, possessed more sense and less false modesty than the majority of the women of this country, as my experience goes, dropped a hint that led me to insist, and it proved necessary to insist very strongly, upon an exam-

ination of his generative organs. I found conditions such as not only to account for all his troubles, but I was astonished to find that the man had retained his senses at all, or had even been able to exist thus long. The foreskin was very short. The preputial orifice less than a line in diameter.

Phimosis congenital of course. Erection necessarily very incomplete and painful. The prepuce being slit well open but a small semblance of a glands penis was found. Operated May 3d, 1886.

The cut edges healed by first intention, and stitches were removed on the fifth day, but to my surprise, on the seventh day, the larger portion of the cut edges gaped open. In examining as to the cause of this gaping I found a very thick, short frænum. This being well clipped all tension on the region of the first operation was removed, and from then the healing was very rapid. I wish right here to emphasize the necessity of looking to the condition of the frænum in all these operations.

During the two weeks that have elapsed since the operation that man has gained thirteen pounds of good solid flesh, sleeps better, eats better, thinks better, feels better, is better than ever before in his life.

There is no doubt in my mind that that man will be perfectly well inside of a year. Of course I have given the indicated remedy to the best of my ability since he first came to me, but in my opinion remedies alone would never have cured him. I hardly believed they would have had any effect at all under the conditions which obtained previous to the operation. Neither would the operation of itself have been enough to produce such a rapid cure.

It needs no words of mine to picture to your minds the wretched condition of that man, and the utter helplessness and hopelessness of his case had not succor come, and that right soon.

THE UNITED STATES MEDICAL INVESTIGATOR.

“HOMŌOPATHY, 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 UNDERCURRENT.—The surface report of the Illinois society, as will be seen, was perhaps the quietest for years, chiefly from the fact that part of one of the college factions was not as aggressive as usual. It will be seen that Hahnemann men seemed to let the “kindergarten fellows,” as they style them, have full swing. It is evident that the latter have captured the society and use it as rewards. Upon this hypothesis is explained the election of Dr. Foster as president. He has not been in the order of promotion in the society, but he gave way recently to President Mitchell, and the transfer of his report from obstetrics to clinical medicine indicates a college change also. Dr. Grosvenor, who has been pushing his way into the college, and who turned over the society to the *Era* two years ago, may succeed Dr. Foster in obstetrics, in fact, as he now does in talking. But all is not serene, as was manifest when the disposition of the papers came up. Prof. Streeter led off in a sensible suggestion to divide the papers among the journals. The result of practically referring them to the authors was not vigorously opposed. As Prof. Mitchell’s assistant is an assistant editor of one journal, and the assistant of Prof. Streeter is editor of another, the internal condition is evidently unsettled.

The idea of making the society a drawn battle, and compelling all to choose sides for one college or the other, is not pleasant. The large number of independents was manifest by the number of papers by non-college men. But the independents occupy an unpleasant position. If their views are

commended by men of one college those of the other as cordially denounce them. This species of discussion does not advance the cause. Honesty is the best policy. Already the remarks are taken with grains of allowance when they are uttered for buncombe or for disparagement. Perhaps this was most apparent in the remarks of a "whipper-in," who was frequently bobbing up to "hit" the other side. The selection of the place of meeting was decided on purely college grounds, apparently. The representatives of the other towns were not enthusiastic college workers, and it would never have done to slight active friends and ex-presidents.

Why a woman is selected as a vice-president when the controlling college has closed its doors against them is explained on the ground that this is a safe way to pretend to be friendly. Why this one is selected and again another is easily understood by those who watch the current of events.

When one looks over the list of members in the state it is evident that the best are not all at the front at every meeting. If one college captures the society and silences, or throws discredit on some of our best men, then it is time a halt was called. There are friends of both colleges in Illinois who can rise above college prejudice and insist that even justice be done in this state society. If the chair so far forgets his judicial dignity as to snub or slight to please any party, he is not fit for the place. The society itself should call such an officer to order. We know that it is hard to attend the meetings of this society without prejudice, but if there is anywhere that such a sentiment should be kept in the background it is at a gathering of physicians who meet to compare notes for the benefit of humanity.

X. X.

THE ILLINOIS MEDICAL GATHERING.

THE SECOND DAY.

The second day was attended by a larger number of physicians. Dr. E. H. Pratt took the floor in condemnation of pessaries, all except a few

He commended in glowing terms the views of the essayist as to the anatomy of the subject.

A paper on Diseases of Women, by W. Danforth, of Milwaukee, Wis., was presented and discussed by Dr. J. H. Smith.

PRACTICAL MEDICINE.

The bureau of Clinical Medicine was called and Father Small promptly responded with a paper on the special pathology and therapeutics of renal diseases. He dwelt particularly on diabetes and Brights disease. The subjects were ably handled.

W. A. Smith, M. D., of Wenona, followed with an interesting case of exophthalmic goitre, cured by Convallaria and beef peptonoids.

C. A. Williams, M. D., of Chicago, then gave an interesting paper on the value of strapping with adhesive plaster in aborting carbuncle, boils, erysipelas, cancer, indurated mammæ, etc. His method is to apply narrow strips and to tightly bind the parts.

Dr. Streeter opened the discussion by remarking that he had found strapping very efficient in preventing milk from appearing in a breast.

W. F. Knoll, M. D., of Chicago, gave his views on the pathology of renal disease.

BRIGHTS DISEASE.

Dr. Whipple related his experience, giving a case of Brights disease that had had several intercurrent diseases, and still his Brights disease was held in check and had been for months.

Dr. T. C. Duncan said that Dr. Whipple's experience called up the question whether grave cases of Brights disease were necessarily speedily fatal as was believed. He cited the case of a lady whom, eleven years ago, he found œdematous to the waist, face puffy, urine scanty and loaded with albumen, and who suffered with constant nausea and vomiting. This case was given up by an Allopath as necessarily speedily fatal, in fact he had no hopes of arresting the disease. He put her on Arsenicum and a nourishing diet, and strange to say, she steadily improved. The least cold, however, would cause a reappearance of the grave symptoms. Now he only hears from her about twice a year. A year ago he put her upon Balsam of Peru, as recommended by Dr. Wilson, of Oakland, Cal., and one that was curative in her case. At first it helped, but he had to put her back on the Arsenicum, which has certainly worked wonders in her case. She has had other intercurrent diseases without seeming to aggravate the original kidney disease.

Dr. R. N. Foster, of Chicago, then presented a paper on

THE THERAPEUTIC VALUE OF FOOD.

He spoke of the value of rice water for vomiting, especially of infants. Suppositories of garlic, one every other night, would, he affirmed, clean the rectum in twelve days of ascariæ. The value of ripe peaches for dysentery was pointed out. The grape he declared to be an anti-malarial. The pure juice of the grape he ranked next to milk. It is a form of food that children will take readily. Liquors were his panacea for "Sick-headache." His preference is for old rye, a teaspoonful after each meal and at night. Buttermilk as a food cure was dwelt upon at length. Its value in diabetes, typhoid fever and other prostrating diseases was presented in a very convincing manner.

Adam Miller, M. D., of Chicago, emphasized, in his unique manner, the remarks as to the great value of Buttermilk. He found it the best food he could get while suffering from nervous prostration.

Dr. Duncan, while commending in general the paper, remarked that he had as good results from hot water sweetened in enteralgia, as the essayist did with

his "toddy." The value of starchy food in children when the stomach was deranged he had repeatedly verified.

Ch. Gatchell, M. D., of Chicago, spoke of the value of thickened sweet milk, "bonniclabber," as a food for the sick.

At the afternoon session the bureau of Materia Medica was opened. Dr. Gee read a paper on "The Homœopathic Remedy in Hopeless Cases." Dr. E. M. Hale's subject was "Adonis, and its Action on the Heart." Dr. C. E. Laning gave an interesting "Study of Aconite." Dr. W. J. Hawkes described the symptoms produced by "The Loco, Crazy, or Rattle Weed," giving many interesting illustrations. Dr. Hawkes also read a paper on "Provings of Potencies. This bone of medical contention, the principle of all others dear to the heart of Hahnemann, and revered by most of his disciples, and yet the butt of every sarcastic witticism by the Allopath, was considered with much care. Dr. Hawkes thought that potencies above the sixth would not produce drug symptoms. He had tried it upon students and was satisfied on this point. This, however, did not effect their curative power. A paper by Dr. A. Thompson, of Lowell, Mass., was received on "Law and Order in Materia Medica." The paper was ordered published. Following these papers was a discussion of the Loco weed by Drs. Gee and Marsh, and additional remarks on "Hyperpyxia," by Dr. Woodward.

ON THE SUBJECT OF FEVERS

Dr. Hawkes remarked that he had always found curative remedies the best in reducing high temperature, and Dr. Day said that there was where the trouble existed, in finding the curative remedy in each individual case. Drs. Ballard, Snyder and Gatchell continued the discussion. The latter gentleman challenged the statement that we have remedies for every symptom. He said that Dr. Allen, President of the American Association of Homœopathy, one of the leading teachers of the country, does not believe in the influence of high potencies on the human system. He discarded the high potency, the single remedy, and the minimum dose. The doctor continued facetiously, referring to the belief that natural childbirth implied little or no interference on the part of the physician, and citing animals as examples, that they could all study stock-yard obstetrics that wanted to, but that he drew his inspiration from higher sources.

In the bureau of Surgery the following papers were read: Dr. C. B. Kinyon, Rock Island, "Congenital Phimosis;" Dr. F. H. Newman, Chicago, "Excision of the Tongue;" Dr. H. W. Wales, Lanark, "Abdominal Wounds;" Dr. Henry Sherry, Chicago, "A Case of Multiple Keloid, with Photographic Illustrations;" Dr. F. W. Knoll, Chicago, "Tumors of the Prostate;" Dr. G. A. Hall, Chicago, "Diseases of the Tongue;" Dr. H. M. Bascom, Ottawa, "The Plaster-of-Paris Jacket, as applied by Sayre;" Dr. E. H. Pratt, Chicago, "Rectal Diseases;" Dr. J. R. Boynton, Chicago, "Rectal Work in Private Practice;" and Dr. L. Pratt, Wheaton, "Female Surgery." These papers were very fully discussed:

Dr. Hall's paper on "Diseases of the Tongue" stated that about 95 per cent. of such cases were found in the male, and that 90 per cent. of those found in the male were caused by tobacco. He cited the case of General Grant, and others from private practice. The "dry smokes" were as bad as the others, and the old clay pipe, which had been used from before the war, was a prolific source of epithelioma. Dr. Newman differed from Dr. Hall. If tobacco produced epithelioma, why not, on Homœopathic principles, apply the weed to the cure of that disease. He believed whisky to be one of the causes, but didn't state whether the same rule would apply in this case or not. Dr. Kinyon's paper on "Congenital Phimosis" was discussed by Drs. Streeter, Pratt, Knoll, Newman, and others. The subject of circumcision was considered, not from a theological, but from a medical stand-point, in connection with this paper.

They asserted that congenital troubles are responsible for 50 per cent. of the idiocy among children in the asylums, for which circumcision was prescribed as the sovereign remedy. Dr. Ballard, however "objected to turning the Association into a Jew manufactory." The Association adjourned.

R. Ludlum, M. D., of Chicago, here begged leave to announce that he had just received intelligence that the World's Convention that was to be held in Brussels had been postponed.

THIRD DAY—MORNING SESSION.

Bureau of Surgery opened for discussion on rectal diseases.

Dr. C. M. Beebe said that, in his opinion, the operation would, in time, find its limit of application. He did not believe it to be adapted to so many classes of disorders as claimed for it. The question was whether the transverse folds in the mucous membrane of the rectum—

Dr. Pratt. Transverse folds? I said longitudinal folds.

Dr. Beebe. Well, whether they are transverse or longitudinal is a matter of opinion. I think that they are transverse folds, and the question is whether they are normal or abnormal. Theoretically, I think that they are normal; practically, I think that sometimes they are abnormal. Then it may be well to operate for their removal. I have seen the operation performed sometimes in clinic, and with beneficial results. There is one point to which Dr. Pratt did not give sufficient emphasis, and that is, the value of the rectal speculum which he has invented. It is the best that I ever saw, the only instrument that does not cause severe pain, and that can be rotated while *in situ*.

Dr. G. F. Shears said that there was one thing in particular, in connection with the subject of Dr. Pratt's treatment of the rectum, to which he wished to take exception, and that was, that it possessed any originality.

Dr. Pratt. I have never made any such claim

Dr. Shears. I thought that you did.

Dr. Pratt. Where, when and how?

Dr. Shears. There has been plenty of room to infer as much; of that I am sure. Now Kelsey, in his work on "Diseases of the Rectum and Anus," gives cases of this kind. And he also refers to Allingham, who describes pockets and tabs and polypi of the rectal mucous membrane, and recommends snipping off small hæmorrhoids. But to cut off hæmorrhoids is no such trifling matter as we have been led to suppose. It may do very well with small ones, but even Dr. Pratt would not, he hoped, be rash enough to excise a large-sized pile in the free and easy manner described. Nor did he believe in treating anal fistulæ by dilating them to the size of a half-dollar, which is a coin of pretty good size. If he did this, it would be pretty hard to tell which was the fistulæ, and which was the rectum. He thought such an operation unjustifiable, and liable to result in positive harm.

Dr. Beebe. Cold hands and feet may be due to faulty action of the sympathetic nervous system, and if by removing any source of irritation in the rectum—

Dr. Hall. Mr. President, I rise to a point of order.

The President. The doctor will state his point of order.

Dr. Hall. How many times is a member permitted to speak on the same subject?

The President. Once, only.

Dr. Hall. Then I maintain that Dr. Beebe is out of order.

The President. The Society must abide by its own laws. Dr. Beebe is out of order. Has any other member anything to say in the discussion of Dr. Pratt's paper?

Dr. Sherry. What I may say is not in criticism of any man, but of the ideas

which are offered by that man for our consideration. I do not attack men, but measures. I think that Dr. Pratt has been led into making a great many statements that it would be hard to substantiate—a great many that will not stand the test of experience. His method of treatment of fistula by dilatation is, I think, unnecessarily severe. The patient is subjected to a long line of treatment which might be avoided. Kelsey, who has covered that ground, considers dilatation of the sphincter unnecessary. Cases of paralysis of the rectum have followed this operation. I must object to his use of fuming nitric acid in the treatment of ulcers of the rectum. No physician should subject his patient to such a painful method. Nitrate of silver has been used in such cases, with excellent results, and being a milder and equally effectual method, it is to be preferred.

Dr. Hall. This idea which has been advanced here is old. It was brought out at Peoria last year, when all ailments were "pocketed," just as they have been here. It may be important to smooth out a rectal mucous membrane which is redundant, but all are not redundant. The mucous membrane of the rectum *must* be in folds. I can't understand how it can be in any other shape. This treatment that Dr. Pratt is now adopting, has been used before. Surgeons have found these little pockets, and down at the bottom of some of them they have found little ulcers, caused by the presence of an accumulation of a small fecal ball. And it has been treated by opening the pocket, thus permitting the ulcer to heal. But it is not necessary to cut every little pocket to be found on the rectal surface. If traumatism is a cause of ulceration, why increase the traumatism by cutting out a slice of the rectum when no ulcer exists?

The President. If no one else desires to speak, Dr. Pratt will close this bureau.

Dr. E. H. Pratt. Mr. President, there is very little for me to say. Those who have been trying to discuss my paper, haven't discussed it at all. Dr. Hall does not know what I have been talking about, for he has scarcely touched the subject. Dr. Shears, in what he said, didn't discuss my paper for ten seconds; he wandered away off from it. He cannot show me the place where I claimed originality for the method. Neither can Dr. Sherry. I know, as well as they do, that Kelsey and other authors have treated of rectal pockets and papillæ. But what they do not treat of is this: Inflammation of an organ always starts at the orifice of that organ; given good healthy orifices, and you have a healthy organ; in all diseases, if anything is wrong with a part, the circulation is wrong; and the circulation, being under the control of the sympathetic nervous system, can be corrected if that system is relieved of all irritation. Not one of those who have spoken have touched upon this subject. What I claim to be able to do by removing all sources of irritation to the sympathetic nerve—by rendering smooth the orifices of the body—is to warm a part which is cold; to bring the blood to a part which is suffering from poor nutrition, and to give new power to a paralyzed limb.

Here is a man who has come to me from Iowa for treatment. I will ask him to show his hand and arm to Dr. Hall. I will put this man under treatment, and I will bring down that arm to its natural size and restore its usefulness, and when Dr. Hall has seen the result in this case, and in other cases, it will be time enough for him to talk.

The President. The paper by Dr. L. Pratt on female surgery is open for discussion.

Dr. Streeter. It seems to me there is some misapprehension regarding the ability of the physician to cure disease. But supposing that we do cure a given disease, what is to prevent its return? If we cure a catarrh we cannot guarantee that that man will not suffer from another attack of catarrh. We cannot prevent a bronchitis from becoming recurrent. And the same is true of catarrh

of the uterus or vagina. A patient, once cured, will come back and say, I have my old trouble again. That is not the physician's fault. He cannot prevent it, any more than he could have prevented the original attack. The odium which attaches to the profession on account of their supposed inability to cure chronic diseases, is undeserved. We can cure, and we *do* cure, but we do not act in the capacity of a life-insurance company, to guarantee good health forever after.

Dr. L. Pratt, in closing the discussion, said: While I am quite ready to agree with Dr. Streeter in what he has said, yet I am convinced that the success I have met with in this method of treatment, means all that he indicates, and more. I find that I can now cure where before I could only relieve. Uterine cases which have resisted all other methods of treatment, yield readily after having the rectum operated upon. I think that this method accomplishes this much—it puts the system in a condition which make other remedial measures more effectual. In my experience that has been its chief value.

NERVOUS DISEASES.

After the above discussion, Dr. F. R. Day, of Chicago, read a paper on "Traumatic Neuritis," treating of the tendency of acute nervous diseases to lapse into chronic conditions. The paper was praised by several older members.

Dr. N. B. Delamater read a paper on the "Metaphysical Cure." He described his paper as being made up of several extracts from "Science and Health," by Mrs. Mary Barker G. Eddy, of Boston, the forefront and head of the doctrine in this country. This school maintains that all is mind, that there is no matter and treats disease accordingly. Palsy, among other diseases, was cited as one that might be cured by inducing the patient to believe that there was no such thing in existence. Some one suggested that metaphysics would hardly set a broken leg, and Dr. Gatchell wanted to know, since it had been suggested in the case of infants that arguments with the parents would prove efficacious, with whom the metaphysician would argue in the case of an orphan infant.

DISEASES OF CHILDREN.

Dr. T. C. Duncan, of Chicago, by request, read a paper on "Feeding Bottles and Tubes for Babies, and some of the Diseases Resulting from Their Use." His paper was practically illustrated by a collection of bottles and tubes. He recommended a six-ounce bottle for infants, and the use of black rubber tubes and nipples, and stoppers of the same, objecting to the cork stopper as liable to become sour and poisonous. He also dwelt upon the paramount necessity for cleanliness, and enumerated some diseases resulting from uncleanness and over-feeding and from the use of white rubber tubes and nipples full of lead, such as colic, lead poisoning, etc.

Dr. Juliet Caldwell read a paper on "Pure Homœopathy for Children," complaining of carelessness in the application for remedies for children, and cited several cases within her experience.

Before the noon recess Dr. F. E. Downey, Dr. E. C. Williams, and Dr. C. H. Evans were elected members of the Association.

The first paper in the afternoon was that of Dr. C. H. Evans, of Chicago, upon "Laryngismus Stridulus in new-born babes." This was followed by a paper from Dr. Hill, of Sterling, on "Diagnosis and Diseases of Children," read by Dr. C. B. Kinyon, of Rock Island, and one by Dr. Kinyon on "Circumcision." The discussion which followed was interesting.

Dr. Gatchell entered his protest against all the tube nursing apparatus. He commended a cap nipple and a wide bottle.

H. M. Hobart, M. D., of Chicago, said at the Half Orphan Asylum they used a cap nipple—one that could easily be turned inside out.

Dr. Foote created a smile by referring to the bottles as "city things," and recommending a common cup, saying that it had proven a valuable substitute in his practice. The cup seemed to meet the approval of a good many, and was found to be in quite common use among a great number of the country physicians.

Dr. Kinyon objected to tubes and thought the bottle, commended by Dr. Gatchell, was equally objectionable.

Dr. Tooker commented quite freely upon Dr. Caldwell's morning paper on Homœopathic remedies for children. He made the assertion that fifty per cent. of the children born died before they reached the age of five years, and that, if physicians would adopt ten Homœopathic remedies and prescribe them, the mortality of the country would be astonishingly reduced.

SANITARY SCIENCE.

Dr. C. A. Weirick read a paper on "A Sanitary Measure." This awakened considerable interest, and the Homœopathic school was criticised by Dr. Foote, because greater interest had not been manifested. He related experiments he had made in the thrifty little city of Galesburg to illustrate what could be done throughout the State.

During the afternoon the following were elected members of the Association: Doctors F. McCormick, F. O. Pence, W. M. Stearns, W. O. Blaisdall, E. C. Williams, R. J. Carter and O. C. Davis.

OFFICERS AND CHAIRMEN.

The election of officers for the ensuing year resulted in the choice of Dr. R. N. Foster, of Chicago, for President; Dr. C. B. Kinyon, of Rock Island, Dr. T. S. Hoyne, of Chicago, and Dr. J. D. Dickinson, of Galva, Vice-Presidents; Dr. Curtis M. Beebe, Chicago, Secretary; Dr. A. A. Whipple, Quincy, Treasurer; Dr. J. W. Coyner, Peoria, Dr. G. A. Hall, Chicago, Dr. C. A. Weirick, Marseilles, Dr. L. Pratt, Wheaton, and Dr. J. S. Mitchell, Chicago, Board of Censors.

The President announced the delegates to the State conventions, as follows: Missouri, Dr. F. H. Newman; Wisconsin, Dr. N. B. Delamater; Michigan, Dr. J. W. Hawkes; Indiana, Dr. J. S. Mitchell; New York, Dr. T. S. Hoyne; Massachusetts, Dr. Hobart; Rhode Island, Dr. C. B. Kinyon; Connecticut, Dr. Julia Holmes Smith; Virginia, Dr. C. A. Weirick; Pennsylvania, Dr. E. M. Hale; American Institute, Dr. R. N. Tooker, Dr. A. A. Whipple, Dr. G. A. Hall, Dr. L. G. Bedell, and Dr. M. B. Campbell; Western Academy, Dr. J. H. Buffum; California, Dr. R. N. Foster; Kansas, Dr. E. M. P. Ludlam; Ohio, Dr. Sheldon Leavitt; Minnesota, Dr. W. F. Knoll.

The following were appointed as Chairmen of the Bureaus for the ensuing year: Dr. J. A. Vincent, Springfield, Medical Legislation; Dr. Julia Holmes Smith, Chicago, Obstetrics; Dr. C. H. Vilas, Chicago, Ophthalmology and Otolgoy; Dr. F. W. Gordon, Sterling, Materia Medica; Dr. M. J. Bliem, Chicago, Pathology, Physiology, and Histology; Dr. John W. Streeter, Chicago, Diseases of Women; Dr. W. A. Smith, Wenona, Clinical Medicine; Dr. H. B. Fellows, Chicago, Neurology, Psychology and Electrology; Dr. G. A. Hall, Chicago, Surgery; Dr. C. B. Kinyon Rock Island, Diseases of Children; Dr. C. M. Beebe, Chicago, Anatomy; Dr. C. A. Weirick, Marseilles, Sanitary Science and Hygiene; Dr. C. Mitchell, Chicago, Pharmacy; Dr. Charles Gatchell, Chicago, Medical Literature; Dr. L. C. Grosvenor, Chicago, Necrology and Statistics. Invitations to hold the next meeting, next year, was received from Sterling, Quincy and Joliet. A lively canvass and election was held. The following resolutions were adopted:

WHEREAS. A large portion of citizens and tax payers of the State of Illinois are adherents of Homœopathy, yet our school has not its due share of official control of State institutions, therefore,

Resolved, That the Illinois State Homœopathic Medical Association recommend that its committee on legislation use all means possible to secure an appropriation from the State Legislature for a State insane asylum to be placed under Homœopathic treatment.

Resolved, That the Association pledge the earnest effort of all its members to aid the committee in its efforts.

A communication was presented and referred to the committee on legislation, calling attention to the injustice of the State law, and that portions of it should be changed.

The Treasurer's report showed a surplus of \$240 dollars in the treasury. A resolution tendering the thanks of the Association to the proprietors of the Grand Pacific Hotel, the press of Chicago, the railroads centering in Chicago, and the members of the Association in the city, was unanimously passed.

A lively discussion arose over the disposition of papers read. It was finally settled by referring the papers back to the authors for their own disposal. The papers are all excellent and will prove valuable reading.

After the Association had decided to hold its next annual meeting at Joliet, the third Tuesday of May, 1887, the President, Dr. H. M. Bascom, of Ottawa, in a very happy tribute to the Association for the honor it had conferred upon him, the meeting was declared adjourned.

MEDICAL NEWS ITEMS.

Iowa has passed a bill regulating the practice of medicine.

Intubation of the larynx promises to supersede tracheotomy.

Dr. M. C. Bragdon, of Evanston, is building a fine residence.

Ohio has just passed a law establishing a state board of health.

Balsam copaiba freely applied over a fresh burn brings instant relief.

Dr. Frank Kraft has accepted the editorship of the *St. Louis Periscope*.

Anal Speculum.—*Dr. E. H. Pratt* has invented one that is new and useful.

California.—The Allopaths of California call the Homœopaths their "step-brothers."

It is said Chicago has one Physician for every three hundred and sixty-five of her population.

Dr. D. H. Beckwith, of Cleveland, has been appointed a member of the Ohio State Board of Health.

Prof. A. E. Small has taken an extended trip east, visiting several states. We hope he will enjoy the much needed rest.

The *Homœopathic Medical Society, of Wisconsin*, will meet at the Plankinton House, Milwaukee, June 24 and 25.

Prof. Crawford has returned from his trip to the coast, and we are glad to learn he is much improved in health. The doctor is a hard worker, and is well liked by the students as a teacher.

Dr. J. M. Westfall, of Watertown, Dakota, we are sorry to learn, is suffering very much from rheumatism. He starts the first of July on a trip to California to visit friends and for the improvement of his health.

Nestle's Milk Food.—As hot weather approaches and the death rate among infants rolls up so fearfully, the question of a diet for infants in summer becomes an important one. NESTLE'S MILK FOOD, advertised on cover page, is spoken of very highly in this connection.

Thanks.—Although times are hard we do not know when our subscribers were more prompt in paying than this year, for which accept our best thanks. There are a few whom we have not heard from yet but hope we will ere long. We have also received a large number of very encouraging letters from our readers for which accept our thanks.

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• ANTE-PARTEM HÆMORRHAGE.

BY M. H. CHAMBERLAIN, M. D., PIERRE, DAKOTA.

Read before the Homœopathic Medical Society of Dakota, held at Ashton, June 1 and 2, 1886.

When hæmorrhage occurs during the latter months of pregnancy, either before or during labor, it may be called ante-partem hæmorrhage. There is no condition more dangerous to life. It may be accidental, unavoidable, according to the circumstances attending it and its location. Hæmorrhage from the uterus is due either to a separation of the placenta attached at or near the fundus, and is called accidental; or it is due to the separation of the placenta implanted over the mouth of the uterus—placenta previa—and is called unavoidable hæmorrhage.

The diagnosis between accidental and unavoidable hæmorrhage is important. The treatment of the two conditions should be different.

We will give the differential diagnosis as arranged in an article on placenta previa by W. H. King, M. D., of New

York, published in the *Homœopathic Journal of Obstetrics*, Vol. VI.

"In Placenta Previa."

"The advent of hæmorrhage is from no apparent cause."

"Hæmorrhage usually occurs after sixth month."

"Women are most liable who have borne many children or had miscarriage, seldom or never in primipara."

"Hæmorrhage continues and increases during contraction of uterus."

"Threatened Miscarriage."

"Hæmorrhage follows some exciting cause as, shocks or undue exertion."

"Hæmorrhage may occur at any time during pregnancy."

"All pregnant women are alike liable."

"Hæmorrhage ceases during contractions of uterus."

"Physical Signs."

"Cervix very much thickened, due to the increase of circulation."

"If finger is passed through external os the thick, soft, spongy mass of placenta will be felt."

"Placenta bruit is heard just over the pubes."

"Cervix slightly thickened, as in all cases of pregnancy."

"If finger is passed through external os the thin, smooth membrane and the presenting part will be felt."

"Placental bruit is heard high upon abdomen."

In accidental hæmorrhage the cause of placental separation is due to shock, strong emotion, injury, over exertion, fatigue, lifting, straining, or anything causing uterine action. Often from the first the symptoms are alarming in the extreme. The most characteristic are, pain, hæmorrhage and collapse. The pain may be slight or severe in region of placental separation. Hæmorrhage may be slight or excessive, according to the amount of laceration. The flow of blood may be concealed or visible. Collapse depends upon the amount of blood lost and the extent of shock to the nervous system, which sometimes is great with slight loss of blood.

The American Journal of Obstetrics, in 1869, published a

paper by Dr. William Goodell on Concealed Accidental Hæmorrhage, from which Guernsey quotes as follows: "An analysis of the foregoing one hundred and six tabulated cases, show that by far the most frequent symptom is an alarming state of collapse carrying dismay into the hearts of the by-standers. Every detailed example, without exception, presents most of its characteristics, such as coldness of surface, excessive pallor, feebleness of pulse, yawns, sighs, despnœa, restlessness and retching.

Pain holds the second rank in frequency. * * * In a great majority of cases was referred to the site of placenta and was of a bursting character, and exhibited every grade of suffering from the queerish feeling to the greatest torture and agonizing shriek.

In nearly one-half of above tabulated cases there was a marked distension of uterus which produced those painful sensations of bursting, the burden of every cry of the sufferer.

The third most constant symptom is the absence or extreme feebleness of labor pains.

In a majority of cases there are no labor pains until the membranes are ruptured, either naturally or artificially. "Very often," Dr. Goodell says, "before the elapse of many hours a show of blood, ranging from an ooze to a gush, will clear up the obscurity; but this trustworthy symptom does not usually occur at the outset of the attack, but at a time when it may be too late to interfere. A diagnosis should not, therefore, depend upon its presence."

Guernsey says, "the occurrence of such grave symptoms as the above, during labor, should always excite strong suspicions of internal hæmorrhage."

The treatment of accidental hæmorrhage must be according to the peculiarities of each case. If slight, and there is absence of shock, and the full term of pregnancy has not arrived, by

proper attention and treatment the patient may go on to full term.

If, however, there is excessive flooding which is not soon controlled, the proper course is to rupture the membrane and cause contractions of the uterus. This procedure will usually check the flow of blood and in due time labor will come on. But if the case should be lingering, os uteri not dilated or dilating slowly, hæmorrhage still persists, the proper remedy does not soon control it and the patient is suffering from acute anæmia, the uterus must be emptied of its contents as speedily as possible. The cervix must be forcibly dilated with the fingers, or Barnes' dilators, and the child delivered with the forceps or by podalic version as seems most applicable to the case.

We quote the following on accidental, from the synopsis of a paper by Geo. B. Peck, M. D., published in Vol. XX THE MEDICAL INVESTIGATOR: "If she is in the slightest peril, deliver at once by internal podalic version, save under the very favorable combination of circumstances specified, when the use of forceps is permissible. Never should the liquor amnii be drawn off by the catheter; never should the tampon be employed." But we would add that if there has already been great loss of blood, or shock, there is great danger that the mother will not withstand the additional shock from podalic version.

The rate of usefulness of certain remedies, as laid down by Dr. Peck in the above condition, is as follows: "Ipecac, 20 per cent.; Belladonna, 17 per cent.; Sabina, 11 per cent.; Hamamelis, 9 per cent.; Secale, 7 per cent."

Chloroform is very valuable in case of convulsions in forcible dilitation of the os, or when a resort to version or the forceps is necessary.

Unavoidable hæmorrhage, the result of placenta previa is an alarming condition and very dangerous to life. Deventer

first recognized it, its importance, and the necessity of some treatment in 1725. He claimed that the placenta was always attached to the fundus of the uterus, but became detached, and falling down, was found presenting at the os. He endeavored to hasten delivery by freely lacerating the placenta. His procedure was almost uniformly fatal, and it soon fell into disrepute.

In 1766, M. Severet first accurately described the different positions that the placenta might become attached over the os uteri, and to him is given the credit of first discovering the first true situation of placenta previa.

We are indebted for the term unavoidable hæmorrhage in contradistinction to accidental, to Dr. Rigby, who in 1830 gave us much additional light upon this subject.

Dr. Guernsey says: "Placenta previa occurs on an average about once in every five hundred pregnancies. The attachment of the placenta may be either lateral or central; if lateral, that part of the cervix over which it is implanted will be thicker and firmer than the other, on account of the increased circulation, and when dilitation of the cervix takes place, it will be irregular, the free part will become effaced before that to which the placenta is attached, and the os will seem to be on one side of the cervix, until the placental attachments are torn loose. These are the physical diagnostic signs of lateral attachment of placenta previa. In central attachment, the thickening of the cervix will be uniform, and the os will appear in the center of the cervix.

There is some difference of opinion as to the cause of placental attachment over the mouth of the uterus. Some believe impregnation may take place in the fallopian tubes, or in any part of the uterus. If the ovum is impregnated in the latter, it may fall to the lower zone before becoming attached. Others believe the ovum becomes impregnated in the fallopian tubes and does not give the endometrium time to become turgid

enough to retain it in the upper zone. Still, others, especially some physiologists maintain that the ovum can become impregnated no other place than the fallopian tubes, and that on account of the large size of the uterine cavity, from some abnormal condition or disease, the impregnated ovum reaches the lower zone before becoming attached. The weight of authority at present seems to be in favor of the last theory.

Guernsey says: "In placenta previa hæmorrhage seldom occurs until after the sixth month." Dr. King, lays this down as one of the diagnostic signs, but all must admit that in placenta previa hæmorrhage may occur at any time during pregnancy.

We doubt not, that the cause of miscarriage in the earlier months of pregnancy—very many times—may be due to placenta previa when not otherwise accounted for; the circumstances being such that we are unable to ascertain the condition. It is a consummation devoutly to be wished, that all cases of placenta previa would abort in the early months of pregnancy.

The mortality of the child and mother at term in placenta previa is very great. The great characteristic symptoms is a sudden gush of blood without any apparent cause. It may be slight or profuse as to cause all the alarming symptoms enumerated under accidental hæmorrhage. Pain is usually light or absent; the flow of blood may be visible or concealed, or both visible and concealed, especially in cases of lateral attachment of the placenta. The hæmorrhage may be continued or interrupted, but it is greater with each return, on account of the increased rupture of the placental vessels. When labor has begun, the hæmorrhage will be great from the first, and will increase successively with each pain as it comes on, and decrease as it passes off.

This is another characteristic symptom of placenta previa which distinguishes from threatened abortion, in which hæmorrhage ceases when the pain comes on. By digital examination

the placenta is found at the internal os, a thick, soft, spongy mass, and the diagnosis is complete.

Nearly all authors agree that the cause of hæmorrhage is due to the rupture of the placental vessels from a disproportion between the uterus and placenta in the latter months of pregnancy. But there is some difference of opinion as to the cause of this disproportion. Some believe it is due to the rapid growth of the placenta and slow growth of the uterus in the cervical region; others believe it is due to the change in the shape of the lower zone of the uterus which takes place after the sixth month of pregnancy.

The disproportion would seem to us to be due to both causes acting upon the relation of the uterus and placenta at different periods of pregnancy. After the sixth month, the disproportion arises from rapid growth of placenta, and slow growth of the cervical region; this disproportion increases, causing a constantly increasing centripetal strain upon the placental attachments, until within from six to two weeks of term, when the direction of the strain is reversed, and the force acts centrifugally, on account of the dilatation and obliteration of the cervix, that is, a spreading out of the uterine neck into the uterus. This same centrifugal strain on the placental attachments continues during the dilatation of the os at every contraction of the uterus in labor.

In regard to prognosis, we quote Dr. King: "There is probably no condition the physician is called upon to treat that the prognosis is governed more by the treatment he follows, than in placenta previa. The danger to the mother is chiefly due to hæmorrhage, while that to the child is suffocation.

It may be said truthfully, that if the physician is called before there has been a large quantity of blood lost, with proper treatment, the prognosis is favorable to mother and child; if on the other hand there has been a large quantity of blood lost, the prognosis is unfavorable for both, but particularly so for the child."

In regard to treatment, most authors agree, that if the hæmorrhage is light, occurs two or three months before term, does not damage the condition of the mother and soon ceases, the patient should receive proper attention, be kept quiet, carefully watched, her friends or nurse properly instructed, and she allowed to go on to full term, if possible, provided a physician is easily accessible.

If, however, the hæmorrhage is often repeated, or has been excessive, the effect upon the mother marked, then pregnancy should be terminated, and the delivery effected immediately; but in regard to the best manner of delivery there is some difference of opinion.

Guernsey says: "By far the best method of treating such cases—of lessening the hæmorrhage, and causing it to cease—of securing uterine contractions, and of bringing about dilatation of os uteri, consists, in my opinion, in puncturing the membranes through the placenta and evacuating the liquor amnii. By this means the bulk of the uterus is lessened, it contracts upon itself and the hæmorrhage is controlled." He would explore the os with the finger, force a female catheter between the cotyledons of the placenta, through it and membranes during a pain—should there be any we would add: "The liquor amnii" he says, "should drain off slowly through the catheter." He lays great stress on this point, *the liquor amnii must drain off slowly*. A rapid discharge of water causes uterine atony, from too sudden relief, the uterus will not contract and the hæmorrhage does not cease.

Even when following out Dr. Guernsey's directions carefully, hæmorrhage will not always cease. We have reports of cases to this effect. Something else must be done. Dr. King recommends plugging the vagina thoroughly with tampon after drawing off the liquor amnii.

Dr. Wesselhoeft, of Boston, recommends the same thing in an article on five cases of placenta previa, published in *The*

New England Medical Gazette. He says: "Until I have wider experience however, I shall continue to hold to teach that the cases in which dilatation and turning are possible and safe, are much less common than those in which the so-called expective course, *i. e.* rupturing the membranes and plugging is indicated." He considers the use of all manner of dilators a waste of time and bad practice.

In speaking of tampon, Bedford says: "There is no ground of apprehension in its use," yet, none of these gentlemen suggest what is to be done in case of concealed hæmorrhage, in which we know that the tampon is worse than useless, and time is precious.

Some old school authorities have advocated laceration and complete separation of placenta, and leave the case to nature. The mortality has been very great with those who have practiced this method.

Other obstetricans have recommended passing the hand after dilating the os, up between the placenta and uterus, breaking the membranes and version by grasping a foot. In some cases this has given good results where the patient was seen early before there was great loss of blood. Barnes recommended breaking up the adhesions around the cervix as far as can be reached with the finger.

We find on record one case where this was successful in stopping hæmorrhage, after evacuation of liquor amnii and hæmorrhage continued.

Playfair claims that in version, when once the foot has been brought within the os, there is no need of haste, as hæmorrhage ceases; others contradict this statement.

In a case of placenta previa with concealed hæmorrhage, reported in *The Homœopathic Journal of Obstetrics*, Vol. III, by Dr. I. W. Swain, Providence, R. I. He says: "The weight of authority is decidedly in favor of an early rupture of the membranes. Further on he quotes Duncan Steward by Cazeau

as declaring: "That by rupturing the membranes before the uterus is dilated, we retard rather than accelerate the expulsion of the child, and besides, it is by no means certain as experience has demonstrated that this means will stop hæmorrhage, while it often diminishes the chance of saving the life of the mother and child, by rendering version much more difficult if the operation shall subsequently become necessary." On account of the danger of concealed hæmorrhage, in closing his article, Dr. Swain says: "After commencement of labor in all cases of placenta previa, it is the duty of the accoucheur to deliver as promptly as possible by a foot."

We quote Dr. McDonald in a discussion at the Obstetrical Society, of Edinburg, as published in *Homœopathic Journal of Obstetrics*, "That in dealing with placenta previa, a man must act according to his light, and with the material before him. The more he saw, the more was satisfied, if the case is seen in time, and the hæmorrhage goes on, we ought to go on at once to deliver; because waiting for dilatation or till the full time of labor is a serious risk. He says: "There is no treatment for placenta previa but delivery." He has seen plugging on many occasions, and he did not think we could rely on it to any great extent. He recommended Barnes' dilators very highly in these cases for dilating the os uteri.

We see by above quotations that every method has its objections, and there is no method yet known upon which all can agree, or that is applicable to all cases.

The weight of evidence would seem to show that either the expectant method, drawing off the liquor amnii, plugging the vagina and waiting for dilatation of the os; or rupturing the membranes turning and delivery, are the best methods to follow. In the former there is danger of concealed hæmorrhage and version is made more difficult, should it become necessary. In the latter, rupturing membranes tends to increase hæmorrhage, temporarily at least, and there is great danger of shock

to the mother, besides forcible dilatation of the os and turning greatly predisposes the mother to post partem hæmorrhage, traumatic inflammation, and septicæmia, on account of the bruising and laceration of an abnormally vascular cervix, and thus the death rate of placenta previa may be greatly increased.

In summing up the conclusions, we cannot better express our opinion than to quote the words of Dr. Wesselhoeft:

“First. That in all cases in which the os is but slightly dilated, whether soft or hard, the hæmorrhage great, the effect of loss of blood marked,”—and we would add no indications of concealed hæmorrhage,—“the safest course is to rupture the membranes and plug effectually.”

Second. In those cases in which the os is actually dilated, or so dilatable as to readily admit the hand without undue stretching or bruising, in which hæmorrhage in spite of dilatation persists, and the woman is still possessed of sufficient strength to bear the shock of the operation, turning is safe and advisable.

My preference for the more conservative course, continues Dr. Wesselhoeft, “is based upon the fact that since Barnes in London and Thomas in this country began to teach this method, the death rate has undergone a marked change for the better.” Having a thorough knowledge of the best methods, with the use of the indicated remedy, the Homœopath can excel. He has many remedies that are very valuable, to cause uterine contraction, to control hæmorrhage to allay fright or excitement, and to rally the sinking forces. Among the number most useful are: Caulophyllum, Sabina, Secale, Aconite, Opium, Gelsemium, China and gentle stimulants.

Chloroform is valuable in case of forcible dilatation of os turning or convulsions. Common Vinegar is being highly recommended by some, to control post partem hæmorrhage, and may be found useful in these cases.

There is one point to which we would especially call attention, that is the care of the mother while passing through such a terrible ordeal. Conduct yourself in such a manner as to establish confidence in the mother and her friends that you will do all that can be done. Call for help if you need it, relieve the effects of shock or fright as speedily as possible with the appropriate remedy. If she has lost blood excessively, producing acute anæmia, her life may be saved by proper nourishment.

In all cases when a patient has lost, or is liable to lose blood excessively; from the first prepare to nourish her, with hot—not warm—but hot meat broths, beef, mutton, chicken, extract of beef, or even hot milk, if nothing else is handy. A few teaspoonfuls at short intervals is really stimulating and strengthening.

Use alcoholic stimulants with caution; they are liable to sicken and cause vomiting, and may be easily over-done. If the patient is nearly exsanguinated, cold, fainting, with collapse, lower her head, raise the foot of bed. Apply effectually steamed hot cloths to region of heart, and dry heat to head, all she will bear, in shape of hot sacks of salt, bran, dry sand, anything hot that will stimulate the circulation of little remaining blood between brain and heart, and continue treatment with the liquid nourishment, and you will save your patient. In the meantime do not forget China. During puerperal convalescence, extra precautionary measures should be used to prevent uterine inflammation and septicæmia, such as, hot antiseptic vaginal douches, great cleanliness, proper remedy and so on.

Pelvic hæmatocele and pudendal hæmorrhage and hæmatocele, or thrombus of the labia as the last is often called, are not usually classified under ante-partem hæmorrhage; but as they sometimes occur before or during labor, they are noticed here. These conditions, although rare may manifest all the alarming

symptoms mentioned under accidental hæmorrhage, and often result in death.

Ludlam says: "Pelvic hæmorrhage may and does arise from abortion * * * and even from labor at term."

In order that we may have a correct idea of their nature, we will quote from Savage, on Female Pelvic Organs, under venous circulation. He says: "Free venous intercommunication exists between the perineal, labial, vaginal, and pelvic venous systems, as none of these veins are provided with valves, the following forms and indeed every form of pudendal hæmatocele are readily explicable.

Examples:—1. "Death from exhaustive hæmorrhage through a small wound in the vagina at an advanced stage of pregnancy."

2. "Immense thrombus at the lower part of vulva, near posterior commissure from a kick received there at seventh month of pregnancy, followed by the expulsion of an enormous clot and hæmorrhage."

3. "Very numerous instances of pudendal hæmatoceles of the largest size and most rapid development occurring during labor and impeding delivery."

1. "Pelvic hæmatoceles spontaneously developed (no obvious cause) co-existing with vaginal, labial, and crural venous varices."

2. "Abortion, with much uterine hæmorrhage, intense pain in abdomen; death in five days, enormous peritoneal hæmatocele, both fallopian tubes distended by clots which project from their peritoneal terminations."

These cases will sufficiently illustrate our point. We see that the hæmorrhage may be vaginal, labial, or pelvic, according to location; and that death may occur from each variety.

The causes of hæmorrhage are various, as lifting, over exertion, straining injuries, inflammations, tumors, venous veins, constitutional dyscrasia. Often no especial cause can be found.

If hæmorrhage is not excessive, the prognosis is usually

favorable, provided destructive inflammation does not follow pelvic hæmatocele. The symptoms, are intense pain and collapse, with all the accompanying signs of loss of blood, if the hæmorrhage is excessive. In vaginal hæmorrhage, the chief symptom is a flow of blood from vagina. In labial hæmatocele or thrombus, there is a dark purple tumor at side of ruptured vessels, accompanied with pain.

The treatment in pelvic hæmatocele is to give proper remedies to control hæmorrhage, and sustain the strength of patient, and control inflammation that may follow. Aspiration may be necessary if pus accumulates. In case of accompanying miscarriage, it should be treated according to usual methods.

Vaginal hæmorrhage should be treated with appropriate remedy and tampon, saturated with active hæmostatics. Labial thrombus, if discovered early, should be treated with compress and hæmostatics; if the thrombus interferes with labor the contents may be carefully evacuated puncture.

The careful study of the above conditions may seem unnecessary to some, and again, the first case he meets may be of this character, no one can tell. They occur alike in the practice of the noted physician and the common doctor; for these reasons, and because they are rare and very dangerous when they do occur, we should be able to recognize them immediately, and treat them skilfully without delay. It is the ability to do this that will give the skilled physician precedence over the ignorant one.

Human life is in our hands, have we prepared ourselves equal to the trust?

THE IMPORTANCE OF CORRECT DIAGNOSES IN DISEASES OF CHILDREN.

BY M. J. HILL, M. D., STERLING, ILL.

Read before the Illinois Homœopathic Medical Association.

The importance of correct diagnosis in diseases of children

has often been forced upon the mind of every physician, and how many times we may lament over an incorrect diagnosis the world will never know, nor how many deaths and vacant chairs about the hearthstone, and how many mothers' hearts ache, time can never unfold. But may the great Forgiver forgive the mistakes of the mistaken and give comfort to the sorrowing mothers.

When we look upon the face of the healthy child we know that it is the mirror upon which there will some day be traces of pain and disease, although it is now as fair as the beautiful May morning. Storms of grief will leave their traces, and we, as physicians, will be called upon to minister to the needs of the little sufferers. How important, then, to be able to detect the cause of all the changes that now have come over the mirror of life.

I do not presume that I will be able to tell you physicians anything new, but if I am only able to stir up afresh some few ideas my labor will not be in vain.

I wish to illustrate by a few clinical cases.

CASE I. Johnnie —, aged six years. Some time before I saw the child it had been suffering from what two learned M. D.'s of renown in the old school, both claiming to have seen service in the army, called a rupture—so said the parents and they had reduced the hernia and adjusted a truss to retain it. But Johnnie's nature rebelled. He could not endure the pressure, so it was changed for a bandage and soft pad. This continued for a time and the lad grew in strength and was about his play. I was called to visit his mother, and she requested me to examine Johnnie's rupture, which I did. The first thing, I missed a testicle from the scrotum, and found it retained in the inguinal canal. It had been inflamed, no doubt, from injury, and been mistaken for a rupture by the physicians. How much suffering a truss of four or five pounds pressure upon an inflamed testicle might have been avoided by a correct diagnosis can only be imagined!

CASE II. Willie —, a delicate, nervous, irritable child, subject to spasms, was treated both at home and abroad for these spasms or fits, as they were called, all to no purpose. Finally it was noticed that congenital phimosis existed, and circumcision cured the case completely. Had the parents conformed to the Jewish law how many sorrowful hours would have been saved to that mother!

CASE III. A little Miss, or hardly a miss, for she was but five or six months old, was taken with vomiting one afternoon—nothing very unusual for an infant who had taken too much of a mother's milk. But an expression of pain on the face caused me to ask the nurse to unpin the child's clothing. I found an impacted umbilical hernia which I reduced, and the vomiting ceased at once. A few doses of Ipecac might have been given and the child would have died, perhaps, by a mistake in diagnosis, and a mother's heart been filled with sadness. The child still lives, and a more sprightly one I do not know in our city.

CASE IV. George —, was called in haste, six miles, child in spasms for two hours, just regaining consciousness when I arrived. Diagnosis: worm spasms; gave remedies according. In a few days the father came to the office with the boy, saying his thighs were all broken out with a rash, and wished medicine for it. I asked to have the child undressed in part, and discovered congenital phimosis. Described its danger to the father and operated upon the boy in the office. It cured the rash and no spasms have occurred since, now three years. Evidently the first diagnosis was incorrect, and should have been nervous irritation from the phimosis.

Many more illustrations of the importance of correct diagnosis might be enumerated, but let this suffice.

Now, my brother and sister physicians, we cannot be too careful in our examinations and diagnosis in the diseases of children. Never be in too great haste to make all the needed

examinations, inquiring in regard to these most important cases which we have to treat. Many of our patients are less than five years of age, and when you can detect a trace of distress or fear in the child's face, examine until you are positive in your own mind that you know exactly where the trouble lies, and what remedy will relieve it, first of all, in our armamentary.

EXPERIENCE WITH PHYSALIA.

BY W. D. GENTRY, M. D., KANSAS CITY, MO.

EDITORS INVESTIGATOR:—In Allen's Encyclopedia we have a meager proving of the Physalia or "Portugese Man-of-War." In a long article descriptive of this marine animal, written by C. F. Holder, and published in the *San Francisco Call*, there is a statement of the effects produced by its poison which should be known to the profession. The statement is as follows: "The Physalia stands in the same relation to many other marine animals of its size as a well-fitted submarine torpedo-boat would to an old line-of-battle ship of the Constitution class. If we but touch the purple tentacles a realizing sense of this power is at once experienced. The finger stings as if needles had been thrust into it, and when the tentacles are placed upon a portion where the flesh is delicate, the pain can only be compared to that produced by melted lead or hot oil, and I am competent to speak on the subject, as I once nearly lost my life in an engagement with the little craft. I had a habit of swimming upon my side, an unfortunate one, as the view to the right was concealed, and in this way, one day, I swam over the tentacles of a large man-of-war. I was in about seven feet of water, and the contact immediately gave me such a shock that I almost lost the power of motion and sank. As I struck the bottom with my feet I pushed up and partially recovered myself—sufficiently, at least, to call for help. Some laborers at

work near by sprang into the water and carried me ashore, and by this time I could breathe with extreme difficulty, this being the most serious symptom. The purple mass was scraped from the flesh with knives and razors, but it seemed to have sunk into the flesh. A liberal application of oil outwardly and stimulants inwardly brought me around in a few days, though for six or seven months afterward I could very readily have passed for a tattooed man, the entire middle and lower portion of the body being covered with the most fanciful tracings imaginable.

I have found a large turtle lying upon the surface perfectly paralyzed, having these tentacles wound about its head. I lifted the turtle in and applied the oil and scraping and it recovered after a while. When feeding these attractive tentacles are lowered as far as possible, and small fishes bite at them. I have seen a sardine turn upon its back the instant it made the attack, the force of the shock proving fatal at once.

In the West India Islands it is said that the powdered tentacles of these animals have often been used as a poison, being introduced into the food of the victims. Dr. Leblona, a French scientist, is one authority for the statement, and he thus describes the effect of accidentally eating it:

“Supping at an auberge on one occasion, with other persons, a becune was served up, of which gastronomers are very fond and which is usually very harmless. Five persons partook of it, and immediately afterward exhibited every symptom of being poisoned. *This was manifested by a terrible burning heat in the region of the stomach.* I bled two of them; one was cured by vomiting; one other would take nothing but tea and ordinary culinary oil. *The colic continued during the night and had disappeared during morning, but he entertained such a horror of water that during the remainder of the voyage a glass of it presented to him made him turn pale.* I concluded from this and other facts that the fishes that eat *Physalia* become a poison to those that eat it.”

A STUDY OF SEPIA.

BY D. C. PERKINS, M. D., FAIRFIELD, ME.

Read before the Maine Homœopathic Medical Society, June 1st, 1896.

Sepia is not limited in its curative effects to any temperament or complexion, but it is said to be especially suitable to persons with dark hair and eyes, and to females, particularly during pregnancy, in child-bed and while nursing.

As with Pulsatilla we often find sadness and inclination to weep, the cause of this sadness lying deeper and being more difficult to overcome than that of Pulsatilla. With this condition there is indifference, or in somewhat rare instances, uneasiness and restlessness. There is dread of being alone, but an equal dread of company and a marked aversion to strangers.

Headaches are accompanied with vertigo and stupefaction; if there is a ready flow of ideas this remedy will seldom afford relief. The pain is boring, pressing and pulsating, and is aggravated by motion or stooping, and is relieved by rest. There is tearing and drawing in the (left) side of the head, with pressure above the eyes, and extreme heaviness of the lids, as in Gelsemium. There is coldness of the head with relief from wrapping up, especially with cloths wrung out of hot water.

Sepia cures eruptions on the vertex and back of the head, when they are characterized by tingling itching, or if there is a humid exudation, the last named symptom being also prominent under Sulphur.

The Sepia patient takes cold from dry cold wind on the head or if the head gets wet.

The effects upon the eyes are characterized by the heavy lids already mentioned with lachrymation and pain in the lids in the morning, and great sensitiveness of the eyes to the light of day. There is yellowness of the whites of the eyes, with red, swollen lids, and as subjective symptoms, black spots or

sparks hovering before the eyes, and a green halo around the candle or electric light.

In affections of the ears there is a thin discharge, with great itching of the affected ear; the eruption on the lobe and behind the ear is similar to that of Graphites.

In nasal catarrh Sepia is one of the most important and reliable remedies, sometimes curing cases in which Pulsatilla is strongly indicated, but which that polychrest fails to benefit. The objective symptoms are a swollen, scurfy, inflamed nose, with not unfrequently ulcerated nostrils, or stoppage of the nose from dry coryza. More frequently there is a profuse ozena, the discharge being yellow or green. The yellow saddle across the nose is a well known characteristic of this remedy.

Yellowness of the face should call our attention to Sepia, and if there be puffiness with blue margins about the eyes, moist, scaly eruptions on lips and chin, with swelling of the under lip, we shall do well to study this remedy carefully. Sepia comes to our aid in catarrh of the posterior as well as anterior nasal passages, and it matters little whether the discharge be thick or thin, if it be yellowish or greenish, the effect of the remedy will be prompt and satisfactory.

Roughness and soreness of the larynx, with dry cough, especially in the evening or until midnight, or night and morning cough, these are symptoms which yield promptly to our product of the cuttle fish.

The expectoration is profuse, purulent, offensive, whitish or green, difficult, tasting salt, bitter, putrid or sweet. There is a sensation of emptiness in the chest, with dyspnoea and shortness of breath when walking. The chest symptoms resemble those of *Nux vomica*, and when in doubt which of the two remedies to give, if the patient be a female it is safe to give the benefit of the doubt to Sepia. This remark also applies in symptoms of the digestive tract where nausea and vomiting with acidity and bloating after eating are prominent. The

acidity of Sepia, however, occurs after supper rather than during the day.

In gastric disturbances of pregnant women, the morning nausea is promptly relieved as well as the attendant soreness of the abdomen.

The constipation of Sepia has hard and knotty stools, sometimes mingled with mucous, with cutting pains in the rectum. There is a sense of weight in the anus not relieved by stool. Some enthusiastic individuals declare that this remedy is a specific in the constipation of pregnant women. The diarrhœa cured by Sepia is green, slimy mucous, jelly like, bloody, expelled quickly. It is fetid, sour, or putrid; the discharges are frequent, but not profuse. Great exhaustion and aggravation from boiled milk are distinguishing symptoms.

Involuntary discharge of urine at night during first sleep, urine turbid with white sediment, very offensive and forms a crust that is difficult to remove. In men there is itching and perspiration of the scrotum, and after coition great weakness of the knees. In females there is prolapsus and induration of the uterus; also redness, swelling and itching, humid eruption on the labiæ. The menstruation may be early and profuse, scanty or suppressed.

During menstruation there is depression, toothache, headache and soreness of the limbs. In either vaginal or uterine leucorrhœa Sepia is a valuable remedy when the discharge is of a yellow or greenish pus, either mild or excoriating. There are few cases of leucorrhœa which Sepia will not benefit. On the limbs and extremities are found scaly eruptions; about the finger nails, in children, spreading blisters filled with pus; these ulcers appear to be communicated from one child to another, or to the lips and chin of the child affected. For these cases Sepia is the remedy; also for similar ulcers on the feet.

This remedy has coldness of the feet and legs in bed, like

Calc. carb., burning in the feet, like Sulph., profuse perspiration of the feet, like Silicea. There is excessive sensitiveness of the body to pain, as in Chamomilla, burning in inner parts, like Sulphur, congestions at night with palpitation and pulsations, like Pulsatilla and Calc. carb., and sensation of a ball in parts, like Lachesis.

There is fatigue from walking or riding, aversion to the open air and weakness of the joints. The symptoms usually classed under the head of sleep are very similar to those of Nux vom. There is great sleepiness in the day time and early waking in the morning. The sleepiness of Sepia, like some other conditions, is characterized by great heaviness of the eye lids.

Nearly all these symptoms have been confirmed under my own observation. The potencies used have ranged from 6 to 5M. with good results from all.

PROCIDENTIA WITH CYSTOCELE.

BY J. W. BARNSDALL, M. D., ST. PAUL, NEB.

Mrs. G., aged thirty-five, mother three children, last one two years old, married ten years, came to me for treatment, complaining of a tumor projecting out of vagina; said that it had been there ever since last child was born, and at that time she felt something give way, and has great discomfort and bearing down on attempting to walk. I placed her in Sims position in Archer chair and examined with Sims speculum; the uterus was prolapsed and dragging on the tubes, with a flabby condition of walls of vagina and urethra prolapsed, and tissue around was sacculated. Coitus was painful. I used Iodine, Glycerine, Sanguinaria, Hydrastis, and a line of topical remedies and Thomas' douche; and on the twenty-fifth day of November, 1884, I performed Emmets operation, which is described in last edition, on page 363, for "Cystocele," and dressed with

Carbolized Oakum and Iodoform, and used No. 26 silver wire Emmet's short needles. Patient was under ether four hours; rallied well and used opium for fourteen days, with enemas of beef tea and eggs and milk, and after removing sutures continued the dressings and the parts healed up kindly, patient sitting up in a month after operation, and now, over a year after, has been doing her own work and coitus is enjoyed, and she reports better health than she has seen for years. I have performed several operations of like kind since, but this one I report as it has stood the test of time and is an interesting case. I would like to hear from other surgeons. Please insert it in your valuable journal.

THAT POLYPUS CASE.

If Dr. Nichols' case of "Polypus of the Stomach," recorded in March number, was a polypus then that disease is very prevalent. Most of us have such cases on hand all the time. The symptoms named are common to dyspeptics, and to diagnose such a case polypus and give it to the journal is, in my opinion, a gross error—an error well calculated to bring upon us the ridicule of our opponents. As to treatment, I will only ask, where is its Homœopathicity? U. A. SHARETTTS.

ANSWER TO G. N. M.

Diagnosis.—Traumatic cephalalgia.

Prognosis.—A cure.

Treatment.—Arnica and Rhus t. during pain, with application of hot Arnicated water. In absence of pain give Cicuta. In case of failure study Petroleum and Mercurius.

W. S. MULLINS.

ANOTHER VICTORY FOR NATRUM MUR.

BY DR. J. P. HOUGH.

I know of nothing that will so readily arouse the regular spirit of our Bro. Allopaths as to inform them that cases of

chronic ague can be cured without the use of quinine, their rudder and main sail in cases of this character, and so often has it been effectually demonstrated that to again mention a case seems almost folly.

Mr. L—, aged fifty, lymphatic temperament, a farmer of regular habits, consulted me, May 11, '86, for chills and fever of the tertian type, from which he had been suffering for the past three years, having passed through the hands of some three or four "regulars," who in turn prescribed bitters, tonics, quinine and quack nostrums, until the patient was at last placed among the incurables and informed by a council of three M. D's that he would soon "shake" off this mortal coil. With this verdict overhanging him, and as a last resort he ventured to try Homœopathy.

His symptoms were briefly as follows: Chill alternate days at 11 A. M., beginning in lower extremities and small of back; icy coldness of hands and feet, followed by bursting headache, nausea and vomiting, profuse perspiration and great prostration. He also complained of severe pain through hips, with inability to stand or walk any length of time, this was temporarily relieved while sitting; great disgust for bread, said it tasted like "corn husks"; desire for salty food and eructations of salty and bitter fluids.

The appearance of the patient was sufficient to suggest a physically, and almost mentally, wrecked subject of humanity.

I prescribed Nat. mur. 60x, six globules three times per day for three days, when Sac. lac. was substituted.

May 14. Patient much better. No return of chills, and a marked decrease in the severity of symptoms noted.

May 21. Marked improvement. No sign of chills returning. Food tasted natural. No desire for salty victuals. Pain in hips gone. Continued Sac. lac. two weeks and dismissed patient as cured.

NEBRASKA STATE HOMŒOPATHIC MEDICAL SOCIETY.

EVENING SESSION.

Twelfth annual meeting of Nebraska State Homœopathic Medical Society was held at Hastings, June 1st, 2d, and 3d.

The meeting was called to order at the appointed time by the president, F. B. Righter in the chair. After roll call the minutes of previous meeting read and approved.

Present at opening session: Drs. C. L. Hart, Omaha; B. Carscaddan, York; F. B. Righter, Lincoln; A. R. VanSickle, Hastings; Geo. H. Simmons, Lincoln; F. W. Winter, Wymore; J. H. Gray, David City; E. Stafford, Beatrice; E. Stringfellow, Grand Island; J. W. Barnsdall, St. Paul; Mary A. Lutz, Lincoln.

In the absence of board of censors, Drs. Carscaddan, Simmons and Gray were appointed as such, *pro tem*. During this session the names of Drs. E. Stafford, Mary A. Lutz and J. W. Barnsdall were presented for membership, recommended by the board of censors, and, on motion, were duly elected members of the society.

Report of Treasurer showed receipts during past year to be \$77.70: disbursements, \$28.35; leaving a balance of \$49.35 in the treasury.

Drs. Hart, Carscaddan and Simmons were, on motion, appointed a committee to correct articles three (3) and five (5) in the By-laws, an error having crept into the minutes of last session regarding the same.

Objection being raised as to the length of time of meeting, the time for convening the different sessions of the day, were, on motion, placed at an earlier hour, and the work of last session combined with that of the afternoon session of second day, after which adjournment followed.

SECOND DAY—MORNING SESSION.

Meeting called to order by the president.

New arrivals—Drs. O. S. Wood, Omaha; Prof. A. C. Cowperthwaite, Iowa City; H. P. Fitch, Hastings; E. T. Cassel, Edgar; W. A. Humphrey, Wahoo; C. O. Basten, Kearney; J. B. Hawk, Grand Island; S. F. Ashly, Fairmont, and Dr. Caldwell, from Indiana.

Committee on revision of By-laws reported. Report adopted and change made in By-laws, as recommended. This places the matter of collection of dues and finances into hands of treasurer, thus relieving the secretary of a portion of immense duties usually heaped upon said office.

Dr. Wood, treasurer, now present, reported that no communication with Dr. Geo. E. Brown, former treasurer, in regard to retained funds of the society could be obtained.

Dr. J. J. Solomon, of Omaha, having been found guilty of acts not worthy a member of the society, as well, it was resolved that a committee of three be appointed to draft resolutions expelling said members, Drs. Brown and Solomon, from the society. As such committee Drs. Hart, Carscaddan and Simmons were appointed.

There being no members present on Bureau of Anatomy, it was passed over and Bureau of Sanitary Science taken up. It was responded to by Dr. Winter reading a paper on "Water in its relations to Health and Disease," and one on "What shall we do with our Garbage," by Dr. Van Sickle. Dr. Winter took up the Science of Hygiene in general, showing that it had been practised from the earliest times, but had not merited the position of a science until after the introduction of physiology and chemistry. Man passes through three epochs in life, that of growth, maturity and decay. During each of these epochs he must be considered with reference to influences upon his health, first in his relations to natural conditions surrounding him; second, in his social and bodily relations, and third, as an independent being acting for and within himself, as to his thoughts, feelings and desires.

As to essential natural conditions surrounding and influencing his life, water is but one of many; others being, air, food, soil, climate, light and heat. The great need of water necessary to sustain health and life is apparent in the fact that the human system is made up of 70 per cent. of water, and 30 per cent. of matter. Ten to fourteen gallons per day is estimated to be an average daily need for an individual properly to maintain life and health. Chief sources of water in the rainfall which is collected naturally or artificially and thence distributed for use, contamination is liable to occur in its collection, storage and distribution. The physician's work begins right here; he has to do with the purity of water.

Reservoirs of water should be built with great care and provided with good and efficient fillers, and especial attention given to the construction of the pipes and aqueducts for conveying the water. Even wells are not entirely free from impurities. Surface washings, soakage, and falling in of small animals must be avoided.

Water supply in cities should extend to every room as well as every house; also facilities for removal of dirty water. Deficiency in either is productive of disease and lowers the general standard of health. Impurities in water vary according to source, place and kind of storage and manner of distribution, and are either of a vegetable, animal or mineral nature, or all combined.

These impurities naturally effect parts with which they come in contact, first, namely, stomach and intestinal tract. Here they give rise to dyspepsia, constipation, diarrhoea and dysentery.

Besides water is the means of conveying specific diseases, as malaria, typhoid, cholera, diphtheria and scarlet fever. Diseases of the skin and subcutaneous tissues of the eyes, bones, calculi, and goitre are also engendered, and tapeworm, as well as other kinds, taken into the system.

Following the reading of this paper quite a discussion took place in which nearly all participated.

Dr. Righter questioned an artesian well draining the country for half mile round.

Dr. Hart stated that nature of soil probably purified the water by the time it reached it.

Dr. Simmons: Not afraid to use water from well, though but fifteen feet deep, where water passes through a distance to filter.

Dr. Wood: Not so much the food and drink taken into the stomach the cause of disease, as what we breathe; too much myth about it. Many of the diseases said to be brought on by drinking impure water greatly imaginary; the less theory about eat and drink the better the health.

Dr. Righter: The longer wells exist the more impure they become. In Russia the houses are kept hotter and more people collect together than in warmer latitudes, hence the occasional outbreak of cholera in the colder latitudes.

Dr. Simmons: Impure water *does* create disease, cited to an epidemic in Pennsylvania a year ago. Water brought from the mountains lessened cases from 36 per cent. to 7 per cent. in a thousand.

Dr. Fitch cited several cases of families afflicted with diphtheria from use of impure water; outhouse built upon a higher grade, well low, and sandy soil intervening.

Drs. Carscaddan and Stafford doubted diphtheria and typhoid caused by impure water.

Prof. Cowperthwaite: Science peculiar, everything caused by bacillus and bacteria, now-a-days, so says the microscopist. Impure water does cause disease, in many instances, but not the cause of all diseases. Impure vapors cause more disease. Cited a case in Des Moines of typhomalarial; water was examined, found clear and pure; discovered water trap in bedroom closet, in which patient was lying; vapors from sewer were breathed for a year. Plumber removed cause and patient got well at once.

Dr. Woods: Many diseases attributed to well water due to other causes. Providence provided means for purifying water, rather than man, prefers well to rainwater.

Dr. Cassell: There are contaminating germs in atmosphere and food, but do not cause disease in every case. We cannot state definitely, we presume. Wonderful tendency to run off on tangents. Potatoes once caused a diphtheria craze. All depends on conditions to produce malarial diseases.

Prof. Cowperthwaite: Ice tea is said to produce Bright's disease. Why? A good many cases and lots of tea drank.

Dr. Stringfellow: A specific poison may be carried in any way, it is specific still. One looks too much without, another too much within for causes.

Dr. Van Sickle's paper on "What distribution shall we make of our Garbage," was well received and greatly appreciated. Garbage means all refuse matter, whether from the kitchen, the factory, the sick room, animal body, or otherwise. To prove necessity of investigation and be convinced, one need only glance into back yard, or down an alley, or step into a public or private water-closet, or notice the numerous cess-pools sunk and in use, especially if he understands and believes the germ theory. Physicians should freely discuss the sub-

ject and bring it before the public. The doctor's description of the back yard and alley was very graphic and picturesque, showing very conclusively that we may be spared the journey to "Denmark" to find rottenness. The cess-pool even, a worse institution by far. A shallow hole in the ground is the least objectionable, where water is obtained at a depth of one hundred feet; carry the cess-pool down to a depth of sixty or eighty feet, what terrible consequences must we expect, what a fearful harvest shall we reap.

The first few outrages committed upon mother earth are overlooked, and to a great extent purified, but soon the ground is so thoroughly contaminated that pure water poured in at the top will come out poisoned at the bottom.

What is to be done? Carry it away in properly constructed sewers. What about the waste in the kitchen? Some one says, have none.

Strict economy will prevent very much, and all the broken viands from the table together with the peelings and solid riff-raff about the kitchen and dining-room may and should be burned. The slops should be distributed around over the garden, the sun and air evaporate and oxygenize a large portion of it, the soil taking up a good portion of it transferring it as food to vegetable life. The harm is in the decomposition from the vast accumulations. Where the amount is too great to distribute over adjacent garden, disinfectants should be used. Same treatment applies to urinals. Build water-closet without hole in the ground. Let excreta fall on level of ground, and once a week or month mix with ashes, remove and bury all together in a small pit. Sprinkle lime or copperas under privy and keep it disinfected. Have a drop door at back of closet to facilitate cleaning process; leave open during summer but not during winter. As to sewerage that system should be adopted which will remove sewerage quickly and completely far beyond city limits, which causes no danger to health, will not be an eye sore nor stench to nostrils, not involve too great a cost, and is cheaply, simply and easily managed. The history of cholera and typhoid gives unmistakable evidence to the influence of filth, polluted soil, water and surroundings; and the benefits derived from sewerage removal, as follows: "In Munich, from 1754 to '59, when leaky cess-pools were in use,

the mortality from fever was 24.2; from 1860-65, when cemented and water-tight, it was 16.8. From 1866-73, when there was partial sewerage, it was 13.3; from 1876-83, when sewerage was complete, it was 8.7. In Hamburg, from 1838-44, when there was no sewerage, 48.5 out of every one thousand deaths were due to typhoid. From 1871-80, after the sewerage was completed, the proportion of deaths from typhoid fell to 13.3."

Surface drainage quite as necessary as sewerage disposal, especially when a town has water works but no sewerage. As to sewerage systems each town must be governed by surrounding circumstances.

A discussion followed this paper participated in by Drs. Hart, Gray and others, in which the idea prevailed that cremation would be a decided remedy; but that the American people were too busy to take any great amount of precaution.

Following these remarks the Bureau of Medical Education and Literature was called for. No report. Closed for present.

The committee on resolutions relative to action to be taken against Drs. Brown and Solomon reported, and after various remarks was reported back to committee for further consideration.

On motion, the president appointed Drs. Dinsmore, Hart and Carscaddan as a committee to draft resolutions, to be used by a committee to be known as a legislative committee; committee to report during afternoon session.

Bureau of Materia Medica was now called for and opened by reading of a paper on "Ignatia," by Prof. A. C. Cowperthwaite of Iowa City. Prof. Cowperthwaite's presence was highly appreciated by the society, he being one of the charter members thereof, and secretary of same for three years. His paper was listened to with great interest, it being replete with instruction and much useful information.

The usual discussion followed, engaged in as follows:

Dr. Hart: Showing a comparison between the Ignatia, Nux and Puls. patient.

Dr. Dinsmore: If patient is before you in puerperal convulsions, would you give Ignatia? Reply. I would give chloroform at once.

Dr. Righter: Homoeopathic remedies have controlled convulsions, and do, depending, however, on the variety.

Dr. Gray: Ignatia should come as near as any remedy, according to its Homœopathic pathogenesis.

Dr. Carscaddan: Have controlled convulsions by Ver. vir. 1x without using chloroform, called for strength? Reply. Invariably 30x, and sometimes 3x. Chloroform and morphine, in some cases right to use them.

A resolution that a vote of thanks be given Prof. Cowperthwaite for his very able and instructive paper, was unanimously carried.

Dr. Hart next followed with a paper on "The Essentials of a Scientific Prescription." As this paper will no doubt be published in full, extracts from it are herewith omitted. It was also highly appreciated, and a vote of thanks of the society tendered Dr. Hart for the same.

A like motion, with reference to papers read by Drs. Van Sickle and Winter, was then made and carried.

Dr. Van Sickle presented a letter and two papers from Dr. Cassidy, of Kansas City, which were, on motion, presented to chairman of respective Bureau.

[To be continued.]

EXOPHTHALMIC GOITRE.

BY W. A. SMITH, M. D., WENONA, ILL.

Read before the Illinois Homœopathic Medical Association.

Synonyms.—Basedow's Disease. Graves' Disease

Etiology.—This is a rare disease and one in which, when we meet a case, there is a deep interest from the start that its termination, favorably, is decidedly doubtful. The disease is more common in the female than the sterner sex, yet the only two cases I have seen occurred in men. Basedow was the first to give a description of this complaint and it has assumed his name. Dr. Graves' name is also given to it, he being of the early writers who first described it minutely.

The disease is far graver in man than in woman, and Von Græfe found, in eighteen cases of suppuration of the cornea resulting from this trouble, that only four occurred in the

gentle sex and the remaining fourteen belonged to men. This shows that the relative danger to men is over 70 per cent. greater than in women.

The age has something to do with the disease, as it has only been observed in persons between the age of sixteen and fifty, but is more common between the age of twenty and thirty-five. The two cases which came under the writer's observation were respectfully, twenty-eight and forty-seven years. The difficulty has not been observed any more frequently where goitre is endemic than in other parts.

Causes.—Some persons are predisposed to this disease and especially those of a highly excitable temperament. Among the causes laid down by writers are violent mental emotions, as of fear, anger and grief, loss of blood from hæmorrhoids, metrorrhagia, chronic diarrhœa, profuse leucorrhœa, frequent child-bearing and abortion. Excessive sexual indulgence debilitates the system and predisposes, or more properly, is one of the causes of this disease. I believe that anything that will produce anæmia may be accepted as a cause. Some authorities claim that excessive mental work predisposes to an attack, although I seriously doubt if such is the case. From some of the causes enumerated, Trousseau thinks the disease is due to neurosis of the sympathetic nerve, and Dr. Dickinson says, "It is probable that highly excitable, hysterical temperaments and constitutions debilitated by loss of blood, long continued diarrhœa, or excessive mental work, predispose to an attack. Dr. Abadie coincides with Trousseau's opinion, that the trouble springs originally from some disease of the sympathetic nerve.

Symptoms.—The first abnormality that presents itself is palpitation of the heart, slight at first, but increases and aggravated greatly by any mental or physical excitement. The rapidity of the heart's action is always kept up and sometimes will reach as high as one hundred and fifty or more beats per minute, and neither is its motion regular, but in some cases

there will be considerable irregularity. In speaking of the condition of the gland Dr. Dickinson says: "It does not attain the immense size sometimes seen in goitre, nor does it continue growing for an indefinite period; generally one lobe (usually the right) is more affected than the other. The thyroid arteries are enlarged and a strong pulsation is felt over these and the carotids, frequently accompanied by a thrill. The swelling of the gland is not painful, but sometimes impedes respiration from pressure on the trachea, and alteration of the voice results from interference with the recurrent laryngeal nerve." At the time, or shortly after the enlargement of the gland is noticed, the eyeballs become more prominent and give a staring appearance to the patient. The protrusion of the eyeballs becomes so great, in some patients, that they cannot close their eyes and they sleep with them partially open. A pathognomonic sign, according to Dr. Abadie, is spasm of the elevator of the upper eye-brow, "when the patient looks down the levator palpebrarum remains immovable, and the superior portion of the sclerotic is exposed. The general symptoms are mental depression, nervous debility and sleeplessness.

The diagnosis is usually very easily made, as the three prominent symptoms, rapidity of the pulse, enlargement of the thyroid, and prominence of the eyeballs, form a picture that cannot be misunderstood. In the beginning, before the last two symptoms became prominent, there might be some mistake, but when it is complete there is no excuse for an error.

Treatment.—So far as the treatment is concerned, I do not know whether I have anything new to offer or not. Belladonna and Iodine and Convallaria are about the only remedies that will be called for. Convallaria controls the action of the heart better than any remedy I tried in the treatment of one of the cases. For the use of that I am indebted to Prof. Hale. So far as nourishment is concerned the best for a patient is Reed and Carnrick's Beef Peptonoids. If the members of the asso-

ciation will refer to the *Medical Era*, for February, 1886, they will find, on page 235, a report of two cases treated by Dr. J. C. Fritch, of Ohio, who gave his cases peptonoids, and after commencing the use of them was agreeably surprised at the happy result. We are all well aware that one case is a small thing to pin our faith to, but my experience coincides with the doctor's, and it has given me grounds to hope that such cases can be cured as easily as most other complaints that are essentially of a chronic character.

The following case, I hope, will be accepted as the reason for the conclusion drawn in regard to the use of the Beef Peptonoids. Mr. —, aged forty-two, light complexion, presented himself for treatment in April, 1883. The symptoms presented were rapid action of the heart, averaging for the first month 114 beats per minute. Eyes slightly protruding, and some enlargement of the thyroid gland. He complained of feeling tired, that he could stand no work or any excitement on account of his heart. His appetite was capricious, could not sleep very well, had a frontal headache that was worse in the afternoon. The stethoscope applied on the region of the heart gave a rather peculiar sound that was amæmic in character. As he was a stranger to me I did not take any particular notice of the eyes or gland, and the diagnosis of the disease was not given, but prescribed Bell. 3x, four pellets every three hours. There was no improvement except that he rested better and did not complain of his head. Then I gave Iodine, Digitalis, Iodide of Arsenic, and then about every remedy I could think of. After he had been under treatment about six months, and slowly getting worse, he became dissatisfied with the result and decided to go to Ohio and try his old family physician there, and I bid him God speed glad to get him out of my care. He was away nearly three months or more when he returned with all his symptoms greatly aggravated, pulse 130, eyeballs very prominent, and the right side of the gland nearly double

the size it was when he left. He requested me to again assume charge of the case, and not feeling competent to handle it any more satisfactorily than before, I went to Chicago and consulted with Dr. Hale. He suggested the use of the Convallaria tincture, five drops every four hours for the heart, and under its use the heart became more normal and decreased to 100 beats per minute. But do what I could or would he was getting weaker, and when I would stop the Convallaria the pulse would bound to 130 or more beats per minute. Over fourteen months had passed away under my care and the time spent in Ohio, and he had got almost to be a skeleton. The conclusion was that he must be better nourished and the heart's action be reduced, so I increased the Convallaria to ten drops every five hours, and gave him Reed and Carnrick's Beef Peptonoids. I never saw any one do better than he did under this treatment, and inside of four months he was at work and has been ever since.

The two things which I wish you to notice is the action of the Lily of the Valley in controlling the heart, and the final and lasting improvement made by the use of the peptonoids in conjunction with the Convallaria. Try them and report. I understand this to be a sort of experience meeting, and if the result attained in this case cannot be reached in another one I want to know it.

OBITUARY.

After an illness protracted through nearly a year, Dr. Corydon T. Corliss died of acute congestion of the lungs, July 5. He was sixty-eight years old, and was a native of St. Lawrence county, New York, where he lived until he removed to Indianapolis where he practiced Homeopathy for thirty years. He studied medicine with his uncle, Dr. Hiram Corliss, a very noted physician. He leaves a widow but no children, his only son having died years ago. He was a gentleman of excellent professional attainments and high social standing, and his

many friends will sincerely regret his death. He was for a time an active Mason, and also had quite a taste for literature, and had contributed poems of no mean order to the press.

At a meeting of Homœopathic physicians to take action regarding Dr. Corliss' death, Drs. D. Haggart and Wm. B. Clarke were appointed to draft resolutions, which were reported and adopted as follows:

Whereas, Our brother physician, Dr. C. T. Corliss, has been removed from among us by death; therefore

Resolved, We deplore the loss of so conscientious a colleague, so diligent a physician, so true and charitable a gentleman, so noble-minded and genial a companion, and so honorable a citizen.

Resolved, That we will cherish his memory as one who has faithfully fulfilled his mission and discharged the duties of his calling as a physician with great credit to himself and much benefit to his patients.

Resolved, That we tender to his widow and friends our heartfelt sympathy in this the time of their great bereavement.

Resolved, That a copy of these resolutions be sent to his widow and communicated to the press of the city, and that we attend the funeral of our departed colleague.

Dr. Corless was president of the Indiana Institute of Homœopathy in 1878.

The members of the American Institute of Homœopathy who attended the Indianapolis meeting will remember Dr. Corliss as the white-haired, intellectual-looking gentleman who delivered the address of welcome in behalf of the Indiana Institute, and his eloquent words on that occasion may be found in the Transactions for 1882.

The funeral occurred on the 9th and was largely attended, a noted quartet furnished appropriate music, and a long procession proceeded to the site of the last sad rites. Rev. Dr. Bradley (Episcopal) conducted the services.

WM. B. CLARKE

STUDY OF THE MATERIA MEDICA.

BY J. D. CRAIG, M. D., CHICAGO.

It is evident that if a regular plan of numbering is continued in the studies of the Materia Medica, the time will soon arrive

when the numbers will become as familiar to the readers of THE INVESTIGATOR as the name would be, and as the object of publishing these symptoms would in this way be defeated, I deem it best, in future, to use only the first few numerals every month, and when the comparisons follow they can be referred to their proper place by designating the month in which the symptoms were published. I am gratified to see so many taking an interest in the plan and hope there will be still more. It looks as if Texas had some wide-awake Homœopaths, for the best guesses have come from that state thus far.

1.

1. Loss of breath upon getting into bed and lying down ever so carefully; fine wheezing, resembling the sound of a fine string with constriction of the trachea.
2. Oppression of the chest when walking fast; coughing on going up stairs.
3. Chilliness in the interior of the chest.
4. Great heat in the chest extending below the diaphragm.
5. Constriction of the chest with great anxiety and restlessness evenings.
6. Sudden catarrh; threatening suffocation at night.
7. Dryness of the larynx.

2.

1. Rawness and hoarseness in the morning, after rising, with dry cough.
2. Hoarseness worse in the evening.
3. Tickling cough with constriction of the larynx and chest.
4. Some dry cough in the morning on rising and nearly all the whole day; it shakes the abdomen as if everything would fall out; obliged to hold the bowels with the hands, and then sit down; loose rales in the chest until something is raised.
5. Burning in the chest with pressive pain.

3.

1. *Frequent, oppressive, shortness of breath in every position of the body, causing anxiety.*
2. Respiration short; anxious, accelerated, moaning.
3. Directly after coughing the breathing becomes short, as if the chest were contracted.
4. Oppressed respiration, frequently returning.
5. *Breathing greatly oppressed; want of breath, a nocturnal asthma makes him spring up at midnight; obliged to get up and go to the window for air.*
6. *Difficult breathing with great anguish.*

4.

1. Crawling and tickling in the larynx and trachea, with dry hacking cough in the evening after lying down.
2. *The cough expels an offensive breath from the lungs.*
3. Hoarseness.
4. Frequent dry, hacking cough.
5. Dyspnoea which seems to rise from the stomach.
6. Pain in the chest when sitting, as if the chest were too full and there was not enough room in it.
7. Pain as if the chest were constricted, which arrests the breathing and is increased even on slight motion.

5.

1. He is obliged to clear his throat so often in the morning that the larynx becomes raw and sore.
2. When coughing severe, pain in the larynx and region of the thyroid cartilage, as if ulcerated.
3. Difficult breathing; fulness of the chest and palpitation on the slightest motion.
4. *Sensation of weakness and fatigue of the chest.*
5. *Severe burning in the chest, as from glowing coals.*
6. Chest very much oppressed and weak on waking.
7. Pressive pain in the upper part of the right side of the chest.

6.

1. Voice hoarse and weak; it sometimes becomes suddenly loud and clear.
2. *Hoarseness worse when coughing.*
3. *Hoarse, rough voice* with dryness in the throat; has to cough frequently and swallow often; pain in the larynx when swallowing.
4. Aphonia or confused sounds uttered with pain.
5. Cough with bloody taste in the mouth.
6. Cough commences in the evening and occurs every quarter of an hour, or oftener, in three or four fits at a time.
7. Breath hot, respiration difficult.

7.

1. Tough mucus in the trachea which is loosened only after great hacking; voice rough and hoarse.
2. Soreness in the chest after coughing.
3. Hacking cough from the upper part of the trachea.
4. *Dry cough as if coming from the stomach*, together with a crawling and tickling in the pit of the stomach.
5. Sensation of heaviness beneath the sternum extending to the right shoulder impeding respiration.
6. Deep respiration accomplished only with great exertion, with oppression of the right side.

7. Pain of a sharp kind in the left infra-mammary region; worse during inspiration.

8.

1. Respiration rapid, short, heavy, anxious, difficult.
2. Dyspnoea; it seems as if he would suffocate, mornings, in bed; he cannot get air and is obliged to sit up the whole night; worse at 5 A. M.
3. *The mucus rattles in the chest.*
4. Anxious, with oppression of the chest, and rising of warmth from the heart.
5. Oppression of the chest; chest feels full all the time; oppression of the heart.
6. Constriction of the chest; of the heart.
7. Pulse rapid, weak and trembling.
8. Palpitation of the heart.

9.

1. Very violent cough, at first dry, afterwards with profuse salty expectoration, with pain as if something had been torn loose from the larynx.
2. Cough, with expectoration during the day, but none during the night.
3. Cough in the morning with yellowish expectoration.
4. *Expectoration of mucus with a sweetish taste.*
5. Expectoration of blood, when coughing and hawking, with a rough and sore sensation in the chest.
6. Frequent need to breathe deeply.

10.

1. When walking in the open air he experiences a suffocating sensation which obliges him to cough.
2. The air passages seem constricted.
3. Cough in the evening directly after lying down; she has to sit up; afterwards contractive pain in the epigastric region and pit of the stomach, which continued the cough and made her weak.
4. Cough when going into the open, cold air.
5. Cough especially after drinking.
6. Deep, dry, short, unceasing cough, after midnight.
7. Night cough; he has to sit up as soon as the cough commences.

A NEW CURE FOR CONSUMPTION.—Dr. Caius, some four hundred years ago, when an old man tried to regain his youth by sucking the breast of a woman, he died of stone—not of old age at least. A more successful application of this remedy is reported to us by a correspondent, who says that a party who had every indication of the last stage of consumption has regained former health, and attributes it to gaining his nourishment from sucking a healthy nursing woman.—*Medical Record.*

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 SARATOGA MEETING OF THE INSTITUTE was a success in more ways than one. The attendance was very large, as would be expected when we consider that New York alone has nearly 1000 physicians, while Pennsylvania and New England have about as many more. Saratoga is a sort of eastern centre, and is, withal, an attractive place and therefore drew well, but when we find that while between 300 and 400 sat down to the banquet, only about 155 members were present to vote for officers, there are some features about the meeting that deserves attention. The address of President Runnels was an able one. It was statesman-like and practical. One good point he made was that the admission fee be reduced from \$5.00 to \$2.00, for he said that few young M. D.'s had a \$10.00 to spare to join. Why the annual dues should be collected in advance we cannot see. Many a physician would join the Institute if he could pay his membership fee and six months after pay his dues. This "annual dues in advance" we know is a bar to many, and good financial management would suggest that physicians can pay better in installments than so much at once. The advice to attempt the section plan again was sound. The papers were more than usually interesting, and the brief discussions held filled all with regret that there could not be more of this valuable interchange of experience. The new volume of transactions will be of special interest, and it is only a matter of regret that those who did not join cannot secure this valuable addition to any medical library.

It was a generous and unheard of thing to elect an absent member as president. Dr. Orme, of Atlanta, was sick but not forgotten. He will esteem the complement for himself and his Southern colleagues. Dr. Wright, of Buffalo, is his associate, while the other officers remain the same. The selection of Saratoga again as the place of meeting was a surprise, and will, no doubt, be a disappointment to the West. This move will be apt to quicken the Western Institute, which meets next year at Omaha, into new life. Perhaps this was done so as to elect an Eastern man, next year, as president.

·Socially the meeting was a success and done much to advance the cause. The camp followers, however, received less courtesy than ever before—as the side-shows always go with the circus and help to draw, the management should not forget them. To say that this meeting of the Institute was a grand success is true, still no one with half an eye and at all familiar with conventions but could see that it fell far short of what it ought to have been. Every one has his remedy. The best way to enjoy the Institute is to follow the old rule, be there, go in for a good time and take what you can get, and our word for it you will return well pleased.

STRANGULATED HERNIA.

BY E. H. PECK, M. D., CLEVELAND, O.

EDITORS INVESTIGATOR:—In June, 1886, number, Dr. J. D. George, Franklin, Ind., reports a “supposed case” of umbilical hernia where the *necropsy* failed (?) to confirm diagnosis. I have found the following method satisfactory in the reduction of strangulated umbilical or inguinal hernia: Place body and limbs in the usual favorable position, then grasp and raise the integument with one hand near the point of strangulation, while with the other steady pressure is made on the intestine near the point of its exit through the ring. The gut should be

grasped rather with the thumb, the index middle fingers, near the opening and pushed towards it. The connective tissue between the integument and abdominal muscles suffices to raise the latter and enlarge the ring.

PROGRESS OF THE MEDICAL SCIENCES.

Continued from Page 216.

The next series of symptoms relates to the brain; and the first is a remarkable drowsiness which makes its appearance without fever or other disturbance, and persists for some time. Pyrexia from any cause is enough to produce drowsiness in a child; but when the latter coincides with a normal temperature, and continues so for twenty-four to thirty six hours, it becomes a most valuable symptom of commencing brain disease; and the same holds good when the drowsiness sets in upon convalescence from fevers when the pyrexial stages are passed.

The only other conditions that can produce this apyrexial drowsiness are narcotic poisons and uræmia, but these are easy to differentiate. Another single symptom of great value in the early diagnosis of brain disease is a *very elevated incompressible anterior fontanelle*. This indicates not only increase of the contents of the skull, but also that that increase is due to something more dangerous than simple hyperæmia. It is all the more valuable when the child is wasted from any cause. When the swelling is so great as to resemble a wedge, and no trace of pulsation is present, the disease is probably either intermeningeal hæmorrhage or purulent meningitis of the convexity. The next series of single symptoms relates to the *character of the child's cry*. 1. A violent shrill cry, lasting two or three minutes, marked by anxious expression, and occurring about an hour after the child has fallen asleep, and repeated night after night, is probably due to the action of dreams on an irritable nervous system. It can be cured by the administration of a full dose of quinine an hour before bed-time. 2. A cry lasting frequently five to ten minutes, and recurring periodically several times in the twenty-four hours, indicates, more especially if dysuria have been observed, spasm of the bladder, and can be cured with a dose of Belladonna at bed-time. 3. The

cry accompanying defæcation indicates, as is well known, fissure of the anus. The author says nothing of operation for this, and recommends aperients and an ointment of Zinc and Belladonna. 4. 'A violent, almost continual cry, the hands grasping the head, which is rolled round and buried in the pillow,' in little children, indicates otalgia. 5. A cry lasting days or weeks, increased on movement, and associated with profuse sweating and fever, is rare, but may indicate acute general rickets. 6. The cry associated with chronic sleeplessness is difficult to relieve, though it frequently appears to have no ill effect upon the child's nutrition. In some cases it appears to be inherited, as one of the parents has occasionally been observed to be the subject of insomnia or hemicrania.

The next series of single symptoms have no particular interdependence. Amongst these are the following. 1. A striking collapse and immobility of the nostrils almost always indicates hypertrophied tonsils. 2. A weakness and immobility following a short illness, and out of all proportion to such a slight cause, is very frequently the first symptom of infantile paralysis. 3. A single symptom of importance, in a condition which is sometimes void of symptoms (congenital idiocy), is the habit the infant has of perpetually and automatically placing the hands in front of the face. 4. A stiffness of posture and gait, with a pained expression on changing position, is an early symptom of spondylitis. 4. Obstinate vomiting after every kind of food, and lasting for weeks, indicates, in a child whose fontanelles are closed and whose cranial circumference is large, the supervention of acute upon chronic hydrocephalus. The author, in conclusion, is careful to give the oft-repeated warning against diagnosing a disease from a single symptom—a real pathognomonic symptom being rare. He claims for his observations, where these are original, the merit of facilitating diagnosis at a stage when treatment is likely to be followed by rapid benefit.—*London Medical Record.*

The "Dry Treatment" for Uterine Disorders.—In a paper read before the St. Louis Obstetrical and Gynæcological Society, Dr. George J. Engelmann brings forward what he terms a new departure in uterine therapeutics. Preliminary to a description of his own methods, Dr. Engelmann gives an in-

teresting sketch, showing the national peculiarities of gynæcologists, so far as topical therapeutics is concerned. "In Germany," he says, for instance, "at one time the washing of cervix and vagina with strong solutions was an almost universal practice; in many clinics it was customary, whether other treatment was applied or not, to wash cervix and vagina with strong solutions of sulphate of copper, or carbolic acid, through the Ferguson speculum. In France—I am only speaking of methods which are not used here—they use the cauter, and medicated supports to the uterus; the thermo-cauter also is a speciality in French gynæcology; a common usage is to apply a remedy in a small semicircular bag made of muslin or mosquito-bar, which at the same time serves as a support for the uterus. This country is peculiar in its use of nitrate of silver and iodine, though in England it is used in a similar way, but by no means as freely and as commonly as here."

Dr. Engelmann's new department consists essentially in the use of medicated absorbent cottons, with or without the addition of a powder-blower or gelatin pencils. The medicated tampons have the advantage, we are told, of giving support to the uterus, of acting continuously and evenly, and of being cleanly. The tampons may also be made of jute, and perhaps the best combination is a medicated jute tampon covered with a layer of the softer cotton. The powders used are those of alum, bismuth, tannin, salicylic acid, iodoform, and zinc. Next after these in value are the gelatin or iodoform pencils. The cotton or jute used is medicated with iron, boracic acid, alum, tannin, iodine, and other substances.

By the use of the powders or pencils and tampons, in endocervicitis, erosions, and other chronic uterine troubles the profuse discharge is often checked very promptly, and a healing process set in action. Dr. Engelmann does not recommend the glycerin tampons which are considerably used in New York. His "new treatment," though a good one, is not, we venture to say, very new; something very much like it—*i. e.*, the use of powder and cotton tampons—was, we believe, at one time quite the routine practice in Vienna. In New York also cotton tampons medicated with alum and other powders have been used for six or more years.—*Medical Record.*

The Management of Placenta Prævia.—Dr. Malcolm Mac-

Lane offers the following rules as those which should best govern the treatment of placenta prævia:

First.—In any case avoid the application of all chemical styptics, which only clog the vagina with inert coagula, and do not prevent hemorrhage. At the very first, the patient should be put in a state of absolute rest,—body and mind,—and a mild opiate is often desirable at this stage to quiet irritation.

Second.—Inasmuch as the dangers from hemorrhage are greater than all else to both mother and child, at the earliest moment preparations should be made to induce premature labor; and labor being once started, the case should be closely watched to its termination by the accoucheur.

Third.—In primiparæ, and mothers with rigid tissues, the vagina should be well distended, by either the colpeurynter or tampon, as an adjuvant to the cervical dilatation.

Fourth.—In the majority of cases generally, and in all cases especially where there is reason to believe that rapid delivery may be required, it is more safe to rely upon the thorough continuous hydrostatic pressure of a Barnes's dilator than on pressure by the fetal parts.

Fifth.—Where the implantation is only lateral or partial, and where there is no object in hurrying the labor, bipolar version, drawing down a foot, and leaving one thigh to occlude and dilate the os, may be practised according to the method of Braxton Hicks, except in cases where the head presents well at the os, when

Sixth.—The membranes should be ruptured, the waters evacuated, and the head encouraged to engage in the cervico-vaginal canal.

Seventh.—In the majority of cases, podalic version is to be preferred to application of the forceps within the os.

Eighth.—In some cases, in the absence of sufficient assistance or the necessary instruments, the complete vaginal tampon, in part or wholly of cotton, may be applied and left *in situ* until (within a reasonable time) it is dislodged by uterine contractions and the voluntary efforts of the mother. In case of favorable presentation,—occiput or breech,—the tampon will not materially obstruct the descent of the child, and in some cases the tampon, placenta, and child will be expelled rapidly and safely without artificial assistance.

Ninth.—The dangers of septic infection by means of the tampon or india-rubber dilators are so slight, if properly used, as not to be considered as seriously impairing their great value.

Tenth.—Whenever it is possible, dilatation and delivery ought to be deliberately accomplished, in order to avoid maternal lacerations.

Finally.—As cases of placenta prævia offer special dangers from post-partum hemorrhages, septicæmia, etc., the greatest care must be exercised in every detail of operation and nursing, to avoid conveying septic material to the system of the mother.

Absolute cleanliness, rather than chemical substitutes for that virtue, should be our constant companion in the practice of the obstetric art.—*Am. Journ. Obstetric.*

MEDICAL ADVICE WANTED.

I should like to receive some advice from the medical fraternity relative to my own health. One year ago last Feb. (or Feb. 1885) I met with an accident. My head was caught in an elevator of a store and came near being crushed. It was pressed hard on the forehead and occiput, but no fracture of the skull. It made me sick for about two weeks. Arnica and Hyos. was used internally and Arnica wash externally, and I soon felt all right. But ever since the hurt my head (in those parts) have felt more sensitive to cold or heat than any other part. Last March, when it was quite cold weather, I took a severe cold which settled all over me. Congestion of the head and neuralgia became quite severe and these affected parts became painful. I did not take to my bed wholly, but partially. The congestion and pain in the head finally passed off by medication, but caused a good deal of nervous prostration and some sleeplessness; and for a time I could neither read nor write, yet was up and about. The back part of my head now feels too warm in the forenoon, and confused. The mind is sometimes gloomy and there is more or less vertigo, and these spells come in the forenoon from 8 to 10, and also before a rain storm and every change of the moon. My head feels all right except when these spells come on. My appetite is fair, bowels regular and I sleep well at night generally. Before arising in the morn-

ing I feel well as ever, but soon after rising and walking about I feel a faint trembling sensation all over, and then more or less vertigo; and sometimes it troubles me about walking and especially when on the street. At these times my head feels too light and large and my head too weak and heavy, and sometimes I feel like tumbling over. When my stomach is empty I feel the worst. After my breakfast I feel better and can walk better, but I always feel better in the afternoon. I have no particular urinary trouble, only the urine is rather high colored and smells rather strongly of uric acid. There is some albumen in it, and after standing it has a slight oil like scum on it. The greatest trouble with me now is a general nervous weakness (not a trembling) and more or less vertigo, and this is in the fore part of the day. I have used the following remedies singly and in the following order and potency: *Arnica* 3x and 30th; *Bry.* 3x and 30th; *Can. ind.* 3x; *Igna.* 3x and 30th; *Nux v.* 3x and 30th; *Puls.* 3x and 30th; *Rhus tox.* 3x and 30th; *Sulph.* 3x and 30th; *Zincum* 6x and 30th. A dose every three hours. *Bry.*, *Nux v.* and *Rhus* have done the most good. But now there is a standstill of medical action. I am 5 feet 10 inches high, weigh 160 lbs., blue eyes, light brown hair, a partial blond, fair in flesh; never used any *tea, coffee, tobacco, beer, wine, whisky, etc.* Always careful of dietetic rules. Am about my daily medical practice (which is not hard) but some days it is hard to keep about because of general debility and vertigo. Will some one or more of the medical fraternity tell me what the disease is, and the remedies and the potency, etc., and oblige. K.

[Would suggest *Hypericum* and galvanism from nape of neck to stomach and sacrum.—T. C. D.]

KENTUCKY HOMŒOPATHIC MEDICAL SOCIETY.

An enthusiastic meeting of the Homœopathic physicians of Kentucky, was held at Lexington, on July 14, for the purpose of organizing a state society. Over twenty were present and letters and telegrams regretting inability to attend were read from nearly as many more. Dr. G. M. Ockford, of Lexington, called the meeting to order promptly on time, and presented a draft of Constitution and By-laws which, with some modifications, were adopted, and in a short time the convention became the "Kentucky State Homœopathic Medical Society," and its first officers were elected as follows: President, Dr. J. A. Lucy, Georgetown; Vice-President, Dr. Geo. M. Ockford, Lexington; Recording Secretary, Dr. S. M. Worthington, Versailles; Corresponding Secretary, Dr. C. P. Meredith, Eminence; Treasurer, Dr. Jas. A. Van Sant, Mt. Sterling; Censors, Drs. A. L. Monroe, Louisville; H. C. Kasselmann, Midway, and O. H. Buck, Paris.

Auditors, Drs. Jno. T. Van Sant, Paris; H. C. Keho, Cynthiana, and W. M. Dougherty, Corinth.

Chairmen of the various Bureaus were appointed as follows: *Materia Medica*, Dr. A. L. Monroe, Louisville; *Clinical Medicine*, Dr. J. C. Welch, Nicholasville; *Obstetrics*, Dr. T. H. Hudson, Frankfort; *Gynecology*, Dr. W. M. Dougherty, Corinth; *Surgery*, Dr. M. Dills, Carlisle; *Pædology*, Dr. H. Bewlay, Lexington; *Sanitary Science*, Dr. O. H. Buck, Paris.

The society is organized for work, and every member present expressed his determination to make it an effective organization. With those present and accounted for the society starts off with a membership of from thirty to thirty-five, or about one-third of the Homœopathic physicians in the state. After transacting other routine business an adjournment was had until the third Wednesday in May, 1887, when a two day's session will be held.

NEW BOOKS.

A MANUAL OF SURGERY. In Treatises by various authors. In three volumes, edited by Frederick Treves, F. R. C. S., Surgeon to and Lecturer on Anatomy at the London Hospital. Vol. I. General Surgical Affections, The Blood-vessels, The Nerves, The Skin. Vol. II. The Thorax. The Organs of Digestion. The Genito-Urinary Organs. Vol. III. The Organs of Locomotion and of Special Sense, The Respiratory Passages, The Head, The Spine. Duodecimos, 1066 pages, 213 engravings. Per volume, cloth, \$2. Philadelphia: Lea Brothers & Co. Chicago: Duncan Bros.

These volumes are nicely gotten up and contains a vast amount of knowledge that every student and practitioner ought to know. No physician can know too much of surgery.

SURGICAL DISEASES OF THE KIDNEY, by Henry Morris, M. A., M. B., F. R. C. S., Surgeon to and Lecturer on Surgery at the Middlesex Hospital, London. 12mo. 555 pages, with 6 chromo-lithographic plates and 40 engravings. Cloth, \$2.25. Philadelphia: Lea Brothers & Co. Chicago: Duncan Bros.

Perhaps not one of these clinical manuals will interest the practitioner more than this one will on "Surgical Diseases of the Kidneys." Every one should know all about the kidneys.

THE SURGICAL DISEASES OF CHILDREN, by Edmund Owen, M. B., F. R. C. S., Surgeon to the Hospital for Sick Children, Great Ormond Street, London. 12mo. 585 pages, with 4 chromo-lithographic plates and 85 engravings. Cloth, \$2. Philadelphia: Lea Brothers & Co. Chicago: Duncan Bros.

This volume is one of a series of clinical manuals for practitioners and students. Those who want to know about surgical diseases of children should buy this book.

FIFTEENTH ANNUAL REPORT OF THE STATE HOMŒOPATHIC ASYLUM FOR THE INSANE AT MIDDLETOWN, N. Y.

We have received this annual report from our good friend Dr. Seldon H. Talcott, who is Medical Superintendent of this Institution. This report is nicely gotten up and every physician should send to Dr. Talcott for one and read it carefully. Let every Homœopathic physician move in the right direction and we will soon have control of more of these Institutions.

PROCEEDINGS OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION FOR THE YEARS 1884 AND 1885.

These proceedings contain some good papers from good men in our ranks. As the readers of these proceedings must be necessarily small, we think it wrong that these men should hide their "candle under a bushel." President Foot's address is a good one.

ETHICS OF FEMALE STERILITY, By A. Reeves Jackson, A. M., M. D.

This is a reprint from the *Physician's Magazine*, Vol. 1, No. 3, of Philadelphia.

THE PRINCIPLES AND PRACTICE OF SURGERY. By Prof. J. Ashhurst. Philadelphia: Lea Bros. & Co. Chicago: Duncan Bros.

This is a fourth edition of a valuable text-book on surgery, written by a professor of the high-toned university of Pennsylvania. It is here brought up to date, is thoroughly revised, and is a model in its way.

INORGANIC CHEMISTRY. By Profs. Frankland & Japp. Philadelphia: Lea Bros. & Co. Chicago: Duncan Bros.

This is a voluminous work of about 700 pp. Both authors are professors of chemistry in the Normal School of Science London. This is one of the best works on the subject that we have seen. It is up to date and very exhaustive. An invaluable work to anyone who wants to become an adept in chemistry.

THE MINNESOTA MEDICAL MONTHLY is the name of a new journal hailing from Minneapolis, and Thos. Gardiner as publisher and several names as editors. It is bright looking and well gotten up, and every physician in the west should subscribe for it. The price is \$1.00 per year. A discount will be given to those taking this journal and **THE MEDICAL INVESTIGATOR** together.

MEDICAL NEWS ITEMS.

Partnership.—Dr. H. Z. Landis has formed a partnership with Dr. E. Lipincott, of Memphis, Tenn.

Died.—G. W. Brigham, M. D., of Grand Rapids, Mich., died very suddenly of heart disease, at Roger's Park, Ill., June 21.

The Semi-Annual meeting of the Homœopathic Medical Society of the State of New York will be held at Niagara Falls, Sept. 7 and 8, 1886. A large attendance and a good time is expected.

Married.—At the Grand Avenue Congregational Church, Milwaukee, June 24. Dr. Harry W. Danforth to Miss Lizzie Whitehill. Both are very popular in local social circles. We wish them much joy.

At the residence of the bride's parents, 10 Warren Avenue, June 22, 1886. Dr. G. T. Washburn to Miss Marian Foster, eldest daughter of Prof. and Mrs. R. N. Foster. May they live long and prosper.

Removal of Ovaries.—Dr. Knowsley Thornton reported to the Obstetrical Society of London a case of removal of both ovaries during the third month of pregnancy. The woman went on to the eighth month, when she was delivered of a healthy child, which she found no trouble in nursing.

New York Ophthalmic Hospital.—The course of instruction is open to all physicians and students of medicine. The advantages for clinical instruction in diseases of the eye and ear offered by this institution are unsurpassed by any in this country. For particulars address Henry C. Houghton, Dean, New York.

The Kansas State Homœopathic Society.—The following officers were elected for the ensuing year: President, Dr. G. H. T. Johnson, Atchison; Vice President, Dr. L. Alard, Seneca; Recording Secretary, Dr. P. Dietrich, Kansas City; Corresponding Secretary, Dr. H. W. Roby, Topeka; Treasurer, Dr. W. Greffin Girard.

The Western Academy of Homœopathy.—The officers of this society for the ensuing year are: President, Dr. C. H. Goodman, of St. Louis; Vice President, Dr. C. M. Dinsmoor, of Omaha; Secretary, Dr. C. J. Burger, Booneville, Mo., Provisional Secretary, Dr. J. H. Miller, Abingdon, Ill.; Treasurer, Dr. G. W. Foote, Galesburg, Ill. Omaha was chosen as the place of next meeting.

Lady Doctors.—The Scottish College of Physicians and Surgeons (of Edinburgh and Glasgow) have just decided to throw open to women their Conjoint examinations and "tripple qualification" in Medicine, Surgery and Midwifery. Nine of the nineteen licensing bodies in Great Britain are now open to female medical students.—*Medical Record.*

The ever busy Doctor.—Within the last few days we have received several letters about as follows: "If I owe you anything draw on me through the bank. I have forgotten how I stand on your books; too busy to look it up." This way of paying accounts we learn is becoming very popular. The bank collects the accounts and in that way gets acquainted with the doctor and after a little employs him.

Oxygen.—We have made arrangements so we can give the physicians a chance to use this great remedy at a much less price than has ever been offered before. It is put up in four ounce bottles with full directions. Price to physicians 75 cts. each. The inhaler also costs 75 cts. It can be used in the office or given to the patient to take home and use, as the physician thinks best. All orders cash or C. O. D. DUNCAN BROS.

Chicago to Saratoga Springs.—No one who took this trip can soon forget it. When we arrived at the depot that Sunday afternoon we found several jolly doctors and our genial friend Mr. Whitman, General Western Passenger Agent of the Niagara Falls Short Line waiting for us with a fine new sleeper which he said would be run right through without change, every one was delighted. The trip was made in good time and everything done to make us enjoy it by the attendants. If you are going east always take the Niagara Falls Short Line.

Dakota Homœopathic Medical Association.—The third annual meeting of the Dakota Homœopathic Medical Association was held at Ashton, June 1st and 2d, 1886. The attendance was very fair and an unusual interest manifested. The Association was organized and articles of incorporation have been filed with the territorial secretary of state. The following officers were elected for the ensuing year:—President, Dr. M. H. Chamberlin, Pierre; 1st Vice-prest., Dr. F. A. Remington, Woonsocket; 2d Vice-prest., Dr. C. C. Huff, Huron; Secretary, Dr. E. W. Murray, Redfield; Treasurer, Dr. I. M. Westfall, Watertown. The next meeting will be held at Watertown the first Tuesday and Wednesday in June, 1887. Among the interesting papers read were, a paper on "Ante-Partum Hæmorrhage," by Dr. M. H. Chamberlin, a thesis on "Medical Ethics," by Dr. M. L. Reed, and a clinical paper on "Herniotomy," by Dr. E. W. Murray. The Association is now thoroughly organized upon a sound basis and confidently expects to date a continuous era of prosperity from this time.

International Homœopathic Convention.—I have now to announce that, after further correspondence with our Belgian colleagues, I have—in deference to their wishes—abandoned Brussels as the scene of our gathering. This city was chosen mainly for the sake of the Homœopathists of the Continent of Europe; and in selecting Basle (Switzerland) as its substitute, I trust I have provided them with a rendezvous not less central and accessible, while those of America and Britain will not grudge a little extra traveling for their sakes. I give notice, therefore, that our third quinquennial International Convention will be held at the above place on Tuesday the 3d, Wednesday the 4th, and Thursday the 5th of August next; the first day to be devoted to general considerations bearing on Homœopathy, the second on *Materia Medica*, the third on *Clinical Medicine*. There will also be a short business meeting at 8.30 p. m. on Monday, for election of officers and adoption of rules of proceeding. Sectional meetings can be arranged for, at the discretion of the members, during the hours left vacant by the general sessions. R. HUGHES, P. Secretary.

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VALUABLE HINTS IN SURGERY.

BY M. L. REED, M. D., ASHTON, DAKOTA.

Read at the Dakota Homœopathic Medical Association.

In writing this short paper on surgery it has not been my intention, neither have I had the time to produce an elaborate essay on the subject, nor to discuss any particular disease or injury at length, but simply to offer a few ideas and suggestions to the members of this association on certain matters that I believe are to an extent neglected, and not enough importance attached to them. We, as Homœopathic surgeons, should take special pains to educate and skill ourselves in this important branch of our profession. It is a fact well known to all of us, that Homœopathic physicians are looked upon by many people as being poor surgeons. Of course we know that this idea of the people is false, and is due largely to the misrepresentations made by the old school that Homœopaths know but little about surgery, and that *they* are the sole proprietors of the surgical art, and that the only claims that we hold is the one idea of similia. Nevertheless the opinion is prevalent to some extent, and we should feel it our duty to make every effort to overcome this erroneous idea. And I believe the opinion is rapidly dying out since the laws have recognized Homœopathy so favorably and placed some of the best hospitals in the country in our charge. Figures won't

lie, and the statistics from these institutions as compared with those from hospitals under allopathic control are so wonderful not only as they refer to medical treatment, but in surgery our mortality is considerably less. These results are opening the eyes of the public and they are changing their false ideas on this subject. But there are duties which involve on each one of us as individuals to help overcome this false impression.

First, I wish to impress upon the minds of every physician and surgeon present the importance of keeping plenty of books, better medical and surgical libraries, and more surgical instruments, at least enough to meet all cases of emergency. Our success, and hence our professional reputations, depend largely upon them. They do more to advertise the physician and surgeon than all the professional cards and local puffs that your editor can publish for you. Many people forget that we have attended lectures, passed satisfactory examinations, and are supposed to have a thorough knowledge of diseases and their treatment in our heads. And unless we have a display of medical books and surgical instruments at our command they take it for granted that we are not posted. And then it matters not how much a physician may know he will forget, and unless he has books to refresh his memory and add to his store of knowledge, he soon loses that implicit confidence, that he is abreast with the times, which contributes so much to success. How often has this remark been heard, "He is a close student, has a good library, and we have confidence in him." "He has in fact the best library and the most surgical instruments of any doctor in town." "He is a careful, sensible and progressive man," etc., etc.

A library is a synonym of extensive and profound knowledge, and plenty of surgical instruments and appliances is to the surgeon a synonym of the practical application of that knowledge, so to the best minds in any community a library speaks volumes for a professional man. "He ought to know; he has books enough," is the confident comment. How often have we seen an able surgeon take a book from his voluminous library and tell his patient just the operation he proposed to perform, wherein he would differ, and the opinion of leading men on the question. That showed knowledge, caution, good judgment and originality. Success under such circumstances

was assured. A good library and plenty of surgical instruments are worth their weight in gold to any physician. They both bring and retain a great deal of practice that otherwise would go to some other doctor better equipped. In emergencies they are indispensable, and these are the cases that test the skill and knowledge of the surgeon. For instance, one of your patrons gets an arm crushed and you have no amputating set, or instruments. You are called upon suddenly to perform tracheotomy and you have no canula or tube. Your patient gets a fish-bone or other substance lodged in his throat, and you have no instruments with which to remove it. A person gets poisoned and you have no stomach pump or cyphon, which would, if used in time, save his life. Your patient is suffering with intense pain and cannot retain medicine on the stomach, and you have no hypodermic syringe to administer your medicine to ease his excruciating pains. You are called to attend a gunshot wound and have no probe or proper forceps with which to find and remove the ball. Your patient has sustained a hernia and you have no truss handy. Your patient receives a fracture of the skull and you have no trephine, the face or scalp is tore and you have no surgeons' needles. He has retention of urine and you have no catheter. Your patient is suffering with stricture of the urethra or rectum and you no bougies or dilators with which to treat it. You are called to attend a case of miscarriage with retained placenta and you have no uterine dilators or placenta forceps. You are required to examine a lady patient for ulceration or other disease of the womb and you have no vaginal speculum; she has a uterine polypus and you have no polypi forceps. You are attending an obstetrical case and find the head impacted and you have no obstetrical forceps, and in case they were not sufficient you have no craniotomy instruments. And I could go on here and name a hundred more instances of surgical emergencies that a physician is called upon to meet without a moment's notice or time in which to make preparations, and in case he is unable to apply the proper treatment in any of these cases it is not only a matter of great chagrin and embarrassment to both the surgeon and patient, but the patient is liable to die for want of skillful treatment, and if he should be so fortunate as to get well, you can depend on it, that he will never employ you

again, and you will be lucky if he doesn't sue you for malpractice. In a great many surgical cases a surgeon has time to read up some and time to borrow or buy the necessary instruments and appliances with which to treat his case or to call counsel, but I believe it is our duty to keep, at least, instruments enough to meet these emergencies.

It would be well for each one of us to procure, unless we already have it, a good work on surgical emergencies and poisons, such as Gilchrist's or Swain's valuable works. Each emergency is treated in a short, precise manner, and we should look them over and refresh our memories at least three or four times a year, and then we will be prepared to treat scientifically every case that we are called to.

Another hint I will offer is that we procure an antidote to every poison that people are liable to take through accident or otherwise, and keep them labeled in our offices where they will be ready at a moment's notice.

Another suggestion is that we pay more attention to surgical landmarks, such as lines, eminences and depressions, which are guides to or indications of deeper-seated parts. This practice is not only useful, but absolutely necessary. None of us are as ready as we ought to be in our recognition of parts when covered with skin.

Students who may be familiar enough with bones, muscles, blood vessels, nerves and viscera in the dissected subject are often sadly at fault when they come to put this knowledge into practice. For instance, ask a student to put his finger on the exact place where he would feel for the head of the radius, the coracoid process of the scapula, the tubercle of the scapula bone in the foot. Ask him to compress effectually one of the main arteries, to chalk the line of its course, to map on the chest the position of the heart and its valves, to trace on the chest the outlines of the lungs and plura, to point out the bony prominences about the joints, and their relative positions in the different motions of the joints. Let him introduce his finger into the several orifices of the body and say what parts are accessible to the touch. Questions, such as these, are required to be answered almost daily by the physician and surgeon, and where is one of us who would not find himself at a loss to answer. My object in offering this suggestion is to induce in

physicians the habit of looking at the living body with anatomical eyes, and with eyes at his fingers' ends. The value of this habit cannot be too highly estimated. It is very important that the surgeon should, in operating, have in his mind's eye the various structures of the body as they lie grouped, connected and working together, and see them with a clearness and accuracy as if they were transparent.

Moreover, the habit of examining the body with anatomical eyes and surgical fingers teaches the eye and hand to act together and trains that delicate sense of touch which every surgeon should possess. In conclusion, I wish to urge the importance of making more thorough examinations of our patients, both medical and surgical, for I am convinced that in many cases by jumping at conclusions and neglecting to make proper examinations, our diagnosis being wrong, we fail to cure or relieve our patients, and do an injustice to Homœopathy, besides losing money and reputation for ourselves individually. In no place is this fact better illustrated than in the diseases of the womb and rectum. These diseases are so numerous and complicated that it requires careful local examinations in order to diagnose them correctly. In female troubles we are too apt, either from delicacy or to save time, to call them simple leucorrhœa, female weakness, slight inflammation, falling or tipping of the womb, when, in fact, if a thorough examination of the parts through a speculum was made, would reveal a polypus or ulceration in some of its stages, or if our original conclusion *was* right, we would have at least the satisfaction of knowing that we are treating the right trouble. The same can be said in regard to diseases of the rectum. Everything is called piles, and a little *Æsculus* or *Nux* and some astringent lotion is prescribed, and the patient is left to the good will of Providence. When, if we were to do as we should, insist on an examination with the finger and speculum, we will find in many cases that the trouble is a fissure, stricture or irritable ulcer instead of piles, and all the astringent lotions and *Nux* in the kingdom would not cure them. I have several cases in my mind now where mistakes in diagnosis were made for want of proper examinations. One in particular, a man aged about forty came to me a few years ago saying that he had been suffering for over a year with something, he didn't

know what. Had been treated by several doctors without benefit. Some called it internal hemorrhoids, some inflammation and enlargement of the prostate gland, etc., etc. He had been to Buffalo, N. Y., to that cure-all institution for about two months, but had received no benefit. I asked him if they had examined him internally, and he said no one had ever examined him locally except with the finger. I saw where the mistake had been made and proceeded to examine him thoroughly with a rectal speculum and I found two irritable ulcers at the internal sphincter, each about the size of a silver ten-cent piece. The surrounding membranes were considerably thickened and inflamed and very sensitive. Pressure upon the prostate gland produced extreme pain by its pressure upon the rectum, and that was the reason other physicians had diagnosed it inflammation of the prostate. Physicians in charge at Buffalo had neglected him and hence their failure to discover the true disease. In a month's time I had my patient in a very comfortable condition and soon after cured him entirely. And I never had a case since I began practice that gave me more satisfaction to cure, nor one that ever gave me more credit in the eyes of the public, and all because I was so inquisitive and impertinent as to insist upon a thorough examination.

Hoping that these few hints may be of some interest to you and bring out a discussion on some of these thoughts, I am most respectfully your obedient servant.

“NEW FACTS IN GYNÆCOLOGY.”

BY P. J. M'COURT, M. D., NEW YORK.

In response to your kind request for another article from my pen I am only able at present to offer the correction of a probable error contained in my second article, entitled “New Facts in Gynæcology,” in your journal, Vol XIX., page 280, paragraph 11, which reads: “The treatment may be continued when necessary, with such precautions as will be obvious to every intelligent physician, during the first four months of pregnancy with perfect safety,” etc.

Having found, with regret, an exception to that apparent rule, I desire to recede from the position there assumed, and

to advise that local treatment (especially that which has been taught by me) be not applied during any stage of uterine gestation—except in cases of *persistent* vomiting, displacement or local inflammation, and then only once, or at most three times, which, with rest, should suffice to correct any of these conditions.

The exception referred to is both instructive and interesting, and goes to show, first, that we cannot be too cautious in arriving at conclusions; and, secondly, that we have yet no absolute proof of the pregnant state during the first sixteen weeks. I had no reason to suspect the presence of that condition, and nearly every reason to doubt it—hence observed no special precautions. The patient had been married five years without the occurrence of conception to her knowledge; the os and cervix were *not* soft, but decidedly hard, the cervix being slightly elongated and deeply ulcerated above, the hæmorrhage from which may have simulated menstruation, as she assured me that that function was nearly regular. Changes (objective and subjective) in the breasts and abdomen, gastric disturbance, violet color of the vagina, globular shape of fundus uteri, and other symptoms usually considered diagnostic (correctly, agnostically, from *agnoes*, to be ignorant, passive; neither asserting or denying) were absent. Yet conception had occurred, as we soon ascertained, with surprise and regret, for, like the best of wives, she was anxious to be a mother, and now rejoices in that prospect. Whether the diseased condition of the uterus would of itself have caused the organ to shed untimely fruit, is a question which I am still unable to determine.

I have not entered into these details either to justify or to extenuate my blunder, for I seek to evade no just responsibility here or elsewhere; but to remind others how easily we may be led astray, and to aid them in guarding against my error. Hence, I again advise that the gravid uterus be left alone, and that in all cases of doubt, topical treatment, even the most mild, be postponed until time shall have solved the problem for us.

Let me add, in reply to professional inquiries which still come to me, that with the single exception herein made, I can conscientiously reaffirm every word and syllable contained in

my previous articles upon this method of treatment. Increased experience has only served to demonstrate that the system can achieve more than I ever claimed for it, and my most earnest desire is to see it generally adopted during my lifetime.

CASES FROM PRACTICE.

BY DRS. G. P. & A. S. BENNETT, SIOUX FALLS, DAKOTA.

Read at the Dakota Homœopathic Medical Association.

CASE I. Mr. S. called March 20, 1885, for aid for his son aged eighteen years, and gave the following history: The young man had been ill three months with a persistent diarrhoea. For first month he took various mixtures compounded by the druggists, then placed himself under the care of an old school physician. For the past ten days the patient had been unable to void his urine, which had to be taken with the catheter twice each day, the continued use of which had set up a high grade of inflammation in the bladder and urethra. With this was contraction of the pupils and hardness of hearing, as well as slow and difficult speech. He was confined to his bed and greatly reduced. The father had no knowledge of Homœopathy, but wanted *help*, as he apprehended the boy must die. To overcome the paralysis caused by the long-continued use of opium in the old school diarrhoea mixtures, I gave him nine small powders of Atropine 4x. For the vesical and urethral inflammation Aconite 3x and Cantharis 3x, alternately. In one week all difficulty had disappeared and patient on his feet. A few weeks later the young man came to my office complaining of the diarrhoea again, lasting now three days. Questions elicited the facts that he had been so troubled, at intervals, all his life; that, so long as he could remember, he had been annoyed with a "bad breaking out," especially on his face, and that his mother had been similarly afflicted. Diarrhoea, very changeable in its character, no thirst, much better (sensations) when out in the open air, aversion to fats—worse early in the morning, driving him out of bed—burning in soles of feet and palms of hands, heat of scalp, hunger at 10 A. M., faint, empty feeling in stomach, with hot flashes. Gave Sulphur 200x and Pulsatilla 200x on No. 25 pellets, six at a dose, one in the

morning, the other at night. In three days the diarrhoea was controlled and no further trouble experienced for more than a year. The eczema was also greatly benefitted by the prescription. Two months later prescribed again for the latter. The eruption was moist, oozing a sticky fluid, which formed crusts, itching and bleeding on scratching, restless nights. Prescribed Graphites 200x and Rhus tox. 200x, one dose of each a day, and the whole trouble disappeared.

CASE II. Called to a distant town to treat some severe cases of diphtheria in the last days of June. I was consulted by Mrs. S., housekeeper, aged thirty-four years, mother of two children, the youngest six years old—blonde, bordering on the florid. Gave this history: Family scrofulous. Had been, until a few years back, very strong and robust, weighing over two hundred pounds, and doing with ease the work of a farmer's wife. For five years had been troubled with a cough, at first but a dry hack, with little inconvenience, but for two years had failed rapidly, until in the present condition, *greatly* emaciated, stooping and feeble, loud rattling breath, sounding as if some one was crumpling tissue paper, constant, distressing cough, expectorating large amounts, which tasted sometimes salty, sometimes sweet and often "vilely nasty." The sputa dropped to the bottom of a vessel of water almost like lead and looked like large spoiled oysters. Breathing short and difficult, panting on the least exertion, appetite gone, profuse night sweats, chills in the morning and hectic fever in the afternoon. She had undergone critical examination by several physicians, all of whom had pronounced it tuberculosis, with large cavities in the lungs. Believing her in an advanced stage of consumption, and her death warrant signed and sealed by that dire foe, I did not subject her to the nervous strain of an examination, but accepted without question the verdict of those "gone before," for which I have always been sorry. I found burning palms and soles, great heat on top of the head, faint, empty feeling at ten or eleven A. M., relieved by eating just a mouthful of food, hot flashes, followed by sweat and faint sensation, must have the room thrown open or be fanned. Worse in the morning, alternate constipation and diarrhoea. Having no high potencies with me, I gave her Nux vom. 6x, a powder three times a day, promising to send her something

more when that no longer benefitted her. Two weeks later she wrote that her bowels were more regular and she had felt better in the morning, but for a few days was losing ground again. I now sent her four doses of Sulphur 6m, to be taken one each morning, and an ounce of pellets moistened with *alcohol* to follow, three doses a day. I freely confess I did this without a grain of actual hope. What was my surprise to receive from her in November a letter with a \$5 bill and much gratitude enclosed. She said: "Those powders, with the *tiny* pills in them, did not seem to help me, but in a week after I began the *larger* pellets I saw I was surely better, and I have constantly gained since in all that makes life desirable—health, strength, hope and courage. Have gained over thirty pounds in weight; have splendid appetite and do my own work with aid of my little girl. Thanks to you, and Homœopathy, I consider myself as practically a well woman." I have never seen her since, but hear from others that she is as large and well as ever, and has since become the mother of a fine large boy.

Query.—First. Did she have consumption? Second. Should we ever grow discouraged or faint hearted?

CASE III. Mrs. B., housekeeper, blonde, large, robust—a near neighbor who had been very ill with typhoid fever—treated by a woman who was a "home made" doctor with case and domestic manual. On the thirty-fifth day Mr. B. called me to see the case. She had had three large hemorrhages from the bowels in as many days, without change of bedding or clothes; had been allowed to eat boiled pork, cabbage and doughnuts, and I found the doctor there with a piece of cheese, because "she wanted it so bad." Temperature $103\frac{1}{2}$, pulse 110. Constant muttering and delirium, face pale, but looked about the eyes as if drunken, great thirst, drinking large quantities, lying very quietly, however. The doctor said she had had many remedies and was now on Puls. and Bell. I saw little encouragement, but assumed charge, directed bathing and change of bed. Then calling her attention I asked her what hurt her. She responded "nothing." "What worries you so?" "Nothing but that miserable Matt" (her husband). "What has he done?" "Well, I've been lying here for weeks all in pieces. I've begged him often to put my feet, on and my head, too, but he just laughs." Baptisia 1x, six doses, did

away with all that and relieved both family and patient. Her hips were covered with deep sores, but care and bathing soon caused them to begin a kindly healing. On Bry. 3x, with an occasional dose of Coffea 2c, she was very comfortable until the forty-second day, when a beautiful crisis came—long sleep, perspiration and free flow of urine, and an immediate lowering of temperature and pulse to almost normal point. I forbade visitors, gave China and prescribed diet and left. Her appetite was ravenous. I ordered mutton broth, beef tea, milk, or egg nog in small quantities and at short intervals. Ten days passed and permission was asked and granted for her doctor to call. He came and brought the class with him and had communion service. A neighbor had sent her a bowl of *chicken* broth, rich, nicely seasoned and good. She begged so hard that it was fed to her with crackers. Monday morning I was summoned in haste. Mrs. B. was worse. I found diarrhoea with involuntary passages, temperature 104, pulse bounding, face red and bloated. "It was all that chicken broth. I felt it all the way through me," she said, and then came the history of the previous day. Mr. B. thought it the same as *mutton* broth. No use to find fault now. Phos. 3x and Bell. 3x. Fifty-third day, diarrhoea better but pain in ilio-cæcal region, much tympanitis and gurgling, temperature 104, pulse 130. Verat. vir. 1x and R. t. 3x. Fifty-fourth day, violent hemorrhage from bowels, lasting at intervals to the fifty-eighth day. Temperature ranging from 102 to 103.5, then collapse. Nit. acid 3x and Hamamelis, five drops internally and applied externally hot. Fifty-ninth day, very low, muttering and picking, sinking in bed, involuntary discharges of fæces and urine. Muriatic acid and V. v. 2x.

The case seemed to slowly go down in spite of my best efforts—sores grew deeper, ears sore and cankered, lips and mouth full of ulcers, stolid like a log, but could not take away Verat. vir. no matter what was indicated, as the arterial excitement seemed fit to kill her until the sixty-ninth day. Sixty-ninth day, heard in the morning from a neighbor "that Mrs. B. was *mortifying*." I was greatly driven with work and thought if it was so I could do no good, and if it were a rumor I would know it at 4 P. M., my time for call. I found her with about no pulse, temperature in axilla 104½, constantly

sinking in bed, ulcers black and ugly, an indiscribly foul odor from perspiration, breath and excrements; wrists and breast covered with petechiæ in small and large spots. On the hips spots as large as tea plates were almost black they were so purple, the ulcers in them gangrenous and foul. I said, "it's no use," but prescribed Arsenic. On my return home I described her condition to Dr. G. P., and he suggested Lachesis. I returned to the house and found the eyes yellow and aggravation of delirium or restlessness after *sleeping*. The tongue had been paralyzed for days. Gave Lachesis 10x once an hour. Seventieth day, contrary to my expectations Mrs. B. was still there and no worse, except that the petechial spots were larger. Lachesis continued. Seventy-first day, no change, but *thought* the odor more endurable. Seventy-second day, temperature 102.5, pulse stronger; less odor. Seventy-third day, petechial spots fading, some intelligence, but desperately weak. Lachesis. Seventy-fourth day, improvement continuing; temperature 101.5. Seventy-fifth day, improvement continuing; speaks weakly; temperature 100. China. Improvement was slow, but sure to complete recovery. Patient had two tablespoonfuls of strong beef tea once in two hours after the fifty-second day until the eightieth day, then added milk, soft white of egg, broths, etc. The tendons of the knees were drawn and shortened by long lying with them flexed, but bathing, friction, electricity and patience has straightened them and she is now quite well and cares for her family.

THE USE OF AN ABDOMINAL BANDAGE IN THE SECOND STAGE OF LABOR, WITH A REPORT OF TEN CASES.

BY J. WESLEY WELKER, M. D., STROMSBURG, NEBRASKA.

During the progress of my first case of labor I well remember of my patient saying, "Doctor, do something." "Doctor, help me," I no doubt have heard hundreds of times when I thought there were nothing for me to do but wait on nature. Up to the commencement of the second stage of labor the uterus alone is concerned in dilating the neck, but it now seems to call in aid the contraction of the abdominal muscles, and consequently both the pain and the bearing down are car-

ried to a much higher degree. The pains are stronger nevertheless. The woman assists them by voluntarily contracting all the muscles of the trunk, and as the pains grow stronger and labor seems to be tedious, then is when the woman cries to her physician for help. She puts her feet against the foot-board of her bed, grasps in her hands whatever she can and says, "My back, doctor; help me;" etc. By the use of an abdominal bandage in the second stage of labor we not only lessen the suffering of our patient, but at the same time shorten the duration of labor. Consequently I use the abdominal bandage for a twofold purpose.

First, to lessen the suffering of my patient. To accomplish this I apply it at or before the commencement of the second stage of labor, making it just tight enough to be comfortable to my patient.

Second, to shorten the duration of labor. To accomplish this end I tighten the bandage when the abdominal muscles are called upon to assist the uterus in expelling its contents. In my first cases I used simply an ordinary linen towel which I put around the abdomen of the woman and secured with pins, which I unpinned and tightened as the case demanded. I now use a bandage which I constructed for that purpose, which resembles in shape the lower half of a corset, except I have it open on the sides, making a back and abdominal piece which I unite by means of straps and buckles. Having it open on both sides I can adjust it more easily to fit different sized patients.

CASE I. Primipara, was in labor for thirty-six hours, os rigid and not dilated larger than a silver dollar and membranes protruding. I applied the abdominal bandage and ruptured the membranes, and she was delivered in about thirty minutes; the placenta came away in about fifteen minutes.

CASE II. Primipara; been in labor when I arrived about twelve hours, and the membranes had been ruptured for about two hours. I at once applied my abdominal bandage and labor was completed in twenty minutes.

CASE III. Multiparæ, mother of three children; in a violent pain just as I entered the room, the membranes ruptured. I at once applied my abdominal bandage and labor was complete in fifteen minutes.

CASE IV. Primipara had been in labor about two hours when I arrived; membranes were ruptured. I applied my bandage and labor was complete in twenty minutes.

CASE V. Primipara been in labor for six hours; membranes ruptured about fifteen minutes before I arrived. I at once applied my bandage and labor was completed in fifteen minutes.

CASE VI. Primipara, been in labor for ten hours and membranes ruptured about two hours before I arrived. I at once applied my abdominal bandage and labor was completed in eighteen minutes.

CASE VII. Multiparæ, mother of six children; was in labor about four hours; the membranes ruptured a few minutes before I arrived. I applied my abdominal bandage and in eight minutes labor was completed. In her six other confinements the time from the rupturing of the membranes to the completion of labor was not less than six hours.

CASE VIII. Primipara, had been in labor four hours when membranes ruptured. I applied my abdominal bandage and labor was completed in twenty-eight minutes.

CASE IX. Multiparæ, mother of four children. I applied my abdominal bandage before the completion of the first stage of labor in order to relieve an annoying pain in the small of the back. Therefore, I did not make my bandage as tight as I do in the second stage of labor. In forty-five minutes the membranes ruptured and I tightened the bandage and labor was completed in ten minutes.

CASE X. Primipara, had been in labor but one hour when I applied my abdominal bandage. The membranes ruptured immediately after I applied the bandage, and labor was completed in twenty minutes.

Now, in conclusion, let me repeat the benefits that may be derived by the use of an abdominal bandage during labor. By applying during the first stage of labor we do away with the restlessness so peculiar to the first stage. "Last, but not least," we shorten the duration of the second stage of labor, and by so doing we deliver the woman before she has worn herself out by contracting the muscles of the chest to stimulate the abdominal muscles to help the uterus expel its contents.

NEBRASKA STATE HOMŒOPATHIC MEDICAL SOCIETY.

[Continued from Page 351.]

AFTERNOON SESSION.

This being the time agreed upon for transaction of general business, it was at once entered upon, after first listening to the address of our worthy president, F. B. Righter. The doctor delivered an able address, of which the following are extracts:

He began by stating what was customary in addresses of this kind, namely, to note the progress and improvement in all the departments of medicine, but that he would not take up our time thusly, believing that as earnest and progressive physicians we were already posted in that respect. He then spoke of our annual meetings as a time for congratulation, good fellowship and harmonious action, when those who attend these meetings are for the time being *free*—free as any other citizen of our commonwealth. To the old physician it meant much more than the new professional would believe, or could be appreciated by the young physician, full fledged though he be, and desirous of spreading his pinions and perchance his opinions. He congratulated the society for its rapid growth and bright prospects, and that the future historian of the society would doubtless take pride in noting from what small beginning this great society had arisen, but that its success would rest with the younger members to make it one of the most progressive and useful organizations in the west. No difficulties had as yet arisen to disturb its harmony. We are not likely to be shipwrecked on the sunken reef of medical ethics. Our "code" is liberal in its provisions. We may safely adopt the rule which governs the more progressive and liberal adherents of ancient mutual beliefs, and hold professional intercourse with any one who is an educated physician and a gentleman. Mutual ostracism is practically a thing of the past. The question of consultation is one which the great American Mutual Association does not approach much less discuss. Why? Because an adherence to the truth would compel a large number of that body to admit that they did consult with Homœopathic physicians, notwithstanding the provisions of the "code." The

time is not distant when the physicians of the two great schools must stand on a common footing on the only question which now divides them, viz., *therapeutics*. To be convinced of the truth of this we need but too look into their medical magazines and in their labored treatises as well. A recent work on "Bright's Disease of the Kidneys," by Henry B. Millard, M. D., A. M., member of New York Medical Society, etc., he classifies the disease thus, croupous, interstitial and suppurative. He employs generally the mild chloride (*Calomel*) in the interstitial and the bichloride in croupous nephritis and sometimes the reverse, although he does not know why. His reviewer says he does so from "instinct." The mild chloride he gives triturated with 100 parts of sugar of milk, $\frac{1}{10}$ to $\frac{1}{20}$ of the salt every two or three hours. Of the *Bichloride* he uses a trituration of which 10 grains contain $\frac{1}{10000}$ of a grain of salt. This is the usual dose, he says. Further, "that the possible effect of such small doses will be regarded by many (Allopaths) with incredulity, but their value has been demonstrated, and the recognition of the efficacy of these doses is a matter of simple, assured truth, particularly is this shown in those cases in which the dual action of drugs is manifested, as is the action of *Cor. sub.* upon the kidneys in health and disease.

"It is a matter of no slight interest to consider that while *Cor. sub.* will often correct pathological conditions characterized by albumen, bloody urine, or suppression, the same remedy taken in health in toxic doses often produces these very conditions.

"I do not propose to descant upon the merits of anything, still less to support any supposed law of cure." In the same manner he speaks of Cantharides, Arsenious acid, chloride of gold, chloride of gold and sodium. The conclusion is that the author is a pretty good Homœopath as far as he goes, and if he had included Turpentine and Helonine in his therapeutic list he would have had about all the remedies which are known to have a curative effect upon this serious disease.

It is remarkable how much is said and written about the physiological action of drugs at the present time by men of the old school. The drift of their arguments seems, however, a labored attempt to account for the curative action of drugs when given in small doses, Homœopathically, on some other

hypothesis than that like cures like. Probably another decade and the physicians of the dominant school will learn that stimulation or sedative properties of a drug have little or nothing to do with its curative action.

The same author mentioned above says: "Different medicines act by preference upon different organs and portions of the body, being governed in this respect, as we suppose, by some unknown quality of the tissue." If he had said some unknown quality of the medicine he would have hit it more exactly. Again, "Identity of medicines gives identity of actions in identical conditions." This is a great improvement on the theory that an opposite medicine has an opposite action on opposite conditions. "But since we are not always able to say in different cases that the conditions are identical, we follow the other law, viz., similarity of medicines gives similarity of results in similar conditions." At last it has come to pass that our friend of the other school has found out that there is a difference between an identity and a similarity. But the reformer returns to his evil habits as is evidenced by the following: "It is in accordance with this law that we combine medicines having a similar action when we wish to get the greatest from the least quantity of medicine compatible with the case, viz., other things being equal if we use thirty drops of an expectorant mixture composed of Squills, Ipecac, tolu, Sanguinaria and Seneka we will get greater results from the mixture than from thirty minims of any one of them alone."

There we have the whole science of physiological medicine in a nutshell. It amounts to this: If thirty drops of squills will cure a cough in ten hours, the addition of four other drugs—making five in all—will cure it in two hours. He continues: "They each have their own individual action, *similar in kind but not identical*, and this addition of similarities is an increase in the molecular motion imparted to the nerve."

Did the author ever attempt to get the physiological effects of such a mess? If he did, of what sort of value would the proving be? Therapeutic *hash* like that mixture of humbler origin, is never above suspicion.

In conclusion, he says: "The effect of every therapeutic agent continues for a definite period of time, hence we obtain a continuity of action; the dose must be repeated as soon as

the previous dose has *ceased* to act. Consequently greater therapeutic results will be obtained from a small dose frequently repeated than if the whole were given in one large dose. The value of these principles is greater than many of you will be disposed to accept. They cover a certain field in management of diseases and claim our attention to a greater extent than most of us have heretofore given (believed). It matters not whence these ideas originated nor what old ideas they now counter to nor what they support, the question is are they true?"

The doctor then concluded his address saying that it was not in a spirit of criticism that he had considered this article, but to show the fact that the therapeutic ideas of the self-styled *rational* school, were in fact becoming, as in name, scientific, regular and rational, and that the minimum dose, if *not* the single remedy, given on the basis of its physiological action, is the proper method of curing diseases; that when the time arrives that our colleagues, now no longer opponents, recognize the fact that there is neither reason nor science in mixing several drugs in one prescription, the millenium of therapeutics will have come, and the credit of demonstrating the remedial property of drugs founded on the basis of their physiological action will be placed where it rightfully belongs, to the immortal Hahnemann and his followers. Some of us will live to see the priority of this discovery bitterly contested, as was that of anæsthetics and other great discoveries. But here, as in other things, time will bring everything right. Then shall right triumph over might and reason over wrong. Then shall fair truth come to the light and what seemed weak prove strong.

The committee on resolutions relative to the establishing of a legislative committee now presented the following resolution, which was adopted by motion:

Resolved, That this association appoint a committee of three to be known as the "legislative committee," whose duty it shall be to look after all matters of legislation involving the interest of Homeopathy, either in the State or nation; also to prosecute all violations of law by members of this society, and to perform such other duties as the association may determine. Said committee shall have full power to act at all times, and

to spend such money from the funds of this association as their duties may require, having first secured the approval of the president and secretary, who are authorized at their own discretion to draw an order upon the treasurer for this purpose; said committee to be elected in the same manner as is provided for the election of the board of censors.

Signed: C. M. DINSMOOR, }
 R. CARSCADDAN, } Committee.
 C. L. HART. }

Following this was the election of legislative committee, resulting as follows: Dr. C. M. Dinsmoor, term of three years; Dr. F. B. Righter, term of two years; Dr. Carscaddan, term of one year.

Dr. Dinsmoor stated to society that he had invited the Western Academy of Homœopathy to hold their next session in our State, and that the invitation had been accepted.

On motion, the above action of Dr. Dinsmoor was approved by the society, and further resolved that our next annual meeting be held at Omaha at the same time that the Western Academy of Homœopathy meets there.

The election of officers for ensuing year now took place, resulting as follows: President, Dr. C. L. Hart, Omaha; first vice-president, Dr. J. H. Gray, David City; second vice-president, Dr. W. A. Humphrey, Wahoo; secretary, Dr. F. W. Winter, Wymore; treasurer, Dr. O. S. Wood, Omaha.

On motion, Drs. Wood, Parsell and Barnsdall were appointed delegates to American Institute of Homœopathy.

Following are the delegates appointed by the president to the Western Academy of Homœopathy: Drs. Stringfellow, Stafford, Humphrey, Gray and A. L. Macomber.

An invitation extended to the society by Drs. Fitch and Van Sickle, resident physicians to serve a collation at the rooms of the W. C. T. U. after the address of Prof. Cowperthwaite in the evening, was, on motion, duly accepted.

Dr. J. B. Hawk is the new member, elected for three years, of the board of censors.

Dr. C. E. Basten, being reported upon favorably by board of censors, was duly made a member of society.

Bureau of obstetrics now called for, but no report.

Under head of bureau of surgery Dr. Gray reported a case

of atheromatous tumor and two cases of compound fracture, in which the porous adjustable splint was used without extension.

Dr. Humphrey asked whether the break was straight across or at an angle, and whether that did not govern the use of extension.

Dr. Hart: Not using extension caused shortening in his own case; caution necessary.

Dr. Gray: Shortening may have been due to unusual nervous irritation, causing contraction of muscles.

Dr. Stafford: In his case extension relieved the pain.

Dr. Gray: To relieve, used double inclined plain.

Dr. Righter: Old school method to use extension in all cases.

Dr. Wood: Had a case in which double inclined plane and extension were both used.

Dr. Humphrey now presented a case of "injury at the elbow," which closed above bureau, and next in order bureau of gynaecology.

Dr. Humphrey came to the front again with a paper on "Ovarian Neuralgia," in which he brought out the various causes and diagnosis from ovaritis, hernia and uterine neuralgia. "Patients do not die from ovarian neuralgia, but from its results. Treatment according to diathesis, causes," etc. In a case of swooning used Amyl nitrite.

Dr. Hart: Additional remedies—Vib. op., Cauloph., Dios-corsin 2x.

Dr. Fitch: A case where Ham. external and internal gave instant relief.

Dr. Cowperthwaite: Diagnosis from ovaritis: Pressure on part affected, making pain worse, proves it to be the latter. Not so many cases as supposed. Cim. decidedly the remedy.

Dr. Stringfellow reported a case; found that some cases resisted treatment for years of both schools; electricity relieved.

Dr. Righter: Believe ovarian irritation present in many cases of ovarian neuralgia; pain due to menstrual period, rupture of Graafian follicle and passage to womb, causing nervous chills. Found Gels. relieve in many cases. Coloc. also good remedy.

Dr. Carscaddan: This peculiar symptom, as menstruation passed away, pains came on and patient swooned away. Uter-

ine trouble sometimes causes ovarian neuralgia and must first be relieved. Adjournment.

EVENING SESSION.

In the evening Prof. Cowperthwaite gave his lecture on "Homœopathy to the Public," which was attended by quite a fair-sized as well as attentive audience. Following the lecture the members of society betook themselves to the rooms of W. C. T. U., where they were right royally entertained by the ladies, serving strawberries and ice cream amidst an abundance of flowers, and presenting to each member a buttonhole bouquet. Toasts were called for and responded to with a hearty good will. The whole affair was withal a very pleasant and agreeable wind-up of the day's transactions, and much credit and thanks are due Drs. Fitch and Van Sickle, as well as the ladies of Hastings, for their success in entertaining the society so pleasantly.

THIRD DAY—MORNING SESSION.

Society opened with a report from legislative committee, submitting the following preamble and resolutions:

TO NEBRASKA STATE HOMŒOPATHIC MEDICAL SOCIETY:—In view of the fact that Geo. E. Brown, M. D., and J. J. Solomon, M. D., both members of our society, have been deemed guilty of conduct unbecoming a member of the society; therefore, be it

Resolved, That said Solomon and Brown be suspended from this society and cited to appear before it at the next annual meeting of the same to show cause why they should not be expelled.

Resolved, That the secretary be instructed and required to serve notice over his official signature and the seal of the society upon the above-named parties of the action hereby taken.

All of which is respectfully submitted.

C. M. DINSMOOR,	} Committee.
F. B. RIGHTER,	
R. CARSCADDAN,	

The above report was duly accepted and adopted by society. Bureau of electro-therapeutics. Dr. Dinsmoor's paper being on the above subject in a general way, was, on motion, read by title, and referred.

Under head of bureau of clinical medicine, Dr. Carscaddan

presented a paper by Dr. Bumstead entitled, "Observation Upon the Use of Phenic acid in Tubercular Phthisis," which was, on motion, read by title and referred, and if found advisable by publishing committee, to be forwarded for publication.

The papers referred to chairman of bureau of ophthalmology, etc., sent by Dr. Cassedy, of Kansas City, entitled "The Importance of an Early Recognition of Glaucoma" and "Blenorrhœic Neonatorum," were now presented for consideration. The former was, on motion, ordered read by Dr. Hart, and the latter read by title and referred.

Following this came Dr. Hart's paper on "Functional Astigmatism," which, after being read, was referred, on motion, to publishing committee for publication.

Owing to want of time the two papers presented under bureau of pædology, one entitled "Cholera Infantum," by Mrs. H. B. Davies, and the other on "Diseases of Children," by Miss E. J. Davies, were read by title and referred.

All the bureaus having been called for, the remaining time was taken up in transaction of business generally.

Moved and carried that Dr. Van Sickle be allowed his paper for publication in the local paper and to return the same to society.

Dr. Hart was permitted to withdraw his paper for correction and to return the same.

The president, first vice-president and secretary were constituted a board on publication, to have such papers as they may indorse published from time to time.

On motion, a vote of thanks was tendered Dr. Cassedy by the society for his able and instructive paper on "Glaucoma."

Also moved that the thanks of this society be tendered Drs. Paine, Hart and Righter for their faithful services as professors in the Homœopathic Medical Department of State University for the three sessions during which they have acted as such, and further, resolved, that this society continue to give all aid in their power in prosecuting their work.

Dr. Righter stated that the aim of the board of regents of the university was to give appropriatives and to give each medical society a separate department and a full faculty. Attention was also called to the importance of legislative committee to make a correction and have the present law, which

places the university funds under political control annulled, and to have law so framed as to compel the State treasurer to place the funds appropriated by the legislature to the university into the hands of board of regents; or rather, that such was the law, that the intent had not been carried out through some irregularity, and that the matter was now up in the supreme court, but that two of the supreme judges had decided not to disturb the present condition.

Dr. S. F. Ashby, of Fairmount, and W. H. Davis, of Geneva, were reported upon favorably by the board of censors, and were thereupon duly elected members.

In conclusion, the following new resolutions were voted upon and adopted:

Resolved, That a vote of thanks be tendered Prof. Cowperthwaite for his lecture on Homœopathy; to the president and secretary for the efficient manner of carrying on the business of the society during present session; to Drs. Fitch and Van Sickle and the ladies of the W. C. T. U. for the hospitable manner in which they entertained the society; to the proprietor of the Bostwick Hotel for many favors and courtesies shown; to the different railroad companies for reduced rates, and to the press of Hastings and Lincoln.

Adjournment *sine die*, subject to call of president and secretary to meet at Omaha for next annual meeting.

F. W. WINTER,
Sec'y Neb. State Hom. Med. Society.

THE RELATIVE VALUE OF SYMPTOMS.

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

It seldom happens that the totality of the symptoms presented by a patient can be covered by a Homœopathic remedy. When this cannot be done, the question naturally arises, are we to select simply a remedy which presents the greatest number of all the symptoms, or one which corresponds to those which are most important, and if the latter, what are the most important? Very early in the history of Homœopathy it was noticed that some symptoms of a drug's pathogenesis were more important than others, and, as early as 1836, von Boenninghausen published a little book of characteristic symptoms

of most of the remedies then in use, which is the source from which Lippe's Text-book and Hering's Condensed have been largely compiled. Boenninghausen may be said to be the father of "characteristics." He and his students keenly appreciated the value of such indications, which served to simplify the labor of selecting the remedy as well as to increase its precision. This method of following characteristics in provings and in patients involves a division of symptoms according to certain standards of value; one standard being that of *modality*, another that of *individuality*, and those who follow this method (and all of us follow it, consciously or not, to a considerable extent), select a few symptoms from our patient as indicative of a remedy, often excluding a great majority of the symptoms which may or may not follow the lead of the few taken to be leaders. This method is apt to be followed in a careless manner and to lead to single symptom palliation, to rapid changes of the drug, to alternation of remedies, and to loss of faith in the Homœopathic law or its power to "cover the case." This method cannot well be followed by a new beginner in therapeutics, and even to an old adept it is apt to prove a delusion and a snare.

For many years we have taught our students to separate symptoms into two groups (of unequal value when used for the selection of the remedy), the symptoms of one to be classified as *generic*, those of the other as *specific*, or individual. Lately, however, we have preferred the terms used by Dr. Drysdale in discussing this subject, namely, *absolute* and *contingent*. Absolute symptoms are those which belong to all patients suffering from the same pathological process; contingent symptoms, those which vary with the individual and are not essentially pathognomonic. This division of symptoms presents two groups of unequal value in selecting the remedy, as well as in making a diagnosis. *The greater the value of a symptom for purposes of diagnosis, the less its value for the selection of a remedy.* A clear understanding of this principle is, I believe, of the greatest importance in making a Homœopathic prescription, and the difference in practice between physicians who follow this rule and those who reverse it is very marked, and one may almost say, *radical*.

While this method suffices for most cases, and leads to sat-

isfactory results, it may be supplemented and reinforced by attention to another method, which is in some respects a natural outgrowth from the foregoing, namely, a division of symptoms into chief or *determining*, and subsidiary or *resulting*. We are taught, and believe, that the *symptoms alone* constitute the disease, and that by attention to these only we can select the remedy and accomplish a cure. What, then, constitute the essential symptoms of the disease?

They are, *first*, those which precede and determine the development of a lesion which, when established, becomes the fountain of new and resulting symptoms.

Second. They embrace those resulting symptoms, which are not of prime importance to the therapist who seeks to arrest the progress of the real malady.

Let us apply this method to the investigation of chronic and acute maladies. A patient suffering from what we call chronic Bright's disease appeals to us to be healed; we find a large group of symptoms which have served to sustain our diagnosis, symptoms absolutely dependent on the lesion in the kidney, which would not exist were the kidney in a normal state, and which have appeared since the kidney became affected. These are not the *essential* symptoms of the case; they did not bring about the organic derangement, and the patient would not be healed if they were palliated (for they cannot directly be cured), and they are to be put aside in favor of the symptoms from which the patient suffered for years (probably) before the kidney became diseased—conditions which *determined* the development of a lesion in the kidney, and which being still in force, determine its persistence and progress. These symptoms must be sought out, set in order and utilized for the selection of the curative remedy; these symptoms may be obscure, difficult to ascertain, and *numerically in the minority*, but real success awaits him only who shall rightly grasp their significance.

How often the physician fails to cure epilepsy—not because it may not be cured, but because he takes his indications from the character of the fit or its attendant symptoms. To cure this disease, he must investigate the symptoms which antedate the explosion, or, if still in force, characterize the dyscrasia which always underlies this formidable malady. These

observations apply to phthisis and to all chronic maladies dependent upon a dyscrasia, peculiar to each individual, which precedes and determines the organic lesion which finally typifies the disease.

Turning now to acute diseases, we may select the general group known as zymotic diseases, which seem to depend upon the development in the body of some contagion or germ, or ferment of some sort not yet thoroughly understood.

The marked symptoms brought about by these causes vary with the individual. They seem to attack those who have from various causes become enervated; they seem to avoid those who are in perfect health; like the moss and lichens on the trees in an orchard, they attack the feeble ones. We may scrape the trees, whitewash, syringe and what not—the moss and lichens persist in growing and sapping the little remaining vitality of the tree. There is little use in directing one's attention to the *zymosis*; but when one plows the land and enriches the soil, and lets in air and warmth, and nitrogen, to the roots, presto! the *zymosis* drops off, and we find smooth limbs and an abundant harvest. *Scarlatina* varies in a most surprising way, not because the *zymosis* varies, but because one child is healthy and another scrofulous. We prescribe too much *Aconite* and *Belladonna*, and too little *Calcarea* and *Sulphur*. We are too prone to attempt to cut short or modify the *zymosis*, and too careless of the deeper, underlying conditions which determine the severity of the attack and which may force a fatal issue. I know of no *zymosis* which will not have its run, when once established. Our typhoid patient may take his meals sitting up every day for three weeks, but we have to see him through, and our success in this very disease depends largely upon antidoting the determining symptoms, which are, of course, also contingent and individual.

The two anti-zymotics, *Quinine* and *Mercury*, known to prevent the development of two diseases, have not proved curative in their respective spheres. *Quinine* seems to prevent the development of the marsh malaria and also to suppress the periodic fermentation (for want of a better term) which goes on in the body after the poison has once obtained a foothold; but the patient who is not in a good general condition is unable to eliminate the poison or prevent its still smouldering in the

body. Restore him now to a normal state by any remedy in the materia medica indicated by his determining symptoms, and the poison finds no congenial soil to thrive upon, or if it has attained an overpowering control, *Quinine* will so reduce its virulence that nature will eliminate it. Once in a great many cases we meet with a patient who will be brought to a healthful state with the exception of the typical paroxysm of ague and its resulting effects, and will not be able to throw off this regular chill, fever and sweat, indicative of bark. *Quinine* will then, in proper doses (often very small), complete the cure. *Quinine* in these cases acts only as a palliative. *Mercury*, without doubt, prevents the development of syphilis, if the person be thoroughly saturated with the drug before being exposed to the contagion; but *Mercury*, administered after inoculation, seems to be more powerless to prevent the development of syphilis or to drive it out of the body than *Quinine* the development of marsh malaria. To *Mercury* must be added *Iodine*, *Nitric acid*, *Bichromate of Potash* and other remedies, which, after all, appear only to palliate and postpone the evil days of tertiary horrors. No other real anti-zymotics are known, and even with a complete knowledge of the power of these, our best results are obtained by treating the patient and ignoring the zymosis.

A resulting inquiry now forces itself upon us, namely, How far is palliation consistent with or antagonistic to Homœopathy? It would seem in the diseases last mentioned, ague and syphilis, as though palliation might be of real assistance by modifying the virulence of the poison, over which the drugs just mentioned seem to have specific power; but in all other diseases we have no such specifics, and are constantly confronted with most alarming symptoms, caused by the development of the disease, or the result of an organic lesion. Such symptoms must be removed, and one is constantly obliged to prescribe for them; but it must be borne in mind that such prescriptions are partial, temporary, and in no way curative. (To cure is to remove all the symptoms, to palliate is to modify one or more symptoms.) One great objection to palliation is that it obscures the case, and often prevents one's getting a clear notion of its essential features; another is that the drugs used to palliate interfere with the action of the curative remedy. A

drug may palliate, Homœopathically—that is, a remedy may relieve a single symptom which it is capable of causing—while having no general relation to the case, and a drug selected to cover the symptoms resulting from the development of an organic lesion, symptoms often most severe, threatening, and often numerically strongest, may yet be only palliative and not be able to arrest the progress of the disease and cure the patient.

It is impossible to continue the discussion of the relation of palliation to cure or of other matters referred to, which are of exceeding interest, and we must bring our essay to a close and submit it to the consideration of the society, reiterating our propositions:

First. Some symptoms are more valuable than others; and *second*, the most valuable to the therapist are the *determining* symptoms, both in acute and chronic diseases.

THE PHYSICIANS' PROTECTIVE ASSOCIATION.

The following letter explains itself, and we gladly give it place and heartily recommend the plan to all:

MADISONVILLE, O., Aug. 10, 1886.—DUNCAN BROS.—*Dear Sirs:* I enclose for your perusal a copy of the rules of the Physicians' Protective Association and blank form of notification to delinquents (otherwise known as dead beats). Our association was organized Oct. 17, 1885, in this village with nine members, five of whom were residents of Madisonville. Our membership has grown until now we include the physicians of eleven towns, irrespective of schools. Our non-credit list contains the names of over one hundred who are refused the services of any member of the association until *all* claims against them for medical services are settled or they must pay in advance for each and every service. Each member of the association is furnished with a full list of the delinquents, which is corrected about every thirty days by erasing the names of those who have settled their accounts, and adding names reported since the last issue. We have found this plan to work well. It has elevated the morals of the people, made better citizens of them and made fat the purses of the physicians. I might say a great deal about this organization which

would encourage the formation of such an association by many of the readers of THE MEDICAL INVESTIGATOR, but lack of time at present forbids. Yours truly, W. G. HIER.

The Physicians' Protective Association.—While we would not refuse the worthy poor the benefit of our professional services, we feel that we are justly entitled to remuneration from those who are able to pay; and, for the purpose of protecting ourselves against loss of fees, we agree to form an association, to be governed by the following rules:

1. The name of this association shall be "The Physicians' Protective Association."

2. The object of the association shall be to prevent loss of fees from such patrons as *could pay if they would*.

3. The officers of this association shall consist of a president, vice-president, secretary and treasurer. The election of officers shall take place annually on the first Saturday of October.

4. Any physician may become a member of this association by a vote of the majority of the members present.

5. Any member grossly violating the rules of this association may be expelled by a vote of the majority of members present at any meeting; provided, said member shall have had one month's notice of charges preferred.

6. Each member of the association shall keep a list of such persons as the association may from time to time declare to be unworthy of credit, and no member shall render any professional service in any case where a person, whose name is on such list, is responsible for the fee, unless the fee for each visit or prescription is paid in advance, or satisfactory security is furnished for the same.

7. Whenever any person whose name is on the non-credit list makes a satisfactory settlement of all claims of members of the association for professional services rendered, the association may erase such name from the list.

8. The association shall meet at Madisonville, O., on the first Saturday of January, April, July and October, at 2:30 P. M.; but adjourned meetings may be held at other places, by a vote of the majority of the members present.

W. W. HIGHLANDS, President.

J. O. MARSH, Vice-President.

W. G. HIER, Sec'y and Treas.

The Physicians' Protective Association.

Madisonville, O.,

18

Me

Dr.

reports a
claim against you for professional services rendered, amounting
to Dollars; said claim is past due.

If satisfactory settlement is not made within thirty (30)
days, your name will be reported to this Association, to be
placed upon the non-credit list.

By order of the Association,

Secretary.

ACONITE CHARACTERISTIC OUTLINES.

Terrible anguish, with fear of death; predicts the day she is to die in pregnancy or child-bed.

He is afraid to go out where there are many people, or to cross a street; his life is rendered miserable by this all-pervading fearfulness.

Stools (in summer complaint) like chopped spinach.

Heat, with thirst; hard, full and frequent pulse; anxious, impatience, unappeasably beside himself, tossing about with agony. Cannot bear the pain, not to be touched.

Croupy cough, awakening after first sleep; particularly in young people after exposure to dry west winds.

Blood-spitting; the blood comes up with an easy hawking, or with but little coughing; after mental excitement or exposure to dry west winds, after drinking wine.

Croup better after 3 A. M.

Cannot keep still; skin dry, hot and burning.

Excitement without cause; everything startles him.

Numbness in left arm; can scarcely move the hand.

Skin dry and burning hot; intense thirst for cold water; redness of face, sometimes changing to paleness (on rising).

After fright with vexation, particularly during catamenia; to prevent suppression of menses.

On rising the red face turns deadly pale. Heat, with thirst; hard, full and frequent pulse; anxious impatience; unappeasable; beside himself, tossing about with agony. After a violent chill dry heat, with difficult breathing and lancinating pain through chest.

Amenorrhœa in plethoric young girls.

Agony; has to sit straight up; can hardly breathe, pulse thread like

Vomiturito, sweats, with anxiety; abdomen swollen, particularly under the short ribs, after scarlet fever. (*Tincture in water.*)

When little sharp foreign bodies have entered the eye; before they can be removed and after removal.

Tingling in lips, in tongue, down the spine, and in the fingers.

CLINICAL OBSERVATIONS.

While Belladonna seems to congest the temporal region of

the brain, Aconite affects the posterior brain and vertex, accompanied with peripheral hyperæsthesia, and, as is usual in such cases, contraction, manifest by pale and flushed face, cough, dyspepsia, croup, amenorrhœa and tossing about. This bodily tidal wave frightens and confuses so that the victim concludes that he will and must die. This anxious, nervous restlessness runs through the whole of Aconite effects. This pathological condition of the cerebrum must be at the foundation when Aconite is indicated. Mountain air and climbing in fact any position that affects the centres of equilibrium will display the Aconite symptoms if present.

“USE AND ABUSE OF OBSTETRICAL FORCEPS.”

EDITORS OF THE INVESTIGATOR.—*Dear Sirs:* The following communication, received by me a few days ago from a physician in Canada, I send to you for publication, withholding the name by his request.

Speaking of Canada, reminds me of our recent trip to Saratoga. It has been a wonder to me why that revenue officer should turn his back upon Prof. Ludlam's “*grip*,” and be so persistent in trying to get into mine? Also why it was he did not find the “*editor's sample case?*” Fraternaly yours,

A. A. WHIPPLE.

DEAR DOCTOR:—I cannot help thanking you in the name of humanity for the publication of your short but pithy article on the “Use and Abuse of Obstetrical Forceps.” The cause of their *abuse* lies mainly in the lack of “mechanical tact” in the operator. All the tuition in the world would not avail to make some men skillful in any sort of mechanical work, and it is no wonder, therefore, that men of renown as lecturers and teachers of the science and art of obstetrical surgery, should speak as Churchill and Blundell did of the “harrowing agony” suffered too often by the patient.

Mechanics, like poets, are “*born not made*,” and I have repeatedly been obliged to take the place of my fumbling, blundering brother at the bedside of his suffering patient and apply his own forceps, to which I was not accustomed, and deliver the woman in his stead, excusing my interference on the ground of his *great fatigue*, all the while knowing and ac-

knowledging that he was more than my equal in theoretical knowledge of the art.

Three carpenters there are whose duty it is to extract a nail driven into a delicate piece of satin wood. The first, a strong athletic fellow, applies the hammer-claw with a violent push beneath the head of the nail and after furious jerking and twisting, ends by tearing off the head of the nail, having (after total destruction of the beauty and finish of the wood) only succeeded in preventing the safe removal of the nail by any other hand.

No. 2, equally gifted with physical strength and only an atom more of natural mechanical tact, extracts the nail indeed, but leaves the marks of his violent leverage and twisting on the beautiful wood, and a sad, gaping, hideous cavity three times as large as the body of the nail.

Another, weak in body, but full of true mechanical instinct, applies the claw skillfully and gently, and making use of a fulcrum well adapted to protect adjacent "tissue" by clever and well timed "taps" on the end of his lever detaches the nail from its clinging adhesion to the wood, and when already loosened, succeeds without great force in removing the offender without leaving mark or scratch, and only a cavity easily plugged and concealed from ordinary observation.

I have used forceps for forty years. The first pair, old-fashioned, of English make, would make a suitable addition to a museum of antiquities, and were indeed a "terror" to patient and doctor. With the modern improvements, and a skillful operator, they are a blessing indeed to womankind, and many a woman in the weary struggle under useless pain has echoed the saying of the poor Irish woman, who, on being aided with forceps without her knowledge and in spite of her fears, and afterward informed what I had done, exclaimed "God bless the man that made them things."

In all my long professional life, upward of forty years, I have never lost a case of midwifery. I have had four or five cases only of ruptured perinæum and only one case of laceration of the neck of the womb. I have for fifteen years or more made a practice of carrying my obstetrical case with me and always assist with forceps as the period of delivery is at hand, but expulsive power is wanting, and have never had occasion

to regret the act. My favorite instrument is the Elliott forceps.

Poor or rich, bond or free, white or black, I have never refused to attend a woman in labor, until now over seventy years of age I have begun to give up night work to those better able to endure the fatigue. A secret of my unwonted success in nearly 4,000 cases lies in a nutshell—*I never trust the creatures*. They are governed too much by feeling and impulse. I go in person to see them *every day* until they are safe on their feet, *with my approval*. I make them understand from the first that if I detect them in a single act of disobedience to my orders in the slightest respect I will quit them as I would a burning house. I explain the reason of my rules and show how a slight error may be a fatal one, and then they intelligently obey.

CASE OF ACCIDENTAL SHOOTING WITH AUTOPSY.

BY D. H. BRIEN, M. D., MURRAY, IDAHO.

Male, nervo-bilious temperament; cachectic; real age, forty-eight; apparent age ten years older; accidental shooting; revolver of large calibre; pistol fell from belt, struck floor and was discharged; patient standing five or six feet away; ball entered right gluteal region, about two and one-half inches to right of anus and perhaps one-half an inch above; perforated adipose tissue; came out about one inch from median line; entered left gluteal region immediately opposite, exit from right cheek. Found patient lying on the floor, complaining of numbness and prickling down the leg, very little blood oozing; removed to bed; probed; thought could detect ball in the tuberosity of left ischium; was not sure, even with porcelain-headed sinuous probe. My Eclectic partner was sure he could feel it; used bullet forceps; could not get it. Partly to satisfy patient who was sure the ball was there, and was going to have the blacksmith make a screw bullet extractor and screw it into the "d—n thing," but more to get a good drainage from the wound, which I suspected to extend beyond the point of the probe. I cut down on the tuberosity upon the point of the probe. The probe came up solid, but could not find the ball, nor could I pass the probe beyond. Before sewing up, friends

called in old school physician, who would not give any decided opinion, other than that the patient probably would not live. Sewed with silver wire sutures, inserting drainage tube; removed this and allowed wound to heal at about the twentieth day. On third day patient called in another old school surgeon—county physician—who said he could cut around the ball and extract it; advised against this proceeding, but the patient wanted the ball out, and old school man was sure he could feel it appointed 9 A. M. next day as the time for operation, and at that time old school man concluded he wouldn't, but told about town he could get it out in ten minutes if he had his own instruments instead of mine. Treated patient for five weeks; injected with solution of Carb. acid, Calerdule and chlorides, as the case seemed to require, twice and three times daily, with indicated remedies. Ars., China, Aconite, Arnica, Ver. vir., Hypericum and such others as seemed indicated during that time.

County physician had come back on the fifth or sixth day and authoritatively told us that "we would go down in the morning and take that bullet out." Told him I didn't think it would be for the patient's interest to have any more instrumental treatment. The wrathful autocrat insisted that it could not hurt him, and he would die of pyæmia on the seventh day if the ball was not taken out. About the end of the fifth week, the pus had stopped flowing from the wound; patient weak, but doing well, with the exception of a diarrhoea, with paralysis of the sphincter ani, which I supposed was due to reflex spinal irritation from the neuritis of the sciatic nerve, caused by the passage or pressure of the ball. Used Homœopathic remedies and some Allopathic, but could only partially remedy this up to that time, when the patient being without means was put on the county, and in charge of the county physician.

He took charge of the patient at 9 A. M.; told two of his brother old school men to come down and help him, and that he would have the ball out in a few minutes; that it would be an easy job. About 11 they gave him whisky and tried it, but didn't get it. He died about thirty-six hours after.

The physicians in town chose the Homœopath to perform the post-mortem. Upon lifting up the gluteus maximus, I found a mass of pus, and pus along the track of the ball. In

one of the external sloughs were maggots; the ball had bored the ischium, gone beneath the ischiatic nerve, touching it in its passage, and lodged in the great trochanter of the femur, chipping off the attachment of the gluteus medius, and finding this piece of bone loose in the mass of pus led me to the location of the ball.

The post-mortem was performed in the presence of two Allopaths, one Eclectic and myself, and the ball which I cut out with the piece of bone shows no signs of suppuration.

Remarkable points.—The transverse range of the missile, which is difficult to understand, as the ball ought to have ranged upward; the existence of this patient so long with this deep mass of suppurating matter enclosed and an insufficient exit; the absence of fistulæ; the remarkable encysting of the ball in the bone, and the equally remarkable and characteristically regular proceedings of the county physician.

From the seventh to the fourteenth day the urine and expectoration from the lungs was very offensive, but the evening temperature only twice reached 103, and highest evening pulse was 93.

CLINICAL GLEANINGS.

Sulpho-carbolate of Sodium for vomiting and flatulent dyspepsia. Dose, seven grains in one-half ounce of water.

Hydrocyanic acid has been found to reduce the percentage of albumen in urine, and thus been useful in scarlatinal nephritis.

Barium iod. as an ointment, with vaseline, has been found useful in old cases of chronic eczema, where there was much infiltration. Must be used carefully. Acute cases are aggravated by it.

Causticum, as a remedy for diseases of the urinary organs, is too often neglected. A characteristic symptom guiding to it is a *burning* pain. This burning pain in urinary organs may alternate with catarrhal symptoms in respiratory organs, according to Dr. Goullon.

Ammoniacum in bronchial affections is not used as often as it deserves. It promotes the power of ejecting the sputa, and for the aged who suffer in cold weather from bronchial affec-

tions, with accumulation of mucus and much difficulty in raising it. Mucus tough, profuse, and hard, loud, accelerated breathing with anxiety. *Senega* acts similarly.

Coca and Phosphorus for sleeplessness by Dr. Talcott. *Coca* is useful as a sleep producer in cases of mental exhaustion, where at times the patient seems utterly prostrated, and at other times remarkably bright and cheerful and eager for work. *Coca* is also beneficial where the patient after going to sleep is suddenly awakened by a sense of shock in the brain. The pathological condition which exists in such cases is, we believe, that of anæmia spasmodica. Weak and nervous women, and worn out brain workers, are peculiarly liable to such conditions.

Phosporus.—Sleeplessness following intense mental overwork and anxiety, coupled with a distressing confusion, pain and vertigo in the head. Five drops of the tincture in half a glass of water, a teaspoonful every half hour during the evening, followed by a bowl of hot soup, or a cup of beef tea at bedtime, will generally relieve the pain and restlessness of brain fag and secure to the patient a sound and refreshing sleep. Dr. Conant found *Phosph.* useful when patient falls asleep easily and is just as easily awakened. The phosphorus patient sleeps and wakens many times in a single night.

Phytolacca, in 3d or 6th, for dropsy caused by excessive dosing, with mercury; and when the dropsy appears to have originated from diseased condition of the liver and spleen, *Chimaphilla* will generally cure.

Crocus is an excellent remedy for epistaxis, frequent during the development period of children; also for headaches during climacteric years. Pain is beating, throbbing on either side, pressure behind eyes, worse at time when menses ought to appear.

Hydrocyanic acid covers the hemorrhages into eyes, nose or ears, that often accompany whooping cough.

Boils.—Dr. Gourgues (*Journal de Med. de Paris*) recommends an ointment 4 parts of finely powdered Boracic acid, one half part of Benzine acid and 20 parts vaseline. It promptly relieves pain, and causes the disappearance of the boil in three or four days.—*Med. Call.*

Kali bich. 200 and *Ipecac* 200, in whooping cough. Accord-

ing to Dr. J. P. Mills, low potencies will not cure this disease, whereas the high will. Ipecac 200, four times a day, until the paroxysms begin to shorten, and then twice a day. The indications for Kali bich. are a wheezing in the chest, not rattling; phlegm stringy, aggravation after midnight; then the child coughs until it is blue in the face.

Spongia is good in pneumonia, when the patient cannot lie down.

Jamaica Dog Wood (*Piscida*) produces and cures sciatica. (J. C. Cummings.)—*Cal. Hom.*

The State of Carbonic Acid in the Blood.—At the Academie des Sciences, M. Paul Bert gave an account of his investigations into this subject. Following are his conclusions: 1. The exit of Carbonic acid during the respiratory act necessitates a dissociation of the super-carbonated salts of the blood. 2. These salts are not saturated with Carbonic acid either in arterial or venous blood, or in the tissues. 3. The vitality of the anatomical elements can only be maintained in the presence of Carbonic acid in a state of combination. When the alkalies are saturated, and when this gas appears in excess, in a state of simple solution, it rapidly produces death.—*La France Medicale.*

The Preservative Fluid of the German government is made up of Alum, 100 parts; Salt, 25; Nitre, 12; Potass. carb., 60; Arsenic, 10, and water, 1,000 parts. Mix, cool and filter. Then add to ten litres of this fluid four litres of glycerine and one of methylic alcohol. Two to five litres of this liquid will preserve a cadaver. Bodies saturated therein will, it is claimed, keep for years their form, color and flexibility. The method is partly by injection and partly by immersion. The smaller objects of natural history collections, as snakes, birds, fruits, butterflies, algæ, etc., are preserved as perfectly as larger bodies. Dr. Wickersheimer was the inventor of the process, the patent for which has been purchased by the government, and then by it the composition has been made public.

Chloroform Narcosis.—A peculiar device to terminate the Chloroform narcosis is mentioned by Schirmer in the February number of the *Centralblatt f. Augenheilkunde*. He claims to have used it in his clinic for many years, and often succeeded in producing inspiratory movements when other means

failed. He also employed it to induce rapid recovery, for instance, in strabismus operations, in order to test the result. The method consists in irritating the nasal mucous membrane. It has long been known, at least to physiologists, that the fifth nerve retains its sensibility longer than any part in narcosis, and that reflexes may be induced through this nerve when other irritations fail. Schirmer uses simply a rolled piece of paper, which he turns in the nose. In dangerous cases he dips the paper in Ammonia.—*Medical Press and Circular*.

Borax.—The infant urinates nearly every ten or twelve minutes, and frequently cries and screams before the urine passes. Hot urine.

Cicuta virosa.—Twitchings, staggering, falling, epileptic spasms, with loss of consciousness.

Citrus limonum.—Insensibility, general prostration and collapse, general surface of body cold, lividity of face, breathing in the form of gasping, heart beats feeble, absence of pulse at the wrist.

STUDY OF THE MATERIA MEDICA.

BY J. D. CRAIG, M. D., CHICAGO.

1.

1. Hoarseness and roughness in the larynx so that she could not speak aloud without great exertion.
2. Almost voiceless in the morning.
3. Spasmodic cough in three or four paroxysms daily.
4. Half involuntary rough cough, caused by constant roughness and crawling in the throat.
5. Cough caused by itching in the larynx, evening and morning.
6. *Great roughness in the larynx, with deep rough voice, which failed if he exerted it, though without pain in the throat.*
7. Sensation of dryness in the trachea not relieved by hawking.

2.

1. Cough from a scratching in the throat.
2. The child coughs violently every morning at 3 or 4 o'clock.
3. Dry cough, especially at night, as from particles of dust in the throat.
4. Violent dry cough in the middle of the night.
5. Cough with expectoration of bloody phlegm.
6. Oppression of breathing.
7. Stitching in the right breast when stooping.

3.

1. *Catarrh or cough with coryza.*
2. *Painful dryness in the larynx, yet with an aversion to all drinks, rendering the voice husky and often inducing a cough.*
3. *Sensation as if the larynx were inflamed and swollen.*
4. *Constriction of the larynx.*
5. *Violent scraping in the larynx excites dry cough.*
6. *Tickling, burning and itching in the larynx, causing cough.*
7. *Hoarseness, noise when crying.*

4.

1. *Whistling in the larynx in the evening after lying down.*
2. *Painful hoarseness, so that she was scarcely able to speak in the morning.*
3. *Tickling cough, as from a feather in the throat.*
4. *Cough caused by a sensation, as if a plug stuck in the throat and moved up and down.*
5. *Cough caused by eating.*
6. *Cough provoked by inspiration; by playing on the piano.*
7. *Dry cough at night, after midnight, so that the heart and arteries throb.*

5.

1. *Shortness of breath on going up the slightest ascent.*
2. *Tightness of the chest, as if too full of blood.*
3. *Oppression and tension of the chest.*
4. *Cutting in the chest on inspiration.*
5. *Sore pain in the right mamma on the slightest touch.*
6. *Sore pain in the chest, especially on inspiration.*
7. *The whole chest is painfully sensitive to the touch and on inspiration.*
8. *The mammary glands pain as if they were suppurating, especially on touch.*

6.

1. *Smoky sensation in the larynx causes cough before going to sleep evenings as of the vapor of Sulphur.*
2. *Constant titillation in the larynx, inducing cough, even when not inspiring.*
3. *The voice is trembling.*
4. *Voice very uneven, now strong, now weak.*
5. *Hoarseness.*
6. *Cough without expectoration, but with dyspnoea in the evening.*
7. *Expectorates a frothy saliva.*

7.

1. *Before each attack of coughing the child is quiet, and immediately before the cough comes on she begins to cry.*
2. *Violent cough during sleep, with grinding of the teeth.*
3. *Respiration rapid and somewhat oppressed.*
4. *Shortness of breath after drinking coffee in the afternoon.*

5. Tightness of the chest; oppression of the chest.
6. Painful pressure in the chest, extending into the back.
7. Pressive pain in the chest and between the shoulders.
8. Burning in the right chest.

8.

1. *Sanguineous congestion of the chest* which prevents him from lying down.
2. *Painful sensation of constriction in the lower part of the chest as if a cord was tightly bound around the false ribs, with obstruction of breathing.*
3. *Sensation of great constriction in the middle of the sternum, as if the parts were compressed by iron pincers.*
4. Spasmodic cough, with copious expectoration.

9.

1. Continued irritation to hacking cough in the morning after rising, as from Sulphur vapor, whereby nothing could be loosened.
2. Cough caused by laughing.
3. Hoarse, rough voice.
4. Severe coughing immediately after eating.
5. Whistling and wheezing in the bronchi on breathing.
6. Pressive-drawing pain across the lower portion of the chest while sitting, which caused anxiety; disappeared when standing and walking.
7. Pain in the side as if beaten, or as from a blow.
8. Stitches in the cartilages of the third and fourth left false ribs without affecting inspiration or expiration.

10.

1. Violent spasms of the glottis.
2. Sensation of constriction in the air tubes, tightness and suffocation.
3. *Inspiration unimpeded, and could be effected in the natural manner, but expiration was absolutely impossible.*
4. *Comparatively free, but crowing inspiration and absolutely obstructed expiration.*
5. *Sudden and extreme dyspnoea from spasms of the vocal cords; the eyes are staring, the face becomes blue, cold sweat covers the body, the pulse becomes small and soft and temperature sinks.*

CALENDULA THE REMEDY.

In reply to "K, Medical Advice Wanted," in July number of THE INVESTIGATOR, I think the difficulty one of injury to the periosteum, and the remedy Calendula off. in the 6th to 30th att.

While the proving in Allen's *Materia Medica* is very meagre, yet very many of the symptoms will be found. Should be pleased to have him try the remedy and report. W.

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 INSTITUTE IN SECTIONS.—When a large and enthusiastic meeting of the institute is held, the large number of excellent papers so fill up the time that they must be presented in abstract, the discussion of even of these emasculated papers is crowded out. This state of things has for years created trouble. When a discussion has once started it has proven so interesting and profitable that it is difficult to arrest it. What is the relief? The O. & O. men were the first to set on foot a society of their own so that they could discuss their papers as full and free as they wanted to. Then the therapeutic enthusiasts set on foot the Hahnemannian Association. It properly is a therapeutic association, or, if you please, a Homœopathic therapeutic association. Then those interested in children's diseases broke loose for a free conference, and last, but not least, the gynæcologists determined to have more time for a free conference. Now the question arises shall the institute meet in sections and so try to crowd out these "offshoots"? We should dislike to see this antagonism aroused. We suggest another plan. Bring all these sectional societies under the grand tent. The word "institute" is indefinite enough to include these national special societies. Let them take the place of the bureaus, and then we should see sections with vim and vitality. Let them be independent as now, elect their own officers, appoint their own committees and essayists, and publish their own programmes. The institute proper would hold chiefly general sessions, in which national questions and gen-

eral topics could be considered. The general president of the institute and those of the national bodies could form the executive committee to arrange when the special bodies would be given the house. Two or three of these could hold sessions simultaneously. Having their own officers, essayists and members they would experience no difficulty in getting a full house and keeping up the interest. There would only need to be organized a few more national societies when the whole field of practical medicine would be covered. We confess that we should like to see an American surgical society (of Homœopathic surgeons), a national materia medica society, with subsections of provings and pharmacy, an American obstetrical society, an American sanitary association. What greater evidence could we present of the growth, power and high standing of Homœopathy? and what better provision for a full and free discussion of the many subjects of interest to specialists?

CHICAGO A MEDICAL CENTRE.—The steady increase of students and colleges in this city deepens the impression that Chicago is destined to be a great medical centre. It may in time come to be *the* medical centre on this continent.

This age is practical and object teaching the popular method of instruction in all departments of learning. The school and city that makes the best use of the seeing faculty will draw steadily and heavily. The clinical schools are and should be the most popular feature. Some of the professors are especially apt in making the dullest student see "all there is in a case." Illustration is one thing and demonstration is quite another, hence subclinics are great sources of information and are necessary. A college that enjoys all that the best regular schools enjoy and besides has better clinics of its own will always be attractive. The best is always the cheapest, and, if the cheapest is the best, no wonder that students come from the ends of the earth to Chicago.

It is a nice question to decide between a thorough medical education and a practical medical training. As medical education is co-equal with medical experience the limit to student days should be drawn within reasonable bounds. With the essentials well in hand by a training that quickens the medical faculties (sharp observation, ready thought and clear distinction), the best may be expected of Chicago medical graduates.

DEATHS FROM OLD AGE.—“Old age or senectus (from *senex*, “an old person,”); senility is the last period of life, commencing, according to some, at sixty years of age—according to M. Flourens at seventy—varies according to numerous circumstances. It is characterized by progressive diminution of the physical and mental faculties.” Such, in brief, is Dunglison’s definition of old age. There is a growing impression that old age creeps on at the three-score line, yet with such striking examples as Gladstone, Bismarck and other public men it is a question if this impression should not be combatted. To one who has the opportunity to review the second and third ancestry of many applicants for insurance, for example, the fact that many of these lived to be over eighty years of age, the impression grows that we should not think of being old until sixty-five at least. The expectancy of life ranges between sixty and seventy-five. At fifteen years of age it is sixty, at twenty-five it rises to sixty-three, at thirty-five it is sixty-six, at forty-five it is sixty-nine, at fifty-five it is seventy, while at sixty-five it is seventy-six.

Taking this rate of the expectancy, compiled from the mortality experience of American life insurance companies, we see that the border of old age is sixty, and that senility should not be assigned as a cause of death under seventy.

We have heard many men at fifty act and express the age definition. Those who have observed closely men of this age are impressed with the belief that there is something of a

change of life that takes place at about that time. We can recall many men at that age who were not exactly sick, but out of sorts—like many women at about forty—who after years seemed to get a new lease of life, or perhaps more properly speaking, they felt more confidence in their powers of vitality.

Longevity can be promoted without doubt by a strong will and sensible management. To understand that men pass through a chopped sea at about fifty may save many from mistaking it for the breakers on the other shore. Knowledge is power, wisdom is the right use of knowledge, and the profession can do much to prevent men from

"Lying doon to dee,"

before their time. How to manage these cases in the varied avocations of life is an interesting medical study. Many a merchant who has lost his grip about this time regained both health and wealth by rest of brain and rural employment. The change doubtless takes place through the sympathetic nervous system, and, therefore, the animal functions are disturbed and for a time appear weakened, memory is confused and thought slow. It is evident that mental work should be lessened and diversion and rest the order of the day. Here as in the manopause of women we have royal remedies. Sanguinaria or Glonoine for the cephalalgia, Sulphuric acid or Lachesis for the confusing heat rushes or giddiness. For the heat of the vertex Sulphur, and for the debility Ferrum phos. or China. For "faintness at the stomach" Cimicifuga. Nocturnal priapism, Hyosc. Impotence, Lycopodium. Forced venery at this time of life should be avoided. Men could live longer by exercising more care at this time of life, and the number of deaths from old age would necessarily increase.

VERATRUM ALBUM.

BY PROF. J. T. KENT, A. M., M. D., ST. LOUIS.

This is the white hellebore, the root being the part used, prepared by tincture in the usual way. Veratrum alb. is a friend of the woman; it is pre-eminently the woman's remedy; it corresponds to many complaints in them not at all found in men. Especially is it mixed up with the hysterical diathesis. Veratrum alb. develops many functional uterine disturbances; develops the mental states with it; hence, in mental complaints, associated with uterine disturbances, it is of great value.

Hahnemann made the statement that the lunatic asylums would be diminished by one-third if these insane doctors, or doctors that treat crazy folks, were familiar with the use of Veratrum alb. He meant that it would cure one-third of the female lunatics in the asylums at his day. Of course insanity is treated much better now than it was then, and perhaps his remark would not apply. Nevertheless, it is frequently indicated in the insane freaks and mental wrongs of women. It may also be used in men, but not so frequently. You will notice running through the remedy that the mental states are all made worse at the menstrual epoch. It has many symptoms related to the menstrual period; hysterical freaks of a nonsensical character; vomiting; diarrhoea, and headaches coming on at the menstrual period. Now, you see the general aggravation. Nearly all the acute exacerbations of the complaints running through Veratrum alb. are marked by vomiting, diarrhoea and sweat. The sweat is all over the body and it is cold; especially upon the face and head; profuse sweat; and with all this there is great exhaustion. This runs through the acute, sharp, striking complaints produced by this remedy. There is a copiousness marking all these features; copious vomit; copious diarrhoea, and copious sweat. Arsenicum is sometimes distinguished from Veratrum alb. because of the scantiness of all these things, of all these peculiar symptoms. In Arsenicum we have scanty discharges; true we have there the exhaustion, the sweat, and the vomit; but there is more retching, frequently vomiting up a little at a time, while in Veratrum alb. it is copious. The sweat is not so profuse in

Arsenicum. In Veratrum alb. it is as cold as ice; it seems cold when it comes out. In Arsenicum it comes out warm on the body, and becomes cold afterward. Arsenicum has frequent, scanty discharges from the bowels, but they are generally scanty—they are not copious. In Veratrum alb. they are copious. Both have marked exhaustion; both have restlessness; both have pain and symptoms of restlessness driving them to despair, and driving them out of bed; and both have aggravations in the night. This remedy has burning running through it like Arsenicum, but it is distinguished by the copiousness of the excretions and secretions. Burning in the brain, burning in the stomach, burning in the abdomen, are characteristic of Veratrum alb. But we have all these burnings in Arsenicum also, and you must think of Arsenicum first of any remedy. Veratrum alb. has thirst for cold drinks; like Arsenicum little and often. Now, see how easy it is to get two remedies mixed up when you only take a part of the picture of either. Veratrum alb. has an appetite for cold things, cold food, fruits, juices, succulent things, refreshing things, and is aggravated by warm things and warm drinks. Arsenicum is made better by warm things and warm drinks. There we have its opposite. Coldness in various modifications you will see running through the remedy. There is a sensation in Veratrum alb. as if a lump of ice were lying on the head, it is so cold, icy cold. There is coldness in the stomach; coldness in the abdomen at times, but this is circumscribed in its locality; it is in keeping with the general picture, the general state. The hands and feet are cold as ice with or without sweating; there is marked general bodily coldness; coldness all over the body, occurring usually with a profuse sweat. Now, with this coldness, blueness is common. It is not the congestive blueness of Pulsatilla nor of Lachesis, but rather a pale, bluish appearance from relaxed blood vessels; blueness of the hands. You will need to know Veratrum alb. in this blueness. The veins of the hands and feet fill up and appear full; by pressure they become pale, and it is a long time before the pale part becomes changed to its original blueness again. The blueness disappears under pressure and remains away quite a while. This blueness is peculiar to Veratrum alb., blueness of the surface; it may exist anywhere upon the

surface; blueness of the face; blueness of the skin; blueness of the hands; blueness of the feet. You will see this condition after sudden exhaustion, after great vomiting, after great diarrhoea; vomiting, diarrhoea and profuse sweat. Sometimes when this bluish condition of the skin appears the ears will be almost transparent with cold; the nose, and especially the tip of the nose, will be cold and elongated apparently, because it is sunken or shriveled, looking more pointed; the general appearance of the face is more pointed; there is deathly sickness; icy coldness of the fingers and toes, and in cavities. Such a state pre-eminently belongs to *Veratrum alb.* The pains generally come on in the night, and commonly in the latter part of the night; relief only comes by walking. The patient will tumble around in the bed, but that will not relieve the pains; they drive to despair, and so the patient gets up and walks about for relief. Even in rheumatism where there is much soreness and swelling of the joints and tenderness, yet the excruciating pains make him forget the soreness so he will get up and walk around in the night. (*Mercurius* pains are worse from the warmth of the bed and are relieved from cold).

[*To be Continued.*]

NEW BOOKS.

THE BABY AND HOW TO KEEP IT WELL. By J. B. Dunham, M. D. Chicago: Gross & Delbridge, Duncan Bros. 12 mo. 56 pp. Price, 75 cents.

This little work opens with "life" and closes with "how to make a filter." It contains besides much relevant matter, most of it compilations. We regret that the author should appropriate matter without proper credit. We notice extracts from Duncan's *Diseases of Children*, but among the list of authors this one seems to be carefully omitted. As to the various artificial foods this young author is "prejudiced in favor of Mellin's Food." We are sorry to see any author prejudiced. He will learn when he has had a few more years experience that every child cannot digest Mellens Food. The magnified dangers of artificial feeding and the misanthropic views of the purposes of proprietors of the various foods is on a par with charging physicians with mercenary motives for watching the baby. It is neither just nor in good taste. Manufacturers of foods are public benefactors as well as physicians; and we have yet to learn of any amassing fortunes. The work notwithstanding these defects will doubtless serve a useful purpose.

XXX.

INEBRIISM A PATHOLOGICAL AND PSYCHOLOGICAL STUDY. By T. L. Wright, M. D. Columbus, O.: William G. Hubbard. Chicago: Duncan Bros. Price, \$1.25.

This is a book of 222 pages, nicely gotten up. The views taken by the author will be questioned by some, but no doubt by a large majority coincided in. No doubt every physician sees most every day the effects of alcoholism. The question comes up is it a habit or a disease?

MEDICAL AND SURGICAL DIRECTORY OF THE UNITED STATES. R. L. Polk & Co. Publishers. Price, \$7.00.

To undertake and carry out and publish such a work as this must have taken

a vast amount of work and expense. It is supposed to give a full list of all physicians in the United States, arranged alphabetically, with the number of page on which the name appears, by States, with school practiced, post-office address, population, and location, date and college of graduation, laws, etc. Everything the physician wants to know in this line is in this book. It is nicely gotten up and contains 1,452 pages.

AMERICAN NEWSPAPER DIRECTORY FOR 1886. By George P. Rowell & Co., New York.

This book has been published for eighteen years. It contains a list of all the newspapers and periodicals published in the United States, territories, Dominion of Canada and Newfoundland, together with a description of the towns and cities in which they are published. Nicely printed and arranged, and contains 1,818 pages of closely printed matter.

DISEASES OF THE STOMACH AND INTESTINES. By Prof. Dujardin-Beaumez and E. P. Hurd, M. D. New York: Wm. Wood & Co. Chicago: Duncan Bros.

This is one volume of Wood's Library, and is a very interesting one. The chapters on the dyspepsias and neurosis of the stomach, on the ulcer and cancer of the stomach and on the various intestinal diseases will be found profitable for study, in fact the diseases here discussed are those which the ordinary practitioner will be oftenest called upon to treat. The treatment recommended is not the single remedy and the minimum dose. The work is nicely gotten up.

A SYSTEM OF PRACTICAL MEDICINE BY AMERICAN AUTHORS. Edited by Wm. Pepper, M. D., LL. D., assisted by Louis Starr, M. D. Philadelphia: Lea Brothers & Co. Cloth, \$5; leather, \$6.

This is Vol. V, and the concluding volume of this great work. It takes up diseases of the nervous system as follows: General semeiology of diseases of the nervous system; data of diagnosis; the localization of lesions in the nervous system; mental diseases; hysteria, hystero-epilepsy, catalepsy-ecstasy, neurasthenia, sleep, and its disorders; acute affections, produced by exposure to heat; headache, vertigo, tremor, paralysis agitans, chorea, athetosis, local convulsive disorders, epilepsy; the neural disorders of writers and artisans, tetanus, disorders of speech, alcoholism; the opium habit and kindred affections; chronic lead-poisoning; progressive unilateral facial atrophy; diseases of the membranes of the brain and spinal cord; tubercular meningitis, chronic hydrocephalus, congestion, inflammation and hemorrhage of the membranes of the spinal cord; spina bifida, anæmia and hyperæmia of the brain and spinal cord; the chronic inflammatory and degenerative affections of the spinal cord; concussion of the brain and spinal cord; intracranial hemorrhage and occlusion of the cerebral vessels, apoplexy, softening of the brain, cerebral paralysis, atrophy and hypertrophy of the brain, syphilitic affections of the nerve centers, tumors of the brain and its envelopes, infantile spinal paralysis, disease of one lateral half of the spinal cord, progressive labio-glossal-laryngeal paralysis, diseases of the peripheral nerves, neuralgia, vaso-motor and trophic neurosis. It also contains fifty-eight diagrams and charts, which are finely executed, and adds very much to the value of the book. These volumes will well repay a perusal. Nicely gotten up and would be a credit to any physician's library.

A MANUAL OF DIETETICS. By J. Milner Fothergill, M. D., Edin., Physician to the City of London Hospital for Diseases of the Chest (Victoria Park). Hon. M. D. Rush Medical College, Chicago, Ill., Foreign Associate Fellow of the College of Physicians, Philadelphia. 8vo, extra muslin. 255 pages. Price, \$2.50. New York: William Wood & Co. Chicago: Duncan Bros.

This author says in his preface: "The day of dietetics has arrived. Modern advances in our knowledge of the physiology of digestion have been accomplished by a like progress in the preparation of foods. The value of pre-digested carbo-hydrates in acute disease and malassimilation among adults, as

well as children, is now being gradually realized. The digested albuminoids are making their way, while oil emulsions have established themselves on a firm footing. The many evils of a dietary too rich in albuminoids are now being generally recognized. The time, indeed, is at hand when systematic lectures on foods will be a part of medical education; while the value of feeding in disease is admitted to be as important as the administration of medicines." We do not believe that this author has any stock in any food company for we do not see that he favors one more than the other. This book contains a large amount of sound practical sense.

BRIGHT'S DISEASE AND ALLIED AFFECTIONS OF THE KIDNEYS. By Charles W. Purdy, M. D., Queen's University, Professor of Genito-Urinary and Renal Diseases in the Chicago Polyclinic, etc. 8vo., 288 pages, with 18 illustrations. Cloth, \$2. Philadelphia: Lea Brothers & Co. Chicago: Duncan Bros.

This work is divided into nine chapters as follows: Albuminuria, uræmia, acute nephritis, chronic nephritis, cirrhosis of the kidney, scarlatinal nephritis, puerperal nephritis, lardaceous degeneration of the kidneys, cyanotic induration of the kidney. The etiology, symptoms, diagnosis and prognosis are all well given. The book contains 295 pages printed with good type and nicely bound.

MEDICAL NEWS ITEMS.

Dr. J. C. Cardosa, from 419 E. 121st street to 337 W. 31st street, New York.

Dr. Orme, of Atlanta, Ga., the President of the American Institute, is slowly recovering from his sickness, and his complete recovery is now assured.

Dr. Chas. Mohr, of Philadelphia, will fill the chair of materia medica in the Hahnemann Medical College of that city, made vacant by the death of Dr. Farrington.

College Announcements.—We have received a large number of college announcements, and all are nicely gotten up. The Chicago Homœopathic College has the largest.

Advertisements.—We should like to have every reader look over our advertisements in this number carefully. If you answer any of them please say where you saw it.

Gone to Italy.—Florence, Italy, Feb. 17, 1886.—**DEAR DOCTOR:** I take pleasure to inform you that I shall practice in this city. Please remember my address, via della Vigna Nuova, No. 20, Hom. Pharmacy. Yours truly, *Ciro de Suzzara-Verdi*, M. D.

Oxygen.—We have made arrangements so we can give the physicians a chance to use this great remedy at a much less price than it has ever been offered before. It is put up in four ounce bottles, with full directions. Price to physicians 75 cts. each. The inhaler is also 75 cts. It can be used in the office or given to the patient to take home and use, as the physician thinks best. All orders cash or C. O. D. **DUNCAN BROS.**

The Homœopathic Medical Society of the State of New York meets at Niagara Falls, Sept. 7th and 8th. Those who attend will be well repaid, as a profitable and enjoyable meeting is confidently expected. The headquarters will be at the Cataract House, where the rates will be reduced to \$3 per day. Special arrangements have been secured from all the leading railroads, whereby those in attendance can have a return ticket at half fare. President Houghton will deliver the annual address on Tuesday evening, choosing for his subject "The Medical Ethics of the Use and Abuse of Alcohol." A cordial welcome is extended to all.

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CASE OF CHRONIC ECZEMA.

BY E. W. BOARDMAN, M. D., JANESVILLE, WIS.

Frank P—, aged eight months. An eruption was first noticed when the child was two months old, beginning as a small red spot on the scalp, from which oozed a sticky fluid. A scab formed and was rapidly spread over the head by the child's scratching. Within two weeks the entire scalp, and portions of the face and forehead were covered, and subsequently the body and limbs became involved. Itching was intolerable, disturbing the sleep of the child, and making him continually cross and fretful. Dr. S. at various times administered such medicines as Arsenicum, Hepar sul., Rhus tox., Mercurius and Calc. carb., with no perceptible benefit. Finally, under Graphites internally, and a Graphites cerate locally applied, the eruption was reduced to one small spot on the scalp which neither increased nor diminished in size for about six weeks. Then in spite of the continued use of Graphites, the eruption again spread over the whole body.

The head was now, when the case came under my care,

Read before the Wisconsin State Homœopath. Medical Society.

covered with scales and a profuse secretion oozed from under them, moistening and stiffening cloths with which it came in contact. The body was covered with vesicles and scabs, the intervening portion of the integument being red and inflamed. The hands and feet were wrapped with cloths to prevent the child from digging and scratching the affected parts. Such applications as tar-water, vaseline, goose-oil and corn-starch afforded some temporary relief.

The bowels have always been loose, there being sometimes a dozen greenish passages in a day, and these have not been reduced in number by the use of *Ars.*, *Ipecac.*, or *Cham.* The cervical glands became swollen and indurated before the appearance of the eruption, and have remained so. Notwithstanding all its drawbacks, the child is as strong and hearty as most babies of its age, and is apparently well nourished.

The following history of his brother and ancestors would indicate the case to be one of hereditary eczema. The child's brother who died nearly a year ago of cholera infantum had an eruption very similar to the one before us.

His father when a baby had an eruption covering his head and body which continued for several months, and ever since his childhood he has been subject to attacks of salt rheum. His father, our patient's grand father, is reported to have had an eruption on his head, which did not disappear until he was five years of age. The mother of the present case has been a comparatively healthy woman, free from any skin disease. There is no history of specific taint in the father or mother nor in any of his ancestors so far as can be ascertained.

The present treatment of the child, which has been faithfully followed for nearly six weeks, consists of *Ars. iod.* 3 trit. three times a day, and a daily lotion of five drops *Rhus tox.* tincture to one pint of water to be applied locally once a day. The mother is directed to wash the child only once in two days and to apply cosmoline to allay the itching.

The patient is slowly improving under this treatment, but

any suggestions as to remedies and applications will be gratefully received.

VERATRUM ALBUM.

BY PROF. J. T. KENT, A. M., M. D., ST. LOUIS.

(Continued from page 418.)

Veratrum alb. has a sudden sinking of strength, sudden prostration, like Arsenicum, Camphor and Secale. There is one general condition that belongs to many of the complaints of Veratrum alb.: external coldness with internal heat; associated with this we have dark, cloudy urine. There are three grand characteristics combining that distinguish Veratrum alb. from other remedies: the surface of the body is cold to the touch—as cold as death—he may be covered with sweat, cold sweat, even shaking; great chilliness, shuddering; hands and feet icy cold with a sensation of great heat; with great thirst; dryness of the mouth, tongue and palate; sense of inner burning; burning in the stomach; burning in the brain; burning in the abdomen; and dark colored urine.

That is very characteristic of Veratrum alb. In the beginning I told you that Veratrum alb. corresponds in its mind symptoms with many of the wrongs of the insane. It has acute delirium, and many of the mind symptoms are of a sort of quassi-hysterical character. The insane man or woman desires to kiss everybody. This symptom runs through the text to a great extent. During her menstrual period she becomes hysterical and wants to kiss everybody. When you find that symptom in the sickroom you won't laugh at it, you will want a remedy to get rid of it, or you will be turned out of doors. No good husband is going to watch you tampering around with your nonsensical doses of medicine unless you relieve his wife from that symptom; he doesn't believe in

nonsense. These things are not told you to laugh at. I tell them to you in dead earnest. If you think I am joking about it, wait until you get to the sick room, and see how you succeed. Now, like Anacardium, there is a tendency to curse and swear; even devout and pious woman in her hysterical freaks will become profane and curse and swear; but this remedy has not the two wills of Anacardium; it is more active in character. It also has religious melancholy, and despair of her position in society, that is a marked feature, a very marked feature. The woman imagines she has done something whereby she has forfeited her position among her friends and in society, and so takes on about it. Despair of salvation or despair of her position in society may come on with suppressed menses, with profuse menses, or when too soon, or any menstrual disorder. These symptoms that appear to correspond to Anacardium are entirely different, because the Anacardium symptoms are in no way related to the uterine complaints; they properly belong to the head and brain. Veratrum alb. has very little relation to the brain. It has mental disorders coming on in consequence of injured pride or fright. Some women have a superabundance of pride; they often become haughty, nonsensically so, and the slightest thing seems to trample upon their wonderfully false notions. The haughtiness breaks them down. The haughtiness itself may be a disease—may be a wrong state of the body, and Platina very often corresponds to it. All of the complete symptoms running through the text will have some portion of the red string attached to it. Headache: head hot and covered with sweat; cannot bear to be left alone. With the headache there is nausea, vomiting, paleness and stiff neck, micturition, pains coming on in the afternoon last through the night. Drawing in both arms; burning pains drive him to despair; with great prostration; with headache; with fainting; with cold sweat; great thirst, nausea, vomiting, and diarrhoea. You get in that not only the headache, but the headache with its pecu-

liarities, with the vomiting, diarrhœa, and the great sweat. Perhaps it is associated in some way with menstrual disorders, with the wrongs that are likely to occur in menstruation, or at the time of menstruation.

In these symptoms it stands out, carrying with it all its peculiarities, especially in the symptom: burning pains drive to despair; great prostration with the headache, with cold sweat; with great thirst, nausea, vomiting and diarrhœa. The following is not a very important symptom, but *Veratrum alb.* has contraction of the pupils and also its opposite. Some patients experience this when they first take the remedy, when by some authors it is called the primary effect, and get the secondary symptoms later on. Another individual will take it and reverse the order of things, so that which is called a primary symptom in one is a secondary symptom in another. You must not get confused as to the Homœopathic primary and secondary symptom. If your remedy fits the symptom it will cure it regardless of whether it comes from its primary or secondary effect.

In *Veratrum alb.* there is a restless, wild look, and a distortion of the face. In collapse it is related to *Camphor* and *Arsenicum*; we have collapse, blueish appearance of the face, nose more pointed, of a reddened hue; that is, if it is red in bed it will become pale on rising—alternately pale and red; drawing, tearing pains with blueish, pale face, sunken eyes and prostration. We have coldness in *Camphor*; it is, in fact, quite characteristic of *Camphor* to be icy cold without any sweat. The tongue is actually cold, withered and swollen; dry, cracked and red; white with red tips, and edges coated yellowish-brown. (The back part of the tongue is black.) Therefore coldness of the tongue relates to *Veratrum alb.*, to *Camphor*; but *Camphor* has not the blackness. You will see this condition of affairs in low forms of fever, after a violent diarrhœa, with sweating and coldness.

Under sixteen you see hiccough after hot drinks, and also

aggravation from hot drinks. Under desires and aversions you find there a part of the red string: craves fruits, juicy food, like Phos. acid and China; voracious appetite. Hunger and appetite between the paroxysms of vomiting. That is like *Æthusa*. You will want to know how to distinguish *Veratrum alb.* from *Æthusa* in relation to that symptom. You will find that in *Æthusa* the baby will nurse itself full, leave the breast and vomit it up; it will vomit the milk and vomit the contents of the stomach; the first that comes up is something that looks like "smear-case" but that which has gone into the stomach last will appear just as it was taken. It will vomit curdled milk and uncurdled milk, and lie down and go to sleep and wake up as hungry as a wolf. *Veratrum alb.* will vomit profuse watery matter first, and mixed with water and bile afterwards. Perhaps there may be a diarrhœa. She will even after vomiting be as hungry as a wolf and eat almost anything you give her to fill up the stomach. In a few minutes it comes up again. She will want cold things and in a little while it comes up as before. Although there have been considerable solids eaten she will vomit a great amount of liquid also, for it seems perfectly in keeping with *Veratrum alb.* for liquids in be hurled into the stomach and intestines, then to be poured away by vomiting and purging. *Æthusa* has some of the blueness of the skin, the hipocratic countenance and the sinking away about the nose and face—the pointed nose and face; but the cold sweat with which the vomiting is generally associated as well as the purging and the great amount of liquid and watery vomit—that will help you to distinguish it from *Veratrum alb.* There is aversion to warm things. You must remember these facts in relation to the remedy—warm food and warm drinks. There are two or three other remedies having that. In Phos. and *Pulsatilla* warm things taken into the stomach will be vomited *sina* *Veratrum alb.* Nausea, with sensation of fainting, generally with violent thirst. (That is an important symptom.) Now,

observe how the characteristic feature runs through the vomit: vomiting with continuous nausea and great prostration. Thin, blackish, or yellowish substance, of bile and blood are the characteristics. You may have that with many other remedies. But you must remember that there is profuse sweating, thirst and exhaustion; the sweat is cold and there is likely to be a diarrhoea. This is the great sphere for which *Veratrum alb.* has been so useful; vomiting, diarrhoea and sweat.

There may be nothing in the stool of *Veratrum alb.* to guide you to it; but if it is pouring away copiously—if there is copious vomiting, with the cold sweat you wouldn't have to hesitate long before selecting the remedy. The pains in the stomach are likely to be very violent and may be associated with cramps in the extremities. Great retching; gastric catarrh; great weakness; cold; sudden sinking; vomiting of blood with coldness; fainting fits; cold sweat, nausea and vomiting. We have coldness in the abdomen, and also great burning in the abdomen. There is a tympanic condition of the abdomen with great sensitiveness to the touch, with burning or coldness. Chronic coldness of the abdomen is a very common sensation with pregnant women, and in women suffering from uterine disturbances.

Coldness in the abdomen. You will very often in that case think of *Veratrum alb.* Always think of it when you have marked coldness of the abdomen, peritonitis, etc.; vomiting of faecal matter from spasms of the bowels, and he is covered with cold sweat. Here you have the symptoms that lead to *Veratrum alb.* in Asiatic cholera; stools watery, greenish, mixed with flakes; gushing, profuse, rice-water discharges, with tonic cramps commencing in the hands and feet, spreading all over; sunken hypocratic face.

Asiatic Cholera. Watery, inodorous gushing, flaky, thin, papaceous, mucous stools. Now, *Arsenicum* differs from this remedy, as I have said, from the fact that it is scanty in its stools; it has the prostration of *Veratrum alb.*, if anything

more marked, if that were possible; it has a sweat, but it is not cold as *Veratrum alb.* is cold. *Arsenicum* has great coldness, but still there is not the icy coldness of *Veratrum alb.*

Nearly all the cholera remedies have more or less of cramping. *Veratrum alb.* has cramps in the soles, in the calves particularly, and in the fingers and toes. *Cuprum* is marked for the cramps; *Camphor* for its coldness; and *Veratrum alb.* for its cold sweat. Now, these things predominate, yet they all have these things in a general way—they have these things in common, but when the coldness is extreme, and not much sweat, but cold and dry, it is *Camphor*. Coldness, dryness and blueness is *Camphor*. The terrible cramps that come on in the abdomen that make him screech and scream with the pain, the cramps extending to the chest, particularly, that calls for *Cuprum*. *Cuprum* has the vomiting and purging nearly as great as *Veratrum alb.*, but it has not the cold sweat in any marked degree; it has exhaustion like *Veratrum alb.*, but it has not the cold sweat. It is marked for the collapse. *Veratrum alb.* for the cold sweat. *Camphor* for the coldness.

There are cases of dry cholera where the patient is taken down simply with coldness; no vomiting, no purging; it seems that he has not the vitality to vomit and purge. Neither does he sweat. He is simply cold and blue, almost unconscious, going right into collapse. These cases die without *Camphor*, and *Camphor* is the only remedy that we have that can correspond to that state. Your patient's life depends upon *Camphor*. You can do with *Camphor* all that you can expect to do because we have no other remedy for that state of affairs. Where the cold sweat and profuse vomit and purging and watery character of the diarrhoea predominate, you have *Veratrum alb.* Where the cramps predominate you may have *Cuprum*. *Arsenicum* has more or less of the coldness; it has more of the restlessness in the beginning than any remedy, and the common feature is for *Arsenicum*, cholera to commence after midnight. The *Veratrum alb.* case may com-

mence any time, no matter when, because its distinctive feature is that it has no time. Arsenicum also has its own characteristic.

The Secale cholera I presume you could picture to yourselves; but owing to the fact that Veratrum alb. is sometimes made better by a little cold—cold things—and that Camphor particularly is made better in its coldness by uncovering, you will have to distinguish it from Secale.

[To be Continued.]

not in this volume ?

A UNIQUE RECTAL CASE.

The patient was a woman aged sixty-two. Had complained of severe pain in the rectum for many months. Though increased during the act of defecation, the pain was continuous, and radiated down the thighs and up the back. It caused a disposition to urinate often, which act was attended with pain. A muco-purulent discharge was noticed with each action from the bowels. A constant feeling of uneasiness, described as a heavy weight in the rectum, was constantly felt. Some flesh had been lost in the twelvemonth. From this history, together with her age, malignant trouble was suspected. The following condition was found: Just within the anus, encroaching upon the external sphincter muscle, inclined to the left side, and extending to the dorsal aspect of the gut, was a well-defined tumor, *very hard*, painful to the touch, and slightly ulcerated. No other disease of the rectum existed, nor did this resemble any affection incident to this locality save cancer. One day in going to stool, she noticed a more sensitive condition of the parts than usual, and, as had been her custom, she inserted her finger into her rectum. Upon doing so it came in contact with a very sensitive and unusually hard point upon the surface of the tumor. As was natural, she pushed her investigation and was rewarded by finding that this one point was movable and at last succeeded in getting

it out of the rectum, when to her great astonishment it proved to be a large molar tooth well-filled with gold. She then related that *fifteen years* prior to this time she had swallowed a tooth during the extraction of many by a dentist.—*Medical Herald*.

HONEST PHYSICIANS.

We publish these two letters out of a large number we have received. We know from experience that all Homœopathic physicians are *not* “dishonest.” We think the great trouble with the physicians is that they do not try hard enough to collect their own bills :

DUNCAN BROTHERS:—*Sirs*: Owing to an oversight of the cashier of First National Bank, your draft on me, drawn Aug. 31st, was not paid until to-day. I *prefer* to pay that way; whenever the account gets “big enough,” draw at sight, and I will attend to it. It seems to me if you would do so with your subscribers, as a *rule*, you would save both time and money, as a doctor who does not care enough about his journal, and his credit, to honor such a draft, is not worthy to have his name on your books.

Yours, truly,

WM. MURDOCH.

DUNCAN BROTHERS:—*Gents*: It was all right that you drew on me for my subscription for your journal, and hereafter whenever you want your money just draw on me, and I will honor the draft. Yours, etc.

A. J. MILLER.

REPLY TO “MEDICAL ADVICE” WANTED.

If Dr. K— will read the symptoms of *Conium mac.*, he will find that pain in the head and headache are brought on by walking in the open air, showing a sensitiveness to cold

air. He will also find under Conium, sleeplessness, prostration, exhaustion, nervous weakness, hypochondriasis, depression of spirits, indifference, heat in the head, aggravation in the forenoon, wet weather, cold air, after rising from bed; sudden loss of strength while walking; walking in the open air is fatiguing, great liability to take cold, vertigo when walking, weakness of the whole body, vertigo so that he was obliged to sit down during a walk; languor of both body and mind; sudden lassitude in walking; the faint trembling sensation all over soon after rising and walking about is found under Conium as well as all the other of his symptoms though in some instances expressed differently. Conium mac. is adapted to diseases caused by a blow or fall. Dr. K's trouble are the result of an injury. Galvanism might possibly benefit him. The correct *Similimum* will certainly cure him, and from his statement of the case Conium is the similimum and not Hypericum as stated in a foot note by T. C. D.

MEMPHIS, TENN.

E. LIPPINCOTT.

CHOLERA INFANTUM MENINGEAL.

I regard cholera infantum as the product of great and sudden *climatic alterations*, always involving peculiar electrical conditions of the atmosphere. To kill the malarial idea, I have only to state the well-known every-day fact, that if the thermometer runs up to ninety-three degrees in the shade, and then suddenly falls to 28 degrees that cholera infantum in teething children, and cholera morbus in grown-up folks will occur on the summits of the Blue Ridge mountains, where malaria is unknown; but where electrical phenomena are known. And if these great and sudden atmospheric changes are often repeated you may have a wide-spread epidemic of cerebro-spinal meningitis, but it may be dressed in the livery of cholera infantum or cholera morbus. Now I do not like the

name, cerebro-spinal meningitis. There seems to be tomology there, and I think "Spinal Meningitis" or "Brain Fever" sufficiently explicit. I have seen spinal meningitis, the old-time brain fever, so often dressed in the livery of cholera infantum and cholera morbus, that I am in the habit of *critically* examining every case of these diseases to see if there is any symptoms of spinal meningitis or brain fever present. In my opinion these sudden and excessive variations of temperature, give rise to the peculiar electrical conditions, make violent impressions on the par-vagus, or sympathetic nerve, and through its branches violent reflex action is produced. I think long-continued excessive heat capable of producing the same peculiar electrical condition and par consequence, the like results on the pneumogastric nerve and its peripheral branches, giving rise to reflex action.

There ought to be no difficulty in diagnosing a case of so-called cholera infantum from coup de soleil, or thermic fever. In thermic fever the pulse is slow, deliberate in its rhythm beat, slower more deliberate by 15 to 20 in the minute than in health, and patients are better, more comfortable in the night than they are in the daytime. But there is another disease, which it is very difficult, I had nearly said imposible, to diagnose from cholera infantum, namely, epidemic spinal meningitis, spinal irritation or brain fever.

In other words I regard cholera infantum of our climate simply a reflex action usually associated with irritation of the spinal cord and base of the brain, but clothed in the habiliments of cholera infantum or of cholera morbus, a modified form of Asiatic cholera. I have seen as pure cases of Asiatic cholera in the mountainous regions of Virginia, as I ever did at Quarantine off New York City.—*Ther. Gazette.*

APIS MELLIFICA*

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

Pains, like bee-stings, with the thrust and the burning following; absence of thirst; scanty urine; shrill, sudden, piercing screams while sleeping or waking, form invaluable key-notes to the use of this remedy.

Mind.—The mental symptoms are rich in unconsciousness, absent-mindedness, impaired memory, and slow march of ideas. Lets things fall from the hands from inadvertency. Delirium with or without muttering. Shrill, sudden piercing screams, sleeping or waking. Great tearfulness; cannot help crying. Cannot bear to be left alone. Very irritable and fidgety about this or that. Very jealous. Vertigo on closing the eyes or when the sight is obscured. Premonition of death, thinks it is about to transpire.

Head.—The general character of pains in the head, aside from the stinging, thrusting pains, are an aching-like congestion, pressing or dull, heavy headache. (See also mental symptoms.) Apoplexia, hydrocephalus, and other disorders of the brain. Bending back and boring the head into the pillow; inability to hold it erect. Scalp very sensitive; copious sweat on the head, scalp, forehead. Confusion of the head with vertigo, worse while sitting, and worse still on lying down and closing the eyes. Throbbing in the head. Brain feels very tired. The pains in the head are often relieved by pressure.

Eyes.—Swelling about the eyes; much inflamed; sometimes entirely closed; very sensitive to the light; obscuration of sight often from opacity of the cornea; can't read by artificial lights from pain in the eyes; boring, burning, stinging,

* From advance sheets of *Materia Medica* by the late Henry N. Guernsey, M. D., edited by Joseph C. Guernsey, M. D.

itching and shooting in the eyes, or aching extending into the forehead; squinting of one or both eyes; upper lids swell and hang like little sacks over the eyes; very much lachrymation, which feels hot and scalding; eyes are weak and cannot bear much use; chemosis; fistula lachrymalis; sleeps with the eyes wide open; paralysis of the right side of the face with right eye closed; chronic inflammation of the conjunctiva which has become thickened; eyelids everted, red and smarting; œdematous and bag-like under the lower lids; granulated, even on the edges; agglutination of at night; styes with stinging pains; smoky darkness before the eyes.

Ears.—Redness and swelling of both; otitis and scarlatina; hardness of hearing.

Nose.—Much swollen and œdematous; chronic catarrh with crusty-nostrils; polypus.

Face.—Red and hot, swollen so as to be unrecognizable, with piercing and burning pain; pale and waxen face, sometimes swollen, with a puffiness about the eyelids; œdematous swelling of the face, and puffed eyelids, erysipelas of the face and scalp, often beginning on right side and spreading to the left, or extending down the neck on to the body; lips much swollen and often everted.

Mouth.—The whole margin of the tongue feels as if scalded and quite raw; red, fiery appearance of the buccal cavity, very tender dry tongue; on the left of tip of tongue a row of vesicles sore and raw. Can't protrude the tongue, it trembles and catches on the teeth, and inability to talk; tongue hangs from the mouth; red, hot burning, particularly at tip; dry, brown streak down the middle, sides being moist; inflamed and fearfully swollen; cracked, sore and ulcerated, or covered with vesicles; white, dry, or covered with white mucus; cancer of. Grinding of the teeth; sudden and involuntary biting them together; covered with yellow mucus or brown sordes. Gums sacculated and look watery. Viscid, tough, frothy saliva. Fetor of breath.

Throat.—Dryness in, without thirst; dry and burning;

sensation of fulness, contraction and suffocation in, deglutition painful; stinging itching deep in; very sore, fiery red and shining; inability to swallow anything with swelling of the tongue; diphtheritic sore throat gets well as a scarlet rash fever develops; diphtheria when the margins, and a little beyond the membrane, are fiery red and shining, this fiery margin moves on as the membrane increases; no thirst and scanty urine; troublesome, tenacious mucus in the throat morning and evening, uvula long and dropsical; small, clear, watery blisters in the back part of the throat; tonsils and fauces highly inflamed and very red; hypertrophied tonsils when very red; stinging and darting in the throat; deep ulcers on tonsils and palate.

Stomach.—Burning heat in the stomach; soreness in the stomach and abdomen; thirst absence of, insatiable, or for little and often; appetite, loss of, or voracious; bitter or acrid belching; rich in symptoms of nausea; retching, vomiting with diarrhoea; weak, faint sensation in stomach.

Abdomen.—Much pain, soreness and sometimes enlargement of the splenic region, sometimes the pain extends upwards; soreness of the bowels or abdominal walls, when touched or pressed; fullness and sensation as if the abdomen were bloated or distended; burning, stinging, or thrusting in; traumatic erysipelas of; rumbling and meteoritic distension of; much distended by fluids; ascites and anasarca; ileo-cæcal region very sensitive on pressure; hard swelling on the right groin, oblong, as large as a cucumber; long-standing inguinal hernia; peritonitis; cannot bear the lightest touch.

Stool and Anus.—Sensation of rawness in the anus, with diarrhoea. Passage of flatus before stool. Copious evacuations of blackish-brown, green or whitish, yellow, watery, mucous or pap-like stools, usually worse in the morning, sometimes occurring at every motion of the body, as if the anus were constantly open. Stools involuntary and painless, or painful and urging, olive-green, profuse, and full of red-

lumps, like chopped beets; bloody, painless; smell brassy or like carrion, very offensive. Hemorrhage from the bowels, with burning pain, excoriation of the anus, and constant tenesmus. Anus feels raw. Dysentery painless. Hard and costive stools with stinging pains. Protruding varices, which sting, burn and smart intolerably.

Urinary Organs.—Burning and soreness, agony, strangury, when urinating. Urine very scanty or profuse, usually the former; frequent emission. Pain in region of kidneys; soreness on pressure or when stooping. Frequent and sudden pain along the ureters. Bladder very painful, often tenesmus after urinating. Much difficulty in voiding urine; must wait a long time before it flows, and then it flows slowly. Incontinence of urine from coughing and other circumstances. Burning and stitching pain in the urethra. Frequent desire day and night, passing but little at a time. Urine often bloody; milky appearance; very dark and frothy; very foetid; very albuminous, sometimes at least one-half; sediment reddish-brown, like coffee-grounds.

Male Sexual Organs.—Chancre with stinging pains like bee stings and with a highly-inflamed circumference. Dropsy of the scrotum and prepuce; hydrocele.

Female.—Threatened abortion in the early months, with heaviness of the abdomen, restlessness and yawning, or with stinging pains in ovarian regions. Much pain in the right ovarian region during or before menstruation. Stinging pains in ovaries, like bee stings. Constant feeling of weight and heaviness in ovarian regions, and much tenderness in. The ovaries feel better to lie on right side. Pain in the right ovary, often with enlargement, with pain in the left pectoral region, with cough. Ovarian tumors with stinging pains like bee stings. Metritis, peritonitis, with stinging, thrusting pains. Labor-like bearing down pains, followed by dark, bloody mucus. Ulceration and engorgement of os uteri. Uterine dropsy. Menses too profuse or too scanty; metror-

rhagia with red spots stinging like bee stings; irregular, lasting but a day or two, feeling very weak; copious, lumpy, with pain in the spleen; delayed or suppressed; a sensation as if they were coming on, but they don't come. Leucorrhœa acrid, profuse, green, or yellowish. Large and painful swelling of the labia, with heat and stinging pains. At the critical age, chronic diarrhœa of blood and mucus. Dropsy in the latter part of pregnancy attended with puerperal convulsions. Erysipelatous inflammation of the breasts. Swelling and hardness of the mammæ, threatening to ulcerate. Scirrhus or open cancer of the mammæ, with stinging, burning pains. Ovarian affections, with inverted nipples. The right ovary is most susceptible. Great sensitiveness to touch or lightest pressure a characteristic.

Respiratory Organs.—Considerable hoarseness. Irritation to cough felt deep down in the back of the throat pit, and considerable coughing in the evening, and in the night preventing sleep; every shock from coughing gives pain in the head and some pain through the chest, as from the clavicle; relieved after loosening a small portion of mucus, or a large quantity of transparent, frothy, and bloody mucus is expectorated. Great dyspnœa, *as if every breath would be the last*; wants to be fanned. Asthma, worse in cold weather; intense sensation of suffocation; throws the collar wide open, could bear nothing about the throat. Hurried and difficult respiration with fever and headache. Sensation of fulness, constriction, or suffocation in the throat, with difficult, anxious breathing. Œdema of glottis; of larynx; croup; chronic laryngitis.

Chest.—Sharp pains, stitches, and stings in the chest. Sensation of soreness, lame, bruised feeling in chest.

Heart and Pulse.—Sudden and acute pain just below the heart extending diagonally toward the right chest. Very feeble action of the heart; violent beats, shaking the whole body; intermittent beats. Region of the heart sensitive to

the least pressure; rasping sounds of systole and diastole unmistakably audible. Palpitation of heart from scanty secretion of urine, perfectly cured by establishing the natural quantity. Pulse almost imperceptible at wrist; very frequent and hard; wiry; irregular and slow pulse; intermittent.

Neck and Back.—Back feels lame and bruised; stitches and stings in. Stiff neck and back. Swelling of the glands of the neck. Cerebro-spinal meningitis.

Upper Extremities.—The arms, hands, or fingers, one, both or all, swell, become very tender, and remain so for several days. Numbness of the hands, or fingers, especially at their tips; burning like fire.

One of the first remedies to give at very beginning or threatening of a felon.

Lower Extremities.—Sore feelings and pains in. Burning, itching, and stinging in the swelling of the legs and feet, often white, waxy and transparent. Soles of the feet feel when walking as if cushioned. Sensation of burning in the feet and toes. Reddish and bluish streaks, hard and painful spots, making them painful to move. Edematous swelling of lower extremities. Swelling of the knee. Numbness of the limb same side on which ovary is affected. Eczema. Foot-sweat checked by cold. Numbness and coldness of feet and in diphtheritic albuminuria.

Generalities.—Swelling or “puffing up” of the whole body. Complete anasarca, no thirst, pale, waxy, almost transparent. Twitching; trembling, jactitation of the muscles. Clonic and tonic spasms. Restless moving about. *Tired as if bruised all over.* General feeling of lassitude with trembling. Heavy and prostrate in fever. Faintness and fainting. Surface of the body extremely sensitive to touch, even to the moving of a hair. Great prostration, rapid sinking, rapid pulse, and fever.

Skin.—Erysipelatous inflammation and swelling, white and hard in the centre. White wales on different parts,

itching fearfully. Red and white blotches with itching. Appearance as of the bites of insects, sore and painful. Burning, stinging, itching and prickling over the whole body, and painful to touch. Most violent itching all over the body or in any single part. Erysipelas with gangrenous spots.

Sleep and Dreams.—Much yawning. Great inclination to sleep; anxious starting in. Dreams much, of making long journeys; of flying through the air; of hot stones; of walking over hot floors; of walking a long way over wet roads. Disagreeable, unhappy dreams. Sudden waking with shrill, piercing screams.

Fever.—Chill, with red face and red spots all over the body; chill from 3 to 5 P. M.; often with racking pain all through the head; chills worse in warmth; run down the back; hand and feet feel as if dead. No thirst with the fever; hoarse cough often attends the fever; as fever subsides great prostration comes on; heat with difficult breathing, as if every breath would be the last. Much burning of the skin on various parts of the body. Shuddering, then nettlerash. Sweat goes and comes alternately; breaks out and dries up continually. After perspiration nettlerash.

Worse.—At night, particularly latter part of night; in cold weather; in warm room; lying down.

Remedies following: Arsenicum, Pulsatilla.

Remedies inimical: Apis and Rhus tox.

THE SIGNS OF THE TIMES.*

MR. PRESIDENT, LADIES AND GENTLEMEN:

The Homœopathic Medical Society of the State of Wisconsin would hereby render a thankful acknowledgment to the profession of this flourishing and beautiful city (Janesville) for the kind invitation to hold its twenty-first

*An address read before the twenty-first annual session of the Homœopathic Medical Society of Wisconsin, held in Janesville.

annual session at this time in their midst. The friendly spirit from which this cordial invitation has emanated is dear to every member's heart. The earnest endeavors which have been made by them for our comfort, during this our first visit to their city; the cordial reception which has been ours, and the many delicate attentions extended to us, cause us to feel that our lines have indeed fallen in pleasant places, memories of which will lighten future weary hours, and refresh us often as we journey down the hill of life.

The citizens who have, by their presence here to-night, shown an interest in a noble profession, have also gladdened our hearts. They have indicated such respect for the medical fraternity as no mere trade or business enterprise could warrant. They have assured us of their sympathy with and affection for our cause; and in such a manner as to demonstrate to us that the profession of medicine occupies a liberal apartment in the public heart.

The sympathizing presence of friends and clientage, their evident respect for and appreciation of our chosen profession, causes this to be to us indeed a red letter day.

The combined beauty of emerald field and azure sky, affording a most artistic setting for this gem-like city of the prairie, the vernal softness of the inland air, the restful ease, the subdued hum of business, and the evidence of thrift and plenty pervading everywhere, impart new life and vigor to us. Such surroundings as these, indeed—

"Have power to soothe
The restless pulse of care,
And come like the benediction
That follows after prayer."

We have as a medical society reached the close of another eventful year, one which has been freighted with success not unmingled with failure; one which has borne upon us, individually, that experience from which much knowledge may be elaborated; and one which has done so much to raise the standard of the medical profession, and place it upon a more scientific basis than it has heretofore occupied.

We may well pause briefly at the point now gained, and cast a retrospective glance upon the course just left; then before re-embarking upon the voyage of professional life for the coming year, we may, like the anxious mariner, scan the horizon for the signs of the times. These, with the proper interpretation thereof, may float us on the "tide of the affairs of men, that taken at

the flood, leads on to fame and fortune, omitted, all their lives are bound in shallows and in miseries."

We at the outset discover signs indicating the same relations existing between supply and demand here as are found in the domain of political economy. From a correct knowledge of these relations, we are to estimate all past experience, determine that of the present time, and prognosticate the future. Ten decades have barely elapsed since the United States numbered a population scarcely exceeding that of New York City, its suburbs and immediate vicinity at the present time. The republic was then an experiment, as yet untried.

The educational institutions were not commensurate with the population, and were unequal to the demands. The three learned professions—that are said to develop from and thrive upon the sins of the people—occupied prominent positions in the public esteem then, as they invariably since have done. The physician in those days was indeed an "institution." He has been very pretily described by a recent historian as a native product of the soil, springing from the necessities of the people.

There were then but two medical schools in the country, and they for obvious reasons were not well attended; consequently the doctor's professional education was what would now be considered insufficient to admit him to practice. Nevertheless, with very few exceptions, he was the most important personage in the district.

Medical education in general was of a picked-up practical variety, to be obtained by serving an apprenticeship to some prominent physician, during which the studies and duties of a student and the menial offices of a servant were combined. He ground powders, groomed the horse, wired skeletons, answered the night bell, mixed pills, stood in the hall and announced guests as they came to the reception, held the basin for venesection, and carried medicine to all parts of the town, cleaned bottles and the garden walks, closed up wounds as well as his preceptor's accounts, rode with the doctor in his rounds, scoured the country for experience and the office floor for dirt, adjusted plasters, and in the moments snatched from such duties, he would indulge in day-dreams, anticipating the possibility of a glorious white day when he would be enabled to enjoy the rare good fortune of dissecting a putrescent arm, or examining a human heart and lungs. Cadavers were obtained with great difficulty, by begging from the Governor or stealing from the cemetery. A single

body was made to do duty for a whole course of lectures at Harvard College

The prejudice which then existed against the study of anatomy and man's dissection has been shown by the following bitterly satirical epitaph copied from an early eastern tombstone:

" Her body dissected by fiendish men,
Her bones anatomized,
Her soul, we trust, has gone to God,
Where few physicians rise."

The doctor's knowledge was the result of personal experience, rather than an acquaintanceship with books. A practical education was, and is, most essential in medicine, as in every science. Such a system was of the utmost value to a student having a keen observation, a logical mind, and a retentive memory. This course was then an undoubted necessity, for the medical students of the last century were unable to obtain books, only to a very limited extent. Few physicians possessed a medical library of fifty volumes, and one hundred dollars invested in this direction would have been considered a wanton waste and woful extravagance.

The lad returned as a half-fledged doctor to his native burg, to assume the practice, to emulate the industry, and to follow in the footsteps of his father. As the years grew, so did his experience, popularity, and wealth. McMaster has pleasantly described his course as follows:

" His genial face, his engaging manners, his hearty laugh, the twinkle with which he inquired of the blacksmith when the next boy was expected, the serenity with which he asked after the carpenter's daughter, the interest he took in the family of the poorest laborer, the good nature with which he stopped to chat with the farm hand about the prospect of the corn-crop or the turnip-crop, made him the favorite of the country for miles around. When he rode out he knew the names and personal history of the occupants of every house he passed. The farmers' lads pulled off their hats, and the girls dropped their courtesies to him. Sunshine and rain, daylight and darkness, were alike to him. He would ride ten miles in the darkest night, over the worst of roads, in a pelting rain or storm to administer a dose of calomel to an old woman, or to attend a child in a fit. He was present at every birth; he attended every burial; he sat with the minister at every death-bed, and put his name with the lawyer to every will."

The absence of the apothecary and pharmacy compelled the physician to

combine the duties of his own profession and that of the druggist. His well-filled saddle-bags, enforced by horn balances and mortar, was often the only drug-store within forty miles. The quantity of medicine taken each year was only equaled by its vileness and distastefulness. The vile compounds of Senna and Manna, Rhubarb and Molasses, were taken daily not only by the sick but by the well. As sanitary precautions, doubtless "the blood must be cleansed," the bowels purged, the kidneys excited, and the liver thoroughly stirred up each spring. This system of vernal physiological renovation has partially succumbed to the more modern epidemic of spring house cleaning, that distemper so dear to every woman's heart, and which has been so graphically portrayed by the gifted Irving. Water, the habitat, alike of frisky animalculæ, mongrel diatom, and other aquatic nuisances, was withheld from the fever patient; and the thirsty suffering one with parched lips and burning tongue, was refreshed by the invigorating influence of the nectar-like clam-juce. Mercurial compounds were given until the lips in their discouragement turned blue, and the gums fell away from the teeth in disgust. The diagnosis was, in this manner, made a positive one, and the prognosis reasonably certain. Homœopathy, with its tasteless medicines, diaphanous mixtures, saccharine powders, persecuted petit pellet and diminutive doses, was as yet slumbering in the lap of futurity. The anæmic brain of the fainting damsel was revived by a copious venesection. Other debilitated patients were invigorated by the spoilative influences of cupping and leeching. Malarial diseases were universally present; Quinine was unknown; the supply of Cinchona bark was so limited in quantity as to be of little value in overcoming these diseases, consequently such patients were allowed to shake ad libitum. Vaccination was not discovered, and inoculation was held by many to be the cardinal sin, attended by divine chastisement. The prevalency of small-pox then, is equalled by that of pneumonia now. Anæsthetics were absolutely unknown, and remedies to assuage pain nearly so. Not one of the many germicides nor medicines which destroy disease, nor means which hold in check the most loathsome maladies and the direst epidemics, were in use. It has been truthfully said, "every few years during the dog days, the yellow fever raged with more violence in the northern cities than it ever has done in this generation in the cities of the far South. Whole cities were depopulated. Every night the dead-cart shot its scores of corpses into the pit of the Potter's Field.

Since that day, in a thousand ways, the practice of medicine has changed,

and invariably for the better. Better surgery is now generously given to the poorest laborer, than could have been purchased then by the most aristocratic nabob at any price.

A farther study of the horizon is illustrative of progress. The active, thinking mind is involuntarily influenced to institute comparisons between the times of **THEN** and **NOW**. The conflict between the old and new, is perennial, and will cease when time shall be no more. The experimental republic has grown from a population numbering about three millions to the nearly sixty millions of the present time. The increase of educational facilities has far outstripped that of national growth. The finest and most extensive free school system the world has ever seen has succeeded to the "deestrick school." The slender, starving seminary and weak academy have been supplanted by hundreds of their kind of hardy growth. The two veteran colleges, grand old Harvard and Yale, with perhaps half a score of feeble associates, have been supplemented by vigorous new institutions, until the national roll of Universities and Colleges is scarcely numbered by the days of the year.

The press, "that mighty engine which never sleeps," that has done so much to foster and develop the intelligence of man, has kept abreast of public progress. The Grand Army of Newspapers and Periodicals, numbering at this time twelve thousand six hundred and seventy-one, with an aggregate circulation of thirty-one millions one hundred and seventy-seven thousand nine hundred and twenty-four, or about one copy to every two inhabitants, has originated from the forty-three veteran pioneer newspapers, that "had come safely through the revolutionary struggle, to publish the joyful tidings of peace." The value of these regiments composing the Army of Letters in carrying forward the education of the masses, cannot be overestimated. American activity seems to have culminated in the mighty struggle against the darkness of superstition and ignorance. The weapons of pen and press have achieved signal victories upon the intellectual field of battle. The conflict is raging still, with every prospect of winning more and more glorious results. The power of the American press, free and untrammelled, in disseminating knowledge, is only equalled by her knowledge and activity. She has ambassadors in every quarter of the globe. Her couriers are found upon every road. Her officers march along with armies, and her envoys walk into statesmen's cabinets. They are ubiquitous. Yonder journal has an agent at this minute gaining information and giving bribes at the seat of government in the several

European capitals; another is inspecting the price of breadstuffs in London; and yet others are studying the topography of Afghanistan, and the national exhibit at New Orleans. Here come the dispatches from every point of the compass, rushing in on the wings of lightning. They will be able to give news to the speculative centres to-morrow. Stocks and produce will rise and fall, fortunes be made or lost. At the same time they have condensed and simplified scientific, sanitary and hygienic knowledge and disseminated it broadcast over the land, until the non-professional reader of to-day is far more conversant with these branches than was the physician of the last century.

The thirst for knowledge, which has been induced by school or college training, has been stimulated by the periodical press. There is afforded now abundant means for slacking this, at that reservoir of all contemporary human knowledge, the vast illimitable sea of books which characterizes the nineteenth century. The volume of this immense ocean of literature, is being augmented by large contributions from its numerous tributaries. The four thousand and eighty-eight books issued by American publishers during the year 1884, in conjunction with those from the foreign press, make an aggregate increase of nearly twenty-five thousand silent instructors. Carlyle has well said, "a good library is the best of universities." Books certainly do hold a high and peculiar place, as teachers. They are always ready, ever patient, uniformly kind, generous, forbearing, sympathetic and encouraging. Books are universal teachers, expounding all subjects and branches of knowledge on which one may desire information. They are alike indifferent to the wealth or poverty of their scholars. "The only passport to their favor is a love of knowledge; the only key which will unlock their hearts is a desire for wisdom; the only charter required to make you free of their rich demeures is one in which you have entered—a seeker after truth." A recent writer has said: "If there is a noble struggle, it is that of nations when trying to surpass each other in the field of letters, sciences, industry or arts." Whoever may be the victor, humanity profits by it. Humanity has profitted by this conflict in the world of letters. Never in the history of man have books been placed so thoroughly within the means and reach of all mankind, from grasping millionaire to the poorest peasant. Never in any age have they found such a hearty welcome and permanent abiding place, as is now afforded them in the million homes that constitute our happy common wealth. The ancient adage, "beware of the man with few books," is being more honored in the breach than in the observance.

The boundless expanse of fertile fields and emerald prairies, the rolling rivers and inland seas, the alluvial valleys and mountain slopes, in all their magnificence, characterize our country as one of illimitable possibilities. The unvarying round of seasons awakens the latent intellectuality of man, and stimulates him to greater activity. The very atmosphere itself is saturated with freedom. In such a pabulum the intellectual life must develop rapidly and surely. As a country develops intellectually, just in that ratio does it appreciate the learned professions. It calls for a corresponding developmental growth of the art of medicine, a higher, broader and more liberal training of its physicians, and a new definition of the medical profession, in which it will be called, not the art of healing, but the SCIENCE of healing and prevention of disease.

The appropriate attitude of the medical profession toward the world of intellectual progress, has been truthfully and eloquently described by a recent essayist, in words so trite that I cannot forbear quoting them in their entirety: "The profession of medicine is, of all fairly lucrative professions, the one best suited to the development of intellectual life. Having to deal continually with sciences, being constantly engaged in following and observing the operation of natural laws, it produces a sense of the working of those laws which prepares the mind for bold and original speculation, and a reliance upon their unfailling regularity, which gives it great firmness and assurance. A medical education is the best possible preparation for philosophical pursuits, because it gives them a solid basis in the ascertainable. The estimation in which these studies are held is an accurate meter of the intellectual advancement of a community. Where the priest is revered as a being above ordinary humanity and the physician slightly estimated, the condition of society is sure to be that of comparative ignorance and barbarism; and it is one of several signs which indicate a barbarian feeling in certain aristocratic circles, that it has a contempt for the study of medicine. The progress of society towards enlightenment is marked by the steady social rise of the surgeon and physician, a rise which still continues even in Western Europe. It is probable that before very long the medical profession will exercise a powerful influence upon general education, and take an active share in it. There are very strong reasons for the opinion that school-masters educated in medicine would be peculiarly well qualified to train both body and mind for a vigorous and active manhood. An immense advantage even from an intellectual point of view in the pursuit

of medicine and surgery is that they supply a discipline in mental heroism. Other professions do this also, but not to the same degree. The combination of an accurate training in positive science with the habitual contempt of danger and contemplation of suffering and death, is the finest possible preparation for noble studies and arduous discoveries."

Phillip Gilbert Hamerton, the writer of the foregoing then proceeds to say, "that medical men in the provinces, when they have not any special enthusiasm for their work, seem peculiarly liable to the deadening influences of routine, and easily fall behind their age. 'The medical journals,' he says, provide a remedy for this."

A careful consideration will show us that the march of medical progress has been thoroughly commensurate with the advanced demands made upon it by the phenomenal intellectual development of the country. The medical student from any given locality of to-day, leaving the pleasant office of his preceptor and his comprehensive library, which has been augmented by many judicious selections from the two hundred and fifty new American medical books fresh from the press of 1884, can find abundant means for thorough collegiate training and practical hospital discipline within a few hours' ride of his native home. The two medical institutions of the last century, with scanty curriculum and scantier class have been augmented in numbers until they represent a grand total of two hundred and sixteen medical colleges in actual existence at the present time. Rapid as is the quantitative increase, it is insignificant by comparison with the qualitative development of these educational institutions. The curriculum has been infinitely increased by the addition of new branches and by a subdivision of the old. The collegiate course adopted by the foremost American Medical Colleges, in which three years actual attendance is compulsory and four years recommended, is a long stride onwards and upwards toward that of the older and more richly endowed institutions long-founded and luxuriantly flourishing upon foreign soil.

The competition existing between this large number of rival medical schools has been productive of evil not unmixed with good. The slight pecuniary expense and the limited amount of intellectual, or even medical training necessary to obtain a diploma, such as has been seen to obtain in the past, was the first direct result of this plethora of colleges. The additional stimulation of a growing demand for medical practitioners in the rapidly-developing West, was sufficient to produce a large influx of raw material at the college

gates. These raw recruits, after an all-too-brief period of incubation, were turned out to supply an expectant market with "medical spring chickens."

The average annual number of matriculates in the United States for the years 1877 to 1885 is computed to have been twelve thousand five hundred. Of this number each year, four thousand one hundred and fifty-three received diplomas. These with the not inconsiderable number of physicians of foreign education and from alien soil, swelled the number actively engaged in the profession, to the grand total of, as nearly as can be computed, eighty-seven thousand. A mighty army (equipped to save, or through incapacity to destroy), bearing the proportion to the total population as one to five hundred and seventy-eight, a larger per centage than that of any other country.

The process of rapidly stocking the commonwealth with indifferently educated physicians, naturally continued until an over-supply of the market became strongly apparent. The avenues were filled with surplus doctors, and every city and hamlet in the rapidly-developing land was more or less bountifully supplied with regular, irregular and defective physicians. The demand had now been exceeded by the supply. The medical journals, echoed by the daily press, announced this loudly and commented sadly on the overcrowded state of the medical profession. The public demand for an increased quantity of physicians being more than complied with, a new and more imperative demand has supplanted it. Natural qualifications, adaptability through intellectual development, extensive medical and accurate scientific attainments, all are now more and more required by a discriminating and thinking populace.

A professed thinker and accurate historian has said, "the history of a people can best be studied by its literature." At the present time American writers are according to the medical profession a prominent place in their literary productions. The concept of the ideal physician has been again and again graphically portrayed by them, during the last two decades. In an essay that is yet to be written the author will, under the caption of "The Physician of Literature," refer to the high professional qualifications, the womanly tenderness, and the firm determination to pursue her professional duties to ultimate success in spite of all obstacles which hedged about the way of "Dr. Zay," that has been so elegantly depicted by Miss Phelps. W. D. Howells has also shown a lively appreciation of the true and beautiful in the profession as well as medical toleration, by means of his ideal physicians in "Dr. Breen's Practice." For manly dignity, uprightness of conduct, enthusiasm in intel-

lectual pursuits, stern and unvarying sense of duty, extensive knowledge of human nature, and a cordial sympathy for the weak and erring character, we will not be disappointed in the "Country Doctor," and his enthusiastic student, who had their origin in the fertile brain of Miss Jewett. The ideal virtues and professional acquirements which the typical physicians should to a greater or less extent possess, have been written, perhaps for all time, by the masterly pen of a James, Ike Marvell, Fawcett, Cable, Dr. Hammond, Black, Dr. Buckley, Dickens, Thackeray, George Elliot, Charlotte Bronte and many others, comprising a complete constellation of literary stars.

With such a type or standard unfurled to the public gaze, the demand for an elevation of the real, and its conformation to the ideal, in medicine, became intensified. The wish was father to the act. The standard of medical education was raised. The auxiliary school, with numerous professorships filled by enthusiastic, trained and talented men, sprang up as if in prompt response to the national demand, and they now afford a most satisfactory prefix to the increasing thoroughness of the collegiate course. For those of the profession who realize the advisability of, or a necessity for their individual improvement, are to be found in the educational centres, post graduate schools, with their extensive corps of able professors, who happily can supplement his store of medical and scientific knowledge, to any extent his most ardent enthusiasm may prompt.

As sufficient stimuli to a continued course of study, at his home and in his office, the medical journals await the physician on every side. The one hundred and fifty periodicals, fresh from the medical press, in their monthly and weekly visits, are to him as electric currents to the Leyden jar. They place within his easy reach, the motive power which moves the medical world. They bring him into intimate relations with the strong and powerful minds who mould the rank and file of the profession. They cheer his weary hours, encourage him in his despair, suggest hope when doubt has clouded o'er his mind, and present to his mental ken, visions of the broad fields and the abundant room which characterize the summit of his chosen profession.

Among the many agents which have promoted the welfare of the profession at large, may be classed the Medical Society. It may be taken as a matter of fact that the more highly organized a people, a party or a profession are, the greater will be their power for useful work. I am aware of the existence of many Societies that are more dead than alive, all interest in them

seems to be latent or extinguished. There is, in such a manifestly faulty organization, one that will admit of little or no professional development, and one that has no influence beyond the four walls within which its annual convocations are held. The poet-physician has described a character which too often constitutes a considerable membership of the average medical society. Dr. Rip Van Winkle, settling down for his yearly inter-society sleep, says to his wife:

" Good bye, Mrs. Van Winkle, my dear,
 I'm going to sleep, but wake me once a year;
 I don't like bleaching in the frost and dew,
 I'll take the barn, if all the same to you.
 Just once a year— remember, no mistake,
 Cry—' Rip Van Winkle' time for you to wake.'
 Watch for the week in May, when lay-locks blow,
 For then the Doctors meet and I must go.

" Just once a year the Doctor's worthy dame
 Goes to the barn and shouts her husband's name,
 Come, R. V. W. (giving him a shake),
 Rip, R. V. W., time for you to wake;
 The Doctors' meetin' is this blessed day,
 And come what will you know I heard you swear,
 You'd never miss it, but be always there."

" And so it is, as every year comes round,
 Old R. V. W. there is always found."

The benefits accruing from a membership in any medical society, are regulated entirely by its ability to do efficient work. This efficiency is dependent upon the individual interest of the members fully as much as upon their ability to prepare polished papers or discuss them. The payment of the yearly dues at a time when the executive force of the society needs a little pecuniary aid to carry on the necessary work, will in one way put that organization in better working order than the most learned essay upon the comma bacillus possibly could.

The financial department of a small society, assessing small annual dues with a small percentage of paying members, must present at very best a small sum total. A somewhat complicated question in economics now rises before us; a consideration of the best plan of getting something for nothing. How to issue the transactions of a society, together with its papers, reports, and their

subsequent discussions. In what manner to do this, and fulfill all indications, will require something more than idle thought. How to publish them, promptly and neatly, at the same time having them at once a matter of pride to the society, and justice to the individual member, is an important question.

Without this promptness, neatness and justice in the publication of its transactions, any society will necessarily languish; its officers will lose their enthusiasm and its members their interest. If a medical society is worthy of its name; if its proceedings have any merit; if its papers are characterized by any excellence; if the discussions possess anything like interestingness or even sense, they deserve promptness in their publication. Lacking these qualifications, the sooner such societies are squelched the better.

The ready and appropriate publication of papers and proceedings affords a motive for thorough work. The prospective audience, critical or otherwise, which awaits his pet productions, furnishes the writer with a feeling that he has met a foeman worthy of his steel, and at the same time he has the joyful anticipation of hearing the encomiums of his friends.

There is no doubt that a committee on publication, after due deliberation and careful consideration, could present to this society a plan which would in all particulars afford the greatest satisfaction.

Three methods of arriving at a satisfactory solution of this problem lie before us. 1st. The system now in vogue, which secures a larger number of readers at a minimum expense, while it necessitates great delay, and too often injustice to the person presenting papers at our meetings. 2nd. That method abandoned by us in the past, which secured a prompt and artistic publication, for a very limited number of readers at a maximum cost. 3d. One in which a quarterly journal could be edited by the committee on publication, sustained by the dues and subscriptions from non-members. After a careful study of this subject, the latter plan will be found to possess the greatest amount of merit.

It is said, "One can lead a horse to water, but he cannot make him drink. A medical society can provide methods for fining delinquents, both literary and pecuniary; but they cannot be made efficient working members by any such measures. Enterprise, enthusiasm and a proper means of presenting our work to the entire profession would accomplish infinitely more than the most rigid system of collecting fines.

Those societies, which have the wisdom to publish their transactions well, have usually, papers of greater literary merit, more professional value, and

less that are unscientific. Such papers are invariably capable of drawing out a full discussion, during which much that is of value may be elicited. Such discussions are of undoubted benefit to the members individually, and through the general enthusiasm to the society. Such an organization would be an efficient power for good. It would have an elevating influence upon the entire profession of the state, and at the same time prove itself a worthy instrument in the hands of a profession whose motto is "excelsior."

The development of chemistry into a perfect science, has afforded such facilities for the study of the various phenomena connection with nutrition, secretion, excretion, respiration and calorification, as the physician of one or two generations since, in his most sanguine hours, could have formed no conception of.

Microscopy with all its perfection resulting from

" Long days of labor,
And nights devoid of ease,"

has enabled the medical brain-worker to develop a practical theory of disease germs. It has given him a knowledge of tissue organization, as well as a more complete comprehension of the phenomena connected with repair, inflammation and other morbid processes.

Experimental physiology and the increased culture of comparative anatomy and physiology, have, thus received an almost magical impetus.

The enlargement of and aids to the study of pathology, pathological anatomy, morbid developments and their relations to each other, have been incomparably great as active agents, in the intellectual advancement of the physician.

The perfected instruments and methods of investigation, which have been afforded us at the hands of our foster-mother science, has rendered the art of diagnostics, one of comparative certainty.

Active principles of various drugs, after a long and intimate connection with their grosser and natural companions, have seperated from them. These isolated agents, with their long latent powers are now hourly used in palatable preparations instead of abominable nauseousness of "Auld Lang Syne."

Diseases which formerly were incurable are now readily controllable by the discovery and development of divers new medicines. The aggravation of disease, and exhaustion of the vital powers by heroic and crude systems of medication, have to a great extent been obviated. The almost barbarous methods of treatment which were in vogue not very long since, have been supplanted by one more scien-

tific, safe, humane, and successful. One that has drawn deeply from the primitive fountains of Homœopathy, and in its draught has drunk deeply of its Similia-small-dose-and-single-remedy-doctrine.

The profession has also been engaged in making contributions to the general fund of scientific knowledge, as well as drawing FROM her stores. The number of original thinkers and trained scientific workers, to be found in our ranks, makes a large and efficient army, well armed and equipped for the battle against the combined forces of ignorance, superstition, crime, filth, and disease. The immense amount of biographical and periodical literature devoted to the popular dissemination of information concerning the subjects of hygiene, sanitation, food, heating, lighting, ventilation, clothing, and all the vast domain of knowledge, constituting sanitary as well as sanatory science has emanated from the well-stored brain and facile pen of the physician.

A cultured gentleman of much observation and experience, recently, in speaking to me of the profession of medicine, remarked that he gauged a physician's real ability and usefulness in active life, from his knowledge outside of the routine of daily medical practice, quite as much as from that which pertained solely and directly to the profession. It is doubtless true that a liberal course of general reading for the young physician, in addition to his professional studies, will expand his mind, develop his character, and give him that constantly growing satisfaction which invariably comes from the accumulation of an available mental reserve power. A vigorous middle-life effort on the part of each one of the older members of the fraternity, will easily float him or her, on the tide of medical progress, to a haven of ultimate happiness and sure success.

The broad-gauged men, those having the most liberal tendencies, are they who do not dwarf themselves in the effort to follow old and time-worn paths, caring more for creed than progress. The physicians who have adopted views similar to those just mentioned, have become the acknowledged leaders of the profession, toward whom the rank and file must ever more and more advance, until the art of medicine becomes a perfect science; until its votaries present a high average of intellectual acquirements than can be found among its sister professions. The intellectual standard of the physician of today is a higher one than that of his forefathers. It is one that is even now advancing in the vanguard of general progress. Booksellers and dealers in periodicals cheer us with the assurance that their most frequent and appre-

ciative customers are to be found among the philanthropic twin professions, theology and medicine. There is, however, a markedly growing tendency on the part of the latter to outstrip the former in the race of the near future.

The signs of the times, with their finger-boards pointing from the past to the future, indicating the sure march of American progress. The rapidity of this, is commensurate with the resources of the country, which are practically illimitable. The time has already arrived when the American watch, American fabrics, American machinery, American literature, and American enterprise are in active demand from the four quarters of the globe. The time is not far distant, when American 'physicians and surgeons, American physiologists and psychologists and American scientists will occupy equally prominent places among the foremost nations of the earth.

We are indissolubly banded together in the gigantic march, and are tending toward a common goal. Let us make our individual influence that which it should be. Let us each and every one assist in raising the average of professional acquirements of the immense army of American physicians and surgeons. May we be continually reminded of that grand enduring "Psalm of Life," from the pen of him who was inspiring and inspired. May the closing stanza ever abide with us and strengthen us. May each recurring morning sun recall to us those words sublime:

" Let us then be up and doing,
With a heart for any fate,
Still achieving, still pursuing,
Learn to labor and to wait."

FEEDING BOTTLES.

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

(Read before the Illinois State Homeopathic Medical Association.)

„Please tell us about feeding-bottles for babies and kind of diseases resulting therefrom. Best kind of bottle and tube to use. You have given this subject considerable attention, therefore tell us what you know?"

All I know about feeding bottles is not easy told nor, perhaps, is that necessary. When one has written up the

subject for both people and profession,* he feels that he might be excused from "continuing the talk" but ready ever to respond to such a generous invitation, a few hints may be acceptable.

First: The bottle should hold for infants about 6 ounces. They are all now made about the right size.

Second: The cap nipple is objectionable because it is usually a closed sac, and needs the suction of an engine to work it. After a little experience, the child opens its mouth in the middle of the suction and "swish" goes the air. This sort of chewing motion is soon learned, but cap nipples are eschewed by me, except always where the nurse is filthy. *Third:* The long tube is the natural nurser, but it requires much constant persistent attention. The nipple should be dark rubber and hard and changed often. The tubing should be also dark, as white rubber contains lead, and lead poisoning is a serious complication in nursing. Change the tubing as often as it gets soft, that will be about every week, when used at high pressure. Take the piece of rubber off the end of the glass tubing if you wish to escape colic and indigestion. That little piece does more harm than all the rest of the nursing apparatus. Another thing see that the tubing plays freely through the cork, free enough to admit air along the side of it. Train the child to nurse slowly. *Fourth:* Never, no never allow the milk to stand in the bottle over fifteen minutes before it is used. *Fifth:* When not in use, keep the whole apparatus in a soda water bath in a porcelain dish. Why, we shall see. There is the secret of healthy bottle feeding. Bottles for babies as an artificial milk fountain are one of the great inventions of the age. Those who decry them do not know how to use them. The diseases or disorders engendered by their careless use are: 1st, *bulimia* from too rapid eating; *colic* from swallowing too much wind; *Sulphur* aggravation from the rubber. When you have a frowsy top child that does not

*Vide Duncan on Diseases of Infants and Children.

like to be washed, see if the rubber is new and unwashed or soft to decomposition.

Lead poisoning is frequent; see the red tongue, pale sallow face, constipation, anorexia, and above all, a colic that wakes the neighbors.

Lactic acid diathesis, sour as swill, soft bones, much water, urticaria, etc., (vide materia medica) avoid to much sweets.

Fatty acid poisoning from rapid decomposition of the milk fat. When you have rancid eructations give attention to the fat and pancreatic disturbances.

Tin poisoning. When the milk stands in tin vessels, and the child is only quiet while carried on the shoulder, see Stannum and take warning. Finally or worse than all *casein convulsions*. A cheese factory is a good thing, but a stomach makes a poor cheese press. The aorta is too near it. Stasis and convulsions often follow when vigorous vomiting is delayed. The causes of these complications are not always with the bottle. The child itself may be chiefly and wholly responsible. I have the pleasure of showing you some of the recent inventions in bottles.

QUILLAIA SAPONIA.

This is the inner bark of an evergreen tree growing in Chili, S. A., and called by the natives soap bark. It relieves the symptoms of a common cold as:

Dry or fluent coryza and frequent sneezing.

Dull pain in the head.

Dull heavy pain in both temples, with scraping sensation in pharynx.

Dull pain at the root of the nose.

Throat very sore, especially on swallowing.

Tonsils swollen.

Dull pain through the throat.

Weary feeling in the limbs.

Lassitude.

THE UNITED STATES MEDICAL INVESTIGATOR.

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

THE SUCCESS OF HOMŒOPATHIC SURGEONS deserves more attention from the mass of the profession than it has received. The surgical experience of our operators if collected would astonish even the most noted in the Allopathic ranks. An article in our last emphasized the importance of being ready for any emergency. The day when surgical cases are to be turned over to regular surgeons are past, and perhaps the reason more surgical experience is not reported is that much of it is so common that the fear of being deemed a novice deters our men from putting their experience into print. We learned inadvertantly the other day that one of our men had performed ovariotomy no less than two hundred times. When Atlee and Spencer Wells had performed that many operations it was heralded far and wide. The cases were tabulated and published for reference. For the honor of the reputation of our surgeons, Dr. Ludlam should also publish a tabulated statement of his operations. His losses we learn was only 15 per cent. To save 85 per cent of the cases that come to him in all sorts of conditions is remarkable. We know that Helmuth, Talbot, James, Thomas, Bigger, Gilchrist, Danforth, McClelland, Porter, Pease, Beebe, Struber, and many other surgeons whose names we do not now recall have performed abdominal section and other formidable operations with brilliant results. We should like to publish an outline of this experience so as to put on record the grand

success of our surgeons. We believe that our surgeons are on a par with any and they should be encouraged. It is for our interest to assist each other. When an Allopath is called in the result is not always satisfactory; *e. g.*; A young Homœopathic physician found an ovarian cyst and an Allopathic surgeon was sent for to remove it. What was the physician's surprise to receive a note, that, because he belonged to a school not recognized by the code of ethics he could not be invited to assist in the operation on his own patient. If the facts are as here reported, Prof. Thomas of New York offered this physician an insult that the whole profession should resent. We are thankful that the possibility of such experience grows less with the years.

PROFESSIONAL PREJUDICE is the barrier that hedges men into parties, factions and cliques.

In former times an oath was expected from all Allopathic graduates against the heresy of Homœopathy, but it was soon found that prejudice would effectually close both eyes and ears against any facts that Homœopathy might offer. It was virtually a Chinese wall that was thrown about the profession and to-day not a fact bearing on the truth of Homœopathy has found entrance except by the way of Eclectic literature. The history of this thing will astonish the world some day.

Prejudice is a great barrier to professional progress and learning. All that is necessary to separate one class of physicians from another is to arouse their prejudice. Thus some are trying to divide our ranks on the potency question. "Never did I have a harder time," said a friend the other day, "to

divest myself from the potency prejudice than I have experienced recently. When a man has been an avowed high potency man, and then got his eyes opened to the uselessness of being tied up to a particular dilution, I tell you it is awful hard to overcome the prejudice that has been cast about him. Bend all your energies, my young friend, in making the profession more liberal minded or rather less hasty in judging; a prejudiced man is a hampered man. I dislike to see students biased. Prejudice is an element of weakness, but a most powerful weakness of the boomerang order."

THE CODE.

BY HOWARD CRUTCHER, M. D., CHICAGO.

Long years ago there was at the South an institution called "The Code" to which "gentlemen" appealed for the settlement of personal disputes. The march of civilization swept it from the face of the earth just as it ought to have done, and true gentlemen have learned either not to have personal disputes or to settle them as gentlemen should. It has gone never to return, but it has left its memories behind it.

There are many dark pages in history caused by it that we would fain blot out and forget. It has been termed a "departed relic of barbarism" and so it was. But there is still in existence another "Code" which in time must meet the same fate. I refer to the "Code" of Allopathic ethics now in vogue in this free and enlightened America.

This latter "Code" is a creation of ignorance, bigotry and superstition with a slight preponderance of each. Nowhere else on the face of the earth would it be tolerated save in the councils of Allopathic medicine.

It is unreasonable, unfair, uncandid; a hypocritical sham and organized imposition.

A considerable community of men have declared a certain platform of *principles* and announced themselves as members of the *republican* party. A party of different *principles* calls itself the *democratic* party. These principles differ widely oftentimes differ radically and materially from each other. Both parties put forth the greatest possible effort to carry their respective principles to a successful issue before the great body of voters of the country; both parties discuss their differences of opinion before a respectful public often from the same rostrum and with the best of feeling prevailing; both parties lend their time, influence and material aid to carry their point. Fathers, sons and brothers are often found in opposing party ranks, and yet never think any less of each other for it, one according to the other, that which he claims for himself—honesty of purpose, candid conviction and sincere determination. Members of benevolent orders and fraternities bound by the same oath of secrecy in their intercourse, often rate against each other at the polls.

The time has passed even for a theologian to mark out one certain road to eternal happiness and to say to everybody else not agreeing with him that they are idiots, dupes, hypocrites and the like. "Good people in all churches are on the road to heaven" is an expression we often hear.

But it remains for a conclave of medical men to proclaim a "Code of ethics" and to proscribe every other man who dares not accept it, or if you please, chooses to think for himself. The fate of this "Code" is inevitable. It must go. Homœopathy with her ten millions of clients, with her thousands of practitioners, her hospitals, dispensaries and other charities is strong enough to *demand* recognition.

A righteous public sentiment will denounce this Allopathic "Code" as it ought to be denounced, and consign it to an inglorious death.

The demand for Homœopathic physicians increases day by day and far exceeds the supply.

The men who base their practice upon an "exclusive dogma" (the law of similars) and who do "reject the accumulated experience of the profession" (which is as contradictory as statements ever get to be) and who are known by a distinct "title" (Homœopathic) are wanted, and wanted badly all over the whole country. The statement made in my hearing last winter by the distinguished editor of this journal that "the reading medical men are Homœopaths" is true. We Homœopaths find that our intelligent clientage demands men who do read and keep themselves posted about what is going on in the world. There is no so-called "average intelligence" among Homœopathic practitioners. Always have I found it a long ways in advance of the average.

With good men, good colleges, well conducted journals and an ever increasing patronage, we have nothing to fear from all the declining "codes" in existence. They are doomed, and the sooner our opponents discover it the better.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF WISCONSIN.

The 21st Annual Session of the Homœopathic Medical Society of the State of Wisconsin met at Janesville, Tuesday, May 26, 1885, at 2 P. M.

Minutes of the last annual and semi-annual session read and approved.

The Necrologist, Dr. Sherman, reported the deaths of Drs. T. H. Bullard of Dakota, and W. E. Carnahan of Elkhorn.

Dr. C. H. Hall, Committee on Legislation, made a verbal report of work done in connection with the medical bill which was presented to the Legislature at its last session.

During the session, the following having been recommended by Board of Censors, were elected to membership: Drs. Isaac Buckridge, Geo. Fellows, G. G. Chittenden, W. C. B. Jaynes, H. R. Clark, T. F. Johnson, W. A. Reed, G. W.

Crary, G. F. Spencer, J. B. Crandall, C. C. Blanchard, M. J. Whitford, W. A. Mellen, W. P. Roberts, E. W. Boardman, and O. P. Robinson, Honorary Membership.

Dr. H. E. Boardman reported Pneumonia in Children.

Dr. Hall said he had found Sanguinaria of great value in these cases. The old school are using it in the form of Nitrate of Sanguinaria.

Dr. Clark of Beloit, suggested the use of Chelidonium in pneumonia of infants and children.

Dr. E. W. Clark of Neenah, finds Aconite and Bry. of greater value than any other remedies, but sometimes finds Merc. cor. of value.

Dr. Sherman of Milwaukee, believes the disease a rare one. Has never seen a case in which he was positive the infant had croupous pneumonia. The cases are nearly always Catarrhal. Sanguinaria and Merc. cor. are of use, but the best remedies are Acon. and Tart. emet.

Dr. D. S. Smith, Chicago, endorses the use of Chelidonium in young children. Is better than Acon. Dispenses with Tart. em. in children under ten years of age. Uses Bry. Phos. and Bell. and Hyos. when the child cannot lie down but wants to be carried upright.

Dr. E. W. Boardman, Janesville, presented a child twenty months old, suffering with a severe form of crusta lactea, which the speaker said was improving greatly since he began the use of Graph.

Dr. H. W. Boardman suggested the use of Rhus tox. internally and a lotion of same applied to surface.

Dr. Carlson thinks the eruption is liable to spread by the child scratching, and that when through teething, the eruption will disappear of itself. Lappa major is the remedy with Tar ointment externally.

Dr. Ford has had good results from strong decoctions of Burdock (Lappa major) and mild use phenol to prevent the odor.

Dr. Carlson suggested the use of Platts chlorides as a substitute for the Phenol.

Dr. Smith gives the higher attenuations in such cases and only requires the patient to report once or twice a week.

Dr. Sherman prefers the use of Rhus tox. locally and internally

A paper by Dr. T. C. Duncan was read by the President, on Sleepless Children; also a paper by Dr. G. G. Chittenden on Pleuro Pneumonia, both of which after discussion were referred to the publishing committee.

EVENING SESSION.

Dr. E. F. Storke read a very elaborate report on Pneumonia, after which an address of welcome was made by the Hon. Pliny Norcross of Janesville. The President Dr. E. F. Storke followed with his Annual Address, which was well received; after which all present were invited to partake of refreshments which had been generously provided by the profession of Janesville.

SECOND DAY, MORNING SESSION.

Drs. Carlson, Martin and Clark appointed committee on the President's Address. A paper by Dr. W. R. Churchill was received and referred to publishing committee; after which, Dr. E. W. Clarke of Neenah, read a paper detailing history of a surgical case with treatment, which was referred to publishing committee; as were also *two papers* by R. K. Paine of Manitowoc. On motion, Dr. Sparre of Milwaukee, was invited to read a paper on "The Swedish Movement Cure." The following papers from the Bureau of Obstetrics were read and referred:

Dr. O. W. Carlson, "Prophylaxis in Puerperal Eclampsia."

Dr. E. F. Storke "Puerperal Eclampsia."

Dr. Q. O. Sutherland, "Puerperal Eclampsia."

Dr. H. E. Boardman is confident he has frequently prevented attacks of puerperal eclampsia. Physicians should be

on the lookout in nervous patients.

Dr. Smith: "We can not make all our remedies available in a single case for want of time. Closely affiliate the remedy and expect good results; Bell. 12 has done him good service. Advises Gels. as a prophylactic not too low.

Dr. Hand, of Elkhorn, asked if premature labor should be induced in threatened convulsions at the seventh month. Dr. Storke in reply said, "Not except in extreme cases." Dr. Boardman stated a case of recovery, where he induced labor in case of twins—one of the children being moribund. Dr. Johnson mentioned a case in his practice controlled by injections of Morphia. Dr. Boardman relies mainly on Moschus, Hyos. and Ignatia to prevent convulsions. Does not use Morphia. Dr. E. W. Clarke; "Tries to inspire confidence in his patients, and does not rely so much on remedies. Has seen Morphia act well in epileptic variety.

Dr. Hall appointed chair of Obstetrics for 1886.

The following papers were read on Gynæcology:

Dr. Helen M. Bingham, Causes of Hysteria.

Dr. G. W. Chittenden, Hygeia of Hysteria

Dr. Julia Ford, Hysteria.

Dr. Helen M. Bingham was appointed chairman for 1886.

Dr. Beebe, chairman of the Bureau of Ophthalmology, Otology and Laryngology, read two papers, the first by Joseph Lewis, on Etiology of Purulent Inflammation of the Middle Ear. The second by Dr. Beebe, on "The Treatment" of the same.

The President re-appointed Dr. Beebe chairman for 1886.

AFTERNOON SESSION.

Dr. W. C. B. Jaynes read an interesting paper on Pathology, and Dr. W. A. Reed was appointed chairman of the Bureau of Anatomy, Physiology and Pathology; after which the Secretary read a paper by Dr. C. R. Muzzy, upon "Physiology and Pathology in their relation to Therapeutics." Dr. Sherman then made an instructive verbal report on the "Action

of Aconite and Quinine on the Human System.”

Dr. Sutherland was appointed Chairman of Clinical Medicine. Dr. Sherman was appointed Chairman of Materia Medica and Pharmacy. Dr. J. J. Davis appointed Necrologist.

The election of officers resulted as follows: President, H. E. Boardman, of Monroe. Vice President, O. W. Carlson, of Milwaukee. Secretary, E. W. Beebe, of Milwaukee. Treasurer, Helen M. Bingham, of Milwaukee. Censor, Q. O. Sutherland, of Janesville.

E. W. BEEBE, Secretary.

CLINICAL GLEANINGS.

Kali iod. was administered to a young lady nineteen years old, in the catarrhal stage of whooping cough, taking it for one week, and was entirely well in three weeks.—*J. C. Kålgour.*

Dr. McNeil furnishes seven cases of morbus coxarius cured by Kali c. 30.

Nicotia in very small doses is an antidote to Strychnine.

Chloral is reported to have antidoted poisonous doses of Santonine.

“Nailer’s consumption” is that form of phthis which is prevails among the workmen in nail factories. It is caused by the mechanical deposit of particles of iron in the air cells.

Ambrosia artemesiaefolia is a remedy for acute chronic epistaxis, often relieving where all other remedies failed.

Coca (Erythroxyton coca) is said to be of great use in impotence and sexual weakness.

Dr. S. A. Jones says that the application of Vaseline relieves the sufferings from Rhus poisoning.

Dr. Hue, of Rouen, France, has recently read a paper advocating a new method of operating for phymosis. Instead of dividing the prepuce with a knife, a needle is passed through the dorsal surface close to the base of the glans and

that portion between the puncture and free margin is tied with an elastic ligature. This cuts its way through in three or four days. It is not painful, and is in every way satisfactory.—*London Doctor.*

Dr. Hermann Cohn recommends that in every case of amblyopia or paresis of the ocular muscles, we ought to examine the urine, even if we should detect only once in a hundred cases sugar in the urine, *i. e.*, diabetes.—*Deut. Med. Wochenschrift.*

Dr. Upton, of Michigan, in the *N. Y. Med. Record*, says that during eight years of observation he has been able to predict the sex previous to delivery whenever he was able to obtain sufficient and accurate data. "Conception resulting from intercourse *subsequent* to the menstrual flow will result in female offspring; while conception from intercourse in the *latter half* of the menstrual period or *previous* to the menstrual flow will result in male offspring.

Pressinervoscopy is the frightful name which has been invented to denote the diagnosis of diseases of the chest and abdomen by compression of the pneumogastric and sympathetic nerves.

In primipara or other cases where the vagina and soft parts are very rigid and small, and can hardly admit the index finger, Arsenicum 200 every half hour in water invariably relieves the sufferings of the patient, and she goes on without further trouble.—*Dr. Guernsey.*

Bromide of Camphor is an antidote to poisonous doses of Strychnia.

Chrysophanic acid, now beginning to attract attention, is the coloring matter in various species of rhubarb root. It is in golden yellow crystals.

Epithelioma of the face or lupus excedens has been cured with Kali sulphur. This was given in the 6th internally and applied 1st to 3d externally.

Cupr. oxyd. nig. rubbed with Sac. lac., 2 grs. during

eight days relieved a patient of a tapeworm on the third day.

It has been demonstrated by experiments with electricity by Dr. Malhoern, of Italy, that the coagulation of milk during thunder storms is due to the electrical condition of the atmosphere.—*Louisville Med. News.*

A soldier who received a minnie ball in his brain during the war, has recently had it removed, after it had been lodged there fifteen years.—*Southern Med. Record.*

Fir balsam is reported to have a soothing and curative effect upon cuts. It is to be spread thickly upon the wounded surface and retained there.—*Louisville Med. News.*

And now the cucumbers "must go." Dr. Leidy, of Philadelphia, announces the discovery of a tapeworm infesting this vegetable.

MEDICAL NEWS ITEMS.

Chadron, Neb., is a growing place—a centre—and needs a physician.

Drs. J. C. and Flora S. Gleason, from Dysart, Iowa, to Algona, Iowa.

Dr. J. C. David has been taking a much needed rest from his large practice. He says the air of Minnesota is very fine, and that he gained about a pound a day while there.

ADVERTISEMENTS.—We should like to have every reader look over our advertisements in this number carefully. If you answer any of them please say where you saw it.

OXYGEN.—We have made arrangement so we can give the physicians a chance to use this great remedy at a much less price than it has ever been offered before. It is put up in four ounce bottles, with full directions. Price to physicians 75 cents each. The inhaler is also 75 cents. It can be used in the office or given to the patient to take home and use, as the physician thinks best. All orders cash or C. O. D. DUNCAN BROS.

The Southern Homœopathic Medical Association will hold its third annual meeting, in New Orleans, December 8th, 9th and 10th, 1886. Two successful meetings have been held in the same city, and all the members are looking forward to one this year which shall surpass the other two in profit, and send them home to greater efforts in their chosen fields of labor. Come and hear them. Learn from actual meeting what cannot be learned in other ways. Come and tell us what we cannot learn except by meeting you. The Bureaux are prepared, the Committees are all working for the success of the meeting, and we urge you to be present to help and be helped; that Homœopathy may be advanced in the South, that you may feel refreshed by your trip, and show your interest in your profession to you patrons by your added success upon your return.

A. L. MONROE, M. D., President, 635 Third Ave., Louisville.

G. G. FELLOWS, M. D. Recording Secretary, 96 Canal St., New Orleans.

The United States Medical Investigator,

A MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

Consolidation of the *United States Medical and Surgical Journal*, (Quarterly, \$4.00, Vol. X.) with the *MEDICAL INVESTIGATOR* (Monthly \$3.00), Vol. XII; Commencing January, 1876.

Terms: \$2.00 a Year Payable in Advance.

T. C. DUNCAN, M. D., }
Dr. D. DUNCAN, } Editors.

DUNCAN BROS., Publishers,
56 State Street.

Chicago, September 15th, 1886.

WANTED.—A good physician in a large North Texas city. A rare chance to change climate and get good practice, Address, "Texas," this office.

FOR SALE.—A growing practice in one of the suburbs of Chicago. No other Homœopathic physician. Reason for selling business in city and suburb too far apart. A rare chance. Address C, care Investigator.

WANTED.—A successor wanted. Address P. O. Box 78, Clifty, Ind.

FOR SALE.—Practice in a Southern town of 7000, which will have four railroads within a year. Collections in 1885 nearly \$4,000, and will reach \$5,000 for 1886. Desire to prepare for a specialty. Address A. U. G., care Investigator.

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SANITARIUM FOR SALE.—Dr. Edwin Gillard offers his Sanitarium, together with equipments, for sale. It is located at Sandusky, O., a thriving, growing city of 22,000 inhabitants, situated on Sandusky Bay, a beautiful body of water by which it is nearly surrounded. Is within a few minutes sail of the famous Islands of Lake Erie. Sandusky City, with the beautiful bay upon which it is situated, and the Islands of Lake Erie, constitute one of the most delightful pleasure resorts in the country. The Sanitarium has been established four years. No other institution of the kind in or about Sandusky. Reason for selling, illness of family. Terms of sale easy. Address, E. GILLARD, M. D., Sandusky, O.

PROF. SMALL'S WORK.—"Prof. Small opens his volume with a general view of health and disease, with the nature of the causes of morbid conditions and processes, followed by several chapters on practical hygiene, and an outline of the general structure and functions of the human body. Thirty-three pages are devoted also to a concise resume of the more prominent symptomatic indications of about one hundred and forty of our chief remedies, with a table of antidotes, etc. The body of the work takes up the consideration of diseases under the general arrangement most frequently employed by modern writers, and lastly, the author gives a chapter of nearly a hundred pages of "Clinical Notes and Observations." To our mind, the most valuable feature of the work is its closing chapter of "Clinical Notes and observations." The chapter contains about a hundred and fifty most valuable confirmations of the curative power of the Homœopathic remedy, drawn almost exclusively from the author's long experience. It is the rich and precious legacy of a medical father to his children, and will endear the work to all its readers. In the chapters on the various diseases there comes from every page the impression that the suggestions presented are such as the writer's own experience has corroborated, thus giving to the work a special practical worth. Dr. Small's name is associated with the work of Homœopathic medical education from its beginning until now. The place he holds in the affections of his brethren, nearly all of them younger than himself, is peculiarly warm and sacred."—Hahnemannian Monthly.

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VOL. XXII.—OCTOBER AND NOVEMBER, 1886.—No. 10-11.

AMMONIUM SALTS.

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

Dr. Eichler recommends promiscuously in the May number of the "popular *Zeitschrift* for Homœopathy" the Ammonium salts for catarrhal affections, and comes finally to the conclusion in his practice to treat every cough or catarrhal affection, acute or chronic, whether the nose runs or is stuffed up, with Ammonium bromidum, 3x, a powder, three or four times a day, and assures the reader that he hardly ever needs another remedy. It is a pleasure to witness how quickly old coughs disappear; even in chronic laryngeal catarrhs, Ammonium bromidum and the related Ammonium iodatum leave nothing to be desired. A preacher, who for forty years was Homœopathically treated for his laryngeal catarrh, found more relief from the third decimal trituration of Ammonium iodatum than from all former treatment.

There is always a grain of truth in such asseverations, and it is our duty to get at the grain of truth, especially as the Ammonium salts are not so frequently prescribed by most physicians, as they deserve to be. We acknowledge ourselves guilty of such neglect, and perhaps this may be one of many reasons we failed to cure a cough *tuto, cito and jucunde*.

Bartholow, in his *Materia Medica*, page 162, considers the therapeutical activity of the iodides and bromides promoted by combination with Carbonate of Ammonia. Ammoniacal gas, brought in contact with a mucous surface, irritates it; when inhaled, an overpowering sense of suffocation is experienced, and the glottis spasmodically closes. After the intra-venous injection of Ammonia, the blood-pressure at first rises, then falls below the normal. Resulting, doubtless, from the increased action of the heart and the more rapid circulation of the blood, a subjective sensation of warmth throughout the body is experienced, the face becomes flushed, the eyes are more brilliant, and the mental operations increase in activity.

Increased waste of tissue is one result of its administration too long continued, manifesting itself by pallor, emaciation, feebleness, and increased retrograde metamorphosis. The carbonate of ammonia is often employed as a stimulating expectorant in chronic bronchitis, when the expectoration is profuse and the patient's strength is diminishing. It is also of signal service in severe bronchitis, or broncho-pneumonia of children, especially when they are prostrate and livid from obstructed breathing. In the same manner, our own Meyhofer recommends it in very chronic cases of copious bronchial dilatation. *Low vitality, atony of the bronchial surface, are its leading indications.* The hand and ear will detect numerous coarse *rales*, and yet the patient experiences no necessity to clear his chest of its morbid productions. It is a remedy too often overlooked. In the pneumonia of old people, it meets those cases with copious expectoration and incessant cough, excited as if from down in the larynx, and greatly aggravated at 3 or 4 A. M. Hoyne [*Clinical Therapeutics*, ii. 113] found it very valuable in children, when they are troubled with the snuffles. The child's nose is stuffed up, it starts up every time it tries to sleep; usually there is rattling of phlegm in the trachea and bronchi. In nasal catarrh it

acts well where there is fluent coryza with stoppage of the nose, especially at night; he can only breathe through the mouth, with long-continued coryza; cough after midnight; discharge of sharp, burning water from the nose.

The same author (*l. c.* 489) considers Bromium valuable for great debility and nervous prostration, remaining after other morbid symptoms have disappeared; children with thin, white, delicate skin and very light hair and eyebrows; <the first part of the night, > after midnight. It may also be used for coryza with sneezing; the margins of the nose and the parts under the nose are corroded; stoppage of the nose; gasping and snuffing for breath, with wheezing and rattling in larynx, heat of the face and head. Hirschel differentiates well between Bromine, Iodine and Spongia when he says: Spongia is the most valuable and dynamic: Bromine is more materially penetrating, powerfully and promptly curative where it is indicated: Iodine is the strongest, but also the least prompt and most slow. Of these three, Iodium alone is also *en rapport* with the bronchi and even with the pulmonary tissue. Bromium has dry, croupy cough, like a sheep's cough, with continual grating, tickling and hoarseness, but Iodium remains our sheet-anchor after the failure of Spongia and Bromium. Boyer reports good results in violent coryza from the olfaction of a mixture of one drop of Bromine in two ounces of water, but as it is an unmanageable drug, and soon decomposes so that the dilutions must be made fresh, the salts are certainly preferable, and the Bromide of Ammonium deserves therefore more consideration than has been hitherto bestowed upon it.

The coryza produced by Iodine and its salts is too well known. There is first noticed, says Ringer, some slight running from the nose, with occasional sneezing, and a little frontal headache; these symptoms become more marked, when the conjunctiva of the eyes is injected, and the tears abundantly flow. The watery, nasal discharge feels cool and causes no excoriation. Here Hughes [*Pharmacodynamics*, 554]

repeats Meyhoffer's suggestion that constitutional prostration is the characteristic indication for the preference of Bromine, which is thus suited to diphtheritic croup, while Iodine suits the sporadic and more sthenic forms; hence Kafka's high recommendation of Iodine in pneumonia crouposa.

Looking over the whole field, we now turn to the Guiding Symptoms of our blessed Father Hering and read of Ammonium bromidum: sneezing relieves stinging in the throat: nose stopped up, then clear discharge; occasional discharge of watery fluid from left nostril; irritation of the throat, mostly on the sides, with inclination to cough, evening; fauces and tongue feel scalded; sensation of hot air passing up the right side of the throat, though the stomach feels cold; fauces dark-red, congested; cough dry, spasmodic and very severe, almost continuous, especially when lying down at night, sensation of tickling irritation with heat and burning, sudden cough from tickling in the throat just below the tonsils; prover feels the cold more than usual, must warm the feet while in a warm room.

Hale in his "New Remedies" gives us [p. 110]: Discharge of stringy mucus from the nose; catarrh of the anterior and posterior nares, with discharge of thick, stringy mucus; cough caused by a secretion of mucus in the throat, irritation of the organs of respiration and stomach, accompanied with spasmodic cough; cough distressing, hoarse, spasmodic; asthmatic and exhausting without expectoration.

Of Ammonium iodidum we cannot find any provings. In the appendix to Allen's Encyclopædia even this indefatigable searcher must be satisfied with five lines which give no insight into the action of the drug. Here is another drug to be proven, and we are sure the learned professors of materia medica in our colleges will take the hint and fill up the omission.

Perhaps the ball is now set in motion, and our physicians will verify or disprove the favorable announcement of Dr. Eichler.—*Hahn. Monthly.*

NOTES UPON A LECTURE ON STAPHYSAGRIA.

BY PROF. J. T. KENT, M. D., ST. LOUIS, MO.

This remedy is a wonderfully usefull remedy in a limited sphere. Its sphere is generally of a nervous character with marked irritability, both of body and mind—irritability of the mind and genito-urinary organs and skin.

The mental symptoms will often depend upon the genito-urinary irritability.

The mental states when once developed will be aggravated by anger, by indignation, by over-eating, and especially by any sort of sexual excess or worriment.

It is a characteristic feature of Staph. to become gloomy and downcast. Irritable and very sad after anger, especially when suppressed. After a marked offense. After an insult. A gentleman is insulted by a scamp that he cannot fight and he suffers wonderfully with the prostration that follows. He feels insulted; he feels indignant; were he a little lower in life he would raise his fist and go at him. So he holds himself, curbs himself, and suffers by it. The curbing or restraint of self brings on the Staph. mental state. With that information I almost always give Staph. The kind of a condition so naturally brings on this Staph. symptom. If it is a diarrhoea brought on by such a state—by anger or indignation—it is Colocynth. Now these two remedies are quite similar; especially similar in relation to the testes and ovaries. Staph. has proved useful more particularly upon men. Colocynth has manifested its marked condition in both ovaries and testicles. Both these remedies produce a pain in the testicles as if they were squeezed, and both produce the same symptom in the ovaries. In both these instances these complaints are brought on by anger and indignation. But in Staph. we have these marked mental features that I have described—sadness, melancholy, etc.

Another marked feature of Staph. is its debilitating influ-

ence upon the sexual organs of the male, bringing about impotency with extreme irritability of the bladder and urethra; irritability of the bladder and urethra brought on by sexual excess—that will give you, most likely, many symptoms of Staph. Its greatest usefulness is when it corresponds to this Staph. state. In many of the complaints coming on from coition, with excesses, you will find many Staph. symptoms.

You will find this a very useful thing in newly married people, especially the female, with frequent urging to urinate. A young wife in a few weeks after marriage suffers greatly from passing water. Great irritability of the bladder and urethra. The natural changes in her life have brought about this result, and Staph. is a most excellent remedy. In relation to the genital organs there is marked itching and crawling as of insects. The most troublesome symptoms in the male are brought about by this crawling, as of insects about the scrotum. He will tell you that he has something that is always crawling. He wants to scratch his scrotum at all times.

Where the irritability is more particularly confined to the prepuce and penis it is Petrol.

The external genitalia of the female will have this itching, and you will have to compare Coffea, Platina, Petroleum, Apis, Tarantula, and Staph. They all have this very troublesome itching.

Terrible pruritis, a sensation as of insects creeping and crawling. Tarantula hispania has cured a great many of these cases for me. She will say that the whole outer parts feel as if worms or as if insects were boring and crawling, with no relief from cold or heat. There is a continual titillation and irritation there which is annoying and distressing.

These are the general symptoms of the genito-urinary state, and the mental state will help you to select this medicine. There is another marked feature in relation to the head and forehead. A sensation of a lump in the forehead,

as if it were wedged in there. The whole front of the head feels like a wooden ball wedged in there. The interior of the brain feels as if it were a wooden ball.

This symptom is likely to come on and be associated with the mental symptoms, and brought on from the same cause, associated with irritability of the genital organs, etc.

There is another symptom that is likely to be present, either with or without this sensation of a ball in the head, and that is a sensation of emptiness, as if there were a spot in the base of the brain.

These two symptoms may be associated; sensation of a ball in the front of the head, and a sensation of a vacuum in the posterior part of the head. These are characteristic of Staph.

It has the most pressing, stupefying headache, with a general stupid condition of the mind. Sleepiness, so that he desires to lie down and sleep all the time. And he is so irritable that he doesn't want the members of his family to speak to him, and he has to use the greatest control to tolerate the little members of his family; the children annoy him so.

There is great itching on the scalp, and falling off of the hair. These are the characteristic features. The itching is as much from a sensation of crawling, in keeping with this symptom everywhere upon the skin.

It seems to be a very deep-acting remedy at times. It will act in chronic mental symptoms for four to six weeks. I have known a single dose of Staph. to keep off the most marked and troublesome symptoms for six weeks. I have a patient under control now on Staph., and it has been acting on him about six weeks. He is nearly well. He has had in all two or three doses of Staph., very high. It was a case of great brain-tire, so called, with great genital weakness. Irritability with inability to sustain a mental effort. He was insulted by a man; being too dignified to fight, he subdued

bis wrath and went home sick, trembling and exhausted. Staph. acted most wonderfully on him.

In fact, this medicine has given relief even in syphilis and sycosis. There being an interweaving of the two diatheses in an old case of chronic syphilis—a syphilis that has run a long time and left its impression upon the body. And especially does it modify cases that have been mercurialized. It stands almost equal to Hepar and Nit. ac. in that respect.

For the inflammation that sets in after a patient has been mercurialized—as the final result of syphilis—it stands with Merc., Hepar and Thuja for that state.

It is a great remedy for styes with a hardened base, leaving hard knots; with this irritable state that I have described; the genital weakness and irritability of the bladder.

Made worse by anger and indignation; such a history from your patient will lead to this medicine.

Another marked and very peculiar feature is in relation to the teeth. They are black and crumbling. It is a very great remedy in little children, in irritable children who have black teeth. Teeth turn black almost as soon as they appear from the gums.

Compare this with Kreosote, for it also has the irritability, the changeable condition, desiring all sorts of new toys, throwing them away as fast as they get them. The irritable state belongs to both, and you must compare the two medicines carefully.

This remedy has salivation; hence you see its relation to Mercury, and why it so cleverly fits Merc.—when it may antidote it. Its genital symptoms and salivary symptoms are like Merc.

Hering gives constant accumulation of water in the mouth.

There is swelling of the tonsils, also after abuse of Merc.

While talking she swallows continually. Why? Because of this constant accumulation of water in the mouth.

Longing for thin liquid food.

Great desire for wine, brandy or tobacco.

There is a great craving for his tobacco, which makes him sick. It does not say so in this text, but it is a fact he is always aggravated from his tobacco.

Sensation as if the stomach was hanging down or relaxed. This is a good deal like Ipec. in the colicky state, but not a marked exhaustion from nausea. Colic after lithotomy. That, of course, is a clinical symptom. Colic, with urging to stool or with urging to urinate; squeamishness—worse after food or drink. Worse after food or drink is quite common and is a characteristic aggravation.

This makes me think of it in relation to wounds.

Wounds that have become irritable, and turned dusky. For that you will find a wonderful remedy in Staph. Of course, in such a case, look for the mental state generally, and the symptoms that preceded the wound. Staph. is so good for wounds, for the effect of wounds, or healing of the disturbance in general, that if for any reason you have been giving your patient Staph., and he then receives a wound you couldn't change your medicine. You can go on with it.

Hot flatus; smells like rotten eggs.—(Psorin.)

There is something more characteristic about this medicine; that is the perspiration and flatus smell like rotten eggs. The Staph. patient when sweating, smells like spoiled eggs, the perspiration is so foul.

After the least food or drink, griping and dysenteric stool. Now what does that sound like? Like Colocynth.

Colocynth and Staph. have the same symptom. Both have that symptom, aggravation after eating and drinking.

Staph., Colocynth and Caust. follow each other and are complementary to each other.

You will find in your text a great many symptoms related to weakness of the male sexual apparatus.

Always bear in mind the wonderful value of this medicine in relation to masturbation.

The low lunacy(?) that belongs to the practice—to the act—also belongs to this medicine.

Testicles inflamed with burning, and stinging, and pressing and drawing pains. Shooting and drawing in the cords. Right testicle feels as if compressed.

In Colocynth we have the testicle feeling as if squeezed. You see this is the same symptom—as if compressed or squeezed. They are very similar in this symptom.

There is a heart symptom not in the text that is of great value. Stitching pains in the heart are very characteristic.

There is trembling and beating of the heart.

This medicine has violent palpitation, palpitation so marked that it can be seen, the throbbing; and it shakes the whole body. That is also found in Nat. mur.

If you have violent stitches in the heart, and region of the heart, stopping the breathing, and with that no other symptom, as you will find very often in practice nothing else to guide you but this stitch in the heart, then Staph. will serve you very well.

There is another peculiar feature of Staph.; that is, its tendency to produce dry scaly eruptions upon the elbows, and over points of the bones, and the bones of the chest, but particularly upon the elbows and the knees.

Nodosities on the fingers and toes.

It also produces an inflammation of the periosteum—a periostitis.

Compare that with Asaf., Sil., and Merc.

Colocynth, Staph. and Caust. follow each other in rotation.

Multiple Taenia.—A Russian physician by the administration of Male fern, caused the expulsion of 102 tape-worms from one patient.

CASE OF TIC DOULOUREUX.

EDITORS INVESTIGATOR:—*Sirs*: I write you regarding a case of tic douloureux I am treating. If of sufficient interest you may publish it, giving your diagnosis, prognosis and treatment, or write me in reference to the case, if it does not appear in next issue of THE INVESTIGATOR.

Patient male; sixty-five years of age; only trouble aside from neuralgia is chronic constipation. For over two years has suffered from tic douloureux, or facial neuralgia, of superior maxillary branch of tic facial nerve. At first all branches of the superior maxillary nerve were involved; pains extending to orbit, nose, upper lip and jaw of right side. The last year pains do not extend to orbit or nose; only seem to involve dental branch, or at least only present in upper gum of right side. As a rule painful part could be covered with a silver dollar, but is not located as high as supra orbital foramen. Teeth have all been removed long ago; gum smooth and in good condition; pains usually present only in day time; not all days of equal severity; some days no pain; other days constant and intense; sharp shooting; no brain symptoms of any kind; no paralysis; no trouble about the antrum of highmore that I can discover; pain does not extend back even to the tri-facial nerve. In fact all branches of the supra maxillary nerve are not involved. Sometimes the motion of face in talking causes severe pain, *but especially does the act of swallowing aggravate the pain, causing the most intense suffering*; sometimes for days can hardly take a swallow of food, nor even water without intense suffering; appetite always good; some days takes food with comfort; lancing gums gives relief for a few hours, but there is no discharge of pus nor of any fluid, sometimes not even blood; perhaps a little aggravation from rough weather, but not much; seems to be purely neuralgic.

Several physicians of both schools have treated the case. Patient has a Faradic battery; it gives but little relief; have not tried galvanism; my treatment gives only temporary relief. Suggestions from yourselves and others experienced with such cases will be thankfully received. Will answer questions regarding the case.

S. D. Low.

[A case very similar was relieved by the galvanic current and Atropine. The main reliance was upon electricity which was given daily.—Ed.]

CASE FOR COUNSEL.

DR. DUNCAN: *Dear Sir*:—Please suggest the remedy in the following case: Patient male about forty-five years of age, bilious temperament and somewhat nervous. Has been troubled for several years with dyspepsia, but by a rigid form of diet for the past year is pretty much relieved. Magnetic forces somewhat disturbed and low. Bowels sluggish. Before dieting was troubled with occipital neuralgia. Much increased by moving, reading or stooping; would last about twelve hours. And now, while hot and perspiring freely the least breeze causes pain in neck and back of head, and putting hand on neck it is found cold and wet with perspiration, and the hand feels very hot to the neck; keeping the hand there or rubbing relieves the pain. Have tried many forms of liniments with only temporary relief; sleeps well; appetite fair; kidneys inclined to be sluggish and some pain in that region; excess of urea or urates; I think mostly the latter.

Can you suggest a remedy, the attenuation and amount, and how often.

W. E. FRASER.

[Silicea 30x dose once a day.—Ed.]

Crematory.—Cincinnati is to have a crematory, and will use the same style of furnace employed in the Buffalo crematory.

INFLAMMATORY RHEUMATISM OR NEURITIS?

Several cases. High fever, excruciating pain about joints (wrist, shoulder, feet, hip), slight swelling, some redness, but always worse in the course of some nerve. Profuse perspiration without relief. Merc. sol. 3x. relieved, but Sticta 3x. would hold the whole process in check (the pain the least) and finally cured. A hypodermatic injection of Morphine (one-eighth grain) over the course of the nerve would stop the whole process in any one joint without affecting others. Some young Homœopathist will condemn me for using it, but I think if he had the disease, he would try the Morphine. The limbs were paralyzed while the pain lasted, in one case, and more or less so in others. Over work in a temperature forty degrees below zero, or nearly, caused one case.

A. F. MOORE.

EPITHELIOMA OF THE LEFT LOWER GUM.**WHAT IS THE REMEDY?**

Mr. T. D. a fleshy man of 250 pounds; 58 years old; a farmer; married; always in good health, except that he had the mumps about fifteen years ago; but for the last few years has been troubled with his kidneys and last winter complained of a numbness and coldness in the sole of his feet, etc.

Since March last his kidneys did not trouble him; also had no numbness nor coldness in feet; but complained of an epithelioma of his left lower gum, which is growing worse. His brother died of a similar disease a few years ago. I have used the following remedies since March for this epithelioma, viz: Hydrastis, Pytolacca, Merc. iod., Mur. ac. (well diluted), Ranunculus bulb. Tanic acid, Alum, Arsenous acid, both internally and as a wash; and for the past few weeks Arsen. acid 11, and Chlorated soda as a local application, but the epithelioma is still spreading. Since yesterday I have

changed the local application to, Mell. rose 1 grain; tincture Cinchona 12 grains, Alumina 30 grains, tincture Myrrhæ 1 grain, dilute Alcohol 8 ounces; mix and use as a gargle. I got Ostrom's book on Epithelioma, but it is no help in such a case, as the knife, which he recommends, is here out of the question, as I believe the epithelioma constitutional. Help me in this case if you can.

NORTH YAMHILL, Oregon.

L. J. HAMERSCHMIDT.

NEWS FROM DOWN EAST.

MR. EDITOR: It has been a long time since I afflicted your readers, and "I'll be easy on them now." In the language of somebody, "We are here." Yesterday was the semi-annual meeting of our State Society, with a goodly number present. The papers were interesting as well as the discussions, although it is a noticeable fact that but few of the older members took any part, even if they are present. They are heavily laden with honors and money, and are willing to let the younger ones do the work.

We have lost one of our oldest and ablest workers for Homœopathy. Hon. Otis Clapp.

The Society appointed a committee to take such means as they deem advisable "to tear down the barrier that keeps our students from the public hospitals. Any adult male can enter the City Hospital at a certain hour of a certain day of the week, and see such operations as they happen to have at that time. A majority of the students (the ladies) can only stand at the gate and imagine what they please. When the women get fairly started those doors will come open or there will be trouble

DOWN EAST.

Earthquake Cures.—Cases of hysterical paralysis and aphonia of long standing were rapidly cured by the recent earthquakes at Charleston.

SEND ON YOUR MITE.

We gladly give the following letter a place in our columns:

CHARLESTON, S. C., Oct 15, 1886.

MESSRS. DUNCAN BROS.—*Gents*: I see by the *Hahnemannian Monthly* (October number) that some Allopathic physician has written to the *Medical Record* (Allopathic) about distress of physicians and their families in Charleston. Now, here let me say if any Homœopathic physician wishes to contribute, do not send it to the Allopathic profession, as it will not help Homœopathy one bit. They have received money and are helping their own class, who believe in their system.

But if any Homœopathic physician wishes to contribute anything, let them send to us, and we will see that the Homœopathic families get it that are in real need, and it will help our system too, and we will publish it in the *News* and *Courier*, so the public can see what good our school can do for them.

H. M. CLECKLEY & SON.

WESTBOROUGH INSANE HOSPITAL.

The following letter explains itself:

WESTBOROUGH, Oct. 16, 1886.

DUNCAN BROS.—*Dear Sirs*: Applications for the position of male or female physician in the Westborough Insane Hospital, at Westborough, Mass., may be made on or before the 15th of November, 1886. Those Homœopathic practitioners who desire one or two years of experience in the specialty of insanity, can apply in person or by letter before the above-mentioned date, to

N. EMMONS PAINE, *Superintendent*,
Westborough, Mass.

SEND IN YOUR REPORTS.

BUFFALO, Sept. 1, 1886.

DEAR DOCTOR:—At a recent meeting of the Western New York Homœopathic Medical Society, a Committee was appointed for the purpose of securing, if possible, positive evidence, clinical or pathogenetic, as to the potency of attenuated drugs.

The fact was recognized that from the early history of Homœopathy till the present day, a portion of the profession have attributed to attenuated remedies qualities which were not claimed for the material drug; while another large body of Homœopathic practitioners have insisted that all curative power ceases, when by no known method can the drug substance be detected in the medium employed.

The desirability of a solution of the question of the potency of attenuated drugs was recognized by the society that their employment might with justice, be endorsed or condemned. In answer to the view which many hold that the matter has already been demonstrated, and that published reports of alleged cures are accessible, the committee would say that the selection of certain clinical reports would be invidious, while others are by no means conclusive.

Without bias, therefore, the committee approach the question and invite your cooperation as in the solution of a purely scientific problem.

They would be pleased to receive from you reports of cases in which the following requirements have been met:

First: Reports of recoveries of self-limited diseases, in which 30th or higher potencies have been employed, in which the duration of the illness has been shorter than in those cases treated on the expectant plan.

Second: Reports of recoveries of diseases, the tendencies of which are not to spontaneous recovery, in which 30th or higher potencies have been employed.

It is further desired that not only the names of the diseases treated be given with the symptoms for which the remedy is employed, but as well the pathogenetic symptoms on which the diagnosis is based with any idiosyncrasies which may exist. The diagnosis will be verified by at least one other competent observer if possible.

The committee would also be pleased to receive results of tests of attenuated drugs on the healthy, and to that end will furnish any who desire to experiment on those especially sensitive to any drug a 30th attenuation of that drug with five bottles of blanks, the phials to be marked in such a way that neither the one upon whom, or by whom the experiment is made shall know which contains the attenuated drug.

Trusting that we may receive your valued assistance in these tests, we are,

Fraternally yours,

F. PARK LEWIS, M. D.,

108 Franklin St., Buffalo, N. Y.

E. P. HUSSEY, M. D.,

493 Porter Ave., Buffalo, N. Y.

M. A. WILSON, M. D.,

North East, Pennsylvania.

Committee.

FORCEPS vs. REMEDIES IN LABOR.

BY A. F. MOORE, M. D., LUDLOW, VT.

I remarked a few days ago before a half dozen doctors who were discussing the subject that I was one of those "old coveys" who had never been obliged to use the forceps. One remarked that I was fortunate; and I said I did not make the remark in order to boast, for I might soon get caught. But I do rise to remark in THE INVESTIGATOR that I have never seen a case in which the os was *open* enough to get the forceps on, but what I could soon finish by the use of the indi-

cated remedy. My first case I shall never forget. German girl, primipara; reported to have been three days and nights in labor, and—they wished me to use the forceps; I was informed on arriving. I was a student and hadn't any. Examination showed "everything all right," and os thoroughly dilated. Simple inertia of the womb and intense dread of pain was the trouble. Well it was a case of little pill medicines or nothing with me; so I pitched in and little pills won in a short time.

Since then I have always "pitched in" on the start with the indicated remedy, and never have had much trouble, except in two cases, after the os was sufficiently dilated. In one of these cases the fœtus was dead before labor began; in the other the patient was all out of shape with rheumatism, and I sent for a physician with forceps, but the child was born before he got there, and mother and child did well. I have never had a case in which mother and child did not "do well," except I lost one each out of two pairs of twins, one other pair I saved. I have not now notes of all my cases, but I do not remember to have had any but head presentations, except in case of one of the twins which finally died some days after birth; and a miscarriage at six months, which were foot presentations.

I do not know whether it is luck or remedies. But if I find inertia after dilatation, and the nervous system is under too great a load, seems paralyzed or overpowered by dread, I have been in the habit of giving one-eighth grain or less of Morph. sulph. (indicated remedy), which gives courage and force of character wonderfully. A few whiffs of Ether for anæsthesia, and the indicated remedy (Secale, Nux, Puls., Ipecac, etc.) will surely soon finish the business. It is all moonshine to think the remedy won't act under Morphine in such cases. I have had some adherent placenta, but no lacerated perineal or cervical to patch up afterwards. My experience began in 1868.

STUDY OF THE MATERIA MEDICA.

BY J. D. CRAIG, M. D., CHICAGO.

I.

1. Hoarseness, roughness in the throat.
2. Sensativeness of the larynx to cold air.
3. Wheezing in the larynx and painfulness of a small spot in the larynx.
4. Croup; with deep rough, barking cough; hoarseness or aphony, with slight suffocative spasms; some rattling of mucus; after dry cold air or water; cough worse before midnight or towards morning.
5. Pressure beneath the larynx, immediately after supper as if something were sticking in the throat.
6. Weakness of the organs of speech and of the chest, so that she cannot speak aloud.

II.

1. Fatigue of the vocal organs, even after speaking without exertion; the voice becomes rough and hoarse; respiration becomes laborious.
2. Cleaning the teeth provoked violent cough which was followed by vomiting of slimy fluid.
3. Cough with expectoration of a large quantity of viscid albuminous mucus.
4. Short paroxysms of cough, followed by easy expectoration of globules of mucus.
5. Sensation as though a crumb the size of a walnut were sticking behind the larynx, which obliged him to swallow constantly.
6. *Tickling in the larynx, very violent, waking him at 11:30 P. M., causing cough, with expectoration of much tenacious mucus for ten minutes.*

III.

1. Difficulty of breathing, as if the chest was too full; he must breathe more deeply.
2. Constant irritation to cough, which can mostly be suppressed, but if not several shocks of cough succeed each other which are very painful and mostly dry.
3. Sudden violent attacks of coughing during the day.
4. The cough has the peculiarity of appearing in isolated attacks, is very violent and ends with repeated sneezing.
5. Sense of oppression at the cardiac region, as if the cavity of the thorax were narrowed.
6. Oppression at the chest, in the region of the diaphragm, with drawing pains.

IV.

1. Laughing produces mucus in the larynx and excites cough.
2. When going up stairs or stooping mucus gets into the air passages, which is expelled by a single fit of coughing.
3. *Rawness and soreness in the upper part of the larynx, when coughing; not when swallowing.*
4. A dull cutting which becomes a stitch in the air passages, from below upwards, occasioning two or three fits of cough.
5. Several attacks of a short, rattling cough by day, not in the night, nor in the open air, with white thickish, *easy expectoration, looking like boiled starch*, but not transparent, without taste or smell.

V.

1. Irritation in the larynx induces cough.
2. Dry cough at night with dryness of the throat.
3. Continual dry, hacking cough, with vomiting and arrest of breathing, and sticking pain extending from the left side of the abdomen to the hypochondrium and pit of the stomach.

4. When stooping a stitch from the left side of the abdomen to the middle of the chest; it comes with every inspiration.
5. Riding in a carriage gives pain in the chest.
6. Congestion of blood to the chest and head, with redness of the face and one ear, caused by suppressed hæmorrhoidal flux.

VI.

1. Hoarseness with sensation and roughness in the larynx.
2. Voice almost extinct, utterance difficult and panting.
3. Cough worse when moving.
4. Scanty, thin, frothy expectoration *with streaks of blood*.
5. Coughing up of blood in the morning on rising from bed.
6. Hæmoptosis.
7. *Difficult breathing and oppression of the chest, as if some one pressed with the hand on it.*
8. He cannot get air; even when seated his breathing is difficult.
9. Uneasy breathing, from pain across the chest.
19. Contractive cramp in the chest, and cough only when moving and walking.

VII.

1. Voice higher and finer; squeaking indistinct.
2. Constriction of the larynx and thoracic muscles.
3. Rattling breathing; towards 12 P. M.; in whooping cough; in chill or sweat.
4. Frequent inspiration and expiration; breath oppressed.
5. Breath short, difficult; anxious during heat or sweat.
6. Pain in the breast, cough and other peri-pneumonic symptoms during recovery from meningitis.
7. Red rash on the chest.

VIII.

1. *Spasmodic tightness of the chest as if the lungs could not be fully expanded.*

2. Oppression, aching feeling in the chest, relieved by mucus expectoration; increasing to an agonizing degree, preventing respiration with great restlessness.
3. Pressure in the left intercostal muscles from within outward, which is worse during inspiration and expiration.
4. Pressive pain in the right side of the chest from within outward.
5. Burning in the chest, runs through both arms, and through lower limbs down into the toes.
6. Single violent from within outwards, at short intervals: renewed when the chest is touched.

IX.

1. Inclination to take deep inspirations, which increases constriction of the chest, and causes tearing pains in the chest, worse right side.
2. Whooping cough; constricted spasmodic action across the throat, beneath the jaws; cough worse at night with diarrhoea.
3. Hæmoptysis during phthisis pulmonalis.
4. Sputa, thick mucus; rust colored; offensive and purulent.
5. Dry cough awaking him and not ceasing until he sits up in bed and passes flatus upward and downward.
6. Wheezing, whistling cough; metallic sounding; stridulous breathing; croup.
7. Cough dry, caused by tickling in the throat pit; tickling in the stomach.

X.

1. Hoarseness.
2. *Hackiny cough on inspiring cold air.*
3. Constant inclination to hack in order to relieve tickling in larynx.
4. A severe cold, frequent sneezing, lachrymation, pain in the forehead, acrid discharge from the left nostril.

5. Violent catarrhal laryngitis; the hoarse cough seemed to split and tear the larynx,
 6. Breathing oppressed from pressure in the middle of the chest.
 7. Tickling in throat, with aching in the larynx.
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REMARKABLE ACCIDENT WHILE TAPPING A HYDROCELE.

A rare and remarkable accident during the ordinary operation of tapping a hydrocele is reported from Bordeaux. The patient was a healthy peasant of forty-four years of age, who had never suffered from any venereal affection. The hydrocele, which was on the right side, had been in existence some two years, and had followed an accidental blow. As it continued to increase in size, he sought advice, and was admitted into M. Andre Boursier's clinic. When the trocar was introduced, about one hundred and twenty-five grammes of straw-colored fluid came away. M. Loumeau, who performed the operation in M. Boursier's presence, then having satisfied himself that the extremity of the canula was free in the cavity the tunica vaginalis, proceeded to inject gently sixty grammes of a mixture of a tincture of iodine with twice its volume of water. All at once the patient complained of a severe pain in the cord and loins, with cramp in the right forearm. The ulnar border of the right hand then became flexed, the ring and small fingers being completely flexed, while the index and middle fingers, though extended as far as second and third phalanges were concerned, were flexed at their metacarpophalangeal articulations. The thumb also was flexed and brought near the fingers. Exactly the same position was shortly afterwards assumed by the left hand. There were no convulsions or syncope. After a few minutes the "ulnar griffe" began to relax, and the index and middle finger became flexed completely on the hand, which itself became

strongly flexed on the forearm. All the muscles on the front of the forearm became hard and contracted. The palmar fascia was strongly retracted, and the palmaris brevis quite tense. On both sides the ulnar affection had given place to contraction of the muscles supplied by the median nerve. The patient was unable to articulate a sound, his tongue hanging loosely in the buccal cavity. The muscles supplied by the hypoglossal nerve were also contracted, but for a short time only. The forearms were shampooed, and after nearly an hour the muscles relaxed. The patient recovered completely, and left the hospital after a few days. M. Loumeau has been unable to find an example of this kind in medical literature; but M. Desplats, of Lille, published a paper on pleural eclampsia last year in the *Semaine Médicale*, in which he refers accidents connected with pleural operations to four categories: [1] toxic action of the liquid injected, [2] true epilepsy, [3] uræmia, [4] reflex action. The author surmises that the accident was due to reflex irritation of the nerves of the serous membrane by the liquid injected. The testicle, it may be remarked, was in no way injured. Whatever explanations may be offered, the fact remains, which is itself sufficiently extraordinary, of a healthy peasant man of middle age being thrown into a state of severe nervous spasm by the performance of a very simple and very common surgical proceeding.—*Lancet*.

COCAINE AS A REMEDY.

MR. EDITOR: As this remedy has so disturbed the nervous system (according to the papers) of some of the people in your city, I thought I would see what it would do here. A lady who had the care of two grandchildren who were *not very bright*, got discouraged and said to me: "I wish you would give that young one [a boy aged about eleven years] something so he would know more or less. I prepared Co-

caine 3x, calling the four per cent. the tincture, and gave him a dose of two or three drops each night. A month later she came for more medicine, saying that the boy appeared a *good deal brighter*.

I was called to see a man nearly seventy with progressive paralysis. In walking he shambled along; his left hand was held to his side; trembling; he looked semi-idiotic; saliva running from his mouth, mucus from his nose; pants unbuttoned; shoes off; could not go up or down stairs, nor out of doors. I gave him Cocaine as above [I did not know what else to give], and in three weeks he was out of doors visiting friends. His son, daughter and neighbors said he was much better; thought the medicine had done wonders for him. He is now taking the same remedy. I gave it in water once in two hours. After he had taken the medicine a few days he said everything looked green [even when I was not present], and thought it was the effect of the medicine. Perhaps we have a valuable remedy there. It must do something.

SPRINGFIELD, Mass.

A. M. CUSHING.

KALI CARBONICUM.—[ANTIPSORIC.]

BY A. M'NEIL, SAN FRANCISCO, CAL.

MIND.—1 Sad, weeping mood.—Hahnemann. [Ign.]

2 Weeping from sad thoughts in the evening.—Her-
ing. [Sepia; in the twilight Phosph.]

3 She was obliged to weep much, because it was con-
stantly in her thoughts she must die.—Gersdorff. [Acon.,
Agar. mus., Arsen.]

4 Anguish and sadness.—Minton. [Arsen.]

5 Vexed and irritable mood.—Minton. [Nux vom.,
Cham.]

6 Fearful and anxious on account of his disease.—Minton. [Agar m., Liliem tig.]

7 Children and grown people are irritable when getting awake; scream; strike about them, and will not be spoken to.—Hering. [Lycop.]

8 Absence of mind; seems at a loss to know how to begin to say or to do what she wishes to do; makes several attempts, but is finally obliged to give it up; can't express herself.—Guernsey.

9 Fearful when alone, most in the evening in bed.—Hering. [Lycop., Stram.]

10 Sweating from mental exertion [reading and writing].—Hering. [Hepar s., Calc. car.] See symptom 115, 129.

SENSORIUM.—11 Vertigo when sitting like a swinging to and fro.—Hering.

12 Vertigo on suddenly turning the body and head.—Hering. [Calc. carb.]

13 Feeling as if the bed was sinking under her.—G. H. Carr. [Bryon., Rhus tox.]

HEAD.—14 Headache when riding in a carriage.—Jahr. [Coc. c., Sep.]

15 Tearing, drawing and pressing in the forehead down to the eyes, and to the root of the nose.—Hering. [Acon., Kali b., Zinc.]

16 The hair is dry and brittle.—G. [Lustreless and rough. Psorin.]

SIGHT AND EYES.—17 Weakness of sight after an embrace.—E. A. Farrington.

18 Stitch in the middle of the eye.—Hering.

19 The affections of the eyes alternate with swelling of the upper lip.—C. A. Kunkel.

20 Swelling between the eyebrows and lids like a sac.—Boenninghausen [of lower lids Apis.]

21 Enormous bags [swelling] under both eyes.—Raue. [Apis.]

EARS.—22 Right ear hot, left pale and cold.—A. Charge.

NOSE—23 Nose bleeds when washing the face [Arnica]; or every 9 A. M.—T. S. Hoyne.

24 Dry coryza with total hoarseness and aphonia.—Kafka.

FACE.—25 Alternately red and pale face.—E. A. F. [Bell.]

26 Swelling of the cheeks during the menses.—E. A. F.

27 Face pale, but red during cough.—E. A. F.

MOUTH.—28 Toothache only when eating.—Kunkel. Warm food. [Puls.]

29 Mouth feels numb, as if burned with caustic.—E. A. F.

30 Single stitches in the incisors here and there in the evening.—H.

31 Spasmonic sensation in the lips.—Eggert.

THROAT.—32 Sticking pain in the pharynx, as if there was a fish-bone in it.—H. [Argent. n., Hepar, Nitric ac.]

33 Crawling in the throat.—E. A. F. See symptoms 19, 24.

APPETITE AND TASTE.—34 Intense thirst morning, noon and night with restlessness.—G. [Arsen.] See symptom 52.

STOMACH AND ABDOMEN.—35 Excessive flatulency; everything she eats or drinks appears to be turned into gas.—G. [Argent. n., Iodine.]

36 Stitching in the pit of the stomach and hypochondrium.—G.

37, Belching of putrid gas like rotten eggs.—C. C. Smith. [Arnica, Psorin.]

38 Stomach feels as if it would surely burst.—C. C. S.

39 Sensation of emptiness [Ign., Sepia], accompanied by eructations.—Lippe.

40 Often much belching with relief. G. [Carbo veg.]

41 Pain in the stomach, as if cut to pieces, with extreme sensitiveness of the epigastrium.—G.

42 Nausea on every emotion.—H.

43 Nausea as if she would faint, relieved by lying down.—G. [See Bryon., Coccul.]

44 Vomiting with a swoon-like failing of strength.—G.

45 Nausea without vomiting, coming on only during a walk.—G.

46 A constant feeling as if the stomach were full of water.—Nemning.

47 Colic in lying-in women characterized by sticking pains.—G.

48 Fulness, heat and great distension in the abdomen, immediately after eating a little.—Gersdorff. [See Lycop.]

49 Stitches in the liver: worse in the cold air.—H. N. Martin.

50 Painful bloating of both groins.—Minton.

51 Sensation as if a stick extended from the throat to left side of abdomen, with a ball on each end of stick.—C. C. Smith. [See symptom 70, 75, 117, 129.]

STOOL AND ANUS.—52 Constipation with sensation when straining at stool, as if the abdominal contents would be forced out of the vagina or rectum.—G.

53 Unsuccessful desire for stool with a sensation as if the rectum was too weak to expel it.—G. [Alumina, Hep.]

54 She feels very strangely and badly an hour before stool.—G.

55 The stools are large and hard, and the stools are followed by bleeding from the varices.—G.

56 Stools a light gray color.—G. [Digitalis.]

57 Diarrhœa only in the day time.—Bonninghausen. [Coccul., Petrol.]

58 Involuntary stool while passing flatus.—E. A. Farrington. [Aloes, Oleand, Verat. alb.]

59 Diarrhœa at 3 or 4. A. M.—J. B. Bell.

60 Diarrhœa with stitching pains; sharp, shooting and all over the abdomen.—G.

61 Hæmorrhoids relieved by riding on horseback [heavy pressure as sitting with anus pressing on foot, etc.]—Bonninghausen.

62 Stitching and cutting pains in the varices, which become greatly swollen and enlarged.—G.

URINARY ORGANS.—63 Urine blackish.—E. A. F. [Lach.]

64 Frequent desire to pass urine, but with difficulty in doing so, and with pressure on the bladder a long time before the urine comes; even at night she is obliged to rise several times on account of it, though she drinks but little water.—W. Eggert.

GENITALS.—65. Sore and pinching pains in the vagina during an embrace.—G.

66 Violent itching of the whole body during the menses.—G.

67 Menstrual discharge pale, acrid, of a pungent, fetid odor, and excoriates the parts with which it comes in contact [Phos., Sulph.], and covers them with an eruption.—Minton. [Makes them sore, Sulph.]

68 Feels very badly a week before menstruation.—G.

69 Menses too profuse; too early and too long.—Eggert. [Calc. carb., Kreasot., Phosph., Plat.]

70. Sour eructations at every time she would menstruate.—Minton.

71. Before menses swelling of the pudendum.

72 Stitching pains in and about the uterine appendages.—G.

73. Soreness, gnawing, burning and itching in the vulva.—G.

74. Stitching pain through the cyst [or vulva] or the parts near the cyst.—G.

75 Tearing in the left labium, extending through the abdomen to the chest.—G. [See Murex pur.]

76 Stitches through the vulva.—G.

77 Yellow leucorrhœa with much burning and itching.
[See symptoms 17, 26, 101.]

PREGNANCY AND LABOR.—78 Abortion in the second month with stitching pains.—E. A. F.

79 Violent pain in small of back during pregnancy.—A. M. Pierson.

80 Pregnancy; the back aches so badly while she is walking that she wishes to lie down at once and says she “feels as if she could lie down in the street” at such times to obtain rest and relief; cannot walk further and must sit down.—G.

81 Sequellæ of abortion and confinement [Podoph.]; backache; night sweats, dry cough, emaciation or menorrhagia.—E. A. F.

82 Labor pains; the pains begin in the back and instead of coming around in front like a regular pain, it passes off down the buttocks or the glutei muscles; or they are sharp and cutting across the lumbar region, arresting contractions.—G. [See symptom 48.]

RESPIRATORY ORGANS.—83 See symptom —]. Frequently recurring paroxysms of cough, excited by tickling in the throat, larynx or bronchia with a dislodgment of tenacious mucus or pus, which is not expectorated but swallowed.—[S. Lilienthal. [Caust.]

84 Very violent cough, mostly dry and coming at 3 P. M. or 5 P. M.—H. V. Miller.

85 Stitches in sternum and right side of chest, through to back when breathing.—H. V. Miller.

86. Cough worse from 3 to 4. A. M.—H. V. M. [Ammon. carb.]

87 Acts very prominently on the lower part of the right lung.—R. R. Gregg.

88 Sensation of a lump rolling over and over on cough.

ing rising from the right abdomen, up to the throat and then back again.—E. W. Berridge.

89 Dyspnœa; awakens at 2 or 3 A. M.; he is compelled to sit bent forward, the head on the hands.—E. A. Farrington.

90 Cough coming on at 3 A. M., and returning every half hour till after 5 A. M.—Bibliothique Homœopathique.

91 Sputa albuminous mixed with small lumps of pus.—Kafka.

92 Hard, round white masses fly from the mouth when coughing or hawking.—C. C. Smith. [Badiag., Cheledon]. Persons suffering from ulceration of the lungs can scarcely get well without this antipsoric.—Hahnemann. [See symptom 76.]

HEART.—93 When lying on right side, heart feels as if suspended to the left ribs and seems dragging them to the right side.—E. W. Berridge.

94 Constriction in the region of the heart.—Minton. [Cactus.]

95 Intermission in the beating of the heart; its actions are tumultous or weak.—Eggert.

96 A blowing noise and a louder second tick of the pulmonary artery is heard. [Kafka.]

97 Stitches in the region of the heart.

NECK AND BACK.—98 Stitches in the right side of the back.—H. V. Miller.

99 Pain in back and legs after eating.—E. J. Lee.

100 Very much heavy aching pain in the small of the back.—G.

101 Pain like a weight in the back during the menses.—G.

102 Backaches as if broken.—Minton. [Bellad.]

103 The back pains as if bruised [Arnica], during rest, not during movement.—Hahnemann. [Rhus tox.]

104 Weakness of the small of the back and legs.—Eggert.

105 Stitching pain in the back at 3 A. M. awakens him

from sleep; has to walk about to get relief. Eggert. [See symptoms 79, 80, 81, 82, 85.]

EXTREMITIES.—106 The arms and hands feel powerless. Kunkel.

107 Difficulty in the knees in going down stairs, and still more on going up stairs. H. Goullon, Jr.

108 Crampy, tearing pains from hip to knee; the limbs go to sleep. H. G., Jr.

109 Eruption of minute vessels on the soles of the feet, accompanied with excessive itching of the feet. O. W. Smith.

110 Stinging pains [Apis] in joints and inner parts. A. Lippe.

111 Swelling of the foot and leg, with sticking, shooting pains. G.

112 Fœtid sweat of the feet. Kunkel. [Cuprum, Silic. See symptom 99.]

GENERALITIES. 113 When one feels the pulsation of all the arteries [Iodium] even down to the tips of the toes; feeling of emptiness in the whole body as if the body were hollow; the whole body feels heavy and broken down, so that it is only with the greatest effort that one can make any exertion. G.

114 Stinging pains in the joints, muscles and internal organs. Jahr.

115 Great exhaustion, with a sort of torpidity; does not seem to care for anything. E. A. F. [China, Phos. ac.]

REST. POSITION. MOTION. 116 The stitches come during perfect rest, and are not dependant upon motion of any kind. E. A. F.

NERVES. 117 The spasms seem to be relieved or pass off by frequent eructation. G.

118 Pains compel her to start and jerk. Minton.

119 The least touch makes her start. [See symptoms 31. E. A. F.]

SLEEP. 120 Sleepy while eating. E. J. Lee.

121 Half waking night sleep. Minton.

121 Nightmare [Minton] as soon as she falls asleep. [Cyclamen.]

122 He gets frightened during sleep. Hahnemann.

123 He talks in his sleep. H.

124 Complaints come after every sleep. Boeninghausen. [Lach.]

125 Bad sleep after midnight; he sleeps on his back because he cannot bear lying on his side. Kunkel.

126 Wakes in the morning about 1 or 2 o'clock, and cannot sleep from wakefulness. [3 A. M. Calc carb.] E. A. F.

127 Awakes at 3 A. M. Eggert. [Calc. carb.]

128 Wakes near 3 A. M., with cardiac anxiety and cannot go to sleep. Hering.

129 Anxiety when lying on the right side; has to sit up wind is belched up.

TIMES OF THE DAY. 130 Aggravation of the cough. Hering. Dyspnœa, general condition, etc., about 2 a. m. [See Calc. c., Nux. See symptoms 7, 81, 105.]

FEVER. 131 Chilliness with frequent trembling of the limbs. Eggert. [See symptoms 10, 34, 81.]

STAGES OF LIFE. CONSTITUTION AND DIATHESIS. 132 Sacculated swellings over the eyes in light haired children. G.

133 Very sensitive to draughts. Kunkel.

134 Bad effects of getting wet [Dulcam., Rhus t.], and standing in wet clothes. E. A. F.

135 Adapted to fleshy, aged people, and to complaints following parturition. H. V. Miller.

136 Bad effects of over-heating and vexation. E. A. F.

137 After loss of fluids [China] or vitality, particularly in the anæmic. E. A. F.

137 **SKIN.** The ulcer smells as of old cheese. [A. E. F. {Hepar s.}]

138 Ulcers with hard edges, bleeding at night. E. A. F. [See symptoms 66, 109.]

CHILDREN. 139 Child is restless and anxious at night;

cries much, reaches for things without taking anything. Hering.

140 Children creep and toss about in sleep. Hering.

141 Irritable when waking; screams; strike about them; do not wish to be spoken to. Hering. [Lycop.]

RELATIONSHIP WITH OTHER DRUGS. 142 Kali carb. is well followed by Phosph. and Nitric acid. H. Goullen, Jr.

143 Complimentary to Carbo veg. H. C. Allen.

ECZEMA AND SCROFULOSUM.

BY W. S. MULLENS, M. D., AUGUSTA, KY.

It has been my good fortune in the last ten years of active practice to treat more than my share of what is known in common parlance as "Skin Diseases."

My success in the first years of practice were appalling failures. I became as much disgusted with my herculean failures as my patients did with little pellets and sweet powders. One by one my patients would drift over into the "Regular Army," and despite their "heroic treatment," some how and by some means they got well. Certainly, the trouble was not in our law of cure. The materia medica was full of "similimum," but I could not or did not find it; the similia I did. Some physicians see no difference between a "similia" and a "similimum." Think on that line one moment, and it may make you a closer student of materia medica. A burning of midnight oil and a deeper search into materia medica unfolded rich mines from which I took the precious remedy or remedies—(for I am even unto this day simple enough to now and then alternate)—which soon changed my disgust to real pleasure to have those "pastular," "scaly" fellows to come again.

From that time on to this day there has been but few "such cases," but what have been cured nicely and quickly as either patient or physician could desire.

It is a wonder how so little medicine will cause the forces of nature to throw off in such a short time all the latent morbid matter that yielded such quantities of pus, scabs, scales, etc., and left the patient praising Homœopathy, and sometimes thanking God, and sometimes in their joy forgetting to pay the doctor.

In the September number of THE INVESTIGATOR, page 421, Dr. Boardman gives us a very interesting case of an eight months's old child suffering from one of the worst forms of eczema scrofulosum. It is a case which ought certainly to have been cured in six months medication, and would have been had said infant received the proper *internal* and *external* treatment. Ars., Hepar, Rhus tox., Mercurius, Calc. carb., Graphites inside and Graphites outside, with Cham., Ipecac. It is now being medicated with Ars. iodates. The Lord alone knows why the little one has thus been filled with drugs. Dr. B. tells us the Ars., Ipecac and Cham. were given on the single symptom: "greenish discharge." The therapeutic law requires us to select a drug of which the symptoms produced upon the healthy are most similar to those of the patient. In the words of the gifted and good one who has passed away to the silent chambers of death, Carroll Dunham, M. D.: "We are to make a compromise between the aggregate of the patient's symptoms and the symptoms of the drugs in the *materia medica* in order that we may find among the drugs that *one drug* of which *the symptoms* are *most similar*." Dr. Hering once aptly said to a class "you can't make a stool stand upon two legs—(symptoms) but you may on three legs (symptoms). Let us consider for the benefit of younger physicians, the characteristics of of the several remedies used, and just how much they are indicated in eczema.

Calc. carb. Glandular enlargement; poor assimilation; enlarged abdomen; stools, white or clayish; eruption, dry or moist, worse from cold water; eruption on neck, face and scalp; with thick crust; open fontanelles.

Hepar sulph. Glandular enlargement; papules and pustules form upon the scalp and nape and are sore to the touch: *the scabs over the pustules that form on the head and nape are very easily torn off and leave a bleeding surface.* On the body it produces a large ulcer surrounded by small pustules; with the eruption there is sometimes a greenish diarrhœa with a sour smell.

Rhus tox. Glandular trouble, eruption on the face, hands and head, especially the face; very red base, worse from rubbing which increases the eruption. It spreads by auto-inoculation, and oozes a clear, viscid, sticky fluid, when upon the head, attended with a sticky, stinking smell.

Graphites. Enlarged glands, scabby eruptions, exuding moisture, appears upon the scalp, sore when touched and cause the hair to fall out, raw, moist, scabby eruption, especially behind the ears, and in the bends of the limbs. (*Lycopodium.*) There is not to be found in either of the above-named remedies, one that causes the aggregate of the symptoms as given by Dr. B. It is the science and art to find for this case (as all others) the curative remedy.

It can only be done by a thorough knowledge of the case, objective and subjective symptoms. One must know the conditions and circumstances under, and by which this case of eczema is excited, aggravated or ameliorated, hence from his meagre description (medical journals are full of such), no true disciple of "our healing art" can do more for Dr. B.'s case than to direct him to a general line of the remedies in our materia medica adapted to such cases, and let him with his fuller knowledge of the case cure his "little patient."

Permit me to draw attention to a class of drugs that have proved true and tried friends, in treating eczema. Worthy careful consideration. Bovista, Cicuta, Clematis, Dulcamara, Kali bich., Kreasotum, Tart. emet., Viola tric., and especially Scrofularia. (Duncan Bros. have an excellent article.) The local treatment of chronic eczema should be of a stimulating

character. The most important of the remedies for the relief of the itching are the preparations of tar, and especially a tar lotion composed of soft soap, tar and alcohol, more or less diluted, and sometimes combined with Hydrocyanic acid. [Wilson.] I prefer, however, oil of cade and vaseline.

If the trouble spreads by auto-inoculation, Unguntum hydrargyrum ammoniate applied beneath the surface of the seat is specific.

CLINICAL CASES FROM PRACTICE.

BY O. J. LYON, M. D., SABETHA, KAS.

As an exponent of Homœopathy in this country, we are working away, and in order to show you what we are doing in the way of getting patients from the other school (!) we will report a few from our case book. The *Scientific School* (?) *a-la-Regular*, spends most of his time looking up *names for it*, and then seeking some odd slang, that the people get weary of *expectancy*, and employ some one "who understands his business."

CASE I. Boy aged seventeen; laceration and opening of right scrotum, letting out right testis; caused by falling in contact with a fork, while he was sliding down the side of hay stack; injury received August 20 at 9 A. M. At 11:30 A. M. after riding a distance of ten miles, he came to me from the old Allopathic doctor, and his father with him, requested me to "fix it up." I replaced the testis, sutured the wound with prepared silk, then strapped it with adhesive strips, and lastly, put on a "supporter."

Gave him strict injunction not to walk round until a few days, until it healed up. In a few days suppuration set in. I put absorbents in contact and cleansed with that. About September 1 our fair occurred, and while passing round I ran

across my patient. I reprimanded him severely; he replied, "oh, you needn't get hot about it, for its healing up awful fast."

CASE II. A young lady friend of mine has a married sister at Hiawatha. This sister has an infant some two years old. The child had diarrhœa, then dysentery and became alarmingly sick. The father went to Hiawatha, called the *Old School* family doctor. Child became worse. The younger sister wrote me. I couldn't get away, but sent four or five little powders on her symptoms given. The next mail brought me a letter of thanks for the baby's recovery, and also a request to call soon as I could and treat the mother, as *she* had been sick about all summer. I took the next train, and was met at the depot by the friends of the patient. I found her a sufferer of menorrhagia with cerebral neuralgia.

I put her on Bell. and it seemed to meet all existing symptoms. (She is a *very* light complected woman, with blue eyes.) I called there again in the morning, before taking train home. I found her resting nicely and improving. The husband then showed me a box of powders, done up *a-la-mode de* Homœopathic, but the contents of which would "smell to heaven," and I guess quite a distance toward 'school.' I was informed they were from the old family doctor who had "been in the family ten or twelve years," but that they "did not want him any more, when medicines could be given that would *do the work so much better.*" I then returned to my lady friend's residence where I was introduced to *five or six more lady patients*. A case of chronic dyspepsia gets Hepar sul. 30th. Case of climaxis, dark complected, flow dark, at times profuse, then three or four weeks or more and no *showing*, much pains in about shoulders, etc.; "while the flow is on there is much pain all over me." I was about to put her on a certain remedy, when she exclaimed: "I *do* wish they would stop pounding on that piano, *it does so worry me.*" I immediately put that vial in the case, and put her on Sepia 6x, one dose in

eight hours. Another case. Girl aged twenty-two. "She has fits, every time she has her changes, sir." I put her on Bell., and will introduce a sponge-tent at the appearance of next "change." I am informed by the friends that they are all getting better, while my cash account also is increasing by the entries of *cash receipts*. Hiawatha is eighteen and one-half miles away, and many of these patients were in the care of the GREAT railroad surgeon there, while a few were in charge of a Homœopath at the place. Hints: study the key-notes, strike while the iron is hot, and acknowledge no superior *near you* in professional ability.

BOOK NOTICES.

PROCEEDINGS of the Homœopathic Medical Society of the State of Ohio.

This is the proceedings of the Twenty-second Annual Session of this Society. It is nicely gotten up and contains a number of very practical papers. We shall take the liberty of reproducing some of them.

A DECALOGUE for the Nursery. By S. J. Donaldson, M. D. Boston: Otis Clapp & Son. Chicago: Duncan Bros. \$1.25.

This is a well-written book and contains a good many good hints. Some no doubt will find fault with the strength of some of the remedies this author recommends. It will prove a good book to be used with some other domestic work.

HEALTH CARE and the Sanitary Woolen System. By Gustav Jaeger, M. D.

This is a book evidently gotten up as an advertising scheme for the Dr. Jaeger's Sanitary Woolen System, New York.

ABRIDGED THERAPEUTICS, Founded upon Histology and Cellular Pathology, with an Index. By Dr. Med Schussley. Authorized translation. Thirteenth edition. Chicago: Duncan Bros. \$1.50.

That any book should run thirteen editions in so short a

time is an indication it is being sought after. Some claim to be doing wonders with these tissue remedies. Whether there is any virtue in them or not every physician can test for himself, as the cost is trifling. Buy the book, try the remedies and satisfy yourself whether they are good or not.

INDEX CATALOGUE of the Library of the Surgeon-General's Office, United States Army.

This is Volume VII. of this great work. This volume includes 14,688 author titles, represents 5,987 volumes, and 12,372 pamphlets. It also includes 6,371 subject titles of separate books and pamphlets, and 34,903 titles of articles in periodicals.

A CYCLOPÆDIA of Drug Pathogenesis. London: E. Gould & Son.

This is part IV. which takes up the remedies from Berberis to Cannabis. We have called attention to the other parts, but we will again say every Homœopathic physician should have a copy of this work.

PAMPHLETS.

COCAINE in Hay Fever.

OPERATIONS on the Drum-Head for Impaired Hearing; with Fourteen Cases
By Seth S. Bishop, M. D., Chicago.

These are reprints from the *Journal of the American Medical Association*.

SOME Recent Experiences in Clinical Surgery. By Donald Maclean, M. D.
Detroit, Mich.

This is a reprint from the Transactions of the Michigan State Medical Society. It contains some very practical reading. Send him a stamp and get one.

PURPURA HÆMORRHAGICA SENILIS.

BY D. F. HUNTLEY, MAUTON, MICH.

Now I judge this is the proper name for the following case: Our literature is surprisingly scarce on this subject, so I send the complete history of the case I was fortunate enough to receive.

First, the lady is sixty-nine years of age, a thin, spare subject. She and a daughter had been to Indiana on a two month's visit; they made a good many trips in a lumber wagon which wore the old lady out pretty well. Still her general health was pretty good. The morning they started home she noticed a spot on the back of her right hand; it resembled a black and blue spot, still it did not pain her any and she thought nothing of it. When they arrived at Grand Rapids after taking a hack, her teeth began to bleed, or rather her gums around some old roots which had not bothered for years; the spot on the hand grew rapidly and was reinforced by others on her arms, neck and inside the mouth, also on the tongue. She arrived here at 3:30 P. M. I was called at seven in the morning and found her as described, with the addition of the lower extremities being now involved, as far as the knees. The hemorrhage from the mouth was not very profuse, but it alarmed her children very much. I made a careful examination of the case, with the above diagnosis; recovery doubtful. Put her on Sulph. ac. 2x diluted, spoonful every three hours. As an adjuvant I had the limbs washed with a strong solution of Tanic acid.

Called the next day; patient about the same; hemorrhage still continues from mouth; this I controlled immediately with pledgets of cotton wet in Hamamelis tincture; called next day; the spots were beginning to coalesce. The kidneys now became afflicted with the disease and for thirty-six hours nothing but blood was passed; I put her on Terebinth 2x dilution, one spoonful every two hours.

At this stage they desired to have her old physician see her, which I readily agreed to; that evening, the third day, we were together; he, although an Allopath, had never seen a case like it, and agreed with my treatment. The morning of the fifth day the urine became clearer and by night was free from blood and in sufficient quantities to satisfy me, so I took off the Terebinth and continued the Acid sulph. The sixth morning epistaxis set in quite freely, and nearly frightened them and the patient to death. As there was some stupor or apathy present, and remembering a case of typhoid fever I had once, with profuse epistaxis which yielded to Rhus tox., I put her on that in the 3x dilution, a spoonful every two hours, at the same time irrigated the nostrils with Hamamelis 1x. That was the last of that, and with the exception of a few powders of Sulph. of China 2x as a tonic, comprised the treatment. At the end of eight days I examined the patient; found the spots fading rapidly, the urine clear, and the appetite good, and so I discharged the patient.

THE MEDICAL UNDERCURRENT.

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

The medical man encounters four distinct seasons of disease experience. Old Dr. Pulte used to say: "I study the diseases of early spring and summer, for they are a sort of forerunner of what may be expected in the summer. I group the cases and note the unusual features, and that gives me the disease drift. That study also helps in the selection of the remedy." As every one knows Dr. P. was in his prime a very successful physician. Possibly this is the key to his success. There is doubtless something that makes the type of diseases vary from year to year. The careless observer may attribute it to individual peculiarities, more than to seasonal influences. He may not see the under-current unless very marked, and

then is not able to generalize sufficiently to get the drift of the disease current; the eddies bothers him.

It may be early yet to get the drift, but the severe influenzas arrest attention. A writer from Texas where the dengue has been very prevalent, says: "Last year he used Eupatorium with Gels. with good effect, but this fall Bell. is the chief remedy. The pains being more in the muscles than the bones. Rhus and Nux are indicated occasionally, especially in the wind up."

Many of the cases of influenza grip the neck so severely as to threaten almost an attack of meningitis. Here Bell. works like magic; while the sore throats are almost invariably followed by bronchitis, a return to the phase of throat trouble of last spring, when Bry. was needed to head it off from the lungs.

The hoarseness suggests Bell.; it also suggests much croup, and that Bell. and Bry. will prove good croup remedies this year. Perhaps this season will verify the observation of Teste that both Bry. and Ipecac are the best remedies for croup. Bryonia has proved a valuable remedy for typhoid and has been ably seconded by Bapt., sometimes by Hyosc.

The great prevalence of jaundice has emphasized that this has been a Bryonia year, and that the serous surfaces have suffered most. Now if the change suggests anything it is that the storms will be more volcanic, explosive, sudden, and therefore Belladonna. There is nothing in all this to suggest the approach of cholera, but at the same time it indicates change for the atmosphere of Bell. is not stated. Six months from now the cholera current may set this way from Corea where it has prevailed to a frightful extent. We shall watch the course of coming events (medical) with great interest. We should like to hear from the far west.

ALBUMINURIA COMPLICATED WITH PSEUDO-ANGINA PECTORIS.

BY G. W. CHITTENDEN, M. D., JANESVILLE, WIS.

Reported at session of Wisconsin State Homoeopathic Medical Association.

A. P. P. aged fifty-eight years; temperament nervo-sanguine; occupation, county judge, in which he has been continuous; habits, active, uses neither stimulants, tobacco, tea or coffee; diet plain and substantial. The patient is very systematic in all his habits. His father and mother lived to a good age. One brother died from hypertrophy of the heart at the age of twenty years, the other of heart disease, aged fifty years. About the first of November, 1884, this patient consulted me for a severe aching pain, located about the right inferior maxillary region, and in the right shoulder about the acromion and deltoid. There was no sensitiveness to pressure nor from motion of the arm or during mastication. Five years since he had a severe attack of neuralgia ischiatica which continued some months, and compares this pain as similar in sensation. The peculiar feature of this agonizing pain is that it recurs only when exercising, as when walking to and from his office, during any manual labor, lifting, or straining at stool. The pain is intolerable, he is compelled to stand still, when it would soon pass away and he could again resume his walk, but only to have a repeated attack. The patient thinks he is more quickly relieved of this distress by placing his hands above his head.

Simultaneously with the recurrence of these attacks of pain, there is invariably an accompaniment of a secretion of transparent, stringy mucus, sometimes very viscous and difficult to raise, and gets relief when he gets it up. This disposition "to spit" as he terms it, disappears with the paroxysm of pain. I prescribed Bryonia 3d every four hours. Not experiencing any relief, varied the potency up to the 20th

without satisfactory results. This was followed in succession by other remedies, holding a similar relation to the complaint, such as *Kalmia*, *Ignatia*, *Spigelia*, *Kali bich.*, *Mezereum*, and others in varying potencies, without any apparent relief.

At this stage, which was about the 1st of January, I resolved to institute a rigid investigation of the case, feeling assured that there was some remote cause it was necessary to determine, to secure successful results in its treatment. I chose Sunday when at his leisure and unlooked for, visited him in the quietude of his home. I found pulse and temperature normal.

Auscultation and percussion furnished no indications of pulmonary nor heart disturbance. The patient says he has no urinary derangement, that the urine appears natural and flows freely. As there was no œdema of the face or extremities, did not consider it necessary to make any tests of the urine. Appetite good, digestion natural, bowels regular and sleep normal. The skin was rather sallow, but the sclerótica exhibits no tinge of bile. So far as I can learn the pain is not influenced by hygrometric or thermometric changes. Baffled thus far to find a satisfactory, solution of the etiology of this obscure pain, I was forced to theorize. The question to solve is not alone the cause of these symptoms, but why should they return only from physical exertion and never from mental excitement or when in quietude? And again, why should the distress disappear in a few moments on standing still or sitting, as he was compelled to do? It seems very apparent that the disease is in some manner intimately related to, or connected with the circulatory system. The distress in this case are suggestive of the existence of *angina pectoris*, yet is wanting in some of the more prominent characteristics connected with the heart. *Valleix* describes *angina pectoris* as "an affection characterized by a violent and sudden pain, having its seat at the lower part of the sternum. Oftentimes extending to the neck and arms, and occasions so great a sense

of anguish that the patients are compelled to stop all motion and remain completely immobile until the pain ceased."

This author also considers angina as a painful neurosis. Laennec and Lartigue place the seat of this malady in the cardiac nerves. Bernard as late as 1882 adds that "the disease attacks either at the same time or successively, the pneumogastric, the cervical or intercostal nerves; it may be at times a union of many nervous affections, as of the cardiac or pneumogastric nerves, or the cervico-brachial and dorso-intercostal nerves." He adds, "In regard to the complications found in the heart and arteries, they ought to be regarded as predisposing or existing causes, since they are not essential to the disease."

M. Peters in his work on Clinical Medicine in 1873 says, "the anastomosis of the phrenic nerve with the cervical and brachial plexus, explains satisfactorily the irradiation of pain to the neck, shoulder and arms." The lower jaw is supplied by the cervico-facial branch of the infra-maxillary nerve, a branch of the fifth pair, and the shoulders by the circumflex, a branch of brachial plexus of nerves; leading us to seek the cause of these local pains as in connection with the origin of these nerves.

March 15th. In the absence of all general symptoms or conditions leading me to suspect the existence of albuminuria I procured from the patient some urine passed in the morning and made the usual test by Nitric acid and heat. The quantity, reaction, and specific gravity apparently normal, but it yielded a deposit of one-fifth albumen. Prescribed Glonoine 1st in ten drop doses three times a day, and placed him on a diet, largely of milk, which was continued until April 10th, at which time he was feeling very weak, with no perceptible change in the amount of albumen. In addition to above gave ten drops tincture Ferri chlor. after meals, and allowed some vegetable food, after which appetite and strength improved. May 11th. Urine, pale straw color, specific gravity 110,

albumen one-fourth. Thinks the pain in shoulder and jaw return from slighter causes. Omitted the Iron and placed him on a rigid skim milk diet, cheese and fruits. He has been drinking Bethesda water for two months. This was omitted also at this date. May 26th. The annual convention of the State Homœopathic Association being in session, the patient was brought before the convention, in person, and a general statement of the case presented. The conditions were as reported on the 11th. The original feature of pain in location and character remained unchanged. In the discussion which followed there were some differences of opinion as to the etiology, Some regarding the pains as resulting from an obscure aneurism or dilatation of arteries; others as a congestion at the base of the brain, both of which were aggravated by physical effort and thereby disturbing the nerves. As the fifth pair has its origin at the base of the brain, and the brachial nerves form the lower cervical, it would appear that the cause is of cerebro-spinal origin. The albuminuria was regarded a secondary complication. A sequel of the condition here detailed, the kidneys being in a congested state, causing obstruction of the tubules. It was deemed advisable to put the patient on a generous diet and *Secale cornutum*.

PUERPERAL ECLAMPSIA.

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

Read at the Wisconsin State Homœopathic Medical Association.

To the intelligent and observing physician, an attack of puerperal eclampsia almost never appears unexpectedly. The exceptions as compared with the rule, are very rare, still they exist. By a close observance one is enabled to foretell its more or less speedy invasion, by the almost unvarying occurrence of certain phenomena. These may be slight in degree and limited in extent, or they may be absent. The earlier in

the parturient state, that eclampsia appears, the greater the tendency to premonitory symptoms. The later attacks are characterized by more suddenness and less premonitory symptoms.

These precursory phenomena may vary in duration, from a few hours to several days. The patients complain of either excessive agitation or malaise, and are, consequently, easily excited, inclined to be impatient and very irritable, and the respiration is characterized by more or less difficulty. One of the most reliable diagnostic signs, is a pain in the head, which is intractable to ordinary curative measures. It is poignant and acute, at times unilateral, supra-orbital, and very often contracted upon some circumscribed point. There may be for a few days before, nausea, vomiting, vertigo, flashes before the eyes, dimness of vision or even blindness, tinnitus aurium, and frequently, severe pain in the epigastrium.

After a variable duration of these premonitory symptoms, they become augmented to a greater degree of intensity, with a complication indicating disorder of the sensorium and intellectual faculties. The vision more noticeably affected. A thick mist seems to obscure the sight, rendering objects less clearly distinguishable. The hearing may be less exact; the touch less fine and delicate; the countenance indicative of great dullness; the expression fixed and features immovable. The patient can only be aroused with difficulty, and the question addressed to her she scarcely comprehends, and her answers are somewhat incoherent. If the patient is plethoric, the face may be flushed and animated, the pulse being full and hard. If anasarca is present, in an irritable nervous patient, the pulse is small, contracted and hard, the face is pale, the skin and extremities are inclined to be cold, with a slight tendency to a chill. Formications in the limbs and pricking sensations are often superadded to the foregoing symptoms.

These symptoms being present, either singly or collect-

ively, it becomes the imperative duty of the physician to satisfy himself of the presence or absence of albuminuria. As every swallow does *not* make a summer, so every case of albuminuria occurring in pregnant women does *not* precede convulsions. On the other hand, every case of puerperal eclampsia is accompanied by albuminuria to a greater or less extent.

It is absolutely imperative, in these cases, that the accoucher be a physician, and one of promptness and decision. It is also essential that he have a keen realization of the importance of a preventive treatment, for this disease may be prevented more easily than it can be cured, when once established.

The preventive treatment must be instituted at latest, as soon as the presence of albumen in the urine is discovered. Fortunately for our success and our patient's life, the treatment of albuminuria complicating pregnancy is more amenable to treatment, than when the disease occurs under other circumstances. For the relief of this symptom and a modification of the conditions causing it, much benefit has been obtained from a milk diet. The albumen generally disappears, and the convulsions in such cases do not occur. The quantity of milk to be used, is limited, it seems, only by the capacity of the patient, as from one to four quarts, daily, are advised. I am not familiar with any drug, which is in a thoroughly curative relation with this condition. If the cause is found to be mechanical, the treatment should be directed to its removal or a mitigation of its direct effects.

Mercurius corrosivus is said to occupy a high place among the remedial agents. Experience has enabled me to say that my success with this remedy, has caused me to place great reliance upon it.

Arsenicum with its predelection for œdema especially when it occurs in the face and about the eyes, in subjects having a pale face and great thirst, may be of considerable service.

Apis is usually the second choice, as it is in its disposition somewhat allied to Arsenicum, with the absence of thirst.

Apocynum can. deserves more than a passing consideration, as it has received very creditable notice at the hands of the clinical reporter.

The patient should be placed at once, in the most perfect sanitary and hygienic conditions. Moderate exercise in the open air should be encouraged. All worry and distressing motions, should so far as possible be avoided. Warm baths are of much benefit. All measures looking to a more complete circulation of the blood should be encouraged.

For the insomnia which is so distressing, and withal so liable to reduce her vital energies, thus predisposing her to eclampsia, we will have to depend largely upon moderate exercise, pure air, frequent baths and complete freedom from worry and mental responsibility. These measures may be supplemented by Actea, Hyoseyamus, Coffea, Caulophyllum, Aconite, Arsenicum, Sulphur, Nux vomica, Calcareo carb., China, Belladonna, Cypripedium and Ignatia, according to their several indications and the patient's necessities.

For the cephalalgia the remedies which would seem to serve us best, are Bryonia, Belladonna, Nux vomica, Gelsemium, Aconite, Glonoine, Bromide of Potassium, Bromide of Lime, Phosphoric acid, Nux moschata and Bromide of Zinc, with perhaps, any one of the long list of medicines producing cerebral symptoms.

Gelsemium is undoubtedly a remedy of remarkable value in subduing the premonitory symptoms of eclampsia. The pulse is full but not hard, and there is a large feeling in the head.

Belladonna is perhaps the most active for good of any of the cerebral remedies. The patient has a stunned appearance; consciousness somewhat blunted and speech disturbed. The face may be either red and hot or pale and cold. Throbbing pain in the head, and the near approach of convulsions seem imminent.

Veratrum vir. is also of the greatest service in controlling the high arterial tension and tranquilizing the circulatory excitement.

Potassium bromide has often been efficacious in allaying the sleeplessness, nervous excitement, exhaustion and general irritability as well as the cerebral hyperæmia which precedes the convulsions.

Chloral hydrate is very efficient during labor, in producing those effects for which chloroform and ether are commonly employed; that is to say for allaying fruitless pains or excessive ones; permitting rythmical contractions of the uterus to occur; for promoting dilatation of the os uteri; procuring repose for the patient during prolonged labors, and for quieting alarm and allaying nervous irritability. It should be given in full doses frequently repeated, until the desired effect is produced. The wide range of application of this medicine, and its wonderful ability to control the conditions which so rarely lead to puerperal convulsions, cause it to be considered in the light of the accoucher's most efficient ally.

There must be a complete avoidance of all exciting causes. All circulatory disturbances must be attended to, and the strong tendency to general and cerebro-spinal congestions must demand our prompt interference, for the prevention of this disease is far more successful, than its cure.

Bleeding has the sanction of many of the best authorities. It has especially been recommended in œdematous women, in whom the predisposition to convulsions is strong, or in those who are suffering from their near approach.

If the patient is very œdematous, an appropriate effort must be made to relieve the distension. Both exercise, freedom from severe mental strain and acute moral emotion, are here all important.

The natural excretions and secretions must be judiciously supervised. It must be recollected that too much interference

here, becomes meddlesome practice. It is as important, at times, to abstain from active treatment, as it is for others to resort to it.

During parturition, avoid all causes of dystocia. Use every means at command to subdue the irregular tetanic pain, and induce a non-regular one instead. This may be done by warm baths, Belladonna, Opium, Gelsemium, Caulophyllum, Macrotin, Viburnum, Secale, Chloroform, Chloral, Ether, and in rare instances, venesection. These remedies, may, according to their several indications, change the character of the contractions and lessen the threatening irritation of the nerve centers.

The bladder and rectum, must, at the commencement of labor, be emptied, and as far as possible, kept so. The stomach, if it contains undigested or indigestible food, may be relieved by vomiting.

All preventive measures must be early adopted and zealously carried out in the treatment of patients who have once suffered from an attack of puerperal convulsions. It is universally conceded that one attack strongly predisposes the women to subsequent ones.

The indication of premature labor is not called for, except in the very gravest of cases. In those patients having marked subjective indications of uræmic poisoning, it may sometimes, after a careful and deliberate consultation, be advisable to hasten the approach of parturition.

After delivery, this accident may generally be prevented by securing a thorough contraction and retraction of the uterus. All coagula, membranous fragments and portions of the placenta should be scrupulously removed.

The infrequency of this disease, causes it to be, like the fabled record of Damocles, a horrid possibility, which may at a most inopportune moment, fall upon us, and by its terrific suddenness, paralyze our better judgment. Consequently the more we review and re-review its preventive and curative treatment, the easier and more successful will be our practice.

THE UNITED STATES MEDICAL INVESTIGATOR.

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

A TONIC FOR WOMEN.—Said an old physician, "I have struck a tonic for these lifeless, good-for-nothing women, who mope around, sigh and act as if life was a burden. Again it acts as a spur to those women who dash and rush and work until they drop in a heap on the floor and cry like a child from sheer exhaustion, and yet who obstinately refuse help. No one can do their work to suit them. Their nice house is their pride and their joy. *China* is no tonic for them. Beer they hate. Stimulants are too evanescent for their long hours of intense activity. They are hollow chested and lank or the opposite, fat, short breath rushers, but both have indomitable wills and ambition. They are not lazy, so *Sulphur* does not help. Now the remedy that keeps them up, tones them when all used up, is what remedy, can you guess? Try and see. *Arsenicum*? Now *Arsenicum* is a good condition powder for the lean ones who need muscle and fat—beef and mutton. *Coca*? The betel might do but I never tried it. Oh, it is one of our common remedies. *Phos.*? Hardly. *Phos.* is, you know, a nerve food remedy. These folks have plenty of nerve, but seem to lack an extra spur for all the animal forces. *Phos.* has failed me. *Nux*? Well, now you come nearer to it. If men, that would be the remedy, but you know the *Nux* patient gets mad when they fail. *Ignatia*?

Now you have struck it. What potency, 200? Well, hardly. Try the 2 without the naughts. By the way, do not give too much, unless you want to overdo the matter, and thus fail. A dose or two a day when they begin to feel down, you see, eh? Well, I tell you, I have been more than once surprised at the resources we have in our *materia medica*. Tonics! We have tonics for all sorts of people and conditions. We shall yet see greater things than these, my friend. Good-by till I see you again, and then we will compare notes."

I soon had occasion to test this tonic in the case of a fat, neat housekeeper. She was a "rusher" and had collapsed—overdone and brought on vomiting. I argued that the rush and excitement had produced cerebral and spinal hyperæmia, irritation of the brain and back, and finally, nausea, tears and general despondency. She needs a tonic, she thought. I thought a rest. Yes, she was going off for the summer, but must keep up for a few days longer. Here is a case for *Ignatia*, so I called the next day to see how the old man's tonic worked. Instead of being in bed as usual, she met me at the door, smiling and full of praise of that wonderful medicine. "In five minutes I felt it clear to my toes." I never had anything like it. What was it?" Should I tell her what it was?

"SOMETHING NEW" AGAIN.—During the latter part of September, the daily press of Chicago was fairly alive with accounts of an alleged "great medical discovery," namely, that a physician of the Allopathic school, of course, had resurrected an almost dead patient by a hypodermic injection of Nitroglycerine. "Can it be possible," people thought, "that some

great man has actually discovered medical properties in the dangerous and deadly Nitroglycerine?"

It is possible; and, as Dr. Frank McCormick has already done his school a splendid service by stating in the *Daily News* of October 1, was introduced first by Dr. Hering, of Philadelphia, in 1849. Dr. Hering was a *Homœopathist*, and, seeing nothing extraordinary in the fact that remedies *do* really *cure* in the diseased, the symptoms they *produce* in the healthy, and certainly nothing in the action of Glonoine (nitro-glycerine) to place it above any other truly indicated Homœopathic remedy, he did not choose to publish the facts to the world through the columns of the daily newspapers.

Homœopathy demands her rights, and only her rights.

The use of this remedy is not new to *any* Homœopathic physician, however marvelous the fact may appear to his opponents.

For years we have used it, and shall continue to use it, curing headaches with it, and prescribing it whenever the occasion demands its administration; and we claim no special credit for it, either. We find the indications for its appropriate use in our *Homœopathic* text-books, and the case related with so much *eclat* by the Chicago press has added nothing to our knowledge concerning it, save, indeed, to prove what we have often maintained, that a vast majority of Allopathic physicians are professionally ignorant of the virtues of one of our prominent, well-tried remedial agents. We earnestly and cordially invite them to purchase a copy of "Hering's condensed," and read of the doings of Nitroglycerine back in the "days of '49." A hasty perusal, even, of that volume will spoil a good many "new discoveries" in the domain of Allopathic therapeutics.

PHYSIOLOGY AND PATHOLOGY IN THEIR RELATIONS TO THERAPEUTICS.

BY C. R. MUZZY, M. D., VIROQUA, WIS.

Read before the Wisconsin State Homœopathic Medical Association.

The study of the functions of the human organism is one of interest to the medical profession at large, and yet there is much that is vaguely theoretical in this branch of study. This fact seems, however, to have made it all the more fascinating.

The predominant school, frequently called the physiological school of medicine, makes new discoveries in this field with as much regularity as that with which it discards older theories. In this respect the home-made title "Regular" appears to be well earned.

That we have solid facts in physiology all admit; as a basis of therapeutics it is not to be relied upon.

Diagnosis, that wonderful armor of traditional medicine, that has shielded it so long from ignominy in defeat, had its birth in physiology. The advent of Homœopathy which gave as a reliable system of therapeutics, exposed to the daylight of modern times the fallacy of general physiology taken as a basis of practice.

The research of great students in physiology gives us knowledge of the *general* conditions that prevail in the healthy organism, and the changes that take place when disease invades the body, as recorded by the pathologist, are of a *general* nature also.

As the individual retains his identity as such, under disease, as under all other external influences, speculation upon generalities lead to very indefinite results in practice. To illustrate: A company of gentlemen and ladies is entertained by hearing a lecture; all speak highly of it; this is the *general* result; but if each one retains different impressions of the subject, there is an abstract result also.

In proving drugs there is a general and an abstract re-

sult—the latter individual influence and the former predominating drug influences.

With the invasion of disease general pathology offers suggestions that are useful to the physician in forming probabilities regarding duration of the attack, and to aid him in giving an arbitrary name to the disease; but it is a small beginning toward the making out of a case from the stand-point of the Homœopapist; the subjective conditions are still to be considered in each case, and the true similitum is to be found. Until this is accomplished our diagnosis is incomplete.

The vital energies give forth reliable evidence upon which to establish a name, and the drug that corresponds in its central features to that evidence bears the most appropriate name (for practical purposes) for both, the relationship being near. Even the adaptation of these drugs that act nutritively curative can be found in no way with accuracy, except by this method. One may approximate by the aid of generalities; to *know* is better.

Our drug provings constitute not only *materia medica*, but a special physiology and pathology—three in one, a most excellent combination or system.

I would not wish to be construed as making light of physiology and pathology in their general forms; they are legitimate parts of medical education, and have their collateral uses. I have tried to make clear the folly of being led astray with any side-show under the belief that it is the main circus. We have a great entertainment of our own that will not disappoint us if we stand for it, a system by which we can make out a correct diagnosis, and in most cases give a correct prognosis, without the use of the implements of the chemist's laboratory. We have no time in the practice of Homœopathy to devote to the *ignas fatuous* of traditional medicine.

MEDICAL SOCIETY OF NORTHERN NEW YORK.

The Thirty-fifth annual meeting of the Medical Society of Northern New York convened at eleven o'clock Oct. 27 1886 at the Homœopathic hospital, Dr. H. S. Paine, of Albany, presiding.

Dr. Robinson, of Albany, presented and read a description of a case of complicated labor, a large fibroid tumor being the cause of disturbance. The morbid specimen was presented for examination.

Dr. George Allen, of Waterville, contributed a paper describing several cases of mammary tumors, in one of which more than thirty cancerous nodules were removed in the course of fifteen months.

Dr. M. O. Terry, of Utica, an honorary member, contributed a paper on the medical and surgical treatment of tumors and cancer of the breast, in which he advocated, in most cases, the early removal of the diseased gland.

Dr. H. M. Paine presented statements showing that surgeons of large experience have expressed decided doubt regarding the advisability of amputating the breast, on account of the danger of metastasis to other more vital organs. He also described a plan for applying rubber compresses, in such a manner as to maintain constant pressure for several months; a process which had been of exceptional service in a few cases. He also presented an extended statement setting forth the increased prevalence and other peculiarities and characteristics of this malignant disease.

Dr. R. B. Sullivan, of Albany, presented a paper on the symptoms, dangers and treatment of chronic non-suppurating inflammation of the middle ear. This paper is an eminently practical one, and embodied many useful suggestions.

Dr. H. S. Paine, of Albany, read a paper on cystocele, giving the special features of a recent case, and describing the processes of the operation for its radical cure.

He also gave in detail the history of a case of epithelioma, and described the operation for its removal. The morbid specimen was furnished for inspection, and mounted slides were exhibited for microscopic examination, plainly revealed the true nature of the diseased growth.

A biographical sketch of the late Dr. T. J. Pettit, prepared by Dr. H. M. Paine, was presented, and appropriate resolutions of respect were unanimously adopted.

Dr. Paine also presented a biographical sketch of Dr. G. W. Stratton, the late president of the society. An appropriate testimonial of respect, in the form of appropriate resolutions, were unanimously adopted.

The honorary members elected were: Dr. George Allen, of Waterville, Oneida county, and Dr. Anna C. Howland, of Philadelphia.

The following were elected to active membership: Dr. A. E. Tuck, of Cobleskill; W. H. Barnes, of Chatham; Charles W. Schwartz, L. M. Pratt and W. W. Seeley, of Albany.

Dr. W. H. Randel, of Albany was elected president, and Dr. R. B. Sullivan, of Albany, vice-president. Dr. W. F. Robinson, of Albany, was elected to the secretaryship, which he declined to accept, whereupon a motion was adopted constituting the president and vice-president a committee to provide a substitute.

The attendance of members from a distance was no doubt prevented by the inclement weather, the secretary having received a number of letters from members, expressing a desire to attend the meeting. The papers were of practical interest, and the discussions spirited and suggestive.

The society is an informal organization of medical men residing in the counties north of Dutchess and east of Montgomery and Foulton. Its list of members contains the names of upwards of one hundred physicians. The society is constantly contributing its quota to an increase of medical knowledge and the promotion of fraternal fellowship on the

part of its membership. The next meeting will be held on the first Wednesday in August, 1887, at Saratoga Springs.

H. M. PAINE, Secretary *pro tem*.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

The opening exercises of the New York Homœopathic College, were held in the college amphitheatre, Tuesday evening, October 5th. A large audience composed of the students of the college, numbering about two hundred, their friends, members of the Faculty, and the profession generally, were in attendance. The introductory address was delivered by Prof. J. W. Dowling, the subject being, "Why do we not live out our three score years and ten."

After describing briefly some of the wonders of the human body, the Professor went on to show, how it is that in violation of Nature's laws, the human body is subjected to all manner of abuses, and as a result, becomes the subject of disease, affecting various vital organs. He enumerated some of these indiscretions, and many of the diseases resulting directly from them, and claimed, that if parents would follow Nature's laws in the management of their children, the death rate would be lessened, and, but for the follies of adult life, man's years would oftener reach three score years and ten, and more, and what is of greater importance, his latter years would be freed from harassing and painful disease.

AN APPEAL.

BY S. D. LOW, M. D., PEKIN, ILL.

In the June number of THE MEDICAL INVESTIGATOR appears an article from the pen of Dr. C. B. Kinyon of Rock Island, Ill., on the treatment of a case of "congenital phimosis."

The doctor apologized for not writing a lengthy article "regarding the phenomena, or perhaps better called, the symptoms produced by the irritation of the nerves supplying the male organs of generation."

I, for one, and I feel sure many others regret, that the doctor did not write a complete article under the above heading, for I consider it one of great importance to physicians, and not generally well understood, not important on account of its frequency, but on account of the long train of nervous symptoms affecting other parts of the nervous system, even very remote from the seat of nervous irritation, also upon account of the meagreness of literature upon the subject, and the opportunity it occasionally presents for the physician to make a reputation upon some chronic case coming from the hands of other physicians.

At the time of the appearance of the above-mentioned article, I had a case under treatment very similar to the one described; this patient had passed from one physician to another for a number of years, all over-looking the real seat of trouble, congenital phimosis.

Will the doctor yet favor the readers of THE INVESTIGATOR with this production? for I am sure it will be of great interest to many physicians, who, like myself, are not thoroughly posted on the subject, and have not the necessary literature to become so.

[We hope Dr. K. will comply with the above request at no distant day. We are sure it will interest a goodly number, and we will be glad to give it to our readers.—Ed.]

MEDICAL NEWS ITEMS.

HAPPY NEW YEAR.—We wish all our readers a happy and prosperous New Year.

ADVERTISEMENTS.—We should like to have every reader look over our advertisements in this number carefully. If you answer any of them please say where you saw it. Be sure and read page "Special Offer," and send at once.

LATE.—On account of putting in new type to do our work, and the sickness of our printer, we are late. We hope to soon be on time as usual.

DR. M. M. EATON of Cincinnati now has his office at his new residence corner Park Ave. and McMillan St. Has fine accommodation for patients. He will not go South this year.

OIL.—No machinery runs well and nicely without oil. It takes money to run a journal; the printer must live. We hope all our subscribers who have not paid their subscriptions will send in at once.

NOTICE.—The Archives of Gynecology, Obstetrics and Pædiatrics, New York, series of 1886 just completed, has met with such warm encouragement, the publishers have decided to issue monthly, and commencing January, the parts will so appear, instead of bi-monthly as heretofore.

IN NO DANGER.—Omaha Paterfamilias—It is remarkable what a large number of doctors claim that diseases are transferred by kissing and—

Miss Ethel—What kind of doctors, pa?

“Why the Allopathic doctors.”

“But, pa, you know we’re Homœopaths.”—Omaha World.

FOR THE YEAR 1887.—We believe at no time for years have we had such a prospect for any year as we have now for 1887. The Wisconsin Medical Society has sent us all their papers which are excellent. We also have the promise of contributions from some of the best in our ranks besides more that we expect to hear from. We want to ask all our readers to send us something; a case or ask a question.

DR. E. A. LODGE SEN., returned early in November to Thomasville in Southern Georgia to practice for the winter. The average winter temperature is a little warmer than the autumn temperature at Chicago. Last winter there was only some three days rain there for the months of December, January and February. Two or three cold days in January yet the average temperature exceeded 55 deg. for the winter; Spring was in February. Dr. L. has made several trips to Florida, he prefers Thomasville because there is much less of malaria and humidity. Also purer water. It is a good place for invalids suffering from heart difficulties, asthma, bronchitis and affections of the lungs.

UNFERMENTED GRAPE JUICE.—The unfermented juice of the grape preserved in its natural, fresh state, as it first runs from the press has been prepared especially for medicinal use, in cases where physicians wish to get the medical properties without stimulation. The juice is preserved by neutralizing the ferment or yeast principle in it as soon as it issues from the press, thereby insuring perfect freedom from fermentation. The juice will keep any length of time, in any climate. This grape juice is preserved by a newly discovered process, in such a way that no heating is necessary, and it can be kept in vessels of any size without sealing. No alcohol or other deleterious substance is used in its preparation. For sale by Duncan Bros., \$1.00 per bottle.

OXYGEN.—We have received several letters from physicians who are prescribing our Oxygen, speaking in the highest terms of its value in curing diseases. Send for some and give it a trial in some of your cases. Price \$1.00, to physicians 75c per bottle. The inhaler is also 75c. All orders cash or C.O.D. For sale by Duncan Bros., 56 State St.

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PUERPERAL CONVULSIONS.

C. Q. SUTHERLAND, M. D., JANESVILLE; WIS.

Read at the Wisconsin State Homœopathic Medical Society.

Among all the diseases which fall under the observation of the physician, none excite a more lively interest than puerperal convulsions.

The suddenness of the onset, the extreme peril into which both mother and child are immediately thrown, the anxiety of friends, the sudden and terrible phenomena of the convulsive stage, coming as they all do, at a moment of the most joyful expectation, conspire to make up a scene that beggars description, and one liable to haunt you for nights in your sleep.

They are the most dangerous as well as the most infrequent complication of labor with the exception of rupture of the uterus, and extra uterine pregnancy; only occurring in about one in five hundred cases.

They are characterized by convulsions growing out of pregnancy, parturition, or the puerperal state which are followed by coma and unconsciousness.

They may appear at any time during pregnancy or the puerperal state; but not usually before the seventh month. The old classification into epileptic, hysterical, etc., may well be abandoned as "eclampsia, differs essentially in its nature

from either, being a convulsive genius peculiar to women, who are either pregnant or soon after parturition."

For thirty years, the most active inquiry as to their cause has been going on, and almost innumerable theories have been advanced to explain the phenomena, but their etiology still remains unsettled.

Among the causes may be mentioned a highly nervous temperament; anything that produces irritation of any part of the nervous system, as constipation, indigestion, retention of the urine, excessive distension of the uterus, any great moral shock.

Everything that makes pain severe, as pressure of the head, on the cervix, rigidity of the soft parts, digital examination and all dystocia, sudden changes of circulation caused by removing the child, complete exhaustion of nerve power. Albuminuria, hydræmia, anæmia, uræmia and primiparity; and Fordyce Barker adds, hereditary and atmospheric influences.

A large majority of the latest authorities within my reach charge the causation to renal inflammation.

A few investigators deny this theory and say, however copious the amount of albumen, however severe the general symptoms, however plentiful the tube casts, as soon as delivery is over and improvement once begins, the rapid disappearance of all kidney symptoms is quite different from acute nephritis from other causes.

Byford says that these convulsions are the result of cerebro-spinal hyperæmia, the gravid uterus, parturient or puerperal condition of the genital apparatus and uræmia. Barnes says that nature provides against the period of parturition by a special supply of nerve force.

That is associated with an increased irritability of the nerve centres, that imply a corresponding organic development of the spinal cord. Leishman says "may we not infer that the force of the nervous system thus surcharged, may by

a derangement of excited signals be reflected on the wrong track, and thus cause convulsions in unlooked for quarters, and frequent disaster as the result." Barnes also adds that the altered condition of the blood which consists in an increase of water and fibrin, a diminution in the quantity of albumen, a reduction in the proportion of red, and a relative increase of white corpuscles may be an important factor. Leavitt in his work on obstetrics adopts the uræmic theory and says that "the convulsions are not due to the presence or absence of albumen, but to renal insufficiency."

Thos. Madden in a paper read before the Dublin Obstetrical Society thus sums up his conclusion as to the causation:

"I would venture to draw the conclusion that in the causation of puerperal convulsion, a variety of circumstances have a share and must be taken equally into account. In the first place the disease is obviously connected not only with the state of the uterus itself, and with that of the adjoining organs during gestation, but still more so with the remarkable condition of nervous susceptibility peculiar to pregnancy.

The cerebro-spinal nervous centres are usually more or less congested even when the patient's general condition is anæmic, and are irritated by the circulation of vitiated blood containing some non-eliminated *materiei morbi* through their vessels, producing a direct toxic effect on the excito-motor nerve substance, the brain and the medulla oblongata, and stimulating the hyperæsthetic condition just referred to till latent excitability becomes so intense that it needs only the addition of uterine irritation, such as the first pain of labor, to cause the pent up nerve force to burst into uncontrollable action and produce the violent reflex muscular spasms that constitute puerperal convulsions.

In Cazeaux's last work, which probably best represents the result of recent research, after a careful discussion, the following conclusion is reached:

"Since albuminuria is present in the immense majority

of eclamptic women, it, or rather the disease of which it is a symptom, may be rightfully regarded as a predisposing cause of eclamptic convulsions.

I SAY the ONLY predisposing cause for since attention has been fixed upon this point, of all pregnant women those only who are affected with albuminuria [a few cases excepted] have been known to be attacked with convulsions."

As to the pathology of puerperal convulsions, but very little is known and that little is so well expressed by Leavitt in his paper before the American Institute last summer, that I shall reproduce it here.

There are known to be present,

1. Material changes in the nervous centres and envelops.
2. Cerebro-spinal congestions.
3. Reflex irritation through the spinal system of which the point of departure is the uterus.
4. General cerebro-spinal anæmia.
5. Blood poisoning which disturbs the normal action of the nerve centres.

The symptoms of convulsions do not differ in different patients, and when you have seen one case you have seen all. They are thus described by Churchill "During the attack the face is swollen, of a dark red or violet color, and distorted by spasmodic contractions; the eyes are agitated, the tongue protruded and the under jaw repeatedly closed with force, so as to wound the tongue. A quantity of froth is ejected from the mouth, which is generally drawn more to one side of the face than the other. The muscles of the body are thrown into violent and irregular action, the limbs are jerked in all directions, and with such force that it is sometimes difficult to keep the patient in bed. The respirations are at first irregular, and being forced through the closed teeth and foam at the mouth has a peculiar hissing sound; it subsequently becomes nearly suspended.

The pulse is quick, and at the beginning full and hard, but afterward small and imperceptible.

The body participates in the purple color of the face. The urine and feces are often passed involuntarily.

The terrible paroxysms, however, is not of very long duration. After a period varying from five to thirty minutes, the convulsive movements become less violent and gradually subside; the countenance is less distorted, and assumes a more natural and placid appearance; the eyelids close, the respiration becomes more regular, though still sibilant, the circulation is restored the pulse becoming more perceptible, though still very weak; the patient rests quietly and the paroxysm has terminated for a time.

During the interval, the patient's condition is very variable. She may return to partial, and even complete consciousness. In the more unfavorable cases, the patient may remain in a state of total insensibility, with sibilant or stertorous breathing, without muscular action or with restless throwing about of the body and extremities.

The calm is not of long duration; sooner or later the paroxysms return, to be succeeded by an interval, which in its turn give place to a paroxysm.

The diagnosis of puerperal convulsions is not usually difficult; but when called in during the convulsive or comatose stage, differentiation may be necessary. The disease which it most resembles are epilepsy, hysteria, chorea, catalepsy and apoplexy.

From epilepsy it is separated by its history, there are usually the accounts of previous attacks. It is very common for epilepsy to begin with a scream, which is never present in eclampsia. There is usually no coma present in epilepsy; when it is, an examination of the urine for albumen, usually settles the question.

In hysteria we have a change in, but never total loss of the intellectual powers; a high degree of sensibility; there is

no coma and the movements of the body are very different. The muscles are not as powerfully contracted, and instead of the constriction of the muscles of the throat, preventing sound, there are usually loud cries.

In hysteria there is frequently the sensation as if a ball rising in the throat, and no frothing at the mouth, which is present in eclampsia.

Again, hysteria is a disease of the early months of pregnancy, while eclampsia usually appears in the latter.

Tetanus may be differentiated by the persistence of the convulsive rigidity of the limbs. Catalepsy may be separated from eclampsia by the singular peculiarity of the limbs remaining in the position in which they happened to be at the beginning of the attack.

Any attempt to move them is attended by the sensation of resistance on the part of the patient.

If you elevate the limb, which can only be done by considerable force, it returns very slowly to its former position.

From apoplexy it may be diagnosed by the convulsive movements that have opened the attack. Intelligence is always entirely wanting in eclampsia; not always in apoplexy.

The prognosis is always grave for both mother and child; sometimes the patient dies in the first convulsion, and sometimes she may recover after having a large number.

The earlier the convulsions, the more grave the prognosis, for it is rare for them to cease before delivery. A careful estimate of the collected cases shows that about thirty per cent. of mothers and fifty per cent. of children die.

The operative treatment of puerperal convulsions consists in protecting the tongue from being bitten during the convulsion. Holding the patient just sufficiently to prevent injury to herself. Injections of hot water into the vagina and rectum have been recommended, on account of the known efficacy of hot water in convulsions in children.

Dry cupping to the loins, and the use of electricity, are

both in favor with those in high authority in the old school. The propriety of bringing on labor if it has not commenced, must always be considered, as the sooner it is completed the sooner convulsions will cease. When the parts are not dilated and it is thought best to deliver, assist the dilatation, with the hands or rubber dilators; rupture the membranes and apply forceps.

When the convulsions follow labor, remove the secundines and clots from the uterus; assist the contraction by external pressure and kneading the abdomen. When hæmorrhage is present it must be controlled by appropriate remedies; injections of hot water into the uterus, accompanied by external pressure.

The old practice of blood-letting, on the theory that the convulsions were caused by a determination of blood to the head, is now pretty generally abandoned.

ATTENUATION, REPETITION ANE ALTERNATION.

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

How can our aid most efficiently be given?

The question is one that, to a careful and conscientious physician, has very much in it; and its answers would seem to be the key to the success we desire. Many times I have stayed my hand while waiting for some inspiration to guide me to the best remedy and attenuation; calling to my aid, to help solve the difficult problem, the apparent susceptibility of the patient, the severity of the attack, the contending force to be combated, and the possibility of a latent or hidden cause, an unknown quantity ready to enter the contest against my efforts. Reason as much or carefully as we may, it is not always in the possibilities of any one to say that some obscure causes may not combine to thwart our efforts for an easy victory.

For the last ten years this question of how to decide on the attenuation of the drug chosen, how often to repeat the dose, or if best to use two weapons, is and has been ever present to me; and a solution of the problem has been sought by many and repeated experiments, in hopes of finding a safe guide for the future. I first made myself conversant with most of the literature on the subject, especially the journalistic; and found, to say the least, that it was not successful in furnishing a tangible guide, that could be followed. I hoped and believed, that, if the many would contribute each his mite in that direction, an elucidation of the seemingly mysterious subject could be obtained.

My first experiments were made on one of the simplest forms of affliction, yet to a patient a very trying one, and one in which effects could be easiest and soonest noticed by both parties,—that of neuralgia. It is most generally cured by Aconite. I found, if I gave this in the first centesimal (in pills, for I almost invariably give medicine in that form,) to moderately susceptible persons, it made them materially worse in from five to fifteen minutes, and in from twenty to sixty minutes they got better; much improvement was made. In two or three hours, another dose was needed, as a relapse was evident. This would produce an aggravation not so severe as the first, nor so long lasting. It would help the satisfactory progress of the case, but not effect a cure. And so on, until it is effectually cured with Aconite in about three days.

My next year's cases were treated with Aconite in the two-hundredth centesimal, giving one dose, and after one or two hours a dose of neutral globules, as the pain was only slightly mitigated. After three or four hours, Aconite was again given; and so repeating it every four, six or twelve hours, a cure was generally effected in about three days.

My next cases were all treated with Aconite in the third or sixth centesimal, which only in very sensitive persons ever

caused a perceptible aggravation; yet it invariably cured them in from one to two days. For years this plan was tenaciously adhered to and followed, with the three forms of attenuation, in all cases of neuralgia, in the hope of arriving at some degree of exactness in regard to potency and the frequency of a needed repetition. But a mathematical certainty cannot be arrived at, from the variability of the susceptibility and unknown latent causes or hidden dyscrasias.

My next effort to obtain exactness was with congestions and inflammations, in which the same plan of treatment was followed in regard to the attenuations and the repetition of doses. A dose was never repeated while a reasonable progress was being made. Similar results generally followed, with the exception of a less frequent evidence of an aggravation from a low potency. A dose would apparently accomplish so much, and then its force or energy would seem to be exhausted. A relapse would often take place, and the cause or disease would seem to be nearly as bad as ever; which was evidence that my dose was either not potent enough to do the work designed, or was not re-inforced by a second dose soon enough to help hold the vantage gained. In all of these cases, the lower forms of attenuation seemed preferable, gaining for my patients the cure so much desired. Hence I came to the conclusion, that, in recent or severe cases, the nearer we can get to the crude drug, without causing marked aggravations, the better for us and our patients.

The next forms of affliction selected, in which to settle for myself the mooted points, were dropsical and pleuritic effusions. In such cases no apparent improvement was visible to patient or physician, from the use of the two-hundredth, in less than three or four days time; and then the progress was so slow, that, with the average American, murmurs were liable to be heard, and loss of faith was visible in the distance. But with the first, third, or sixth centesimal, a satisfactory result could both be felt and seen in a much shorter space of

time; first, in the stopping of the production; next, by the re-absorption of the mal-deposit. In such cases, the effect of medicine can be easily marked. Here one can almost define the line where the effect of the medicine stops, and where the work of restoration by Nature begins, if you have arrived at the point in the case where her efforts can be called into action. After the selection of the remedy or remedies, either Arsenicum or Causticum, to note its commencement, duration, and its cessation, even to waiting until a re-formation begins, and you find your patient going back toward the starting point. Here one can almost become mathematical in his calculations of the amount of work to be accomplished by a single dose, and when to repeat.

But in old or chronic cases, much better results have been obtained from the two-hundredths that could be secured by the first or sixth potency. For a long time I entertained the fallacious idea, that a low potency could be given, and after its primary effect had been exhausted there would remain an action equivalent to that of a higher potency; but such is not the fact. It is absolutely necessary to have the remedy potentized outside of the human system, not in it.

When to re-enforce the effort by another dose, is not possible to determine, except from personal observation. Many a time a determination has been made and adhered to, that only the single remedy which was, if such a thing is possible, the true similar, should be given, and nothing else; but the time required to restore the patient was almost invariably longer than it would have been if means appropriate to the occasion had been employed intercurrently. As we must often reason from analogy, and draw conclusions from the observation of natural laws, we are forced to believe that the dream of the single remedy will never be fully realized, except to the few who may find patience personified in their patients. This idea cannot find corroboration in any of the mechanical arts; no, not even in surgery.

Take a case of embarrassed action of the stomach,—call it, if you please, congestion, indigestion or dyspepsia of any form,—where, in eight cases out of ten, *Nux vomica* (judiciously selected in regard to the potency appropriate to the patient) will cure, but the question of time will be the unknown factor. If *Belladonna* is first given to relieve the over-burdened capillaries, and scatter the excess of blood, or equalize the circulation in the parts, then the *Nux vomica* can and will start the mucous membranes and glands into a healthy and normal action, and a restoration is more speedily and easily effected. True, this takes into consideration pathology which it is impossible to ignore, except by a book-and-case doctor, or a pure symptomatologist.

The condition must be considered, and the past, present and future must be grouped together, before the educated physician makes the decision of what is best to be done to restore the lost harmony. What one has done another may do. I have given the single remedy with success, but in so doing it has sometimes been to the loss of patronage; for with the average business man the loss of time is of considerable importance, and is often computed [sometimes from expectations] at sums too large to be risked, if there is a possibility of saving it; and the conclusion has often been forced upon me, that what has been gained to science in the demonstration of a fact has been at the expense of a confiding patient. With this view of the case, which the facts seem to sustain, it would not be consistent with a sense of honor, to have confidence misplaced for the demonstrating and verifying of what might be called an idealistic fact. If the belief obtains that time is saved, and the same restoration made, by the alternation of remedies, it should be not only a pleasure but a duty to so use them, taking care that there is no clashing of action by interference, which can be duly avoided by a reasonable lapse of time between their several introductions. Of course this selection must be to a certain extent harmonious, so as to

act in the same line devoid of divergence. If you dissolve or dis sever by one remedy, another one can be given to eliminate or help to excrete the waste and useless products, and so aid materially in the establishment of a normal condition.

Where remedial aid ceases in its desired work, and where the restorative efforts of nature begin, is, and ever must be, a mooted point. Too often we claim as ours the work of the recuperative powers; unjustly [prompted by vanity] we claim progress made by the patient long after our agent has become exhausted. Force, as evinced in every other department of nature and mechanics, has not only a beginning but an ending. The one extreme is easily marked, and the other not so discernible; but it always exists nevertheless. There is to be met always a resistance that eventually overcomes the primitive energy. That our small and silent energy should be at variance with natural laws, is, to say the least, improbable. That a dose of our attenuated remedies should last and continue to act for weeks and months would seem too chimerical for reality.

We ought not, in justice to ourselves or to the science we claim to be representatives of, to ask even the most credulous to indorse the view that the action of our remedies, and the length of their duration, is so far beyond the scope of reason. This has been to our school of medicine a detriment, and embarrassing, as we cannot demonstrate it by comparison. There is a limit to drug action, and it should be placed within the realm of human comprehension. That it is lost by resistance, neutralization or exhaustion, is unmistakably evident; but, if the desired progress goes on, let the credit be properly made, and do not claim what does not justly belong to us. If we place the system in a condition so that the repairing or restoring goes on, by, if you please, its self-assumption, then we have the right to claim that we helped it to assume that position, and should be willing to admit that the recuperative powers inherent have now the contract in hand.

This is our work, our duty—this and nothing more; and it can only be achieved by doses repeated until we have gained that point where our aid is not needed. Hence let us cease to ask our patrons hereafter to place credence in the action of a medicine for so long a time after it has been taken; as by so doing we are inculcating a faith that has no reasonable ground for support,—a faith that cannot bear the test of scrutiny, or sustain them in their daily contact with a world of doubt and practical infidelity. We by its inculcation leave ourselves liable to be regarded with doubt, and suspicion of being prone to traverse the fields of imagination. Our tenets must be such that it will require only an ordinary comprehension to trace effect to cause, and be within the pale of reason.

THE FUNCTION OF THE PROSTATE GLAND.

Physiologists have for a long time believed that the prostatic secretion has some more important purpose than that merely of a diluent of the spermatic fluid, but they were unable to determine precisely what its other functions might be. As is known, the secretion is a thin milky fluid, of an acid reaction, and containing various salts formed by the union of phosphoric, sulphuric, and hydrochloric acids with potassium, sodium, and calcium. It also contains a peculiar organic base, the phosphate of which, known as Bottcher's spermatic crystals, gives to the seminal fluid its peculiar odor. The milky appearance is due to an emulsion in an albuminous fluid of five drops of lecithin.

That the prostate gland plays an important part in the generative function is shown by the fact that it exists only in the male, and that it remains undeveloped up to the time of puberty. Experiments have shown also that the prostatic secretion is a stimulant to the spermatozoa, and as it is an

integral part of the ejaculated seminal fluid. Buxmann believed that its most important function was to preserve the life of the spermatozoa. This theory has recently received confirmation through a case reported by Professor Furbringer, at a meeting of the Berlin Medical Society (*Berliner Klinische Wochenschrift*, July 19, 1886).

The patient was a young man, thirty years of age, who was sent to the author on account of spermatorrhœa. He was a moral and intelligent gentleman, of a nervous disposition, and with a neuropathic family history. Examination revealed no organic cause for his trouble, and the diagnosis was made of neurasthenia, with the added symptom of seminal losses during defecation and micturition. Examination of the fluid showed it to be odorless, Bottcher's crystals were absent, and though well-formed spermatozoa were present in great numbers, most of them were motionless, only a few executing sluggish movements for a minute or two. The emission was a simple flow of the unmixed contents of the seminal vesicles, due, without doubt, to a nervous atony of the ejaculatory ducts. The patient was sent for treatment to an institution for nervous diseases, and returned after two months very greatly improved in health, suffering from passive seminal losses only at rare intervals. A second examination of the fluid gave the same results as the previous one. But he shortly afterward had an emission, accompanied by erection, during his sleep, and an examination of this matter showed it to be a perfectly normal seminal fluid. Well-formed Bottscher's crystals were present, and the movements of the spermatozoa were visible for over twenty-four hours.

From a study of this case the author concludes, justly as it would seem, that the function of the prostatic secretion is to exert a specific vivifying influence upon the spermatozoa, which while in seminal ducts and vesicles possess but slight vitality, quickly die when removed from the body unless subjected to the stimulating influence of the prostatic fluid.

Thus Buxmann's supposition appears to be confirmed, and a not unimportant advance has been made in the study of the physiology of generation.—*Medical Record*.

THE RECTUM IN GYNÆCOLOGY.

Cortignera [*Arch. de Tocologie; Bull. Gen. de Therap.*], calls attention to the intimate relations between the three principal systems of the pelvic cavity in women—the rectum, the bladder and urethra, and the ovaries, uterus and vagina. The effect of uterine deviation upon the functional action of the bladder is well known; if a woman complains of troubles of micturition our chances of making a correct diagnosis are large if we incriminate the bladder. Gynæcologists have too great a tendency to forget the rectum in the various maladies which arise in the lower pelvic cavity. An anal fistula may be the cause of utero-ovarian congestion, and its cure would cause a cessation of all the neighboring troubles. Atony of the rectum and catarrh of the same organ [on account of the accumulation of hard fecal matter], sometimes causes retroversion; or utero-ovarian congestion may take place. It is not rarely the case that contractions of the rectum give rise to amenorrhœa. The presence of *ascaris vermicularis* in the anus and rectum, produces symptoms of congestion in the adjacent organs and often causes a menorrhagia which soon disappears after the use of parasitocides. But if the rectum is often the cause of the troubles observed in the neighboring organs, it may, on the contrary, become very useful as an aid in curing utero-ovarian maladies. The rectum is not as yet properly utilized from a therapeutic point of view. Injections which derive their value from the fact of their being of a high or low temperature are very efficacious when given by the vagina; but this is no longer the case when the injected liquid is medicated. The vagina rebels against the absorption

of medicaments. It is precisely the reverse with the rectum; its absorbing power is very great. If you wish to give astringent or calmate injections for instance, introduce them into the rectum. Finally, do not fail to examine the rectum and anus in cases of genito-urinary maladies in woman. It is one way of avoiding error and loss of time.—*N. Y. Medical Abstract.*

RECTAL FEEDING.

Dr. I. N. Love, in *Weekly Medical Review*, in an article on artificial alimentation gives the following simple and practical directions concerning the preparation of the aliment and the use of the syringe in rectal feeding:

In administering food or medicine by the rectum, great care should be observed to see that it is thoroughly emptied of all fecal matter and cleansed with warm water containing a small portion of baking soda or borax. The material to be placed in the bowel should be at a temperature the same as, or a little above, that of the patient. The nozzle of the syringe should be warmed, and very gently and slowly introduced into the bowel. I have not usually introduced more than a half pint of peptonized fluid at one time, and have always been sure that it was permitted to percolate into the bowel very slowly, always using a fountain syringe, and elevating the bag containing the fluid only just high enough to furnish force sufficient to carry the fluid into the bowel so slowly as to little more than keep pace with absorption from the same.

The removal of the nozzle should be as gentle and gradual as its introduction, and the nates firmly pressed together for at least five minutes with a napkin in the hands of the attendant, thus materially guarding against irritation, tenesmus and tormina. Great care, gentleness, and help on the part of the operator will almost invariably meet with success.

In this matter, as in many others, we should trust very little to the nurse, until we have demonstrated to them fully the preparation of the peptone and its proper introduction into the bowel.—*Epitome.*

CLINICAL NOTES.

BY C. CARLETON SMITH, M. D., NEW YORK.

Prophylamin.—In rheumatism when the needle held in the fingers gets so heavy she cannot sew.

Copious diarrhœa, with rheumatic pains in ankle joints, but not in the wrists; thirst for large quantities of cold water, similar to Bryonia.

Arnica.—Taste of rotten eggs, especially in the morning. Graphites: *only* in the *morning* after rising, disappearing on washing the mouth; Tart. emetic, taste of rotten eggs *only at night*; Chamomilla has stools like spoiled eggs, but not the eructations or flatulence; Psorinum has eructations tasting like rotten eggs.

Under Chamomilla, Ant. tart., Ars., Cina, Ignatia, Kali c., and Puls., the children want to be carried; under Ars. child wants to be carried *fast*; under Bromine wants to be carried fast on account of dyspnœa, as in croup; Cham., only quiet when carried; Cina has amelioration from fast rocking; Acon. also better from fast rocking.

Chelidonium.—Desire for very hot drinks; only water almost boiling will remain on the stomach.

Silicea.—In vermiculous subjects where Cina seems indicated and fails, Silicea will most probably be the remedy.

Cuprum acet.—Constant protrusion and retraction of the tongue [also Lach.]; in epilepsy the aura begins in the knees, ascending until it reaches the hypogastric region, when unconsciousness occurs, foaming at the mouth and falling down convulsed.

Just as soon as patient goes into a high ceiling room her head reels and she loses her senses.

Digitalis.—Feels as if heart would stop beating if she dared to move: Gelsemium, she feels as if she must move in order to keep her heart going.

Dulcamara.—Catarrhal ischuria in children, from wading in water with bare feet, with discharge of mucus from the urethra, milky urine, and mucous deposit.

Guaicum.—Violent and constant stitches in the throat from larynx to left clavicle; violent, spasmodic inflammatory action of air passages, especially the larynx, with such violent palpitation of the heart as to cause suffocation.

Iodium.—Itching in the lungs, low down and extending upward through trachea to nasal cavity; the itching in end of nose is the signal for the cough to begin.

Kali bich.—Pain over inner angle of right eye, no larger than a three-cent piece; quite excruciating; commencing in middle of forenoon, increasing in severity until middle of afternoon and then disappearing.

Kali bromatum.—He imagines he is singled out as an object of divine wrath; extreme drowsiness.

Constant hacking cough during pregnancy; irresistible desire to urinate, but no flow except with urging and difficulty.

Kali carb.—Sensation as of a stick extending from throat to left side of abdomen with a ball on each end of the stick.

Lachesis.—Obstinate constipation: everything tastes sour; food becomes violently acid as soon as it reaches the stomach.

Rhododendron.—Breathless and speechless, from violent pleuritic pains running downward in left anterior chest, after standing on cold damp ground.

Cannot get to sleep or remain asleep unless her legs are crossed.

Sepia.—Tongue very foul, but becomes clean at each

menstrual flow, returning again when flow ceases; palpitation relieved by walking a long distance and by walking fast; while *Spigelia* has palpitation, increased by sitting down and leaning forward.

Silicea and *Mag. mur.* have headache; better from wrapping up head warmly; but *Silicea* has pain better indoors and from rest, while *Mag. mur.* is better from open air and exercise—in fact compels one to move about for relief; worse when lying down.

Stannum has colic like *Colocynth*, made better by leaning against something hard.

Child will not be quiet unless carried on the point of the mother's shoulder.

Stramonium.—Vomiting as soon as he raises his head from the pillow, and vomiting from exposure to bright air.—*Hom. Phys.*

SOME LIFE STATISTICS.

We find the following floating round the press:

“The difference in the rates of mortality for America and European countries is very striking. Thus in France forty-eight people out of every one hundred live to be fifty, while in the United States only twenty-two persons in one hundred do so; 25 per cent. of the French reach the age of ten, only 10 per cent. of the Americans. Nearly twice as many Americans die in their teens as English people. The explanation does not seem far to seek. America is the land of haste, and haste makes waste. As an American puts it, “in gaining some material advantage over the people of other countries, we sacrifice about 25 per cent. of our possible existence.” The average American is better clothed and fed than the average European; but it is at this cost. The precocity of American children is often commented on, and in America certainly the child makes the man—when he does not die.

For the hot-house way of forcing a child is not healthy. These statistics prove it. Mr. Oscar Wilde said a good thing—perhaps his own—when he described American life as one rush to catch your train.”—*St. James Gazette*.

That is very flattering to our European friends, but here are some statistics that will help to tone down the above picture. It will be seen that ninety per cent. of American children do not die under 10 years.

Dr. Sozinsky, of Philadelphia, has given some very valuable observations on the duration of life in the United States, as based on the returns of the tenth census. We give his table in detail, comparing it with similar returns in England and Wales and Ireland for the same year of 1880:

DEATHS IN 100.

<i>Age.</i>	<i>United States.</i>	<i>Age.</i>	<i>England and Wales.</i>	<i>Ireland.</i>
Under 1.....	23.24	Under 1.....	25.48	13.98
1-5.....	16.90	1-5.....	16.98	11.60
5-10.....	5.71	5-10.....	3.66	4.00
10-15.....	3.04	10-15.....	1.73	2.53
15-20.....	3.89	15-20.....	2.23	3.41
20-30.....	9.61	20-25.....	2.61	3.85
30-40.....	7.60	25-35.....	3.51	5.62
40-50.....	6.49	35-45.....	6.36	5.78
50-60.....	6.22	45-55.....	6.88	6.54
60-70.....	6.88	55-65.....	8.75	10.77
70-80.....	6.38	65-75.....	10.06	14.05
80-90.....	3.28	75-85.....	7.66	13.30
90-95.....	.43	85-95.....	2.09	3.72
95-100.....	.26	95 and over....	}	.80
Unknown.....	.42	Unknown.....		.05

The Irish seems the longest lived. Those who think physicians are short-lived will read this with interest:

One of the most curious statistical records recently compiled is that of Dr. Salzmann, of Essling, in Wurtemberg. He found on going over the ancient records of Essling, that in the

sixteenth century the average duration of life among the physicians was 36.5 years; in the seventeenth 45.8; in the eighteenth, 45.8; while at the present time the physicians of Wurtemberg reach the very favorable average of 56.7 years. It would appear that this very great increase in longevity was due to the disappearance of the pest and the great diminution in the number of typhus epidemics. The black death, or black pest of the fourteenth century, decimated the practitioners of that epoch. Guy de Chauliac suffered from it twice; and recovered Chalin de Vinario succumbed.

A NEEDLE SWALLOWED REMOVED FROM ARM.

To-day, a negro man, aged thirty, with fine muscular developments, and every evidence of robust health, complained of pain in his left arm, which he first noticed two days ago. This morning he was unable to continue his work (that of bricklaying) on account of the pain incurred when the muscles of the arm were exercised. An examination revealed a hard substance imbedded in the biceps about midway between the shoulder and the elbow. The offending object was long and pointed, and, presenting obliquely across the body of the muscle, one end was forced up. An incision was made and a needle one inch and a quarter long was extracted, which gave evidence of having been in its unnatural encasement for some time, it being oxydized and the point blunted. He disclaimed having had a needle stuck in him by accident or otherwise, but said he had often swallowed pins for the edification of his sable associates, and some two months ago he swallowed a needle. He did not recollect having suffered any special pain or inconvenience from its being in the stomach or during its migratory movements *en route* to the point of its extraction.

I am unable to understand how this hard, long substance, with its sharp cutting point, could have passed from the

stomach into the body of the biceps, from which it was extracted, without causing inconvenience during its long and necessarily circuitous travel.—*Virginia Med. Monthly.*

STUDY OF STAPHYSAGRIA.

BY H. C. ALLEN, M. D., ANN ARBOR.

This is a long-acting remedy: a single dose often continuing its beneficial effects for five or six weeks, in chronic cases.

Antidote to Staphysagria: Camphor.

Staphisagria antidotes: Abuse of Mercury or Thuja.

Hahnemann says: "The main characteristic of Colocynth is that it produces cramp-like spasms in internal and external parts; tonic spasms with jamming, pressing pains, and in suchis Staphisagria its main antidote."

Complementary to Causticum, Colocynth.

Hering says: "Causticum, Colocynth and Staphysagria, are nearly related, and often one, after its effects cease, will indicate the other. They may all be followed by Sepia, our great finishing remedy."

Incompatible: Should not be used before or after, Ranunculus bulb.

Sphere of Action is somewhat limited, but within that sphere it is all-important. Its chief force seems to be expended on the nervous system, especially the mind and generative organs of the male, producing marked nervous irritability of both mind and body. The characteristics of the drug are to be found in the mental sphere, and strongly resemble those of Colocynth, with which it must often be compared.

STAPHYSAGRIA.

Affects upper left, lower right side.

Pain pressing inwards.

Sensitive or inflamed external parts

Dry skin.

COLOCYNTH.

Affects upper right, lower left side.

Pain pressing outwards.

Sensitive or inflamed external parts.

Disposition to sweat.

Pulse frequent, small, trembling.
Characteristic thirst in hot stage.

Generally worse from cold.
Better in bed.
Worse from touch and pressure.
Worse after urinating.
Worse when smoking
Worse (colic) after stool.
Menses retarded and scanty.
Affected by the misdeeds of others.

Pulse frequent, full, hard.
Characteristic want of thirst in all stages.

Generally better from cold.
Almost always worse in bed.
Better from touch and pressure.
Better after urinating.
Better from smoking.
Better (colic) after stool.
Menses too soon and profuse.
Affected by the misfortune of others.

*Ailments from misdeeds, offences, misbehavior of others—*grief, mortification, shame, unmerited insult, wounded pride, vexation with indignation or *reserved displeasure*. This reserved displeasure, this pent-up anger, the mental effort to curb, suppress or restrain his indignation, aggravates or produces the mental irritability, the apathetic, indifferent, hypochondriacal condition so characteristic of the affections of this remedy.

He becomes low-spirited, dull, indifferent, after sexual excesses, onanism, or persistently dwelling on sexual subjects, and this weakened condition of both mind and body, renders him so excessively sensitive to the least impression, the least word that seems wrong gives great offence, even anger or indignation. From this he suffers mental and physical prostration. In illustrating this point, Dr. Kent says: "It is a characteristic feature of Staphysagria to become gloomy, downcast, irritable, sad, after a marked offense, after an insult, after anger, especially when suppressed. A gentleman is insulted by a scamp that he cannot fight; he feels indignant; were he moving in the same sphere in life he would strike him. But he curbs and restrains himself and suffers wonderfully with the prostration that follows. This self-restraint brings on the Staphysagria mental state, and with that information I almost always give Staphysagria."

Colocynth has a somewhat similar mental condition.

Ailments from grief, shame, mortification, anger, vexa-

tion with indignation or reserved displeasure. But here the mental and physical disturbance from anger and reserved displeasure seems to expend its force on the abdominal organs producing dysenteric-diarrhœa, instead of the despondency and mental prostration of Staphysagria.

This mental irritability is often found in children. *The child throws or pushes things away indignantly.* [Desire for things which are refused when offered, Bry. Wants different things which are repelled when offered, Cham.] Kreasote also has this peevishness and irritability in a marked degree, and in this respect should be compared with Staphysagria in the diseases of children! See also Ant. tart., Iod., Sil.

Head.—Dull headache, unable to perform any mental labor. A pressing, stupefying headache as if the brain were compressed, especially in forehead: worse on rising in morning and from motion, better from rest and warmth. Sensation of a ball firmly fixed in forehead, even when shaking the head, and a sensation of a hollow or empty place in occiput which there was not brain enough to fill, is very characteristic of Staphysagria, and of the headaches of onanists or those caused by sexual excesses. They are usually accompanied by excessive irritability. Conversation, even with the members of his own family, worries and exhausts him and he is obliged to use the greatest self-restraint or it becomes intolerable. There is a dull sensation of the brain, and mental application or labor is practically impossible, or if persisted in produces nervous irritability and mental and physical prostration.

Eyes.—Styes, nodosities, chalazæ on the lids, one after the other, sometimes suppurating and attended with itching, fine, needle-like, pricking pain, with a hardened base and leaving hard nodosities in their wake. They are torpid in character, maturing and disappearing slowly. They appear to have a preference for lower lids.

Pulsatilla has styes, especially on the upper lids, are acute in character, exceedingly painful, maturing rapidly

and, after suppuration, as rapidly disappear, leaving no trace after them. The characteristics of the patient and the digestive cause—eating rich, fat food, meats, especially pork, should be taken into consideration.

Mouth and Teeth.—The deep-seated constitutional action of Staphysagria is seen in the crumbling, discolored, carious teeth of weak, nervous, irritable children. The teeth crumble on the edges, turn black or show black streaks almost as soon as they break through the gums. This is usually a guiding symptom, and should be compared with Kreasote.

STAPHYSAGRIA.

Toothache of decayed teeth, gnawing, tearing, shooting into ear, throbbing in temples, worse from cold drinks and touch, but not by eating. Toothache during menses.

Black, crumbling, carious, show dark streaks. Difficult dentition, teeth decay almost as soon as they cut through the gums.

Fistula dentalis.

Gums: white, swollen spongy, ulcerating, bleed when touched.

KREASOTE.

Toothache of decayed teeth, drawing extends to inner ear and temples, and to the left side of face. Drawing toothache.

Dark spots on teeth, commencing to decay; teeth begin to decay as soon as they appear. Very painful dentition, causes convulsions.

Teeth wedge-shaped.

Gums: bluish-red, inflamed, spongy, ulcerated scorbutic, bleed readily. Hæmorrhage of gums and nose, dark blood, quickly coagulates.

Constant accumulation of water in the mouth. Profuse salivation. While talking she swallows continually. Stomach; mouth and tongue full of blisters. [Compare Mercury.]

Stomach and Abdomen—*Extreme hunger, even when stomach is full of food.* This constant craving, even after a full meal, is very characteristic of Staphysagria, and is often met with in the scrofulous patient, especially if in youth the nervous system was weakened by onanism or sexual excesses.

Longing for Liquid Food—soup, bread and milk, mush and milk, rice and milk—is often more relieved by this remedy than any other. It should always be thought of at

least. Sensation as if the stomach was relaxed or hanging down, is also found under Ipecac, but in the latter is usually accompanied with nausea or vomiting, and possibly may be due to its exhausting effect.

Colic: Spasmodic cutting pains in abdomen, with urging to stool or urging to urinate with nausea, relieved by bending double, worse after eating and drinking. After the least food or drink, griping pains and dysenteric-diarrhoea.

Colic, after lithotomy or herniotomy: When the characteristic cutting pains prevent eating and drinking after surgical operations of pelvis and abdomen, this remedy should always be thought of.

Bismuth has persistent vomiting, convulsive inexpressible pain in stomach after operations on the abdomen. When food has filled the stomach, enormous quantities are vomited, lasting all day. But the operations are on the abdomen, and pain is in the stomach; while under Staphisagria the operations are of the pelvis, and the pain is in the abdomen.

Lycopodium.—Canine hunger; constant craving; the more he eats the more he craves; head aches as if he does not eat. But it also has the other extreme, constant sensation of satiety, they often require to be compared.

STAPHYSAGRIA.

Anemia—Upper left, lower right side.

Dark hair, skin and muscles rigid.

Paralysis generally one-sided non-apoplectic.

Crusts and scales around the joints.

Pleasant dreams.

Thirst only during hot stage.

Mood sad, indifferent, low spirited, fretful, peevish, ill-humored.

No delirium, rarely unconsciousness.

Ailments from misbehavior of others,

LYCOPODIUM.

Anæmia or plethora—Upper right, lower left side.

Light hair, skin and muscles lax.

Paralysis, often of both sides—apoplectic.

Sweat around the joints.

Unpleasant dreams.

Thirst wanting only during chill, remains after fever.

Mood changeable, sad or cheerful, gentle or irritable, haughty, malicious, greedy.

Delirium, unconsciousness.

shame, mortification, anger with reserved displeasure.
 Menses too scanty.
 Expectoration loosened at night and swallowed.
 Worse in cold weather.

Ailments from fright, anger, from vexation with fear or vehemence.
 Menses too scanty or too profuse.
 Expectoration morning and evening.
 Better in cold weather.

Nux vomica has many gastric symptoms in common with Staphysagria, but a careful comparison will reveal many characteristic points of difference.

STAPHISAGRIA.

Upper left, lower right.
 Paralysis one sided.
 Painless eruptions.
 Heat or sweat with inclination to uncover.
 Want of thirst, except during hot stage.
 Suppressed anger.
 Taciturnity.
 Ailments from shame and the misbehavior of others.
 Hunger predominant.
 Dysenteric-diarrhœa; worse after eating, especially after dinner and supper.
 Menses too late and scanty.
 Worse after perspiring.
 Worse in wet weather from washing and moistening diseased part.
 Worse when sitting erect and from pressure.

NUX VOMICA.

Upper right, lower left.
 Paralysis, of both sides.
 Painful eruptions.
 Heat or sweat with aversion to uncover.
 Thirst during chill and between heat and sweat.
 Outbursts of anger.
 Loquacity.
 Ailments from jealousy, anger, contradiction.
 Loss of appetite.
 Dysenteric-diarrhœa; worse after every meal; worse early in morning.
 Menses too often and too profuse.
 Worse while perspiring, better afterwards.
 Better in wet weather, from washing and bathing.
 Better when sitting erect and from pressure.

Sexual Organs.—On the generative organs, especially, of the male, it appears to spend its first affect. One of our veteran practitioners of Michigan once told the writer that in a practice of forty years he had rarely found it necessary to use any other remedy than Staphysagria for seminal emissions from onanism, and that in the thirtieth attenuation. Here it rivals Phosphoric acid, and a comparison may be useful :

STAPHYSAGRIA.

Onanism, patient indifferent low-spirited, mind dull, persistently dwelling on sexual subjects.
Nocturnal emissions, sunken face, bashful look, backache, legs weak, organs relaxed.
Constant sexual excitement.
Emission without erections.
Great mental prostration with dyspnea.
Atrophy of testicles.
Sexual desire excited.

PHOSPHORIC ACID.

Onanism, patient is distressed and worried over the culpability of his indulgence.
Nocturnal emissions frequent, debilitating, causing hypochondriasis; during stool.
Little sexual excitement.
Emission with erections.
Great physical prostration with night sweats.
Softening of testicles.
Erections without desire.

TWO CURES BY STAPHYSAGRIA.

Mr. X., a farmer living near Fontaine L'Eveque, desiring some needed repairs to a wagon on a Sunday during harvest time, applied to the blacksmith, who was under obligations to him for previous service rendered. The latter, contrary to expectation, refused to work on Sunday, and Mr. X. returned home repressing his anger and indignation. An hour had hardly passed when he was seized with a general trembling, great oppression of the chest, until he feared he would suffocate. In the stomach there was great pressure and tension, as if it had been crushed by a heavy weight. These symptoms were accompanied by nausea and bitter-salty eructations. An Allopathic physician was called in who prescribed Morphin internally and applications of Laudanum. A full bath was also ordered. These means were continued during part of the day, but without result. Then Dr. Gauthier, living at Hyon, near Mons, was sent for, but he could not come till two o'clock in the morning, by which time the pains were so intolerable that the patient cried for death as a relief. Before the arrival of the doctor, Chamomilla, Ignatia and Colocynth had been given without effect. Staphysagria was immediately prescribed, eight globules of the 30th in twelve teaspoonfuls of water, a teaspoonful being given every quarter of an hour. After the fourth dose there was a sensible improvement, and

the medicine was then given every half hour. The amelioration continued, so that in three hours the patient fell into a refreshing sleep and awoke cured.

Mr. C. suffered violently from a carious tooth. It was extracted but the dentist removed with it a small fragment of the right inferior maxillary bone. This was followed by an ostitis, and notwithstanding subsequent treatment the trouble increased so that caries of the bone resulted. The physicians and surgeons whom Mr. C. consulted declared that an operation was necessary; but unwilling to submit to this, he went to an old Homœopath, who persuaded him to try Homœopathic treatment, and this he did. Sulphur, Calcarea, Silicea, Mercurius, Aurum, Mezereum were successively given, but without any positive result. Then it was decided to give Staphysagria, which produced a marked improvement. The remedy was continued, and it alone was sufficient to radically cure the affection.—*Med. Adv.*

NOTE.—It required four months of treatment to produce this remarkable result. Two months would have been sufficient had the treatment been commenced with Staphysagria, for it alone must get the honor of the cure."—Rev. Hom. Belge, xii., 9.

SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

The third annual meeting of the above association convened in Tulane Hall, at 11 A. M., Wednesday, Dec. 15th, with delegates from nearly every Southern State in attendance.

Dr. A. L. Monroe, of Louisville, Ky., president of the society, occupied the chair, with Dr. C. G. Fellows, at the Secretary's desk.

An able address was delivered by the president, in which the advancement of Homœopathy throughout the United States during the past year was briefly referred to. Following this reference he dwelt at some length upon the antagon-

ism of the Allopathic system toward Homœopathy in the South especially, and spoke in strong terms against the efforts at coercion and proscription in medical affairs by the enactment of sumptuary or class legislation, which the old school is attempting in several Southern States. The effect of such laws is exemplified by the comparative monopoly the Allopathic school enjoys in Alabama, Mississippi, North Carolina and Virginia. In the latter State Homœopathy has lately secured her rights, and the antipathic legislation secured by her opponents is practically a dead letter; but in Alabama and the Carolinas the old school laws are in full force and oppressive in the extreme.

Other questions of moment in connection with Homœopathy and her interests were discussed, the address occupying nearly an hour in its delivery.

The Committee on Legislation, through its chairman, F. H. Orme, M. D., of Atlanta, Ga., offered their report. The committee is constituted as follows: F. H. Orme, M. D., Georgia, chairman; W. J. Murrell, M. D., Alabama; H. R. Stout, M. D., Florida; Joseph Jones, M. D., Texas; J. P. Dake, M. D., Tennessee; Dr. Whitmore, South Carolina; J. V. Hobson, M. D., Virginia; Dr. Storm, North Carolina; A. L. Monroe, M. D., Kentucky. [See this report on another page.]

The report was extensively discussed and was adopted, with the addition of the following resolutions:

Resolved, That in the opinion of the Southern Homœopathic Medical Association the examinations heretofore conducted by such boards as are now in existence are less comprehensive and less thorough than the examinations in even the average grade of medical colleges in this country, and their results do not, as a rule, furnish proper and sufficient evidence of the qualifications of the applicants for license to practice; and further we believe that the powers vested in said board may be easily abused, and public interests compromised, by permitting unjust discriminations between medical sects.

Resolved, That we therefore oppose the enactment of

laws creating State Licensing Boards, and for the above-mentioned reasons.

Resolved, That we demand and encourage a thorough medical education and graduation in a regularly-incorporated medical college, as the qualifications which alone should entitle or permit the physician to engage in the practice of medicine.

Resolved, That we believe the public interests can be best protected by laws requiring the registration, under oath, of the candidate's diploma and other evidences of his qualifications for the practice of medicine.

A number of new members were admitted to the Association.

The credentials of Howard Crutcher, M. D., of Chicago, representing the Illinois Homœopathic State Society, and those of Geo. Ockford, M. D., of Lexington, Ky., who represents the Kentucky State Society, were received, and the courtesies of the Association were tendered these gentlemen.

NATIONAL BOARD OF HEALTH.

Dr. J. P. Dake, Nashville, Tenn., offered the following:

WHEREAS, The public health of the country, especially the protection of the people from the spread of infectious diseases, calls for the exercise of the best experience from different sections; and,

WHEREAS, Army and navy surgeons are not so brought in contact with the masses of the population and made acquainted with the varied health needs of different localities as to be the safest sanitary guardians;

Resolved, That we view with great concern the withdrawal, on the part of Congress, of the appropriations necessary to enable the National Board of Health to discharge its duties, and the persistent transfer of the work entrusted by law to its competent care to the surgeons of the army and navy; and, further that we, individually, make known our views on this subject to our several representatives in Congress.

The report was generally discussed and adopted, after

which Dr. Dake offered the following resolutions concerning the

LOUISIANA BOARD OF HEALTH.

WHEREAS, The safety of the people in the Mississippi Valley, as well as along the Gulf coast, from the ravages of the yellow fever demands a watchful care and a prompt notification on the part of all persons having in charge private as well as public health interests.

Resolved, That the thanks of this Association be tendered to Dr. Joseph Holt and the State Board of Health of Louisiana for their prompt and efficient action during the past summer, and that we commend the plans adopted by them for the detention and purification of all carriers of infection.

These also were discussed by various members, including Dr. Orme, of Atlanta, Dr. Dake, of Nashville, Dr. Walter Bailey, Jr., of New Orleans, and Dr. Fisher, of Austin, Tex., and a certified copy was ordered sent to Dr. Holt and the Louisiana Board, after the resolutions had been adopted as a whole.

THE BUREAU OF STATISTICS

made its report through the chairman, Dr. Walter Bailey, Jr., as follows:

Homœopathy was introduced into the United States in 1825 by Dr. Gram, a stranger in a strangeland, with a strange system of medicine.

In sixty-one years from one man with no following, Homœopathy has developed into: Practitioners, 10,000; Homœopathic medical colleges, 14; matriculates annually, 1,200; graduates yearly. 400; dispensaries, 48; societies, 143; divided into 5 national, 2 sectional, 29 state medical, 92 local medical, and 16 medical clubs; journals, 22; pharmacies, 33; alumni Homœopathic Medical colleges, 7,345; 33 dispensaries report for one year, 1885, 136,660 patients prescribed for with 334,978.

Since last report two hospitals and two colleges and one children's hospital, with a \$300,000 donation.

Statistics from public records of Boston three years, New York two years, Philadelphia one year (1872, small pox epidemic), Newark two years and Brooklyn two years, general average, Allopathic 17.88; Homœopathic, 10.02.

The above figures are the result of an investigation by a well-known New York life insurance company, compiled from the records of the health offices of the cities named.

Homœopathic hospitals of New York for five years the mortality was 7.03; in Allopathic hospitals, same period, same city, 14.36.

The two city hospitals of Albany the State Board of Charities reported Homœopathic mortality 5.33; Allopathic mortality 7.26.

Brooklyn hospital, Homœopathic mortality 8 per cent.; Allopathic 9.48.

In Buffalo hospital Homœopathic mortality 5 per cent.; Allopathic mortality 14.73.

In four New York State insane asylums Homœopathic recoveries 40.59 per cent.; three Allopathic insane asylums 25.37 per cent. Homœopathic mortality 4.39 per cent.; Allopathic mortality 6.49 per cent.

A DESERVED COMPLIMENT.

Dr. Fisher, of Texas, offered a motion to the effect that the Southern Homœopathic Medical Association appreciates the high compliment paid to this body and to its worthy member, Dr. Orme, by the National Homœopathic Association, the American Institute of Homœopathy, in the election of that gentleman to its presidency at its last meeting at Saratoga, which motion was unanimously adopted.

Dr. and Mrs. W. H. Holcombe tendered the members of the Association a reception at their delightful home, 288 St. Charles avenue, where an enjoyable evening was spent by the visiting and resident Homœopaths.

SECOND DAY.

The Association convened in the parlors of Grunewald Hall, at 10 A. M. Several applications for membership were received by newly-arrived physicians, and from several residing at remote distances, not present by mail, and one by telegram from Fort Smith, Ark., all of which were referred to the censors for their consideration.

After the transaction of some routine business, the Association settled down to professional work, and the report of the

BUREAU OF MATERIA MEDICA

was called for. Dr. French, of Natchez, Miss., was not present, and the bureau work was opened by Dr. Henry, of Montgomery, Ala., who read an exhaustive paper upon the methods in vogue, in some sections of this country and Europe, of preparing the attenuations of high potencies peculiar to Homœopathic practice. He took the position that there is too much of the ethereal or visionary in some of these preparations as presented by the patentees of the machinery by which they are made for reasonable men, and urged the exhibition of the greatest care by the profession in selecting not only the remedy for the patient, but the particular strength or potency of such remedy as may have been selected. Individualization in prescribing for each patient was urged by the author, and fully as thorough must be the exercise of judgment in the choice of attenuation as in the choice of agent. In this Homœopathy is superior to Allopathic practice, which uses only crude materials.

Dr. Henry's paper was of considerable length, and in the main of a character of interest only to the membership of the Homœopathic School of Practice. It did not meet with the heartiest approval at the hands of the membership, but a disposition was manifested to allow of a wide degree of liberality in the expression individual views in regard to what is and what is not Homœopathic.

The paper was extensively discussed and finally referred to the publication committee.

Under the head of

PRACTICE OF MEDICINE,

Dr. Holcomb, of New Orleans, read a brief but practical paper on diphtheria, which was listened to with marked attention and extensively discussed by the members. During this discussion the individual views of several of the physicians in regard to the treatment of diphtheria, small-pox and other severe diseases according to the methods of the Homœopathic school were drawn out, and the discussion took a wide and interesting scope. The discoveries of Pasteur, Koch, Hahnemann and other careful and scientific observers were considered and the efficacy of the "nosodes" of Homœopathy was testified to by several members.

Oxygen as a therapeutic agent of value in the zymotic diseases was considered, and its place in therapeutics was defined by a number of gentlemen present, and the recent discovery of the old school that the Biniodide of Mercury is useful in the treatment of diphtheria was alluded to. Hahnemann recommended and used the remedy a hundred years ago.

SANITARY SCIENCE.

George M. Ockford, M. D., of Lexington, Ky., read a very interesting paper, which will be found on another page.

THE BUREAU OF SURGERY

began its report by an excellent paper by Dr. C. E. Fisher, of Austin, Tex., the editor of the only Southern Homœopathic journal. He treated specially surgery in gunshot wounds of the spine. He advocated the propriety of undertaking radical operations in extreme cases, even though not having been so advised by other authority, inasmuch as the chances of life were small; as the case stood, the risk in the operation added nothing to the fatality of the case.

He cited two cases of recent occurrence in Austin in which Homœopathic surgeons had been called as experts for testimony in conjunction with and in opposition to surgeons of the Old School, showing the increasing respect for and confidence in Homœopaths as surgeons. The essay excited lengthy discussions by all the surgeons present. It was heartily commended and referred to the committee on publication.

Special occurrences changed the order of business of the convention so that

THE ELECTION OF OFFICERS

for the ensuing year now took place. The result was as follows:

President—Dr. Soseph Jones, of San Antonio, Tex.

First Vice President—Dr. Walker M. Dake, of Nashville, Tenn.

Second Vice President—Dr. E. A. Murphy, of New Orleans.

Recording Secretary—Dr. C. G. Fellows, of New Orleans.

Corresponding Secretary—Dr. C. R. Mayer, of St. Martinsville, La.

Treasurer—Dr. J. G. Belden, of New Orleans.

Board of Censors—Dr. Walter Bailey, of New Orleans; Dr. J. P. Dake of Nashville, Tenn; Dr. C. E. Fisher, of Austin, Tex.; Dr. E. A. Guilbert, of Jackson, Miss.; and Dr. A. H. Henry of Montgomery, Ala.

Dr. H. G. Bayliss, of Knoxville, Tenn., and Dr. F. V. Cleckley, of Charleston, S. C., were elected to membership.

NIGHT SESSION.

At 8:30 p. m. the Association reconvened, Dr. A. L. Monroe presiding.

The report of the Bureau of Surgery being continued, Dr. E. A. Murphy, of New Orleans, read a learned paper on "Nephorrhaphy," in which he showed that "floating kidneys" had

been successfully treated by making incisions in the back, near the region of the kidneys, and compelling this organ to re-annex itself in its proper place. He showed that this organ, though supposed to be very delicate and sensitive, would submit to handling and treatment without undue risk. He instanced several cases which had come under his own observation, where operations on the kidneys for the purpose of reinstating them, had been successfully performed.

Dr. Fisher, Dr. Monroe, Dr. Orme, and Dr. Dake discussed the subject with Dr. Murphy.

Dr. W. E. Green's paper on excision of the mamary gland for sarcomatous neoplasms was read by Dr. Fisher, Dr. Green being absent.

Further consideration of papers being dispensed with for the evening, it was decided to select the place and time for holding the next annual session of the Southern Homœopathic Association. New Orleans was unanimously chosen, and the second Wednesday in December fixed as the time.

Dr. Fisher, in speaking of the prosperity of Homœopathy stated that during this year liberal donations had been made to the cause. The Delanos, in New York, had given \$325,000 for the purpose of establishing a child's hospital; two gentlemen in Detroit, Mich., had donated \$255,000 for the erection of a Homœopathic College in that city; friends to the cause of Homœopathy in Providence, R. I., had donated \$250,000, together with grounds and buildings, for a Homœopathic hospital.

SANITARY SCIENCE.

BY GEO. M. OCKFORD, M. D., LEXINGTON, KY.

Read at the Southern Homœopathic Medical Association.

Although the subject of sanitary science has been written and rewritten upon until it has become an old story, no

apology is necessary from any one who reiterates its truths. We all believe in sanitary science in the abstract, but there are too many physicians among us who pass its teachings lightly by. They admit that it is a good thing to disinfect and deodorize in a general way, but fail to comprehend the grandeur of a sanitarian's work and the possible results to be achieved by a fulfillment of the laws of hygiene. By the teachings of sanitary science we are enabled to understand the methods that will prevent diseases and premature death, and the prevention of disease is a subject that must always be of interest to the medical profession. To preserve the public health should be the object of every philanthropist, for it is the foundation of all social organization. Epidemics and anarchy are closely related, as the ravages of cholera, yellow fever and other pestilential diseases have often demonstrated. Anarchy and social disorganization always attend upon widespread epidemics. To prevent these malconditions, preventive medicine or sanitary science would lay the axe at the root of the matter, and so order the conditions of the individual and of the community that epidemics could find no abiding spot to germinate and spread. And in preventing disease, we also prevent much of the premature death that interferes with the well-being of labor, business and social organizations. The individual and his surroundings demand one consideration, for in the conditions governing their existence are to be found potent factors in the production of diseases and death. Hereditary vices of constitution, intensified by unwholesome conditions of surroundings and living, sap the vitality, entail congenital debility, and by producing a degraded type of humanity open a pathway for all fatal diseases. Conditions of life relating to habits and nourishment exert either a good or bad influence upon the well-being of the individual. Excesses of all kinds, whether in the uses of stimulants or narcotics or in irregular modes of living, produce weakened and vitiated constitutions. Privation, insufficient food, beget a

degraded type of humanity, and is one of the most potent and direct causes in the production of disease and death. Imperfect nutrition not only directly favors the development of fatal diseases, but it diminishes the chances of recovery in otherwise not fatal disorders. Poor, inappropriate and adulterated food robs the system of its needed nutrition.

The surroundings of an individual always exert an influence for good or ill upon his health. Good sanitary conditions are essential to good health. A filthy undrained soil always possesses a nestegg for the incubation of disease. The filthy portions of a city or town are the spots that epidemics always do their most fatal work in. The polluted soil poisons the air, renders wells unfit for use, and sends its morbid material into dwellings. The reeking mud of to-day becomes the dust of another day, and is carried by the wind into our lungs and to places where our food and drink are kept. It is carried everywhere, and if laden with disease germs is one of the most potent factors in producing fatal diseases. The decaying dead horses on battlefields develops typhus fever among those encamped about them, and the presence of filthy pigeries and other foul spots in a community always produces frequent disease and a high death-rate. Sewer-gases, either from drains or cesspools, propagate, if they do not engender disease. Persons exposed to their malignant influence suffer from diphtheritic or ulcerative sore throats, derangements of the organs of digestion and are ready victims for fatal epidemics. Carbonic acid gas evolved from the breathing of individuals in overcrowded and ill-ventilated apartments produce asphyxia and putrescence of the blood. Carelessness in disinfecting discharges from persons suffering from specific disorders, such as cholera and typhoid fever is often the readiest means of spreading the contagion. The use of impure water is always fraught with danger, and if contaminated with the product of human excrement or the pollution inci-

dent to crowded localities always induces malignant and fatal disorders.

Many houses are unfit for human habitation. Imperfect ventilation, foul domestic operations, the breathing and emanations from the bodies of the inmates, artificial lights all tend to destroy the oxygen, impoverishing the air and causing the lungs to lose their power of resistance. Then the arrest of the natural action of the breathing apparatus by a sudden atmospheric change most surely induces an attack of pneumonia, bronchitis or pleurisy, and these diseases are oftentimes the initial point of pulmonary consumption. Infant life is especially affected by these malconditions. The nursery air is often vitiated even in the houses of the well-to-do, and in those of the poor and improvident it is often fetid with the product of human excrement. The delicate organs of infant life soon break down under such an irritant, and life is extinguished.

Houses on damp soil with walls that never lose their dampness are a constant drain upon the health of their inmates. Such houses are the foster places of rheumatism heart disease and other severe affections.

The strain upon the human organism required to evaporate the water from damp walls, resulting in an abnormal abstraction of heat, cannot fail to exert a deleterous effect upon the great nerve centers deranging the circulation and laying the foundation of untold ill-health. These houses do well enough for summer residences, when a liberal supply of oxygen serves to dry the interior, but when the winter months necessitate the closing of windows and the use of fires the atmosphere becomes loaded with humidity to such a degree as to render it unfit for healthy human breathing, and an atmosphere that invariably weakens the respiratory organs. Houses constructed on damp soil or in localities in which water constantly floods the cellars are injinical to human health. The house being warmer than the cellar draws the dampness from

the ground and sends it coursing through the interior. Too much foliage around our houses is oftentimes the source of existing dampness. The grateful shade of a tree in the hot days of summer is always acceptable, but we must remember that a cooler atmosphere due to thick foliage about a house is at the expense of dryness. The carpets and draperies may be protected, but the house is robbed of the direct rays of the sun which is essential to healthy human existence. The sun is the great dryer and promoter of oxidation, and in robbing a house of its influence is to rob the inmates of many of the elements of health.

In securing a house the physical condition of the soil should be taken into account, knowing that subsoil dampness is a source of ill-health. Direct exposure to the rays of the sun, space enough about it to allow free motion of the air, and an absence of filth and nuisances are all requisite in securing a healthy habitation. No house should be occupied by human beings until the walls are thoroughly dry. And always remember that fresh air and sunlight are nature's great purifiers. Oxygen burns up all filth exposed to it. Let it into every nook and corner where putrefying matter or disease germs lurk. Plant trees over the buried privy vaults and sow grass seed on the ground, soaked with household slops, for growing vegetation transforms dangerous decaying matter into new and wholesome life. Associations should be formed to secure sanitary regulations for communities, for what will avail individual effort if his neighbor, criminally indifferent, poisons the neighborhood? The law should take cognizance of buildings enforcing sanitary reform in their construction and environments. Sanitary laws should be administered by men who comprehend the grandeur of the work. To add force to the movement the coming generations should be thoroughly educated in those branches by which the nature and requirements of the human system are understood, and which form the basis of preventive medicine. Our efforts in this direction

may not result in pecuniary gain, but we may reap a rich harvest in the consciousness of benefitting the people and advancing the public interests.

With this brief survey of some of the causes that augment the death-rate, the means of prevention must suggest themselves. It is in the knowledge and application of sound sanitary laws. The degraded type of humanity may be improved by good hygienic surroundings and proper food. The use of stimulants and narcotics should be carefully regulated and restrained, so that the habitual drunkard might be kept from alcoholism and other grave disorders. The careless repetition of physicians' prescriptions for drugs of this character should be guarded against. Prescriptions which may be useful in disease may become a source of danger when the disease is past, and many cases of alcoholism and opium poisoning can be traced to this source. Physicians who prescribe any of such commodities should add "not to be repeated without written order," and thus endeavor to break up this source of danger to the public health.

HOMCEOPATHY IN THE SOUTH.

BY F. H. ORME, M. D., ATLANTA, GA.

Read before the Southern Medical Association

The situation as regards medical legislation in the Southern States is substantially the same as at the last report of your committee.

The laws are satisfactory, or, at least, are not inimical to Homœopathists, in the following states: Arkansas, Tennessee, Kentucky, Virginia, South Carolina, Georgia, Florida, Louisiana and Texas. They are chiefly laws requiring registration of diplomas from chartered colleges, of any school, as stated in the last report.

Complaint is made in North Carolina, Alabama and Mis-

Mississippi, where there are boards of examiners, all of the Old School, which, whatever may be their arrangements for appearing fair, are, from the nature of things, intimidating to applicants of other schools. The result is, as a matter of course, that few of our school enter those States.

The State of Virginia has a medical law, with regard to which Dr. J. V. Hobson, of Richmond, gives this information: The Board of Medical Examiners is composed of three physicians from each Congressional district and two for the State at large, recommended by the Medical Society of Virginia and commissioned by the Governor, and of five Homœopathic physicians recommended by the Hahnemann Medical Society of the Old Dominion. A candidate for medical license is required to get an order for examination from the president of the Board, for which he pays a fee of \$5, and then has a choice of any three members of the board for his examination. The certificates of three examiners are necessary to entitle him to license to practice anywhere in the State, which license is obtained from the clerk of the corporation or county in which he wishes to practice for the usual fee of \$1.

This appears to be a fair arrangement, if there are to be boards at all—although there might be a question raised as to the propriety of a candidate selecting three of his friends to examine him—but it is evidently not practicable in some of the Southern States, where there are no State nor local societies of Homœopathists to recommend members for the boards. Besides this it might well happen that if such societies did exist at one time they might be dissolved at others, and so the law would be inoperative as far as the protection of the Homœopathists would be concerned; so that it would seem that the fairest and best plan for the most of the Southern States would be to have simply a good registration law, fair alike to all.

It might be possible to devise a suitable law for each State, or a general law for all the States, that would be satisfactory

to our school; and there might be some who would favor having no law upon the subject, but it is to be remembered that there will probably always be legislation upon this topic, and it will be best if possible, to give it a good direction.

Inasmuch as the American Medical Association has started a scheme for having a general medical law adopted by all of the States, looking, of course, to obtaining control of the licensing, as far as possible, by the one school of medicine that association represents, it behooves all Homœopathists to be vigilant and active in counteracting its efforts. Perhaps the best way in which this can be done will be by moving for a fair and liberal registration law, allowing all graduates of chartered colleges to practice.

While, theoretically, it would seem well to have boards to pass upon the work of the colleges—that is, to have the students of colleges to pass examination before those not interested in large classes, and who are not passing judgment upon their own work—still, there are many difficulties in the way of this plan, the chief of which would be to procure efficient and impartial examiners. Beside this, it is not probable that any legislation can be secured against which all of the colleges would of course combine.

As matters now stand, therefore, our best hope probably at last lies in the colleges. Their examinations will have to be accepted, and we must do what we can to keep them up to a good standard.

At the last meeting of this Association some excellent resolutions were adopted upon the subject of medical legislation, and your committee in conclusion, and in respectfully submitting this report, recommends that those resolutions be read in connection with this report, for the information of present members.

DENGUE FEVER EPIDEMIC.

BY J. G. ACHENBACH, M. D., DENNISON, TEXAS.

I have just opened up office here. Practice is increasing. We are in a dengue fever epidemic, hardly a house without two or three patients. Weather is mild and pleasant.

THE UNITED STATES MEDICAL INVESTIGATOR.

“HOMEOPATHY, 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.

SUDDEN DEATHS have startled the country recently. Perhaps these have not been more frequently than usual, but the fact that they have been prominent men has made it more noticeable. Gen. Logan was sick but a short time, and died suddenly. Prof. Small died while dressing one morning. Other cases have come to our notice where the “taking off” was quite as sudden. Epidemiologists have recorded the fact that just before the appearance of an epidemic many sudden deaths have been recorded. Cholera seems to be approaching us by a flank movement, having crossed the ocean and appeared in South America. Whether it will sweep north with the warm wave remains to be seen; but this fact is apparent that there is an undercurrent that should be considered by every physician. It is feared that in Logan’s case that drugs may have had something to do with the cerebral complication for this form of rheumatism is rare. Have any of our readers met with a similar case?

THE SOUTHERN WAVE sweeps on, as will be seen by the report of the Southern Homœopathic Association. The truths and facts of Homœopathy are being pushed to the front in a way that will carry conviction to the warm, honest enthusiastic Southern heart. We learn from a friend who was present that nearly all the Southern States were represented, and the earnestness manifested was so strong that the influence will be felt all through the South. The outlook for next year is most flattering. When J. P. Dake, M. D., of Nashville, and

F. H. Orme, M. D., of Atlanta, take a prominent part, and W. H. Holcomb, M. D., of New Orleans, endorses the laudable effort in a social way, every Southern Homœopathic representative will soon be enlisted, and the outcome will be a strong-central Southern Society, and by and by active State organizations throughout the whole South.

There are some States in which strong barriers will have to be thrown down, but with the united action of this central body medical reform will triumph. We have able and many very influential physicians who enjoy the confidence of the best people in the South, and we expect that in no part of the country will the cause advance so rapidly as it will there in the next few years. There are good openings in the South for hundreds of Homœopathic physicians.

OBITUARY.

Prof. Alvan Edmund Small, President of the Hahnemann Medical College and Hospital, Chicago, died suddenly at his residence, No. 3319 Rhoads avenue, Dec. 31, in the seventy-sixth year of his age.

"A prince has fallen!" Homœopathy in the West loses one of its most prominent men. Dr. Small has been a conspicuous figure for many years. He was a genial, hopeful inspiring man—conservative, self-denying and a staunch advocate of the cause. He was a great favorite with the younger members of the profession, and at the same time a peer among the giants, who delighted to honor him. Of full habit, Dr. Small aged gradually, and when heart failure came, he looked like one in repose.

Dr. Small was born March 4, 1811, in Wales, Lincoln county Maine. His parents, of Scotch descent, being among the earliest settlers of that town. His father the Hon. Joseph Small, was several times elected member of the State Legislature, and held other prominent positions of trust and responsibility. His academic education was received in Monmouth, Maine. In 1831 he commenced the study of medicine, and graduated from the medical department of the University of Pennsylvania. He settled in Delaware county, Penn., and established a practice, which he relinquished in 1845 for one in Philadelphia, where he remained eleven years. In 1849 he was appointed to the chair of Physiology in the Homœopathic College of Pennsylvania, which he filled with exemplary fidelity during several years. He was then transferred to the Chair of the Homœopathic Institute and Practice of Medicine, which he also occupied. He removed, in 1856, to Chicago, and secured a large practice. On



the organization of the Hahnemann Medical College, of Chicago, he was elected to the chair of the Theory and Practice of Medicine, which he filled from 1859 to 1869, his experience and wisdom aiding largely in the acquisition of the high reputation which this school has since attained. When resigning this chair, he was elected President of the College. To him is largely due the possession of its present commodious buildings, and its high standing as a medical school. He had for years acted as Treasurer of the college, and his wise management and financial tact admirably maintained the credit of the school. As general superintendent of the Scammon Hospital he infused into it the elements of success. He also served as President of the Illinois Homœopathic Medical Association, and of the American Institute of Homœopathy, and was a life member of the Chicago Academy of Sciences, and of the Chicago Historical Society. Besides his regular professional duties, Dr. Small was for many years engaged in editorial work, having been a voluminous author and writer of medical review articles, and a journalist. His published works include the "Manual of Homœopathic Practice" which has passed through fifteen editions, and has been translated into the German language; a volume on "Diseases of the Nervous System," and monographs on various subjects that have given him a world-wide reputation.

Dr. Small labored long and hard to aid the profession, and his last work that will live after him, is his large book on Practice. Perhaps no work illustrates the drift of medicine as does that one. In the new edition, which he spent his last hours revising, will be found the experience of half a century, which is a lasting legacy.

For thirty-two years he was an active and most valuable member of various medical societies. In his intercourse with his professional brethren his uniform courtesy, kindness, and genuine good-will toward all, marked him as a man to be loved for his admirable qualities of mind and heart, as well as respected and admired for his ability and talents.

At a joint meeting of the trustees and faculty of the Hahnemann Medical College and Hospital, Dec. 31, the following resolutions were adopted:

WHEREAS, After a long and eventful life, it has pleased Divine Providence to remove from our midst Prof. A. E. Small, M. D., for so many years President of the Board of Trustees, and an active member of the faculty.

Resolved, That in his death the trustees and faculty have met with an irreparable loss.

Resolved, That during the long term of his professional life, his reputation as a medical teacher and practitioner has been without a parallel.

Resolved, That having enjoyed the benefits of his counsel and labors during the almost thirty years of its existence, this institution, its trustees its faculty, and its alumni are sorely bereaved by his death.

Resolved, That we not only wish to express our appreciation of his professional worth, but also his sterling qualities as a man, a neighbor, and a Christian gentleman.

Resolved, That we tender to his bereaved widow and family our warmest sympathy and respect in this their great affliction.

At a special meeting held January 1st, 1887, the faculty of the Chicago Homœopathic Medical College passed the following memorial resolutions on the death of Dr. Small, of this city.

WHEREAS, A. E. Small, M. D., one of the oldest and most respected members of the Homœopathic medical profession has been summoned by death from his field of labor.

Resolved, That we, the faculty of the Chicago Homœopathic Medical College, have heard with deep regret of the sudden decease of Dr. Small, and desire to express our sense of the loss sustained not only by the community in which he has so long practiced, but also by his co-workers in the cause of Homœopathy throughout the country.

Resolved, That by his forty years unswerving devotion to professional duty, by his great acquirements, zeal and ability, as well as by his personal kindness and integrity, he has established for himself among us a perpetual remembrance, and left us an example worthy of all emulation.

Resolved, That we extend our sincere sympathy to his bereaved family and friends, and that this faculty shall adjourn college labors until after the funeral, and attend the obsequies in a body.

Resolved, That a copy of these resolutions be sent to the family of the deceased, and to the Homœopathic journals for publication.

At a meeting of the students of Hahnemann Medical College of Chicago, held Jan. 7, 1887, the following resolutions were adopted:

WHEREAS, Our revered and beloved President, Dr. A. E. Small, has entered into rest, full of years and of honor; and,

WHEREAS, We, his late pupils desire to make a permanent record of the esteem in which we have ever held him as an instructor, counsellor and friend, and to testify to his noble and inspiring character, not only as a leader and teacher of medicine, but as a Christian gentleman, therefore, be it

Resolved, That in his death medical education has lost a renowned and steadfast worker, the medical profession a loved and Catholic member, Homœopathy an early, vigorous, and convincing advocate and defender, and Hahnemann College, of whose personality he was so prominent a part, a constant supporter and true friend.

Resolved, That we extend our sympathy to his sorrowing family and suggest to them the consolation that he for whom they mourn was of those of whom it is written, "The end of that man is peace."

Resolved, That a copy of these resolutions be sent to the family of the deceased and to THE UNITED STATES MEDICAL INVESTIGATOR for publication.

A. J. ANDERSON,
H. C. HALLOWELL,

SARAH A. SMITH,
ELIZABETH AVERY.

G. W. WHITTIER,
A. L. BLACKWOOD,
Committee.

The funeral took place at the New Jerusalem Church and was largely attended by the profession and public. The faculties and students of both colleges were present and mingled their tokens of respect. An eloquent address was made by his old pastor, Dr. Mercer. The remains were taken in a special train to Oakwood, and amid a long column of bowed heads, the casket was consigned to the vault.

Dr. Small left surviving him a wife and four children. The widow is seventy-six years of age. The children are: Dr. Alvan E. Small, Jr., of Oakland, Cal.; H. N. Small, M. D., Chicago; Mrs. Samuel L. Hubbard, of Lansdowne Pa., and Miss Harriet E. Small, who resides with her mother. Dr. Small attended to his duties as usual Thursday and slept well Thursday night, arising at his customary hour the following morning. He was stricken while in the act of dressing, and died after an illness of twenty minutes of heart failure.

MEDICAL NEWS ITEMS.

C. M. Dinsmoor, M. D., of Omaha, has been selected by the management of the Child's Hospital as a Homœopathic representative on its staff.

Omaha has 90,000 inhabitants and eighteen Homœopathic physicians. She is about to erect a \$250,000 Hospital, in which Homœopathy expects to be represented.

□ □ Dr. W. A. Whippy is now settled in his new office and a finer one is not to be found in the State of Indiana, and in this we do not exaggerate; on the contrary it is probably the finest physician's office in the State.

The Homœopathic Aid Association is meeting with the most kindly reception and thorough endorsement everywhere. The veterans of the practice give it the right hand of fellowship, and its membership is rapidly increasing. Address the Secretary, C. C. Haskins, 100 State street, Chicago.

GRADUATION MARKS.—When the lines of graduation on clinical thermometers, graduated glasses, urinometers, etc., become dim and illegible from use or wear, a little writing ink rubbed over the marked surface will surprise you at the prominence and clearness with which the lines and figures are again brought into view.

CHINESE PRESCRIPTION.—We clip the following from one of our exchanges: Dr. J. Hun Su, of Pekin, China, treats uncomplicated typhoid fever very successfully with the following prescription:

R. Three inches dried umbilical cord.

One fried snake-skin.

One fresh tom-cat's head.

Mix. Boil in five pints of water for two hours and strain.

Sig: Tablespoonful every four hours.

The United States Medical Investigator,

A MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

Consolidation of the *United States Medical and Surgical Journal*, (Quarterly, \$4.00, Vol. X.)
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T. C. DUNCAN, M. D., }
Dr. D. DUNCAN, } Editors.

DUNCAN BROS., Publishers,
56 State Street.

Chicago, December 15th, 1886.

PRACTICE FOR SALE.—A physician in Michigan having a practice of \$2,000 a year in a city of 5,000 population. Wishes to sell his office furniture, horses, buggies, cutter, etc. Nothing charged for good will. Address, J. J. Mitchell, 29 Lafayette Ave., Detroit, Mich.

FOR SALE.—In one of the most beautiful cities of northern Iowa, a fine residence costing \$4,000. Will sell for \$3,500 and a magnificent practice well worth \$500, thrown in. If not sold soon will sell the practice separately. For particulars address, Dr. J. A. Hoffman, Osage, Iowa.

FOR SALE.—At a bargain, books, medicine and practice in Berlin, Wis. Reasons for selling, worn out and want to go away for my health. Address or call on H. M. Babcock, M. D., Berlin, Wis.

FOR SALE.—A choice practice in a charming New England town, near Boston. Established by the present holder twenty years ago and now for sale that he may take an extended vacation and travel. The buyer must be a man of ability, culture and good address. He must be able to pay half down for real estate which cost the present owner \$15,000. No year during the last twelve has the practice been less than \$8,000. To the right man it can be easily transferred. Address W. Care of Investigator.

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Books and Journals almost Given away.

We make this extraordinary offer to all new subscribers to *THE Medical Investigator*. We will give *The Medical Investigator*, or any book named below, for the price set opposite each! You get the best books and the best Journal, for almost half price!

	List price.	Price of Investigator.	Both for.
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Small. Decline of Manhood.	1	2	2.50
Smith. How to See with the Microscope	2	2	3 00
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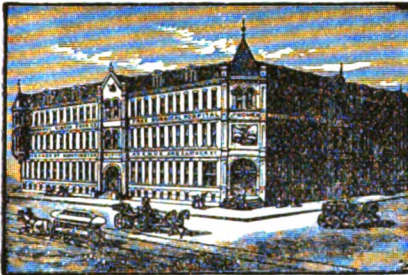
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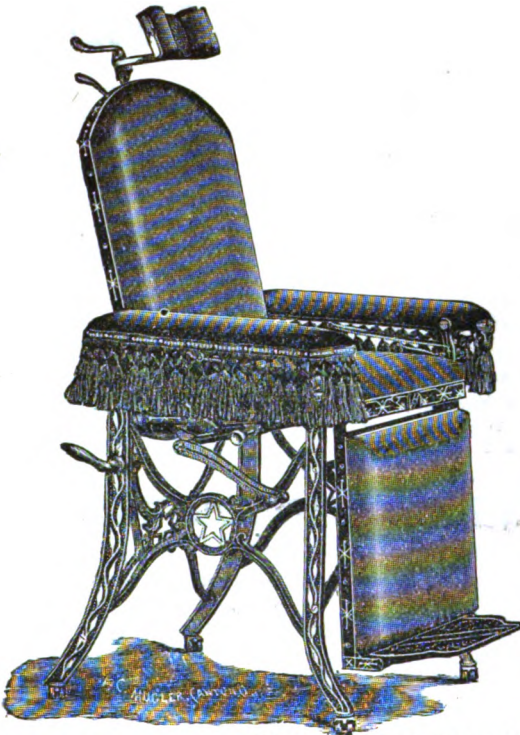
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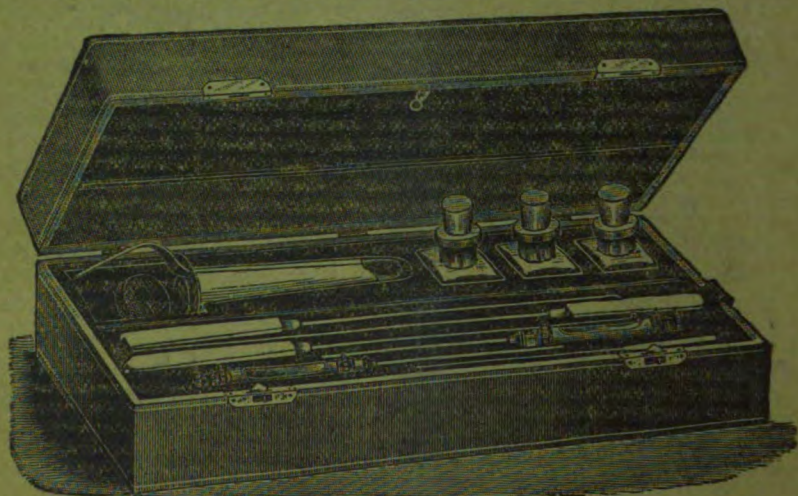
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