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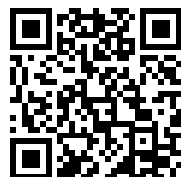
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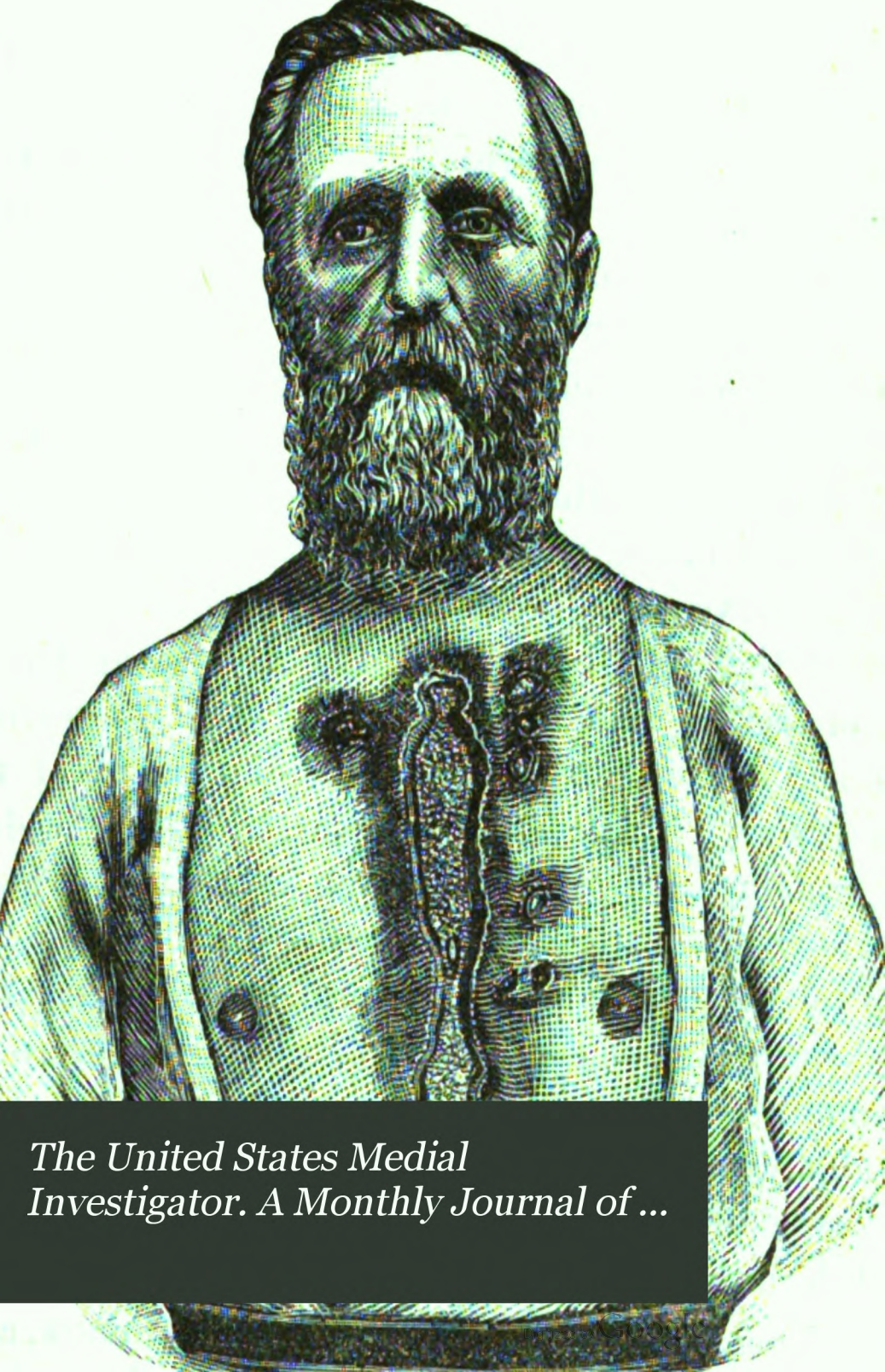
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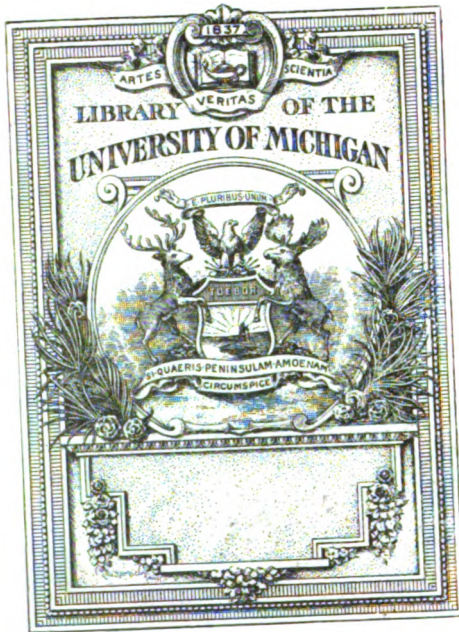
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PNEUMONIA. ITS ETIOLOGY.

BY W. R. CHURCHILL, M. D., REEDSBURG, WIS.

Read before the Wisconsin State Homeopathic Medical Association.

On many points in the etiology of pneumonia the only data at our disposal refer to the disease as a whole irrespective of any of its special varieties.

The circumstances predisposing to particular forms will be described separately.

A — RACE AND CLIMATE.

Inflammation of the lungs appears with but few exceptions to be more commonly associated with climates presenting marked and rapid variations of temperature than with extreme degrees of either cold or heat.

Thus in tropical climates, it is uncommon during the hot season and on the other hand in some of the expeditions to the north pole the disease has been almost unknown.

It is said also to be very rare in Iceland.

Throughout the European continent below sixty degrees north latitude it is a very prevalent disease and the southern portion, including the shores of the Mediterranean are nearly as liable as the more northern countries.

In the more tropical climates elevation above the sea level increases the frequency of the disease, and it is very common in the high table lands of Mexico. The disease appears to be rare in Egypt. Though equability of temperature appears to

confer a certain degree of immunity from the disease yet there are some remarkable exceptions for in Senegal which possesses a variable climate pneumonia is rare, while in the Bermudas where the temperature is remarkably uniform it is by no means uncommon, and it is stated on the authority of Dr. Fairy that pneumonia and affections of the lungs in general are less common both in the northern and southern states of the union, than in the central portions where the temperature is more uniform. Oregon and California appear to enjoy a singular immunity from the disease.

It is said to be more common among sailors on land than when at sea, but it may be questioned whether this difference is not in part due to other influences causing an increased relative frequency on land such greater irregularity of life and severe exertions.

#### B.—CLASSES AND PROFESSIONS.

There appears to be a general consent that pneumonia is more common among the laboring than in the wealthier classes of society, and that among the former those whose occupation involves the severest exertion and the greatest amount of exposure are the most liable to suffer.

#### C.—SEASONS.

It may be stated as a general truth that in European countries, pneumonia is most common during periods of the year in which there are the greatest vicissitudes of temperature, while either a continuously low or high temperature has much less influence in its production; thus in 2616 cases collected by Huss during a period of sixteen years in Stockholm, the spring months March, April, May and June gave forty-nine per cent.; the winter months November, December, January and February yielded thirty per cent., and the summer months July, August, September and October twenty-one per cent. of the individual months August and September are those in which the greatest immunity is observed, but this is



nearly equalled by June and July, while April and May show the greatest frequency in individual months in different years corresponds closely to the changes of temperature in them. Barometric variations independently of the influence of wind appears to have little or no effect in the production of the disease. The reverse, however, appears to hold true of cold winds and particularly of those from the north and east and though the effect of these in the production of pneumonia have been more observed in the aged, and also, though to a less degree in the young than in persons of middle life, yet there is a strong probability that their agency is similarly extended to all ages.

#### D.—AGE.

Age must be regarded as an important etiological element in the predisposition to pneumonia. And it is also one of the conditions most materially influencing its mortality. Grisolle's statement may therefore be regarded as embodying the truth on this question, *i. e.*, "that pneumonia is a disease very frequent in infancy, that it is less common from infancy to twenty years of age, that it is comparatively frequent from twenty to forty, less so from forty to sixty and very frequent and also very fatal after sixty years of age.

#### E.—SEX.

In the pneumonia of adult life, males are more commonly affected than females, in proportion varying from two or three to one, this difference between the sexes is not observable in the earlier period of life, but it becomes apparent first at ages when the occupations of the sexes differ and when males are more exposed to climate influences than females, when however the condition of life for both sexes are identical, this relative disproportion in a great measure disappears. Huss has adduced the fact that it is much less marked in advanced age. Females as it would appear from Grisolle's data are somewhat more predisposed to the disease at the menstrual period.

Neither pregnancy nor the puerperal condition seems, however, to create any special proclivity, except when the latter is complicated by septicæmia.

#### F.—CONSTITUTION.

Opinions differ whether primary pneumonia most commonly attacks the vigorous or those in previously bad health. The hippocratic doctrine was in favor of the former view, which is also supported by Grisolle. Huss on the contrary thinks that it is more common in weakly subjects. Dr. Hughes-Bennett in 118 cases, 84 males and 34 females, found that of the males 27 and the females 22 were in bad health at the time of the seizure. Huss considers that the fact that robust males are frequently attacked depends in great measure on external influences to which they are subjected; chlorotic females seldom suffer. Rickets on the other hand appear to produce a predisposition to the disease for of twenty-four patients dying of rickets Grisolle found pneumonia in one-half. It is possible that this may be caused by the greater severity of bronchitis and the increased tendency to collapse in these subjects; and also to the fact that collapse of the lung when complicating bronchitis induced a liability to further inflammatory changes. Difficult dentition predisposes to pneumonia in children, and also makes the prognosis more unfavorable.

Favorable hygienic influences confer a certain immunity from the disease. Drunkenness appears to act powerfully as a predisposing cause of pneumonia, though its effect in immediately producing the disease may be regarded as somewhat doubtful.

#### G.—DIRECT EXCITING CAUSE.

The influence of these in the production of the acute primary disease has been very variously estimated by different observers. Some authorities and particularly writers of the last century, attribute its origin mainly to a chill, an antecedent which others have denied, from statistical data. It must how-

ever be admitted that this is the most common of the discoverable causes, and that, the frequent absence of evidence of such an origin is common, not only in pneumonia, but also to many catarrhal affections, and further to acute rheumatism, diseases which to say the least are very frequently due to this immediate agency. The most probable explanation of such cases would appear to be in the existence of a more extreme constitutional susceptibility, in consequence of which causes so slight as to pass unnoticed at the time of exposure may produce effects which persons less predisposed to suffer from their influences would have escaped. The direct evidence offered by the seasons of the year at which pneumonia is most prevalent, strongly bears out the opinion that vicissitudes of temperature are among the most important agencies in its production, they appear to act most strongly at the two extremes of life.

There can be but little doubt but that pneumonia in many instances at least must depend in great measure on predisposing constitutional or local conditions whose nature is unknown, but whose influence is distinct. It is to their influence that the special localization of acute diseases arising from general in contradistinction to specific causes, is due, and it is also to the greater or less degree in which they predominate that the relative facility of the production of such diseases may in great measure be attributed. Excessive exertion appears to act as an occasional cause. Traumatic causes do not easily produce a pneumonia of any extent or severity, the lung appears to have remarkable powers of recovery from direct injury. Injuries and blows to the chest are, however, occasionally followed by pneumonia without distinct evidence of direct laceration of the lung. The mechanism of such influences appears in some cases very obscure. Pneumonia may on the other hand be easily excited by foreign bodies entering the lungs from the bronchi.

#### H.—EPIDEMIC CAUSES.

The only positive data on this subject are those afforded

during the prevalence of epidemics of influenza. This disease has certainly a considerable tendency to give rise to pneumonia which is for the most part of a catarrhal type. It would appear however unhealthy conditions of crowding with bad ventilation strongly predispose to the disease when other causes particularly measles are present.

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### FIFTY OBSTETRICAL CASES WITH SHORT HISTORIES.

BY J. G. SPEICHER, M. D., HUDSON, IOWA.

This article is intended more particularly for beginners in the practice of obstetrics, and it may be interesting to know about what they can expect. I can feelingly sympathize with the young physician who has his first case of child-birth, never having attended a case with his preceptor.

The following cases are numbered in the order of occurrence, and when no mention is made, the case was one of vertex presentation.

1. Fourth child. Female. Profuse hemorrhage.
2. Sixth child. Female. Forceps. Chloroform.
3. Primipara. Male. No trouble.
4. Twelfth child. Male. Twin. No trouble.
5. Thirteenth child. Male. Twin right arm presentation. Version. Saved child.
6. Second child. Male. No trouble.
7. Third child. Male. No trouble.
8. Primipara. Female. Forceps.
9. Primipara. Female. No trouble.
10. Fourth child. Male. No trouble.
11. Sixth child. Male. Eighth-month. Dead. Partly decomposed.
12. Primipara. Female. Easy labor.
13. Primipara. Female. Forceps.



14. Fourth child. Male. Fifth month. Dead. Tumor on posterior hepatic region.
15. Primipara. Male. Breech presentation. Tedious labor.
16. Third child. Male. Easy labor.
17. Fourth child. Female. Breech presentation. Fairly easy labor.
18. Third child. Female. No trouble.
19. Second child. Male. Forceps.
20. Primipara. Male. Forceps.
21. Second child. Female. No trouble.
22. Sixth child. Female. In labor forty hours before calling aid. Delivered immediately with forceps.
23. Third child. Male. No trouble.
24. Third child. Female. All right.
25. Primipara. Male. No trouble.
26. Seventh child. Female. No trouble.
27. Primipara. Male. Forceps. Tedious labor.
28. Primipara. Female. Easy labor. Adhered placenta.
29. Fifth child. Male. Forceps. Spina bifida. Child lived nine months.
30. Sixth child. Male. Forceps.
31. Fourth child. Male. Forceps.
32. Fourth child. Male. Forceps. Face presentation.
33. Fourth child. Female. No trouble.
34. Primipara. Female. No trouble.
35. Primipara. Female. Easy labor.
36. Second child. Male. Forceps.
37. Fifth child. Male. No trouble.
38. Fifth child. Female. Violent contractions. Inversion of uterus. Great hemorrhage.
39. Primipara. Female. No trouble.
40. Primipara. Male. Fourth month. An abortion caused by jumping from a carriage.

41. Primipara. Female. Forceps. Lacerated perineum. First I had had.
42. Primipara. Female. Forceps. Lacerated perineum. Face presentation puerperal fever.
43. Primipara. Female. Forceps. Lacerated perineum. Exceedingly small vulva.
44. Primipara. Female. No trouble.
45. Second child. Male. No trouble.
46. Second child. Male. Weak contractions. Chloroform.
47. Fourth child. Male. No trouble.
48. Primipara. Female. Forceps.
49. Primipara. Female. Chloroform.
50. Third child. Male. No trouble.

Besides these cases, I have had seven cases of abortion earlier than the fourth month. Have lost no mother, and no child, except two children at four and eight months, which were dead in utero, and those of course in early abortions. Two cases of lacerated perineum were entirely unavoidable. The third I might have prevented, possibly, by inserting fingers into rectum and elevating head.

I would call attention to that one thing in particular. By introducing the fore finger into the rectum, the head can be elevated, if necessary, the perineum supported by remaining fingers, and there will be but little danger of laceration. Of the different means of delivery, I have employed the forceps most frequently. Chloroform inhalations answered the purpose fully as well in cases of simple atony of uterus, but where the head is very large, or pelvic diameters small, the forceps cannot be superceded by any known contrivance or means.

Injections of morphine are better than chloroform in those cases with a tendency to hemorrhage.

Ipecac answered in most cases of hemorrhage most admirably.

Gels., Bell. and Caul. have been most frequently indicated in rigid os.

Careful examination as soon as possible, in order to ascertain the condition of parts, the presentation, etc., self control and quiet manners, and the allaying of the fears of the parturient woman by a knowledge that all is well, will go far towards insuring an easy and successful labor.

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### CASE FROM PRACTICE.

Tonsillitis is the prevailing disease here; now Bell. 1x does the work this year, and Mercurius pro. 3x. trit. cures the intense heavy pain in the tonsils and in the small of the back that they all complain of.

Jaundice, a plenty of it this way now. Chiananthus vir. 1x and Chelidonium mag. 1x. from 10 to 15 drops every three hours works splendid. I have used the 3x, but got the best results from the 1x, and cured the patients in half the time it took with the 3x. I think the Chiananthus a splendid remedy for jaundice; for it works like a charm. This year as I have had a good chance to test it both in the high and low dilutions and the 1x is the best to do its work every time.

I am having several cases of scarlet fever now with children from one to 5 years of age. Aconite 3x. and Bell. 12x. work nicely so far.

S. WATERBOROUGH, ME.

J. L. G. EMERY.

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### QUERY.

ED. INVESTIGATOR: On page 530, last volume, you ask the reader to send a case or ask a question. Well here goes for a question.

We occasionally see cases where the remedy is given say in CM. or CMM.

Now does CM. signify the 100,000 dilution on the 5x?

ENQUIRER.

## PROGRESS OF SURGERY.

BY G. L. CHAPMAN, M. D., POLO, ILL.

Read at the Rock River Institute of Homœopathy.

## SURGERY — CHIRURGERY.

Hand and work. That branch of the healing art, which administers to disease or injuries by hand, or other manipulation externally. Our earliest ideas or traditions that are reliable, come from the Greek. While medicine in some or all of its branches, is as old as our knowledge of the human family; that branch called surgery is probably *as ancient* as the administration of drugs. The stoppage of blood, the putting in position of a broken or dislocated limb to alleviate pain, or to bind up a wound, or remove a splinter, would probably in point of antiquity, outrank the internal treatment of diseases. Disease, in the earlier histories of mankind, was ascribed to the gods, and propitiation by sacrifice, or other religious rites, was then the common method of treatment. Egyptian hieroglyphics represent surgical instruments.

Embalming the dead, is a surgical operation, and involves knowledge of anatomy. The Jews performed circumcision from early ages. Through Greek mythology, we can trace surgery directly back to the gods. (Apollo was one of the gods and the first doctor. Æsculapius was his son, and *he* was killed because he did too *much*. He restored the dead to life; a prerogative belonging to the gods, and for which Jupiter ordered his execution. Since then doctors have refrained from raising the dead.) Prometheus *made* a man, and for which Zeus had him chained to a rock, and sent a vulture to devour his liver. So you see there is a limit to the doctor's art to be safe. Hercules was sent finally to cure Prometheus with a club, and set him free. (That is to drive off the vulture.) The mantle of Æsculapius seems to have fallen upon his wife and two sons. The sons were renowned surgeons during the

Trojan war B. C. 1000. The younger son *bled* a girl, and fortunately the girl lived, and everybody thought the bleeding saved the girl's life, and it ended in a romance; the young man for his temerity obtained a king's daughter for his wife, and a dowry (the last I deem of special importance). Not every young surgeon has obtained control of a province, as a fee for performing phlebotomy since his time. It may bring blood *now* but not treasure, so *here* is the origin of phlebotomy. The art of these surgeons seem not to have extended farther than the surface, the application of unguents, the stopping of blood, or extracting of the shafts of war. Homer tells us the soldiers who sustained broken bones in the Trojan war had recourse to the invocation of the gods. The gods were numerous in those days and easily accessible. Men, then as now, always supplement their lack of knowledge by an appeal to the gods. What they do not know is God, and what they do know is science.

Surgery like every other science, had to pass through its infancy, its theological stage, that stage in which the priests of India, the magi of Egypt, the jugglers of China and Japan, the Jesuits of Europe and the medicine men of the American Indians were its exponents. This is the stationary stage of all science. It took surgery nearly two thousand years from the time of Æsculapius to pass through this, its first stage. As these stages are not marked by well defined and certain limits of time in all countries alike, the same as geological changes, in the earth's surface cannot all be said to have occurred simultaneously, but some have lapped over into the beginning of other eras. We have even now evidences of the past stages of surgery in the magi of the present day, who cure disease by the ancient methods, by prayer, by mental science, by pow-wows, by such processes as bone-setting and blood-stopping. As science progresses these disappear. Tho disciples of Æsculapius did not carry the art of surgery very much farther than they found it, during a period of six

hundred years. They established schools, under the auspices of the temples and churches, and the priests controlled them, but *not* in the interests of science. Pythagoras B. C. 582 founded a school of medicine at Crotona, that produced some surgeons of note, they treated dislocations and fractures, performed lithotomy and operated for cataract. He elevated the art of surgery by using his reason and observation, a sense that seems to be so rarely found in those ages. From this school came Hippocrates 460 B. C., the most famous man of history (if history be true), who ever graced that or any other age of the world. A man, who at that age, and with such advantages, as he could then obtain, could become familiar with and perform such operations as tapping the chest, venesection, nasal polypi, paracentesis in hydrocephalous lithotomy, cataract, and give directions for the treatment of fractures and dislocations, was certainly nothing less than a genius of high order. His followers thought to keep their knowledge a secret and trade upon it. They did not know that science was cosmopolitan and could not be circumscribed. An art can be appropriated by a few, but not a science. They organized societies, and had oaths to enjoin professional secrecy, that enjoined professional honor among its members, that forbade the practice of abortion and cutting for stone in the bladder. This is part of the Hypocritic oath.

It may seem strange that one hundred and fifty years after Pythagoras taught lithotomy that the Hypocritic school should bind themselves by an oath not to perform cutting for stone in the bladder. You must remember that surgery is an art that was not ready made, but grew into its present position. There was a time when it was held in low repute, and many of these operations were performed by charlatans and men of no reputation. The physician was the acknowledged leader and he employed the man with the knife and gave the treatment before and after the operation, and was alone responsible. The operation was merely a mechanical one. He

was merely a servant of the physician. So the school agreed not to perform this menial work.

We see some of the ancient practitioners of surgery in our time, in the men who traverse the country operating for piles and castrating colts, who are destitute of surgical knowledge, or knowledge of any kind. Formerly, when a great man arose and carried forward a science, it either remained stationary or lapsed at his death. These leaders of men, those who gave impetus and direction to human thought and carried the world forward, it may be centuries of time are not always in their day appreciated or followed. The world can not keep up with them. They are the tidal waves of science that occur at great intervals of time and then retreat. The first tidal wave of surgery was Æsculapius and after an alternation of ebb and flow, with no advancement of the water-line for six hundred years. Pythagoras gave the science another impetus and then there was another period of latency of one hundred and fifty years, until Hippocrates arose, and his genius gave the art a mighty impetus, some of the waves of which have reached even to our time. But after he died there was another long interval of repose in surgery. After his time the surgeons of note in the world have contributed their mite by adding from time to time their discoveries, and the art has steadily and surely increased. But after the lapse of eighteen centuries, no such tidal wave has arisen in the science as occurred 460 B. C.

Pythagoras first opened the abdomen for the relief of intestinal obstruction. Herophilus was the first to interpret the pulse B. C. 300, this has often been ascribed to Hippocrates. Herophilus was a fine anatomist, and no wonder when he had the advantage of dissecting six hundred living criminals. The metallic catheter was invented at this time; also the tourniquet. Celsus appears as the first great writer of surgery B. C. 50, and after him Galen about 250 years. Following Galen as a writer come Oribasius and Ætius during the next two centuries.

Along here we find the historian instead of the discoverer, the writer instead of the operator. No man arises who is capable of advancing the line of science into the unknown. The tide is flowing out. The Alexandrian school was closed at this period. There was not a seat of learning throughout Europe. The priesthood had closed every school; they protested against every science. They darkened every window that admitted light to the minds of men; and for a thousand years, called the dark ages, the arts, the sciences, and the progress of the world were reverted. Learning was driven away to another people upon another continent. And in the place of the historian and the teacher and the discoverer, we have thaumatergy, theurgy, magic and astrology. Men were then looking for signs, we now look for facts. They looked for the laws that governed the mind, we look for the laws that govern the body. They sought for the ideal, we for the real; they believed in faith, we in physic. Physic will always beat for it has the inside track. A few surgeons appear as land-marks of the old craft, but as a class they are going with the retreating tide.

Here surgery leaves for a long time her former companions—the Greek, the Roman, the Jew—and goes to the despised Arab. The Saracen does but little for surgery except to keep it alive, and for that are deserving of our thanks, for without them the art might have perished. They compiled from old authors, they multiplied surgical appliances, they employed boiling pitch to stop hæmorrhages; they did everything but advance the art.

For over nine hundred years, during the life of the Alexandrian school, surgery held its own, or perhaps gained a little, but for the next three hundred years the decline was rapid. The last professor of the Alexandrian school taught obstetrics A. D. 640, and the next one to treat on this subject was an Italian A. D. 1275; and now the tide is turned, and it sets steadily higher, but no such transcendent genius gives it such an impetus as did Hippocrates.



The Greeks and all of their followers based their reasonings upon the nature of things, as they conceived them to be; upon God and the world, upon faith and metaphysics; and then sought for facts to corroborate these theories. They believed in metempsychosis or the transmigration of souls. They believed in the divinity of numbers. They found seven days in the week, seven openings in the human head, seven wonders in the world, and for a long time could only find seven planets belonging to this solar system. They had seven primary colors. Fevers they thought must run seven days, or some multiple of seven days. And in seven years the system was entirely renewed. It took exactly three times seven years to arrive at man's estate. Number three meant one or many, the emblem of Deity, the Triune God; present, past and future; Trimurti the Creator, the preserver, the destroyer; the Father, Son and Holy Ghost.

Number four meant right or left, the first square number. It is found in the potential decade: 1 plus 2 plus 3 plus 4 equals 10. It is identified with the cube. They found four elements in nature: fire, water, earth and air. Four elements in the human body: blood, phlegm, yellow bile, black bile, and so on *ad infinitum* with such theories to demonstrate, could they be other than blind leaders of the blind.

But the thirteenth century is conspicuous for its schools of medicine, and these became the teachers in the place of individuals; and the art of surgery has obtained a broader basis and a more secure foundation than ever before. It begins to reach the masses, and men perceive the correct road that leads to science. Men never learn that which comes from above; their education must come from below. Tradition, faith and religion are matters of belief, and do not require knowledge. But learning and science must come from below. The ancients reasoned from God down to nature. Men now reason from nature and the observation of her laws; and consequently science comes within the reach of common men.

The road to knowledge is no longer a sealed book. The philosophy of the ancients was based upon a theory; which theory was wrong, and their philosophy perished with them. Science is now based upon facts, and will remain. The philosophy of the olden times helped only the few, and was soon lost. The learning of the present day helps the masses, and must remain. Since this change came over the minds of men, surgery has been slowly and surely advancing, what is now learned is retained. If there has been no great tidal wave, there has been no ebbing of the tide. The strength of a science is the constancy of its flame. It is the masses that sustain a nation and not the individual few; if the masses are learned, morally and religiously, so is the nation. The soil must be good to produce a vigorous plant. The calvaras trees of California or the eucalyptus of Australia do not grow from an impoverished soil.

The gigantic growth of the tree of science during the later centuries is the product of an educated people. To forward the world the masses must be protected, educated, elevated; how long it took the world to learn this lesson. To use King Phillip's expression that "contemptible animal called the people" was a stumbling block to the progress of the world, nearly six thousand years and now it is the stepping stone to all that is great and good. The world moves.

In the ninth century small pox is found in England and it took seven hundred years to spread over the habitable earth, visiting Greenland last. In the thirteenth century leprosy is described. Falopius and Eustachius leaves their names in the science. Harvey comes a little later. In 1560 they amputate with red hot knives. Pare invents the ligature and lithotomy and amputation in the thigh are successfully performed and the tourniquet is used. In 1744 straight knives are used instead of curved ones. At the close of the eighteenth century Jenner discovers vaccination.

Hahnemann brings Homœopathy forward, of which Dr. Jones, an Allopathic writer, in 1876, says, "Homœopathy

has modified the therapeutics of the present age by reminding the doctor of the limit of his art, and of the great part which nature plays in the cure of disease, without at all contributing to the progress of medical science."

Thanks for thus much of credit my Old School brother; also for your acknowledgment that it took Homœopathy to teach you *that nature* was at least worthy of notice among such heroic prescribers. But has Homœopathy done nothing "toward contributing to the progress of medical science?" About that era of the world, Cullen had 1,387 different diseases with special treatment for each. One of the orthodox prescription of that time found in the *Pharmacopœa Londinensis*, 1682, consisted of seventy members amounting to 40 lbs weight, and this prescription continued in vogue until recent times, and it is not long since that the druggists of Holland, France and Venice were required to fill it. Recipe: Squill lozenges z-lviii; lozenges of vipers (flesh and broth), long-pepper, opium, lozenges of hedychrom a a z xxv. Red rose (without claws) illirian orris root, licorice juice, navew seeds, shoots of scordium, balm of gilead, cinnamon, agaric, in lozenges, a a xij—myrrh, spikenard orezedora, saffron, wood of the true cassia, Indian-nard, camel's hay; white pepper, black pepper, frankincense, ditty of Crete, rhubarb, French lavender, hoarhound parsley, macedonian stone parsley, parsley seed, caliment (dried), cinquefoil root, ginger, a a z vj. Young shoots of the carrot of crete, young shoots of the ground pine, root of the celtic-nard, amomum, storax, root of the mew, young shoots of germander, roots of pontic, valerian, terra-lemna, Indian leaf, green vitriol (calcined), gentian root, gum arabic, juice of hypocistis, carporbalsamum or else nutmegs, or else cubebs, seeds of anise, seeds of cardamons, seeds of fennels, seeds of cicely, gum acacia (or else plum-tree gum), seeds of penny cress, tops of St. John's root, seeds of bishop's weed, sagapenum a a ziv. Castor root of the long birth-wert, jew's-pitch (or

amber) seeds of the carrot of crete, appenax, lesser centaury, thick galbum, *a a z ij*. Canary wine (old) *z xl*. (*i.e.* sufficient to dissolve the gum and juices.) Clarified honey (triple the weight of the powders). All of which make into an electuary, secundum artem.

Homœopathy has driven all of this, together with bleeding and salivating from the field, according to Dr. Clark's acknowledgment by "reminding the doctor of the limit of his art." What a happy "reminder." What does not the world owe to Homœopathy for *such* a reminder. Again who ever heard before Hahnemann's time of the "part that nature played in the cure of diseases." Before that time it was the doctor's prescription and no reference to nature. It was the power of the doctor, not the power of nature that was looked to. If he bled if he blistered, if he purged or salivated was he not showing his power? If the fever burned the brow, if the eye was wild and intellect wandered, it was thought that there was a demon within, and it would take heroic measures to dislodge him. Hence the ptyalist, the venesectionist, the red-hot knives, the hot pitch, and the famous Theriaca Andromachus above referred to with its seventy abominations, and all of these to be wielded by a doctor who knew not the "limit of his art." What a contrast all this presents to a modern sick chamber, with a Homœopath and a little Aconite and water, who *does* realize the "limit of his art." Since the time of Hippocrates, no such discovery has been made. Can history ever tell how many lives have been sacrificed to a mistaken theory as to where nature stops and the doctor should begin and end? Has Homœopathy contributed nothing to the laws of medical science? The small dose, the healing power of nature will live, if Hahnemann and the law of Similia Similibus Curantur should perish from the earth.

In the nineteenth century surgery makes great advancement. We have ovaritomy, opening the stomach, removing portions of same, removing the malar arches, resecting por-

tions of the ileum without recourse to an artificial anus, removing of the thyroid gland, ligation of the common carotid artery. The aspirator is introduced and the hypodermic needle. Listerism and antiseptics are born and die, leaving only cleanliness in their place. False teeth appear in this century. One of the greatest boons surgery ever gave suffering humanity to allay the agony of the knife, was discovered this century, and that was Ether, by an American. Scotland soon followed with Chloroform, from the fact that Chloroform is a quicker and pleasanter agent to both give and receive, and produces a more profound state of anæsthesia than Ether. It at first took the lead as an anæsthetic, but owing to the danger attending its administration, Ether is now the only recognized agent of its kind allowed for surgical purposes. The last craze of this century that has a bearing on surgery is the germ theory. This theory claims that every disease has its special germ, or animalcula that stands to it in the relation of cause to effect. The first and most conspicuous of the champions of the germ theory was the French savant Pasteur. He apparently thought at first that he would be able to show that every disease had its cause or origin in the development of a germ that was peculiar to this disease. When this stage of his investigation was reached he conceived that the treatment of such cases demanded the destruction of the germ. Here was possibly a great innovation in both the theory and practice of medicine.

Heretofore disease had been considered as a perversion of vital force, a pathological condition, but now we were to look for a germ instead of a phlogosis. Instead of a phlogosis we were to inoculate. Instead of moving the bowels we were to sterilize the soil. Here indeed was a new departure, more startling than was experienced when Hahnemann promulgated his theory of infinitessimals; by the way, both of these new departures involved the infinitesimal. One involved the microscopical division of a drug and the other involved the

microscopical sub-division of the human body into a germ. Pasteur's theory called a vast array of scientific pathologists to their feet, and they forthwith found a legion of germs in the animal economy. They found a germ for every disease, and a germ also in every healthy tissue. The ancients had a special spirit for everything in nature; for the sea, for the storm, for the wind, for the sunshine: in fact, for everything. In terrestrial nature they realized a special vital agent. So with the germ men, they thought there was a special vital organization riding the storm and directing its energy throughout the list of diseases, either as cause or accompaniment. Pasteur took the radical ground that they were causative; others as accompaniment. Chief among Pasteur's opponents was Koch. Both were eminent men and both were backed by their respective governments. In the histories of each you can find some national prejudice and jealousy. Pasteur claims that he had found the anthrax bacillus. Koch denied that they were special to that disease, or even causative; Koch then found the *comu* bacillus and claimed for it the cause of cholera. Others again denying and found these germs in healthy bodies. Pasteur, Koch, and the English commission came out of the contest each with self-claimed laurels. Pasteur commenced with the silk worm, and next with the sheep and cattle, anthrax, and lastly he has taken up with the hydrophobia theory. We may next look for him in the moon, seeking to find the germ that sterilized this satellite. If so, Koch, will immediately follow him to convince the world that his opponent is mistaken as to the cause of the moon's unfortunate condition. Out on the plains hunters have found the antlers of the elk so firmly locked together that even their death struggle could not separate them, and so they passed to oblivion with only the record that they *fought*. If some future historian should by chance find Pasteur or Koch their only record would be that they fought to the death over a theory. Science sits not at the board where disputation prevails. Had either of these

men found fundamental facts, nothing could dispute them. The theory of gravitation was as fiercely disputed, until Newton discovered the facts that underlaid the theory, then disputation ceased. The man has not yet arisen who can elucidate the theory of either life or disease, and before this man arises there will be ample time for the antlers of both Pasteur and Koch to bleach under the bridge they are now fighting on. Any theory to be successful must involve some well known laws of nature, then from the known we may proceed to the unknown. The present germ theory has so far not discovered enough of the known laws of nature to give a steady support to it, and so every ambitious aspirant who comes along, gives the theory a harmful blow, and its supporters are in constant labor to keep it from falling. If there are great possibilities in it, they are yet shrouded in the dim future of fanciful conjecture. Where the next material advance will be in surgery, it is hard to tell. It seems as though it could not be in the line of operative surgery, for I believe there is but one organ in the body that has not been already approached by the surgeon's ligature or knife. The preventive department of medicine, sanitary science, has saved more human life than the curative power. Some of our best surgeons say the proper sphere of medicine is to *prevent* not *cure* disease. This will apply with less force to surgery than medicine in general.

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#### THE HOMŒOPATHIC AID ASSOCIATION.

The meeting of The Homœopathic Aid Association for permanent organization (as provided for in the constitution), was held at the office, 100 State street, January 18, 1887. Nearly the whole membership was present in person or by proxy.

A. L. Sweet, Esq., was called to the chair, and C. C. Haskins secretary.

The reports of the officers showed the Association to be in

a flourishing condition. The following from the report of the Directors will doubtless be read with interest:

“The Board of Directors take pleasure in congratulating the membership of The Homœopathic Aid Association on the cordial reception and strong endorsement received from the public.

“For years the idea of such an organization has been in the minds of several prominent patrons of Homœopathy; but it did not take form until last year, on Hahnemann’s birthday. The Homœopathic Aid Association was duly chartered under the insurance law of this State, and since September last the officers have been issuing certificates of membership to applicants from all over the country.

“The work of perfecting and setting in motion such an organization is simply enormous. After many consultations with insurance experts the plan of assessment was at last agreed upon. It is admitted by those competent to judge to be the best plan yet devised. It is free from the objectionable features in the way of large profits to stockholders and high salaries to officials as in the case of old line companies.

“The object sought is to furnish safe and reliable insurance at minimum cost. Especial attention is directed to the low rates and the “Reserve” or “Guarantee” feature provided for in the By-Laws and general circular of the Association.

“In its management all have an equal voice, making it emphatically a mutual co-operative Association. It is especially designed to advance the interests of Homœopathy, thus helping forward the great medical reform in progress throughout the country, as well as directly benefitting its membership. It is the purpose of those interested in its success to make it an *Aid* Association in the fullest sense of that term.

“From the large number of applications received, the officers through whose hands they passed have been exceedingly careful to admit only selected risks. The membership might have been far beyond what it is had less care and caution been exercised.

“It is our desire that the Association should have a permanent existence, and we believe that time will justify the cautious and conservative course pursued by our directors. We hope to greatly swell the membership during the present



year, and to this end we respectfully invite the active co-operation of the members in this philanthropic work."

From the report of the medical director the following interesting extracts are given:

"The Homœopathic Aid Association is to be congratulated on having a model application blank. An old insurance man writes: 'The blank for the medical examiner is one of the most effectual and complete I have ever seen.' Every application should show the family history and the personal history, as well as the present physical condition. One of the great difficulties encountered by medical directors is to get a correct family record. In our blank the full description of the parents of the applicant with a comparison of his own shows at a glance which parent is resembled, and the longevity of the applicant can to a certain extent be predicated therefrom.

"It will be seen that the description is given twice—first by the agent and second by the medical examiner. This assures greater accuracy than if only one description were given. In case of death a third description will be required by the last medical attendant. This will serve as a check against fraud.

"The medical examiners are by this Association (and by most of the laws of the States) held accountable for their recommendations. They are on their honor and are expected to make a full, fair and complete medical report on each applicant as well as an explicit opinion pro or con. If circumstances do not justify them in making a plain rejection they are encouraged to privately give the reason to the medical director, who treats all such communications as 'strictly confidential.'

"While there is no greater responsibility, there is at the same time do greater honor than to be able to make a thorough medical examination and report on an applicant for insurance.

"The picture of the applicant in this report is first presented. This with the appearance of the chest, heart region and abdomen, and then the measurements of chest, abdomen and head reproduces the physique so that the medical referee can verify the opinion of the medical examiner.

"It will be seen that the medical examiner's report is

divided into five parts, and each has its relative bearing when filled out carefully and completely. The relation of chest expansion to respiration, as well as the condition of the heart to pulse, sitting and standing, is very important. Perhaps at no one point is carelessness so liable to occur as here if we except urinary analysis. The importance of a careful examination of the urine is now recognized by all life insurance organizations especially on account of the frequency of Bright's disease. Where there is any trace or suspicion of albumen a microscopic examination is imperative. When the specific gravity is heavy Fehling's test is required to decide the sugar question. The attention of medical examiners is especially called to this.

"Appended to the application blank is a table of relative weight and height. It is interesting to take the height, temperament and dimensions, and by a few known standards compare the applicant.

"The instructions to medical examiners (aside from what is demanded in the examinations) are quite full, but when explanations have been desired, they are freely given. It is the purpose of your chief medical officer to have the most efficient medical examiners. Except where a Homœopathic physician could not be obtained it has not been necessary to go outside of our ranks. In very few instances have corrections been necessary.

"We believe that the examinations are none too rigid. They have, however, relieved us of several poor risks. Perhaps some may think that we have been too exacting, but it is better to have a small membership and a light death rate than *vice versa*.

"It is remarkable the large number of unsound risks among Homœopathic physicians when we consider the small death rate and their remarkable longevity. Out of a membership of about one thousand in the American Institute, the annual death rate is about  $1\frac{1}{2}$  per cent. of all ages (healthy and feeble). We are astonished to find that about 15 per cent. have been members for twenty-five years, and eight have been members for forty years.

"It would seem then that the claim that "Homœopathy promotes longevity" is true, and that the Homœopathic Aid Association merits the hearty endorsement given it by the profession."

The Association then proceeded to elect nine Directors,

as provided for in the Constitution. For one year: A. L. Sweet, C. C. Haskins, and W. B. Morgan. For two years: Geo. W. Woodbury, W. H. Leonard and Jas. D. Craig. For three years: M. J. McGrath, T. C. Duncan and J. G. Gilchrist.

The Association stood adjourned until its next annual meeting in January, 1888.

The new Board of Directors convened immediately, and elected the following officers for the ensuing year:

A. L. Sweet, President, Chicago.

Geo. W. Woodbury, 1st Vice President, Chicago.

W. H. Leonard, 2d Vice President, Minneapolis, Minn.

M. J. McGrath, Secretary, Chicago.

T. C. Duncan, Medical Director, Chicago.

Sam'l P. Hedges, Treasurer, Chicago.

This Association will do much to advance the interests of Homœopathy, and it should receive the active support of the profession who will be directly benefited thereby. Copies of the general circular, and other documents will be sent to any physician for distribution among his patrons and friends.

CHICAGO, ILL.

M. J. McGRATH, Sec'y.

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### ROCK RIVER INSTITUTE OF HOMŒOPATHY.

On January 6, 1887, in the afternoon and evening, at the elegant home of Dr. E. M. McAfee, of Clinton, Iowa, the regular meeting of the Rock River Institute of Homœopathy took place. In addition to the gentlemen of that school of medicine in that city, there were present from Illinois: Drs. Blackman, of Dixon; Chapman, of Polo; Hazzelton, of Morrison; Gordon, Hill and Kerr, of Sterling; Hatton, of LaSalle; Burbank, of Freeport; also Carson, of Maquoketa, Iowa.

The session opened with the usual formalities: President,

G. L. Chaplain, of Polo, in the chair, with O. B. Blackman, of Dixon, as secretary.

The President, upon assuming the duties of his position, delivered a very able and interesting address upon "Surgery, Its history and progress," which is given in full on another page.

Many papers upon various medical and surgical subjects, were read and discussed. Among the four papers on Surgery was one by Dr. Blackman of Dixon, describing a very interesting case of fracture at the hip joint, in which the bone was driven through the acetabulum, and fractured at the neck in two places. He illustrated the same with a fine anatomical specimen, obtained at the autopsy of the subject of the case in question; whose death was caused by the fracture of the acetabulum producing peritoneal inflammation.

There were three papers on Clinical Medicine, among which was one by Dr. Finley, of this city, introducing an interesting case of puerperal mania treated by him.

After the business of the session was finished, the doors of Dr. McAfee's spacious dining room was thrown open; and the doctors present became his guests. They thoroughly enjoyed the elaborate repast spread in their honor, and with the merry toast and response, the time sped away till the clock announced the midnight hour; at which, though very reluctantly, the gathering dispersed.

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### A CASE OF PUERPERAL MANIA.

BY D. M. FINLEY, M. D., CLINTON, IOWA.

Read at the Rock River Institute of Homœopathy.

The history of the case as related to me when first called was as follows: Mrs. Henry M., aged twenty-five years, confined with her fifth child, Oct. 25, 1886. The child was born

at 10 A. M., she having been in labor ten hours. The placenta not being removed until some time towards evening of the same day, when it was followed by very profuse hæmorrhage, which continued for some time, followed by fainting and extreme exhaustion. The woman was attended first by a midwife, and afterwards by a Regular physician, who removed the placenta and attended the patient about a week. On the Friday succeeding the confinement she seemed flighty for a short time, then seemed all right until the next day, when she became wild and very noisy. The doctor left her then and another was called who attended her until the Monday following, which was November 8th, when I was called. The physician that was last in attendance going with me, and giving me a history of his treatment. Aconite, Stramonium and Hyos. in alternation. The patient growing worse all the time, and the family being very much discouraged, concluded, as the physician in attendance said he could do nothing more, that they would try some other, and the case was put in my hands. I found the patient a raving maniac—singing, praying and swearing all the time, and it required the attendance of two men to restrain and keep her in bed. Sometimes she would take a little drink, but was very suspicious. Would talk of some one who wanted to poison her. She was very restless, and talking or singing or swearing constantly. Her temperature was 105 degrees, and the pulse 110 degrees. There was no lochial discharge, and I was told there had been none for a week. Prescribed Belladonna 3x and Veratrum viride 3x alternately every hour.

The ninth could not see any change. The same remedies were continued. The tenth she had slept about an hour and the temperature was 103 degrees. Prescribed Cimicifuga 3d and Belladonna 3d every two hours and Hyos. 3d as an intercurrent every four hours. The eleventh she had been a little more quiet and slept a little. The same remedies were continued. The twelfth made a vaginal examination and with a

sound opened the uterus when to my astonishment there was about a pint of thick yellow offensive pus discharged. It was somewhat difficult to make the examination she was so restless, but in two or three minutes after I succeeded in giving vent to the pus she dropped quietly asleep and continued so through the operation, about twenty or thirty minutes. The same remedies were continued except in place of Hyos. 3c, I began Hyos. 60th. The fever continuing about the same and the system seeming so thoroughly poisoned I decided to give Ammonia Phenique acid hypodermically in one-hundred drop doses once a day which brought the temperature down to normal and with it produced an abscess on each side the abdomen which were both lanced and discharged profusely similar to the discharge from the uterus. After changing the Hyos. 3c, to Hyos. 60th, the patient began to improve and on the fifteenth slept two or three hours. The sixteenth, slept most of the night and does not need any restraint. Answers questions quite rationally. The seventeenth, still improving and the same remedies continued, extending the time to four hours and the Hyos. to six hours. The same uterine treatment also the discharge being very profuse every day. The three succeeding days the treatment was the same and with a steady improvement. Asks to see her other children and seems quite rational. Answers questions correctly, is quiet and wished not to be disturbed, say the children can go out as she is not strong enough to see them any longer. The 21, 22, 23, still improving and seems entirely rational but much exhausted. Gave China and Arsenicum 3c, every four hours and continued the Hyos. 60th every six hours. The twenty-fourth took a little cold and had some fever, was given ten doses Veratrum viride and the same treatment otherwise. The 25th, 27th, 29th, still improving and on December 1st the Verat. was discontinued.

I have heard from her frequently since and she is to all appearances as sound mentally as ever. There was very little

improvement in the mental symptoms until after the opening of the uterus and the discharge commenced.

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## HYGIENE OF HYSTERIA.

BY G. W. CHITTENDEN, M. D., JANESVILLE, WIS.

Read before the Wisconsin State Homœopathic Medical Association.

The symptoms, diagnosis and treatment of that abnormal condition of the nervous forces, known by early and later writers as hysteria, have been ably presented by others representing this bureau; and it is the purpose of this paper to present some thoughts on hygiene as related to this protean disorder. As the physiological organization of parents appear in their offspring, so also may the morbid conditions of the nervous system of the hysterical mother be transmitted to her children. Hence the children of such parentage, the daughters more especially should be constantly under such influences as shall conduce to a healthy development of body and mind, from infancy to mature womanhood. This is the plastic period of human life, when the mental, moral and physical impressions, which shall be felt in the whole future life, can be most permanently made. Children, in their early years are often very irritable, during which period great caution should be used not to aggravate this condition by harsh usage. Influences which chafe and annoy the young child, only conspire to develop a spirit of evil fulness. Kindly treatment will bear better fruits. Naturally, they are active, and that element in their nature should have full scope, until they pass the first septenniad.

The diet of all children, but more especially those of hysterical parentage should be guarded with more than ordinary care, as any agencies which impair the function of digestion, will also potentially contribute to develop a morbid condition of the nervous forces generally. Over indulgent parents

from motives of affection bring to their children, nuts, candies, and raisins, little thinking of the evil consequences arising therefrom. All condiments, also tea and coffee, are pernicious in their influence in perverting the function of the nervous system. Simple and plain foods taken at suitable intervals, with fresh pure water or wholesome milk, for drinks will best conserve to develop a complete and symmetrical physical organization. A vegetable diet with abundance of wholesome fresh and ripe fruits, should predominate over animal food. As helpful to the above, we will add baths at a temperature of 60 degrees to 95 degrees Fahrenheit followed by friction, two or three times a week, or oftener, as necessity might require.

Due regard should be given to the dormitories of such children that proper ventilation be secured. Close and confined atmosphere of such apartments should be scrupulously guarded against, as the carbon generated during respiration is a poison to the blood. The temperature of sleeping rooms should be cool; should range from 40 to 60 degrees. A vitiated atmosphere, and super-heated rooms, together, condense powerfully to impair the health and vitality of the body; but more effectually will they enervate and derange the brain, and cerebro-spinal nervous system.

With children the hours of sleep should be long; they should get to bed early that they may also rise early. The mental training of such children should not be prematurely forced. The kindergarten system, which, while it practically educates, does not severely tax their mental energies, should be specially commended to this class. The grave error of keeping children under too great restraint should be avoided. They want the out door air and athletic sports, both of which in the highest degree conduce to develop a healthy physical organization, in which the nervous forces will be preserved in more perfect harmony.

What has becnsaid in the above as applicable to young children, may, with equal propriety apply to young girls in



the progress of development to the age of puberty. We are living in an age of great mental and moral activity, and the desire on the part of parents to cause their daughters to pass from the simplicity of childhood to assume the role of society ladies is too great. This is a period in the development of the child, requiring the utmost guardianship and care. Promiscuous assemblages for amusements, as in the dance and roller rink should not be encouraged. These exercises at proper and seasonable hours, surrounded by wholesome influences, we would rather commend as healthful. Walking, riding, out door games and sports are natural to youth, and promotive of physical vigor. Young misses should be impressed with a consciousness that they have a mission to fill. A reasonable portion of each day should be devoted to domestic duties, both as a means for a healthful occupation of the mind, also for its influence in the development of a robust physical organization.

During these early years of children, they are supposed to be pursuing the usual routine of school life, and the mind engaged in studies, which are both useful and interesting. Home should be cheerful in its surroundings, and wholesome recreations indulged. In short, all influences should be used, which conduce to a healthy, symmetrical development of the physical, mental and moral being as the best prophylactic agencies against the hysterical dyscrasia. Whilst we have, thus far, sought to devise means to fortify against the development of hysteria, we are painfully aware that few will be found who will be sufficiently pains taking to reduce them to practice. It is a disorder well known to the earliest physicians, and, has probably been in existence from the remotest history of the human race and will be perpetuated to generations unborn.

Hence, the practical question now appealing to us, is, what can we do to ameliorate the condition of such unfortunates?

As a class, those subject to hysterical paroxysms, are morbidly sensitive, and, very quick to think themselves misunderstood. Expressions, or acts of minor significance are in their minds, magnified, often resulting in a paroxysm of convulsions. To avert the repetition of such attacks, efforts should be used to divert their thoughts from themselves by cheerful and pleasing associations. They should be encouraged in studies, and reading which are useful and elevating rather than exciting and imaginary stories and novels.

The hours devoted to sleep should be seasonable, and abundant, and early rising encouraged. Exercise and occupation should be so diversified as not to be fatiguing, and should apparently, have other object, than, simply routine for purposes of health. Hydrotherapeutic measures will also be found valuable, as an agency to diminish the extreme impressionability of the patient. They also act to calm the abnormal excitement of the peripheral nerves. Baths should be of the temperature of 90 degrees Fahr. or lower, and accompanied and followed by friction, bestowed by the patient, when admissible until a glow of warmth is produced. These should be repeated two or three times a week, and persisted in for a long time. Sea bathing when it can be indulged in should be recommended.

As an adjunct to the baths, a mild current of electricity will be useful in giving tone to the nervous forces. A Faradic current of from two to five minutes duration, and but slightly perceptible, passed from the spine to the surface of the body and extremities should be recommended.

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## STUDY OF THE MATERIA MEDICA.

BY J. D. CRAIG, M. D., CHICAGO.

1. Sputa scanty, yellow, slightly sour tasting; loosened mornings, but must be swallowed again.

## THE UNITED STATES MEDICAL INVESTIGATOR

2. *Profuse sputa of mucus, cannot lie down.*
3. Sensation as if he had to breathe through a sponge.
4. Cough worse from sweets; cold drinks; smoking tobacco; lying with the head too low; room too warm; dry cold winds; every excitement. Better from eating or drinking warm things.
5. *Tuberculosis beginning in apex of left lung.*

### II.

1. Cough; excited by tickling in the larynx, or at the bronchial bifurcation; by oppression at the epigastrium; or accumulation of mucus in the larynx.
2. Cough worse undressing; morning on waking; after eating; deep inspiration. Better after getting warm in bed.
3. Breathing wheezing, panting on awakening, then cough which forces him to sit up, bent forward.
4. Tightness at the bifurcation of the bronchi.
5. Sensation of choking on lying down.
6. Wheezing with retching and expectoration of tough mucus, which can be drawn in strings to the feet.

### III.

1. Talking hurts the larynx.
2. Attacks of mucus rattling in the wind pipe; strangling at times.
3. Feeling of stoppage in the wind-pipe.
4. Congestion in the chest from the least movement or exertion; dyspnoea, nausea, faintish weakness.
5. *Chronic cough, violent attacks, brought up small hard tubercle.*
6. *Burning sore pain in chest and bronchi; with rawness in the throat when coughing.*

### IV.

1. Tightness of the breath; she was frequently obliged to take a deep breath.

2. Pain above the left hip on coughing, as if it would burst open there.
3. Hoarseness for several days: she could not speak loud.
4. Hoarseness and rawness in the throat in the morning, *and evening, with scraping in the throat.*
5. Cough caused by crawling in the larynx, or by stooping to pick up anything.
6. Violent cough, at times quite dry, with pain in the right side of the chest.
7. Hollow cough, especially at night and in the morning, with tightly adherent mucus in the chest.
8. Dry hollow cough, *with sore sensation in a streak down the trachea when it pains on every paroxysm of cough.*
9. Shortness of breath precedes the paroxysm of coughing.

## V.

1. Dry sensation in the air passages.
2. The muscles of the larynx do not perform their functions; she is unable to speak aloud, in spite of every exertion.
3. Frequent need to clear something out of the larynx.
4. Dryness in the larynx.
5. Irritation to cough with every exertion.
6. Sensative pain in the larynx on blowing the nose.
7. Arrest of breath when speaking or walking rapidly; she is obliged to suddenly catch for breath.
8. When coughing, the chest is painful as if sore.
9. Cough always caused by speaking.
10. Frequent tickling cough.

## VI.

1. Shortness of breath and oppression, as if the chest were constricted and she could not get her breath through.
2. On inspiration it seems as though something were pressing on the chest, after dinner.
3. Oppression of the chest; the clothing seemed too tight upon the chest.

4. Stitches in the forepart of the lower portion of the thorax, extending into the intestines below the navel.
5. Pain internally behind the sternum, on inspiration.
6. Pain between the sixth and seventh ribs of the right side, on bending towards the opposite side.

## V̇II.

1. Spasmodic pressure behind the middle of the sternum in a spot about two inches in diameter; at night extending into the bronchi with sensation of constriction in them.
2. Pain in the lower portion of the right wall of the chest, extending into the side, aggravated by inspiration.
3. Sensation of soreness in the lowest ribs of the right side.
4. A dull deep seated pain in the whole right side of the chest and shoulder about 1 P. M., without cough but with difficult respiration; worse on deep breathing.
5. *Stitches beneath the right ribs.*

## VIII.

1. Rough scraping, dry sensation deep in the fauces (and soft palate) causing a hacking cough, with a yellow mucus expectoration and hoarseness, so that he speaks only with exertion in a deep bass voice together with oppression of the chest, as if the air were withheld on talking and coughing, so that the breath could not be expired.
2. Cough with bloody expectoration.
3. Dyspnoea, especially on talking, none while walking.
4. The paroxysms of cough follow each other so violently that he is scarcely able to get his breath.
5. Bruised feeling in the larynx when inhaling.
6. Cough in the evening, immediately after lying down.

## IX.

1. Scraping in the larynx with irritation to cough, and dry cough in the evening.
2. A dry spot in the larynx, where there is a crawling, and almost constant irritation to a dry cough.

3. Cough, almost only when first lying down during the day or evening; he was obliged to sit up and cough it out, after which he had rest.
4. Sharp thrusts directly through the chest from the sternum to the spine, while sitting.
5. Hardness of the right breast, with painfulness to touch and nightly stitches in it.
6. Stitches, as with needles in the mammary gland.
7. Violent stitches in the right side of the chest about the nipple, on every inspiration while walking, relieved by hard pressure with the hand.

#### X.

1. Cough which provokes vomiting.
2. Suffocative cough, simply caused by tightness of breath.
3. Hacking cough immediately after eating.
4. Scraping rough cough.
5. Dry cough in the evening on going to sleep.
6. The cough was so aggravated by deep breathing that it caused vomiting.
7. Frequent deep breathing as after running.
8. Breathing rattling; anxious, wheezing; threatening to suffocate; must bend the body back and sit up.
9. Soreness in the chest.

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#### ANSWER TO CASE.

Tell Dr. S. D. Low to give his case of tic douloureux  
Creasote 3x and cure it.

F. B. HOME.

THE  
UNITED STATES MEDICAL INVESTIGATOR.

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Communications are invited from all parts of the world. Concise, pointed, practical articles 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.

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**PRACTICE FOR SALE.**—This is a common advertisement just now and there would be more of them perhaps if the hints given in the following were heeded:

“I always read the ‘for sale’ advertisements” said an old physician “for three reasons, 1st, to see who wants to sell, 2nd, to guess at the cause, and 3d, to see if my ideas have been followed. You want to know my ideas. Well you see I believe that a practice is an article of sale. Many do not seem to think so. So you see an advertisement of such and such property with the practice “thrown in.” Now that should not take, but it does. The chances are that a fancy figure is asked for the property so that the seller will get his money back. I know that many would like to sell, but dare not advertise for fear some one will find it out and rush in and try to supplant him, telling the people that he has advertised to sell out and was going to leave them in the lurch, etc., etc. Now that is mean, but from the people’s stand point the new comer is welcome and it makes a bad state of affairs whether the doctor stays or sells. I have been told that there are now five hundred physicians who would like to sell and would like to change climate, go to a larger place or for some good reason, but they dislike to advertise and dislike worse to sell out and run the chance of getting a poor successor. I have advertised just for fun to see what answers would be obtained. Almost uniformly has come a letter (without a return stamp) asking “where is the place and price.” Not a word about the applicants qualifications, ability or references. I would sug-

gest to those who want to sell if they have any real estate, to sell it or trade it with local parties. If they cannot do that, make a loan on it, anyway sell the practice alone. For a physician's practice or good-will he ought to secure at the rate of about a year's collections, not charges. We all know that practice fluctuates so that the average should be taken. The more I have studied this thing the more I am satisfied that a temporary partnership is the best plan for sale. This could be more or less protracted according to the amount of cash advanced. The larger the amount the shorter the time. I have seen this plan work well between an old physician and a younger one. The young man advance a small sum or none at all and work for a salary the first year. The salary all but living expenses to go as part purchase money. The next year there is a partnership on say one quarter, the next year one half, the next three-fourths, and the next year the young physician succeeds to all of the practice, in the mean time the old physician has sold his real estate and made his change without any friction. I tell you I believe that a practice is a purchasable article whether in city or country. I have purchased two practices and made money on both occasions. You are sure to hold some of the families and they will introduce you to others. I have noticed this that a proper introduction is everything. I have known of an introduction worth to the physician hundreds of dollars. Yes sir, and the strangest part of it is that the fool did not appreciate it."

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### FUNNY SIDE OF MICROBES.

Everything is running to microbes in these degenerate days. Our bread, butter, potatoes and beer are one wiggling mass of worms, and all the diseases that once amused a free people are now attributed to bugs.

A man cannot have a violent attack of good, old-fashioned



cholera morbus, but what some physician with a microscope finds that he has become an incubator for little beasts, and the dear old pains in the stomach that afforded us so much pleasure and spiced our happiness in boyhood are said to be a national convention of *bacilli*.

The commonest form of diarrhœa is directly attributable to a picnic of animated commas, and even true love is so mixed up with worms that a fellow is afraid to kiss his best girl, lest she should crawl off and die. If a fellow finds his lungs at variance with himself, he at once infers that the bugs have congregated for a pulmonary camp meeting, and if his heart palpitate, he has to lie down under the conviction that a lot of mischeivous young germs have gone swimming in his life-blood.

We are doomed to be infested by worms all the days of our lives, and in death we are promised that they will be continued in our next, like Mrs. Southworth's exciting yarns in the New York *Ledger*.

From the cradle to the grave we are portable battle-fields for unregenerate bugs, and all the efforts of psychology and thingmajigology are being bent to the task of proving that civilization only adds to our wormy condition. All the triumphs of art, science and religion are but the wriggings of infinitesimal worms; and all the beauty of heart, face and mind which we see about us is but a flossy cocoon wound about creeping things.

Before this awful discovery was made a young man could kiss his beloved at the garden gate and go home and sleep sweetly and enjoy pleasant dreams of rosy lips and bright eyes and other intoxicating hereditaments thereunto belonging and to them appertaining; but now, in this age of progress, he presses his worm eaten lips to the bug-infested cheek of his darling, and at the moment when he should feel the wavelets of bliss surging up his spinal colum, he hears the voice of conscience crying "rats!" and he wilts and seeks his couch to dream of loathsome worms.

For my part, I do not thank science for revealing all the zoological phases of life to me. It has gradually impaired my digestion to sit down to the table convinced that the formerly palatable dishes that I prized so much are but insects and crawling things served up in a variety of styles. It makes me ill to think that I was a fool when I referred in a sarcastic tone to the favorite grub of the plain, unostentatious Digger Indian. I sowed the bug in so doing, and now I am reaping the humbug in broadcloth and blushes. I have seen my appetite pine away and die in contemplation of its own baseness, and as water has been scientifically discovered to be the bug-juice of the age, I have sworn off drinking it. I have pledged myself to my withered stomach not to look upon water when it is wet, and now I drink nothing but harmless whiskey and gin fizz. I have eschewed the sherry cobbler and the rum punch, because there is vile water therein. I only drink that which has never known water except by reputation. I prefer the worm of the still to those active little wretches that do not know how to be still. It gives me more rest and my stomach seems to be better contented in its presence.

Science has carried its great bug theory too far. It has made our lives one great gob of sadness and soured the wine in our cellar of existence. It has robbed us of our stomachs and turned our lives over in sorrow. It has made a happy world dyspeptic and wretched and paved the broad road that leads to a drunkard's grave. It has revolutionized life and made death terrible, and it has made it necessary to again revise the Holy Book, for that old expression, "Earth to earth, dust to dust, and ashes to ashes," will not work. It should read, "Germ to germ, bug to bug, and worm to microbe."—*Health Record.*

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#### MATERIA MEDICA NOTES.

*Benzoic acid.*—Urine: ammoniacal, strong-smelling, ex-

cessively offensive, the odor penetrating the whole room. This is a guiding symptom in enuresis nocturna, dysuria senilis, irritable bladder, gravel, enlarged prostate, dribbling urine. Diarrhœa: stool, copious, grey or white, like dirty soap-suds with excessively offensive, strong, pungent odor, like the urine, scenting the entire house. The name of the disease matters little, if these characters be present the result will usually be prompt and entirely satisfactory. We recently obtained almost unexpected results in chronic tonsilitis of right side, from a few doses of Benzoic acid 200, the first time we ever prescribed it in that affection. It must not be repeated too often if we would obtain the best effect.

*Nitric acid.*—Has dark, brown, turbid urine, like the sediment of a cider barrel, and strong-smelling like horse's urine, but it lacks the pungent, penetrating character of the odor of Benzoic acid.

*Sepia.*—Has turbid, blood-red, dark brown, very offensive urine with a white or reddish-white sediment which adheres so strongly to the vessel that it can be removed only with great difficulty. The odor is atrocious and must be at once removed from the room.

*Argentum nitricum.*—Children with constant craving for sugar or candy; irresistible desire for sugar, but diarrhœa may be caused or aggravated by it.

*Oxalic acid.*—Sugar aggravates pains in stomach, but, unlike Argentum, rarely causes diarrhœa. Dr. Deschere says, "children so often get sick from eating candies it should be more frequently thought of, and I know of no other remedy which will as certainly cure gastric ailments aggravated from eating sweets." We have used it for years, when, after eating candies, colic or cramp pains in the stomach usually follow, and verify the observation of Dr. Deschere.

*Ipecacuanha.*—Has craving for sweets, for dainties, and gastric ailments from indigestible food—ice cream, raisins, cake, pastry, salads, fruits—but it is nearly always attended

with more or less constant nausea, and the nausea is referred to the stomach.

Kali carb., Lycopodium, Mag. mur., Sulphur and others have desire for sweets, but the effect produced by indulging in them is not so marked.

SPIGELIA.—*Cancer of Sigmoid.* I was led to use Spigelia in a case of cancer of sigmoid occurring in a stout, plethoric lady with black hair, florid complexion and apparently in perfect health. She suffered fortunately from a moderate diarrhoea, and the cancerous mass had so contracted the calibre of the intestine that nothing approaching a normal passage of fecal matter had occurred for months, and the terrible pains through the pelvis, shooting into the back, hips, and down the limbs, were not even palliated by repeated doses of morphia which produced distressing nausea and insomnia. Guided by the following symptoms—a recent proving by Dr. Hoynes in January *Advance*—Spigelia 200 (Dunham) at once relieved the pains and diarrhoea and for ten days she had a normal stool. The pains then began to return when Spigelia 1000 (B. & T.) again gave relief. On their return the second time Spigelia 3000 afforded relief and for three weeks more she was comfortable and free from pain. I have since used it in two cases of incurable disease with intolerated pains in back, chest, pelvis, etc., with gratifying results.

“*Stomach and Œsophagus.*—Severe constricting pain in the œsophagus, in two places; one stricture is one inch and one-half above the cardiac orifice, and the other about the middle of the tube, at which point the pain is constant and severe, passing through to the back just below the inferior angle of the right scapula, aggravated by every attempt to swallow either liquid or solid substances, and by vomiting. Spasmodic contractions the entire length of the œsophagus, so severe that, for days and nights, could neither rest nor sleep without the constant use of ice.

Sharp cutting pains streak across abdomen, low down, and extend into back and lower limbs.

Severe labor-like pains, coming in paroxysms, gradually increasing and decreasing in strength, preceded by a chill and aggravated by change of position, making face and feet cold, hands remaining warm.

Pressure and pain in whole pelvic region, the pains shooting down the limbs. Burning heat in vagina, with sense of fullness and pressure; worse standing. Heat pain and pressure in uterine region; a dislike to move."—*Med. Adv.*

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### PHLEGMONOUS ERYSIPELAS.

BY G. N. MACOMBER, M. D., SYRACUSE, N. Y.

EDITORS INVESTIGATOR.—Dear Sir: I report the following case thinking it might interest some of the readers of your valuable journal.

Mr. M., aged forty-four, health usually good. January 10, a very cold night as he was about to retire, backed up to the stove to warm his back when he carelessly backed up too far, coming in contact with the stove, which burned the buttocks about four inches in length by three-fourths of an inch in breadth. Thinking this but a simple burn he applied some simple ointment and went about his work as usual. It did not get better however, and the 16th, six days later, I was called in; found patient in bed, high fever, severe headache, with tendency to delirium. In fact erysipelas had set in and formed a complete belt around the body. During the next six or eight days the temperature ranged from 103 to 104½ degrees, attended with stupor and low form of delirium, this with the condition of the tongue simulated the condition in second or third week of typhoid fever.

About eight days after my first visit my attention was called to the genital organs, and to my astonishment found the scrotum enormously swollen and the entire base of it black and gangrenous. I at once ordered elm and charcoal poultice

locally, and gave Ars. and Carbo veg. internally. In about two days a line formed around the upper portion of the scrotal sac, near the root of the penis the slough began to separate the dead from the healthy tissue, and in about four days the entire scrotum came off in a body, leaving the testicles and spermatic cords entirely exposed, except as they were enveloped in their own individual covering. As soon as the scrotum began to slough the fever abated, temperature and pulse assumed a normal condition. At this period the appetite returned, granulations began to form around the edges from which the slough had separated. We were now using a solution of Potass. permang. as a wash, and Carbolyzed vasa-line dressings.

It did not seem possible that a new scrotum could be produced, but so rapid was the growth that in two weeks the testicles were more than half covered with a "brand new scrotum" of which the patient is justly proud. At this writing the patient is able to go down town, and a spot about the size of a quarter dollar remains to be covered. During the second week of the disease, the wife who was the constant attendant took the disease and developed a severe case of facial erysipelas.

I report this case because complete sloughing of the scrotum from the above cause is rarely met with in practice, at least they have not been reported. Ashurst in his Encyclopædia of surgery reports one case of a similar character.

[This is a very interesting case and we are glad the doctor has reported it. We want such reports from all our readers. Please send them in, don't be backward.—ED.]

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#### MEDICAL NEWS.

Dr. F. W. Mann has removed from Burrillville, R. I., to Milford, Mass.

Dr. Frank Kraft has associated himself with Dr. H. C. Allen, of Ann Arbor, Mich.

**SOCIETIES.**—We wish all Secretaries of Societies would send us particulars of meeting, time, etc.

Drs. Koier and Crutcher have opened offices at Parker's Building, corner Madison and Halsted Streets, Chicago.

Dr. Asa S. Couch has retired from the chief editorial responsibility of The Physician's and Surgeon's Investigator.

**DIED.**—Dr. E. A. Lodge, for a number of years the editor of The American Homœopathic Observer, died in his sixty-fifth year, January 25.

**COLLEGE COMMENCEMENTS.**—A full report in our next. Should be pleased to hear from all the colleges who have had their commencement.

**MEASLES EPIDEMIC.**—We are informed there is a terrible epidemic of measles at Reading, Pa. Will our brethren give us particulars, please.

G. R. Shaw, M. D., of Ripon, Wis., made us a pleasant call on his way home from California. The doctor is very much pleased with the country.

**NEW REMEDIES.**—The study of new remedies will be one of the special features for this year. Any help in this line will be thankfully received.

Dr. H. I. Ostrom has recently received the appointment of surgeon to the Hahnemann Hospital in the place of Dr. Helmuth resigned. A good man for the place.

"The way to sleep," says a scientist, "is to think of nothing." But Dr. Hammond thinks this is a mistake. And adds: "The way to sleep is to think it is time to get up."

**NOTICE.**—All Books for review, journals and exchanges, items, articles, and everything pertaining to this journal, should be addressed to D. Duncan, M. D., 56 State Street, Chicago.

**PROF. HALL.**—The other day a man tried to swallow a complete set of false teeth of the lower jaw. They stuck in the œsophagus. Prof. Hall fished them out with a unique set of forceps.

Dr. J. D. Craig has kindly consented to continue "The Study of the Materia Medica." The doctor is a hard worker, and his long experience will make this department very valuable. All who are interested in materia medica are kindly asked to send in items.

**POST-GRADUATE EDUCATION.**—Prof. R. Ludlam delivered a lecture on post-graduate education before the Alumni Association of the New York Homœopathic Medical College, which should be read by every one. Every word is sound sensible and practical.

**STATE HOMŒOPATHIC MEDICAL SOCIETY.**—The second annual meeting of our State Society will be held in Lexington, Ky., on the 4th day of May. We expect a large attendance from our own State and many visitors from adjoining States. Our State Homœopathic Medical Society will gladly welcome all who come.  
C. P. MEREDITH, Cor. Sec.

**HYPODERMIC SYRINGE.**--To have your hypodermic syringe always in working order, put between the two leather washers, on the piston, a disk of chamois skin a trifle larger than the bore of the cylinder. However dry, this will immediately swell on drawing any liquid into it, and make the syringe work tight.

**HYSTERO-EPILEPSY.**--Dr. A. McLane Hamilton recently cured a case of persistent hystero-epilepsy, in a man thirty-five years of age, by squeezing the patient's testicles firmly in his hand. The patient awoke, he says, as if from a dream with evident pain in his head, and the usual cry. From that moment he had no return of the catalepsy, and becoming perfectly natural, he convalesced rapidly.—N. Y. Med. Journal.

**EQUAL RIGHTS.**—We learn from our good friend, J. H. Henry, M. D., of Montgomery, Ala., that there was a meeting of Eclectic and Homœopathic doctors held at his office to push a bill now before the Legislature of his State that each school might be fairly represented on the State Board. This is as it should be. There are some good towns in that State for Homœopathic physicians, and we hope the doctors will succeed in getting their bill passed.

**CHANGES.**—Geo. W. Winterburn, M. D., New York, has been succeeded as editor of the American Homœopathist, by B. F. Underwood, M. D., of Brooklyn, N. Y. F. Kraft, M. D., has been succeeded as editor of The St. Louis Periscope, by J. Martine Kershaw, M. D. Dr. Sherry has retired from the editorial management of The Medical Current, and Dr. W. E. Reid, M. D., takes his place.

**HEALTH OR DIETETIC JOURNALS.**—~~Of~~ late we have noticed a large number of new journal in this line. It has led us to enquire what does it mean? They seem to expect the doctors to recommend them to their patrons, and thereby get a good circulation. One doctor said to us: "I won't recommend any health or diet journal, they are only an advertising scheme for something or another. If I want them to know more than I tell them I advise them to get such and such a book."

**A BOOM FOR HOMŒOPATHY.**—We are on the eve of a big boom for Homœopathy down here in Massachusetts, and more particularly in Boston. Fifty years ago there was not a Homœopathic doctor in Massachusetts, but now "the woods are full of them;" also the towns and cities, and we are going to let people know it on April 13, 14 and 15. We are going to let people know we have doctors, societies, clubs, a large pharmacy; and we are one of the slide shows of a big university. It will be a good opportunity to tell of it without the appearance of boasting. The ceremonies will be nominally under the auspices of the State Society, but the work will be done mostly by those connected with the medical school, and they will try to awaken a new enthusiasm in favor of the school, for now a majority of physicians in New England take but little or no interest in the school, leaving the few to struggle for its existence. We are having a "slushy" time just now, and to-day we are gathering p our dead and wounded from another railroad accident, but if you will visit s on April 13, 14 and 15, we will show you how we do things.

DOWN EAST



THE  
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SLEEPLESS CHILDREN.

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

Read before the Wisconsin State Homœopathic Medical Association.

A study of children from any point of view is most profitable if not interesting. By the side of the food question goes that of the sleeping question. The three most important functions of the child is to eat well, sleep well, and to have regular discharges from the bowels. The changes have been wrung on the alvine evacuations, from the days of "looseness of the bowels" down to the voluminous work of Bell on Diarrhœa. Possibly the feeding question has been gone over so often that it is threadbare, or musty, or at least stale. But above all and beyond all the sleeping question is the most important. We know that if the brain and nervous system do not get a chance to rest, that serious trouble may be anticipated, and that is not the worst of it, we know that if we do not "make that child sleep" after a few trials there will be a rotation in office, another physician called. Why and when will not children sleep? We cannot always see the reason why. If the child is really sick there may be an excuse that pain will not let it sleep, but when it looks well, as it often does to the inexperienced eye, then woe betide the doctor if they have "a cradle concert at midnight."

A few points under this head may be profitable as well

as pleasant to the members. A child in pain sleeps by fits and starts; if it don't sleep till it is all tired out, then we may expect a disease expression somewhere. If teeth, the mouth motions will point to the trouble. If earache, it will pull its ear, or hold the head to one side and swallow hurriedly. If sore throat, watch it eat, or feel of tonsils outside. If lungs, the catching breath will attract the attention, but usually it is stupid, especially in the first stage, during resolution we have wakefulness, but we will revert to that. In enteralgia the pain will be intermittent. In retention of urine, the child will stiffen out. The physician who neglects the urine in a child ought to nurse one all night. The wakefulness of cerebral irritation is so significant that it should not be mistaken. These are the incidental causes of wakefulness in children. The three chief causes are :

- I. Gastric.
- II. Enteric.
- III. Bronchial.

I. By gastric I refer to a chronic irritation of the stomach, chiefly gastric catarrh, although I have met it in gastritis. When a child don't eat, as well as not sleep, then I know that the food produces so much irritation of the already irritated stomach, that rest and quiet is impossible. Here remember, plenty of drink, warm water and Arsenicum. Chronic gastric catarrh is above all the cause of restlessness in children. Dr. Bowen says that food will in a measure take the place of sleep. So this stomach craves food and the circulation is surcharged and the brain extra nourished; does not get into the anæmic state that attends sleep. Here if an opiate is ever given let it be a Bromide. A Kali stomach is present and it will aid in removing the cause; here is where Nux works so nicely; China also aids in curing the bulimia.

It is in this class of cases where the food is so often changed, when the trouble is frequently not with the food, but rather with the stomach and the frequency of feeding.

Put hot sweetened water in the bottle and let it satisfy itself on that between times.

II. The enteric trouble is usually but an extension of the gastric one. The quantity is distressing. It keeps the child from sleeping by the pressure on the blood-vessels. The brain is surcharged, and sleep is not needed, not desired. The amount of gas generated adds to the discomfort of the child. Tardy digestion here may be hastened by Arsenicum, by Belladonna and Chamomilla, by Lycopodium and Sulphur, and many other remedies.

III. The child suffering with bronchitis, especially during resolution or in the last stage of broncho-pneumonia will not sleep, cannot, dare not sleep. The attempts to make it sleep by opiates, is to jeopardize life. A few nights only will it be necessary to watch with it, when it will be beyond the stage of danger; here skill in the use of remedies will tell. To keep a child's cough just loose enough, and not too loose, is nice practice. Here, Verat. vir., Bell. and Bry. play into each others hands nicely. These ideas I have not tried to elaborate as they deserve, I perhaps have not painted them in such a manner as to arrest attention, except with those who have tried to make a child sleep, and have not succeeded. If these hints be the means of calling out a practical discussion from the wise members present, some little good may have been accomplished.

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## PLEURO-PNEUMONIA.

BY G. G. CHITTENDEN, M. D., JANESVILLE, WIS.

Read before the Homœopathic State Medical Society.

As pneumonia is made a subject for consideration at this convention and has been unusually prevalent the past winter,

I will briefly report the case of Mr. F., a farmer, aged about sixty-five years. In April 1854 and November 1873 this patient passed through very violent and protracted attacks of pleuro-pneumonia. My father was his attendant physician on both occasions and informs me that his condition was extremely critical in each sickness. Since the last sickness the patient has suffered most of the time from pains in the chest, cough and expectoration of mucus and muco-purulent sputa, often tinged with blood, yet he has been able to attend to his farm work quite constantly. On the 18th of Feb. I first saw him. He informs me that he had chills on the morning of the 16th, with some fever, and slight cough in the afternoon; that on the 17th the fever and cough were considerably aggravated and accompanied with quite severe pains in the chest. The nights are restless. I find the respiration short and laborious. Pulse 80, and full. Temperature 102. Tongue coated, breath offensive, quite thirsty, and mind anxious. Physical examination reveals in both lungs a diminished resonance and some crepitus in the upper portion of left lung, in which also there is considerable tenderness. The patient is sitting up in bed, and says that he cannot breathe if he lies down. Cough hard, dry, and painful. Prescribed Aconite 2d every two hours until the following day, when this was alternated with Bell. 3d, until my visit to him on the 21st. At this time he is expectorating a thick, tough mucus, somewhat rusty in character. The entire left lung is hepatized and crepitus more marked. Other conditions much the same as on previous visit. No desire for food, bowels have moved naturally. Urine high colored and scanty. Patient much depressed physically and mentally.

Continued Aconite in alternation with Bry. 3rd. Mr. F. living nine miles in the country did not see him again until the 24th, as in the intervals of visits would get reports of his condition. 24th. At this date the expectoration is more free, some blood, and it is with great difficulty owing to its tenacity

and his exhausted condition that he raises it. After each successive effort to expectorate the patient falls asleep for a few minutes. No respiratory murmur in the left lung. Has bronchophony. Pulse 98. Temperature 103. Lips dry. Thirst continues. Bry. 6th, Phos. 12th

27th. Patient is not as restless. Complains of some pain at lower part of the sternum. Pain on coughing not as severe. Expectorates easier, mucus having the same appearance. No resonance. Has taken a little more nourishment. Urine more natural color but less than normal quantity. Can now assume nearer the horizontal posture. Pulse is 96. Temperature 103. Continued Bry. 6th and Phos. 12th at longer intervals.

March 2nd. He appears stronger and coughs less frequently. Sputa still contains blood. Pain diminished. Slept several hours last night, in short naps. Lips not as dry. Auscultation reveals conditions about the same, except bronchophony which is less. *Prescribed Ant. tart. 3rd, and Phos. 12th. Pulse 92. Temp. 102 3-5.*

On seeing him March 5th he says, "Doctor, I feel better to-day." Is sleeping better now and takes considerable food. Bowels continue regular. Expectorations more clear and cough less. Bronchophony slight. Pulse 90. Temperature 101 2-5. Continued Ant. tart. 3d, and Phos. 12th every four hours in alternation. As I hear that he is improving gradually, I deferred my visit to the 9th, when I find him bolstered up in bed, taking with much relish, oyster soup. Slight resonance and less tenderness. Rales mostly disappeared. Expectorations colorless and much less. Respiratory murmur more clear. Bowels regular, and urine nearly normal in appearance. Gaining in strength and appetite. Sleeps better. Pulse is 84. Temperature 100 4-5. Sulphur 3rd and Phos. 12th.

On 13th there is constant improvement in all respects. Pulse 80. Temperature 99. Gave Sulphur 6th and Phos. 12, each twice a day alternately.

I have heard from Mr. F. from time to time and at this writing he is in better health than for twenty-five years.

## CLINICAL GLEANINGS.

J. K. Murray, *Brit. Med. Journal*, asserts that injections of Carbolic acid, in hydrocele has succeeded where Iodine failed. He used two drams of pure acid.

The application of the Galvanic cautery to diphtheritic patches is becoming popular.

Late child bearing: father seventy-one; mother sixty-five, a fine healthy boy.

Iodoform and vaseline ointment is extolled as an application in small-pox.

It is claimed by Dr. M. Naudin, that a drug has been discovered which is an infallible cure for consumption. This is the plant *Mutisia vicæfolia*, which is indigenous in Bolivia. It has long been used by the natives in the treatment of all forms of respiratory diseases, and was probably employed by the Incas themselves. Dr. Sacc has sent the seeds to France where they have been planted in Le Jardin des Plantes and also some of the fluid extract to several European hospitals, so that we may expect a more accurate knowledge of the drug in the near future.

The *Am. Lancet* says that just now one of the fashions is the castration of women. This is done for a great variety of reasons. Castration of men for the relief of similar conditions has not yet come into fashion. But when women become more powerful in the profession, we shall expect that women physicians will introduce the fashion of castrating men for the relief of the numerous ills the male sex suffers from. Particularly the old bachelors should be attended to. Testicles are of no use to such persons. To be rid of them will remove temptation to incur disease and suffering. The amount of suffering and the frequency of death from diseases induced by the presence of testicles is simply incalculable. As a fact, however,

men hang on to their testicles like grim death, while women are easily persuaded to give up their ovaries to the surgeon's knife.

COLLIN, a French veterinarian, in a recent paper on animal obstetrics, cites the following facts, which may be of interest to medical men: "The period of gestation for individuals of the same species varies, but it is found that the duration of pregnancy is the same in the different gestations of the same animal. These facts are well known to stock-raisers, and they can estimate exactly the time of delivery in their mares and cows, excepting in the cases of primiparæ. The duration of pregnancy is shorter for female fœtuses than for male."

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## SWEDISH MOVEMENT CURE AND ITS RELATION TO THE MEDICAL PROFESSION.

BY H. SPARRE, M. D., MILWAUKEE, WIS.

Read before the Wisconsin State Homœopathic Medical Society.

The purpose of this paper is to show that Swedish Movement cure is a profession founded upon scientific principles and instead of being a competitor of the medical profession is a valuable auxillary. Only independent in a few isolated cases which have been found by experience to be beyond reach of medical treatment.

Massage, which of late has been prominently before the profession, consists of four movements and even when combined with a few others cannot in any sense be compared with Swedish movement cure with its thousands of different systematic movements. This treatment has nothing more in common with massage, rubbing, or magnetic treatment, than with Turkish baths or the faith cure.

A physical diagnosis reveals the requirements of each individual case, and the treatment given must be guided by the diagnosis, and as every movement has its distinct effect, dif-

fering in diverse circumstances and in combination with different movements, the right combination is imperative in order to obtain desired results, and no other combination of movements can effect it. This, and a careful watching of effects produced, so as to change the treatment wholly or partially, when a certain stage has been reached, is as vital to the success of Swedish movement cure as the choosing of the proper remedy in medical treatment. Consequently one combination of movements proven effectual in one case, seldom can be used in another.

It is combined with medical treatment essential to understand effects of remedies prescribed and effects desired from them to work harmoniously and not in opposition to the medical treatment.

Swedish movement cure, through equalizing the circulation and by direct assistance, has the power of increasing digestion and assimilation, thereby enriching the blood and by normalizing the action of the liver, kidneys, bowels and capillary circulation purifying the blood.

The distinct difference between Swedish movement cure and exercise apparent, in the latter, the waste of force is great, and in debilitated conditions often greater than the returns, while in the former the waste of force is brought to a minimum, and patients receive the return not from their own exertions but from those of the operator. We can localize the effects of movements so as to strengthen individual muscles, independent of their antagonists, and when need be, reduce the strength of the latter, consequently restoring the normal equilibrium between the two. Therefore its value as an aid to the medical profession is evident in the treatment of a class of diseases; *i. e.* constipation, anæmia, nervous and functional dyspepsia, nervous debility, consequences of mental over exertion, sleeplessness, irregular menses, infantile paralysis, congestion and spinal curvatures.

I would refer to the case of J. W. McG., of Chicago.



At the age of sixteen years, brought to my office by his father in 1875, with a scoliosis of five years standing. Upon examination the spinal processes of the third, fourth and fifth dorsal vertebræ were  $2\frac{1}{2}$  inches to the right of the middle line, and close to the vertebral border of the right scapula. The spine crossed the middle line at the ninth dorsal vertebra, and made a considerable curve to the left in the lumbar region, extending as far down as the cartilage, between the fifth lumbar and first sacral vertebra. His chest was twisted to the right, so as to bring the ensiform appendix of the sternum fully an inch to the right of its natural place. The third, fourth, fifth and sixth ribs were bent outwards, and projected over the seventh rib so much as to cover two fingers placed on the seventh rib at its intersection with the cartilage. His general health including appetite and digestion, were splendid. Ten weeks treatment at my office, of  $1\frac{1}{2}$  hours duration every day, raised him in sitting posture  $3\frac{1}{2}$  inches, his spinal column was then straight. His chest had assumed its normal shape, and the sternum its proper position. He was then put under fifteen minutes treatment daily, with carefully directed active-arm movements in connection with weights, commencing by using weights of one pound on each side, and gradually increasing to three pounds. After six months treatment in this manner I pronounced him cured. His physician—Dr. DeL. M—entertained some fears of a relapse, but as the patient now is twenty-six years of age, measuring six feet two inches in his stockings and straight as an arrow, with nothing left to show the former curvature. I think he may safely be pronounced cured.

Mr. F— a prominent railroad man, now fifty-one years of age, consulted me this spring. He suffered from insomnia, annexed with violent headaches and constipation resulting from mental overexertion, and which medicine had not relieved. He declared he had not slept over three hours out of twenty-four, for over one year. After one daily treatment

for six days his sleep gradually increased to five hours, and at the expiration of two weeks daily treatment he was greatly relieved of constipation, and had been afflicted with only one headache of about two hours duration, sleep  $5\frac{1}{2}$  hours. Milk which previously caused sick headache was easily digested. Two weeks extra treatment has increased his sleep to six hours, bowels nearly regulated, headache something of the past, and food to please the palate partaken of without injurious results. He is still under treatment.

Mrs. K—, wife of a prominent dentist of Milwaukee, had suffered with rheumatism about a year, when her physician sent her to me. The disease had settled into a large painful swelling of the right knee with evident effusion, which had not yielded to medicine. She could not walk on the leg or straighten it. After thirty daily treatments the swelling and hardening was absorbed and she could straighten the leg, walk up and down stairs, also exercise as previous to her illness. Five months have passed since the treatment was finished without a relapse.

Miss S. of Lu Verne, Minn., aged fourteen years, was sent to me by Dr. O. W. Carlson, of Milwaukee, with a curvature. Examination by Dr. C. and myself revealed scoliosis and lordosis of seven years standing. The spinous processes of the 3rd, 4th and 5th dorsal vertebrae were one and a half inches to the right of the middle line. The ribs of that side with the scapula were consequently pushed back considerably. The lumbar vertebrae making the corresponding curve to the left were also affected so the upper portion of the body literally hung on the recti abdomini muscles. Her height was 4 feet  $9\frac{3}{4}$ -inches, weight eighty-three pounds. She suffered from indigestion and loss of appetite. Her menses were irregular, occurring every two or three weeks. She had been treated at home with plaster jackets for nine months, which exhausted her so much as to compel a stop of the treatment. She was later brought to New York, and consulted Dr. Sage,

but having tried the plaster jacket treatment, she preferred to be put under treatment of Dr. Catch, who uses braces. The result of five months' treatment was only a loss of thirteen pounds in weight. After twenty-two weeks daily treatment (excepting Sundays), her condition now is as follows: The spinous processes are in no place over  $\frac{1}{2}$  inch from the median line, the lordosis is cured. Height 4 feet 11 $\frac{1}{4}$  inches, weight 102 pounds, appetite good, blood rich, menses regular the last four months. In the same proportion her spine is raised, her chest is nearing normal shape.

Activity is necessary for every muscle to keep up its tone, and inactivity relaxes them, and continued for a length of time will result in atrophy. Plaster jackets force all the muscles of the inclosed part into inactivity, and weakens them all, but not in the same proportion. The circulation and tone of the stronger muscles were better than in the weaker ones, previous to the application of the jacket, and they were in better shape to withstand the relaxing influence of forced inactivity than the weaker ones, and will come out of the treatment with less loss comparatively than the weaker, so that when the jacket is removed the difference in strength of the two sides will be found increased instead of decreased as was the object. The brace undertakes the functions of *the weaker* muscles, and compels them to complete inactivity, at the same time forcing the stronger ones to constant activity, and the result is more disastrous to the patient than the plaster jackets. The cause of these results are to be found in the following simple facts:

The spinal column *cannot be treated* as one piece of bone, and any treatment of spinal curvatures short of the ability to independently and alone strengthen the weaker muscles will fail, because that is the only right principle to work on, the greatness or fame of the doctor who treats curvatures with plaster jackets or braces cannot alter the results, but only increase the number of failures. Swedish movement

cure undertakes the functions of the stronger muscles, and compels them to complete inactivity, while at the same time it exercises the weaker ones independently, and if necessary weakens the stronger muscles without effecting the weaker. Continued long enough it cannot fail to re-establish the normal equilibrium between the two. This is unquestionably the only right principle, and that combined with the ability of Swedish movement cure to increase the power of digestion and assimilation, and equalize the circulation, are the only causes for the astonishing good results of its employment in such cases.

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## PROPHYLAXIS OF PUERPERAL CONVULSIONS.

BY O. W. CARLSON, M. D., MILWAUKEE, WIS.

Read before the Wisconsin State Homœopathic Medical Association.

In gravity this lesion heads the list of puerperal affections. It destroys more lives than hæmorrhages, in proportion to frequency, and they are not uncommon if we accept the accumulated statistics. They occur more frequently in primiparæ than multiparæ. It is stated that out of ten cases eight are primiparæ. In my opinion, this percentage is too large. Churchill in a table of the practice of the principal obstetricians of Great Britian, gives a total of 45180 cases of labor with 92 cases of convulsions.

In France, as stated by Cazaux, from statistics furnished by several accoucheurs, it seems that they have there about one case of convulsions in every 200.

In Dublin at the Rotunda hospital during thirty-eight years, out of 51000 cases of labor, there were 138 cases of eclampsia, or one in every 365.

In Vienna, Braun states that out of 24000 labors there were 44 cases of eclampsia, or one in 545.

The prophylaxis may be considered as either etiological

(prophylactic to the cause) or therapeutical—prophylactic as far as the eclampsia is concerned, but therapeutical as far as the cause is concerned, and this brings us to the question of etiology. Cazaux says of the premonitory symptoms the advent of puerperal eclampsia is seldom sudden. The more common occurrence, is for it to be preceded by phenomena which predict the actual invasion. Chassieux thought the same, and that in cases where the observer did not mention them, they were of too short duration and therefore unknown and unperceived, but this opinion seems too empirical for the premonitory symptoms are sometimes absent.

In earlier times the eclampsia of pregnant women, like that of children, was considered to be due to epilepsy, and that epilepsy was due to pregnancy, worms, teething, etc.

There is still in use, the term, eclampsia, as referring to infantile convulsions, but we prefix the term puerperal, when the convulsions of pregnancy are referred to.

Wagner, on page 37 of his "Manual of General Pathology" says: What we know about casual conditions of internal diseases, is not for the most part about causes, in the strict logical sense of the word, about sufficient causes, which of themselves must, under all conditions, produce a definite result, but is about complex conditions under whose influence with more or less frequency certain diseases appear.

From a rightly conceived etiology, flows in a natural way, the prophylaxis of disease.

In 1843, Dr. Lever, (in Guy's hospital report) first traced the connection between the epilepsy known to accoucheurs and albumen in the urine. Lever says: "I have carefully examined the urine in every case of puerperal convulsions that have come under my notice, both in the lying-in charity of Guy's hospital, and in private practice, and every case but one, the urine has been found albuminous, at the time of the convulsions. Whether the albuminuria be due to an active inflammation or a chronic congestion, it is not necessary to in-

quire, it is pretty well determined that puerperal convulsions are due to uræmic poisoning, the prevention of which is therefore the etiological prophylaxis."

Frankenhauser's discovery of a direct communication by means of the sympathetic system between the ganglia of the kidneys and the nerve filaments of the uterus, has been looked upon by some as an explanation of the cause. I had hoped that Pastuer or Koch, or some other renowned deliver in parasitical realms would have discovered the bacillus puerperalis, or specific germ that may be at the bottom of these convulsions, and that by exterminating him with the DeClat or some other antiseptic solution, we would have a never failing prophylaxis, but alas science is not yet perfect. In my opinion there can be no specific remedy. The diet, clothing, hygiene and mental surroundings must be of the most advantageous character. Exercise is an important factor. Fresh air is the best tonic, and nature's disinfectant.

Since the kidneys share in the labor they perform with the skin, the bowels, and the lungs, the functions of these others must be gently stimulated, to relieve as far as possible the kidneys in their arduous labors.

Constipation must be avoided, torpidity of the liver corrected. Equalization of the circulation invoked by exercise, friction and remedies if necessary, a weekly examination of the urine may be considered a prophylactic measure.

In spite of these etiological prophylactic measures, albumen makes its appearance in the urine. Edema of the extremities and genitals, and other symptoms of uremic disturbance show themselves. We are brought face to face with the prophylaxis of puerperal convulsions.

The question will at once arise, how far will the patient be permitted to go with these symptoms present, before imminent danger of convulsions exists. What measures can we use to remove the cause which we have failed to prevent. What remedies can we give to prevent the renal condition

from producing sufficient harm to cause convulsions if not more dangerous results.

From statistics of Mayer and Leitzman and from his own examination, R. Moricke finds that while albuminuria during pregnancy is rare—some 4-71 per cent.—during labor, it is frequently 40-43 per cent.

A small amount of albumen in the urine is common and is often followed by no unpleasant results.

A bandage wrung out of a hot saturated solution of salutaris applied to the kidneys and encircling the body is often useful in overcoming congestion of the kidneys with œdema and slight albuminuria.

Dr. S. G. Thomas says: In cases when the amount of urine is small, when it is rendered more than half solid by Nitric acid, when there is sterterous breathing at night and marked œdema, I believe nothing except premature delivery will, as a rule, prevent puerperal convulsions.

Dr. Fordyce Barker stated as his belief, that where there were symptoms that severely threaten the life of the mother or child, premature delivery should be induced.

As to the feasibility and method of accomplishing premature delivery in a case where all other means have failed to improve a condition when convulsions are plainly imminent, it may be said that no os or cervix will resist proper and persistent efforts at dilatation with the means now at our command. In the sense of its being possible to accomplish sufficient dilatation for delivery, the time to use it as a prophylactic of convulsions must depend on the character of the individual case. Every effort should be made to save a living and viable child. The only danger to the mother that we should consider is the danger of exciting convulsions by reflex irritation in the manipulation necessary to produce premature expulsion of the child.

Now, having done all in our power to prevent the outbreak of convulsions, and yet they have occurred, what shall we do?

We will imagine four conditions:

I. Convulsions occurring before the seventh month, without any premonitory symptoms.

II. Convulsions occurring after the seventh month, without premonitory symptoms, or only slight albuminuria in a patient in whom labor has not been induced or any attempt made.

III. Convulsions occurring after the seventh month with severe premonitory symptoms in a patient in whom labor has been induced and successfully accomplished without injury to mother, but which has failed to prevent the occurrence of convulsions.

IV. Convulsions occurring as in last patient before the attempt was made to induce labor and persisting afterwards.

Condition I.

These cases are rare, and the question of inducing labor would depend wholly on the duration of pregnancy, and how much the pressure of the gravid uterus was an exciting cause in the uræmia.

For the convulsive seizure Chloroform is probably the best remedy. Opium is contra-indicated.

Baehr in his Science of Therapeutics, p. 166, says: No remedy responds to this disorder as completely as Belladonna. She has the appearance of being stunned. A semi-consciousness and loss of speech. Convulsive movements in the limbs and muscles of the face. Paralysis of the right side of the tongue; dilated pupils; fixed or convulsive eyes; foam at the mouth; involuntary escape of urine and fæces, renewal of the fits at every pain; more or less tossing between the spasms. I have used this remedy in two cases hypodermically in the mother tincture with good results. In both cases the spasms occurred before and continued after delivery.

Gelsemium is indicated in attacks brought on by peripheral irritation, one of the premonitory symptoms being a large feeling in the head, the pulse being full but not hard.



Veratrum virid. is particularly indicated in light arterial tension. Dr. H. E. Firth, of Brooklyn, first called the attention of the profession some twenty years since to the use of Veratrum in puerperal convulsions. He administered it in one-half drachm doses every half to two hours. Dr. A. Fayeth, a Mississippi physician, in a paper read before that State Society, and published in its transactions recommended Veratrum highly, reporting two desperate cases cured by it.

#### Condition II.

Labor should be at once induced, Chloroform being used to control the convulsions, the after treatment being Chloral and Potassium bromide. Lieschman recommends Chloral for the seizure.

Cuprum met. is indicated where the convulsions are of a clonic nature, beginning in one part and spreading to others.

Milne recommends Colchicum and other diuretics. Inhalation of the Oil of Juniper will sometimes occasion good results.

Spongio piline steeped in spirits of Juniper and applied infusion of Digitalis, are also recommended.

#### Condition III.

About the same treatment as in preceding condition. Chloroform, Chloral, Colchicum, Digitalis, etc. Cocculus is indicated in convulsions following difficult labors.

Glonoine in unconsciousness; face bright red and puffed; full hard pulse; urine copious and albuminous. Helleborus in cases with scanty urine, floating dark specks or albuminous.

#### Condition IV.

After inducing labor, Chloroform, Chloral, Colchicum, Digitalis, etc.

From the January number of *The Physician's and Surgeon's Investigator*, page 31, I quote as follows: "Venesection is being more widely advocated every day in the treatment of puerperal eclampsia, the majority of advocates claim-

ing that they loose no case in which general blood-letting has been practiced." On page 15, March number, same journal, Dr. J. S. Smith says, "How these advocates can make any such claim truthfully is more than I can see, when the facts are that venesection was the treatment for half a century (more or less) with a mortality of one in three or four; now is there any reason why it should prove more successful at the present day."

In "Quain's Dictionary of Medicine," page 1289, we find the following: Venesection, which used to be the universal treatment is now rarely adopted. There are, however, cases in which it is undoubtedly called for, in women of plethoric habit with congested face and full pulse, showing much arterial tension it will probably be found of great benefit.

Compression of the carotids first recommended by Trossau in the convulsions of infants, has been successfully adopted by Dr. Playfair in puerperal convulsions.

Another remedy which has received very strong endorsement is Morphia  $\frac{1}{4}$  to  $\frac{1}{2}$  grain hypodermically. Dr. Goodson says: The hypodermic injection of Morphia which has been condemned by some on account of the renal condition, has nevertheless been frequently found most efficacious, notwithstanding a large amount of albuminuria being present, and it is well worthy of a more extended trial in prolonged cases.

Physostigma grs 1-14 of the solid extract or grs viij of the fluid extract hypodermically, proved successful in several cases in the hands of a Fort Wayne physician. Apocynum cannabinum by hypodermic injection of the fluid extract has been employed with excellent effect in true eclampsia by Dr. C. S. Fahnestock.

Dr. E. M. Hale in his "Diseases of Women," page 328, says: Where there is general dropsy, suppression of urine and constipation, I have obtained good results by mixing from two to four drops of Croton oil with a little butter, forcing it back upon the posterior part of the tongue, and by its use

causing a very profuse watery discharge from the bowels, thus relieving the brain, nervous system and kidneys. When the above condition is impending, and the danger of convulsions is imminent, the patient's life has been saved by the timely administration of one-eighth to one-tenth of a grain of extract of *Elaterium* causing in a few hours profuse diuresis. He also recommends *Jaborandi* tincture or what is better a few grains of the 1x trituration of its active principle. *Muriate of Pilocarpine* which causes profuse sweating and a flow of saliva so profuse that it has been known to amount to twenty ounces in a few hours. In another part of the same work, Dr. Hale says: If convulsions occur from evident uræmia or otherwise there are but few remedies which can control them. It is useless to waste time, says Prof. Hale, in selecting from the list given in our text books. He says of the thirty-five remedies mentioned by Guernsey only three are of any value, and that these have already been mentioned, viz: *Gelsemium*, *Veratrum vir.* and *Belladonna*.

In addition to the various means, your attention might be called to a few others that have also been used in this class of cases, such as leeches over the mastoid process, leeches to the spine, dry cupping over the spine, cold and hot effusions over the spine, ice about the head, sinapisms to the feet, etc.

Having now searched the leading authorities of both schools, and given you the substance of what is known as the nature of the disease, and having put before you the two main remedies and methods of dealing with this formidable lesion, it must be confessed that the source and nature prophylaxis and cure of puerperal convulsions affords, still a subject of much thought and study before we have discovered the specific remedies.

## HYSTERIA.

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

Read before the Wisconsin State Homœopathic Medical Association.

My object in selecting this somewhat hackneyed subject for discussion by the important Bureau of Gynæcology is manifold.

For many years, and after as careful observation as I have been able to give the subject, I am fully persuaded hysteria is a word the etymology of which is false and widely misleading. Hysteria is not a reflex neurosis necessarily, but a nervous affection multiple in character, dependent upon an imperfect development of nerve centers, in most cases of congenital origin. It is manifested in childhood before the menses are established, and in old women after the climateric. The disease is not confined to the female sex, not unfrequently being exhibited in the male both in childhood and adult life.

The notion that hysteria belongs alone to women or the female sex and is of a reflex character dependent upon irritation of the genital organs seems to have originated with hippocrates the so called "Father of Medicine". As his theory of disease was that the human body contained four humors namely, blood, phlegm, yellow bile and black bile, an undue preponderance of, and one these humors was the cause of diseased conditions. I have failed to ascertain which of these in excess causes this most perplexing neurosis.

Standing as we do in the light of this age it seems to me this hippocrates error should be refuted. In the papers of my associates on this Bureau some of whom has had many years experience in medical practice I hope to gain much knowledge in regard to the treatment, and more particularly in regard to the prevention of these rapidly increasing class of cases.

How often is the physician confronted with the Opium habit incurred by the absurd practice of giving Morphia or

some form of Opium to quiet the irritable nerves of some victim of hysteria or hypochondria. We *need* a philosophy of just principles, a new organon for the proper education and subsequent treatment of the unfortunately organized men and women who with this predisposition and with wrong influences, and wrong education almost necessarily develop this neurosis. It has been aptly and truly said one constitution is a three leafed clover physical, intellectual and moral and all need to be cultivated. The man or woman who has learned to eat and drink well, walk and sleep well, has learned also to think strongly and well, if the moral nature is not dwarfed and infirm. Strength of will, strength of purpose, a determination to battle with weaknesses or sins until victory is won. A right estimate of life and its grand measure of these are the factors that should engage the mind of all men and women, and if success shall crown our efforts the physician must become the teacher and in lieu of drugs that can only further irritate nerve centres cultivate and encourage attributes of moral character which shall prove "a savor of life unto life." In looking over my note book for clinical record I find many failures and in recalling cases I have treated the majority are only the reminders of discomfiture and defeat. But we need, do we not, to be startled from our self conceit and from half enlightened half blind beliefs. So failure must follow upon the heels of success in our attempts to arrive at an apprehension of these bodies we inhabit.

I have a record of one case that to me became an interesting study and from which I learned some new things in regard to hysteria. On the 20th, of March 1875 a gentleman called and asked me to see his wife professionally as soon as possible, remarking at the time that his wife was suffering from an incurable disease of the heart and knew all I could do might be to afford some present relief.

I found a lady of 30 years of age, mother of one child, a sanguine humorous temperament suffering with palpitation, ir-

regular pulse dyspnoea, the pulse unequal compressable, some pain in left side and she had the appearance to me at the time to be suffering with valvular disease but she had not the cachexia, of chronic cardiac disease and this fact impressed me at the outset of the case. My visits became frequent for at short intervals my patient had attacks lasting from 12 to 24 and sometimes 48 hours, there was always great distress from dyspnoea pain in chest beating carotids, etc. Auscultation showed a sharp metallic sound, the pulse was rapid sometimes extremely so. The attack would usually come on with dizziness with fainting, succeeded by flushing of the face alternating with a deathly pallor, she could not lie down on account of the aggravated dyspnoea. There was an exceedingly anxious expression of countenance but she would utter no word, and there was no apparent disposition to notice the movements of attendants, very little complaint of any kind. Indeed she seemed chary of words and would often place her hands to the base of the brain and to the side to indicate there was the seat of pain.

During the attack I think it would have been difficult for even a good diagnostician to have distinguished the symptoms from organic cardiac disease. After many weeks and some months, upon seeing my patient soon after the seizures, I found the heart action so normal I began to think the case functional. I kept my opinion however to myself for I knew great wisdom had been counseled and I had learned the lady also had decided opinions on the subject so I waited and observed. I found a faulty diet was often indulged, that alcoholic stimulants not unfrequently resorted to, I learned of my patient's early life and history, I became deeply interested she was cultured well educated in one direction, but it was an education of the intellect only. She grew to keep to her room and much to her bed this I made an effort to break up but was confronted with the assertion that exercise always brought on the attack and the learned Dr's. before mentioned

insisted she should remain very quiet. Her room became the centre of much interest for she was beautiful in her invalidism dainty in dress and all of her appointments elegant. The meanwhile her poor patient husband unkind like a very slave to support his wife, fearing every night that he might find her dead or dying of heart disease. I held the case, but became fully satisfied as to its nature and *as fully* satisfied the woman was herself deceived, at last I became remiss in many attentions which was noticed and promptly resented, and I was asked to call in counsel which I did without hesitation; the paroxysm was on and the doctor pronounced it a grave case I suggested his calling in the morning or some hours later which he thought unimportant. His word for me was application of ice and the administration of Digitalis.

During the years that followed through the anxiety of friends, several consultations were called the spells became less frequent but more severe. I suspected some obscure perhaps slight uterine lesion but all examinations in that direction yielded negative results. I was perplexed but determined to hold the case and gain the entire confidence of my patient. It required tact and much perseverance to get her out of bed and induce her to take exercise in the open air every day. Her friends however saw the improvement and when the weather would not permit of out door exercise she was rubbed and kneaded one hour every day by a person who makes rubbing a specialty. There was a small gain still she had paroxysms without any apparent exciting cause and she said to me one day I will never leave my room again "I will never enter it again was my prompt rejoinder." She was startled and knew me well enough by that time to know what I said I meant. "Do you believe I am able to go about my house;" I know you are, was my firm answer, and if your husband is taken out of life, which he certainly will be before long, unless he is relieved from the strain of anxiety and over work: you could if you would do so earn your own living, *you could I say*

but you will to stay here on this bed, and *will is supreme*. I arose to go "I wish to speak further with you" she said with a voice tremulous with real, not feigned, emotion. I have no time for delay, said I, and left the house, jumped in my buggy and drove quickly away before she had time to send for me. I did not call until summoned; her first word was as I entered her room no longer a sick chamber but turned into a sewing room; "you say I am able to work and I have obtained a position in an office down town and am agoing to work," And within two weeks after that visit I called on her where she was employed in an office on Broadway and earned sixty dollars a month for over a year during which time I was called only twice to see her professionally,—she subsequently went to Dakota and made a fortunate location, for a fine and prosperous town has been platted on their land and I received a paper not long since from their town and my friend and patient was appointed Post-Mistress for the newly created P. O. and I trust her political views have not been of so pronounced an order as to cause her removal by Mr. Cleveland.

I now believe the predisposing cause of these attacks lay far back and were inherited from a nervous parentage the exciting cause wrong diet, strong tea, etc. Had this women been properly educated she would have developed strength of character and strength of will to have enabled her to resist the hurricane that so easily invaded the nerve centres and made her like an unresting feather before a mighty wind. She became possessed with the idea she had a serious heart disease, which her husband and friends also believed, and gradually she became a willing victim to a mere figment of the imagination. She became infatuated with invalidism too, her associations were not all healthful and life became weakened, deteriorated and cheapened in the character elements if it be not subject to severe selection. When persons are easily swayed susceptible to impressions it is only safe to be subjected to finer influences and strength giving currents. *Over possession*



some authors has truly said is the fatal endorsement of modern life; it is often the book we do not read, the individuals we do not meet, the medicines as well we do not take that does us the better service. Better education, physical, moral and intellectual, will fit men and women for the endowment of more strongly organized children, and the inhabitants of this fair earth will not be daily, nay hourly, reminded that the sins of the fathers are visited upon the children to the third and fourth generation, a sad and solemn truth in nature and revelation.

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## OTORRHCEA.

BY JOSEPH LEWIS M. D., MILWAUKEE, WIS.

### HISTORY.

Read before the Wisconsin State Homœopathic Medical Association.

Hippocrates—B. C. 400—considered internal inflammation of the ear and inflammation of the head, and described as a dangerous disease pains in the ear connected with high fever,—and advised the instillation of hot water with a sponge.

Galen—A. D. 200—objected to the practice of using of Opium for the relief of pain in the ear;—from which we may infer its more or less general use for that purpose at that period.

Aurelianus—advised the use of leeches, cups, poultices and mustard plasters.

Fallopian—A. D. 1523–1562,—taught, that a discharge of pus from the ear should not be interfered with. Otorrhœa of adults was said to be a discharge from the brain and to be treated by mild cleansing remedies and not by astringents.

Pare—1510–1590, employed a syringe for cleansing the ear.

Valsalva—A. D. 1700—showed that contrary to the pre-

viously accepted opinion, hearing was not lost, but only impaired, by the rupture of the membrana tympani. He gave the Valsalvian experiment as the best means of cleansing the ears.

Cleland—A. D. 1750—introduced a eustachian catheter through the nose.

Busson—1748—proposed to perforate the membrane for the removal of pus, and Astley Cooper, 1800, did do so successfully four times.

In 1833, Kramer introduced his ear speculum, which was followed by Wildes specula in 1843—and in 1862 Politzer introduced his ear bag, for the inflation of the middle ear.

During the present century the knowledge of the pathology and treatment of the diseases of the ear, has fully kept pace with the general advance in medical science.

#### IMPORTANCE.

The importance of perfect hearing to a child especially, can hardly be overestimated. It is supposed that up to the age of ten years the sense of hearing is of greater value to the individual than the sense of sight. After that sight becomes probably the more indispensable. The child with imperfect hearing becomes dull, depressed, melancholy, taciturn, forgetful, idle, lazy, and incapable of the proper use of the intellectual faculties."

All this applies to suppurations of the middle ear for they are a fruitful source of partial deafness at least.

They are "offensive, troublesome, dangerous as regards hearing, and even to life itself." Few persons, comparatively, who suffer from chronic suppuration live out their days. Insurance companies regard risks as unsafe on persons troubled with it.

It is believed that many reported deaths from convulsions, were really due to suppurative inflammation of the middle ear.

E. H. Clarke, Harvard University, remarks, "so necessary is a careful attention to the ear, during the course of an acute exanthemata that every physician who treats such a case without careful attention to the organ of hearing, must be denominated an unscrupulous practitioner.

In the infant the delicate walls of the middle ear; the liability to caries, and extension of the inflammation to the middle lobe of the brain, the danger of phlebitis and meningitis, make it important to recognize the disease early.

#### DIAGNOSIS.

In many cases acute inflammation of the ear is unrecognized by the family physician especially in the early stages.

The symptoms that indicate the disease are: fever, restlessness, pain worse at night. The little patient cannot be quieted. He rolls about in bed, tosses his head, buries it in the pillow. Carries one hand occasionally to the side of the head. Screaming or whining nearly all the time. If severe, the cries are piercing resembling meningitic cry; convulsions are not uncommon. Indeed in every case of convulsions the ear should be suspected. The ear may be filled with warm water which will usually moderate the suffering—and assist in locating the trouble. Pressure on the tragus increases the suffering.

The ear mirror in skilful hands may be useful, but in general practice, in acute cases it is not at hand, and in infants would be difficult to use.

In chronic or subacute cases we believe it to be more generally useful. In these cases (chronic) we may assume practically that in a given case if there be a discharge of pus from the ear that the tympanum is involved. We should be right in four out of five cases. Cases in which a chronic purulent discharge originates in the external auditory canal are comparatively rare—not over one in five. The ear may be syringed out with warm water and dried with cotton holder

when the speculum and otoscope may be used to make a careful diagnosis.

The membrane will be found perforated or absent. The Valsalvian experiment will cause whistling or bubbling noise. Cases in which the pus escapes through the eustachian tube are so rare that they may be left out of the account.

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## TREATMENT OF SUPPURATIVE INFLAMMATION OF THE MIDDLE EAR.

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

Read before the Wisconsin State Homœopathic Medical Association.

The Homœopathic treatment of this disease differs only from that of the dominant school, in the selection of remedies for internal administration; which I may add frequently enables the practitioners of our school to conduct obstinate cases of this disease to a successful termination, when otherwise they would continue to pour forth indefinitely the nauseous discharges so characteristic of this troublesome and disgusting affection.

No one knows but a sufferer therefrom, how much annoyance these filthy discharges give those who are so unfortunate as to contract this disease. The fetor attending the great majority of cases is simply intolerable, and wherever one goes the sensitive subject is constantly aware that his or her presence is exceedingly annoying to those with whom they come in contact, a knowledge of which, has in more than one instance been the factor which has led such patients to shorten their sufferings by committing suicide; I am pleased to note that the necessity for resorting to such extreme measures to rid one of an annoying disease is not so urgent now as in former years when diseases of the ear were not so well understood as at the present time.

When such afflicted ones sought medical advisers in

those days, they were informed that no attempts must be made to stop such discharges—that their ears were doing duty as sewers, or safety valves for the general system which for some unexplained reason, had become surcharged with filth, and to close these avenues of escape, would be deleterious in the extreme; such ideas evidently had their origin among those who were unable to successfully combat such cases, and in order to better shield their weaknesses, they impressed upon the minds of the unfortunate sufferers, that great and unforeseen dangers would soon follow if the discharges were checked.

It is needless for me to contradict such assertions, as all physicians of the present day, are aware of the desirability of relieving such patients from the annoyances and dangers incident to a continuation of the disease as soon as possible, and I may add that this is not always an easy thing to do, but generally appropriate treatment will result in a cure, or of such a modification of the disease as to make the condition of the patient more endurable.

I find however among the laity many who still cling to the whims and falsehoods of the past, and who persistently refuse to give their families the benefits of modern research in medical science; the children of such become burdened with a disease which not only virtually ostracises them from good society, but which is conducive to imbecility as well, without an effort made for their relief.

You have listened to papers from the other members of this bureau, on the pathology, etiology, and importance of this disease, and I will therefore attempt to outline the treatment only, which I have found appropriate in these cases.

The first step in the successful treatment of purulent inflammation of the ear, is to insure thorough and regular cleansing of the tympanic cavity from the purulent discharge.

This was formerly done by the aid of tepid water, and the syringe, which method is now almost universally superseded by pledgets of cotton; by the aid of the mirror, the cavity can

be cleansed quite as well, and the profuse discharge which usually follows soon after the syringe is used is prevented.

The local remedies which have been used by the majority of physicians in the past consist almost entirely of astringents of varying strengths; of these the Nitrate of Silver has perhaps been more frequently employed than any other, some surgeons preferring the weaker solutions, while others of equal experience frequently use the stronger solutions.

Sulphate of Copper, Sugar of Lead, Sulphate of Zinc and a multitude of others have their advocates, and not infrequently all of these, have been brought into requisition in their order without producing desirable results.

Quite recently the dry or antiseptic treatment by the insufflation of dry powders, has deservedly become quite popular in the treatment of these cases, more cures resulting from this mild and harmless treatment, than when the liquid astringents or medicines of a more active character are employed.

Since the dry treatment became fashionable, various kinds of powders have been used in the external ear, for the purpose of absorbing the discharge and destroying the odor, that usually accompanies these cases, and they have been used in a variety of ways, from blowing the same through a quill or glass tube to thoroughly packing the powder into the cavity of the external ear, by means of a probe or lead pencil.

The powders most in use at the present time for this purpose, are Pulv. Alum, Iodoform, Sugar of Lead, Calomel, and Boracic acid.

Each of these have their special uses and advantages, some practitioners preferring to use them singly, or alone, and others in combination. The dry treatment is applicable only to those cases which are free from granulations, polypi, etc., which condition I believe is best treated by solutions, and one of the best of which is 95 per cent. Alcohol holding in solution Boracic acid. It destroys the feter and causes the granulations to shrink and disappear in a short time.

Large polypoid growths must be removed by the snare, and the remaining pedicle cauterized with Nitric or Chromic acid, which I need not say must be used with care, to insure good results.

Instillations of Alcohol either pure or in combination with other remedies should be used two or three times daily, till the granulations have disappeared, when the dry treatment may be substituted, either by frequent insufflation, or by packing the external ear.

No harm has followed the use of these agents when carefully used, but the use of more powerful remedies as substitutes are not to be recommended.

In cleansing an ear, preparatory to using the dry powder dressing, the Politzer air bag should be used to force as much of the discharge as possible into the external ear, the discharge should also be exhausted from the canal, the dressings being much more efficient after the cavity has been thoroughly cleansed.

In some cases better results are obtained, by cleansing the external ear, with tepid alkaline water, and forcing a portion of the solution through the eustachian tube, by pressing the syringe well into the external ear, and forcibly injecting the solution; it is not always easy to accomplish this result, but when possible insures a more thorough cleansing of the ear and eustachian tube.

When cases of purulent inflammation are seen by the physician in their first or acute stages, I believe it is possible in nearly every case, to conduct them to a favorable termination, but I am sorry to say that the major part of the cases which are seen by the specialist have been imperfectly treated from the beginning, or what is nearly as bad, neglected by having had no treatment at all.

When the physician is called to a case of acute inflammation of the middle ear, it is his duty to carefully examine the drumhead, and if it is not possible to prevent suppuration, it

is his duty, and for the neglect of which he should be held responsible, to incise the drumhead, at such a portion of its surface, as will allow the discharge to escape from the tympanum without permanent injury to the membrane; to allow the discharge to accumulate in the tympanic cavity, in such quantities as to force an opening through the substance of the drum membrane means in a large proportion of cases, a large perforation, and in many instances a loss of one or more of the ossicles attached to it; this being the case, the injury done can never be repaired the hearing power being greatly impaired thereafter, and the middle ear deprived of its natural protection from cold, dust, etc.

The careful and conscientious physician, will watch such cases, and when he discovers bulging of the drumhead he will incise the same in such a way that the discharge will be evacuated at that portion of its surface where it will do the least injury, and the opening will be no larger than is necessary for a discharge of the accumulated pus; this usually heals as soon as the discharge ceases, with little or no trouble, and only an opacity will remain which will be so slight, that the hearing will not be perceptibly impaired thereby.

If during an attack of suppurative inflammation of the middle ear, the patient should contract a cold, or receive an injury about the head, or if the astringent applications used to check the discharge have been too strong, several complications are likely to occur; the discharge which has been present may cease entirely, or become lessened in quantity, and a dull aching pain, deep in the ear or mastoid region become pronounced, while sharp intermitting pains shoot through the head, the skin behind the ear becoming red, swollen, and sensitive to the touch, while the patient suffers from unusual lassitude, chills, and fever, we may be quite certain the mastoid region is becoming implicated in the general inflammatory process.

If the patient receives appropriate treatment now, the



inflammatory process may be cut short, and these symptoms may gradually subside, and perfect recovery take place, but if neglected or badly treated, all the symptoms become aggravated, and a more dangerous condition presents itself; the swelling of the mastoid region increases, the skin assumes a condition not unlike that of erysipelas, while to the touch, the parts pit, on pressure, there being a true dropsical condition of the cellular tissue beneath; the pain now increases and is especially aggravated at night, the side of the head affected is hot and sensitive to the touch, while the auricle stands out boldly almost at a right angle to the head; this condition is attended by chills and fever, or profuse perspiration, and the patient suffers more or less from dizziness, nausea or vomiting.

The severe or serious forms of mastoid disease are only seen in adults, where the bony structures are compact, and do not easily give away.

These severe symptoms are due to the suppurative process going on in the mastoid cells, the discharge from which seeks an outlet through the bony tissue, failing in which by opening the compact tissue, by carious destruction of the bone, it may pass inward to the sinuses, and induce pyæmia, or by working backwards or upwards produce severe brain complications.

It is generally understood, by those skilled in aural diseases, that mastoid complications in a suppurative inflammation of the middle ear, are always attended by danger, and should be early recognized, and carefully treated to avert the dangers arising therefrom, and in these severe complications if the symptoms are not soon relieved, when seemingly a proper selection of remedies has been made, but the redness, pain, and inflammation continue to increase, no time should be lost in attempts to palliate the condition, but an anæsthetic, should be administered, and the tissues incised to the bone at once; the incision should be made from one-fourth to one-

half of an inch behind the auricle, and in a line with the sternocleido mastoid muscle, and extend from a point on a level with the upper attachments of the auricle, for from one-half to an inch or more in length.

This should be followed by poultices, and the administration of appropriate medicines, and in many instances the relief is prompt and permanent; if however the patient is well advanced in years, and the relief from the severity of the symptoms is not marked, the mastoid should be opened as well, and without delay; if the patient is young, and the bony tissues are less compact we may continue the poultices longer, with the expectation that relief will soon follow without trephining.

When it is deemed necessary to open the mastoid, it may be done in young subjects with a strong knife, but in those more advanced in years a small trephine will be necessary, and which I may add should be used with care. After a free opening has been made, the cavity should be washed out with tepid water injections, to which has been added a small quantity of Carbolic or Boracic acid. These injections should be made twice every twenty-four hours, the cavity being filled with lint in the meantime, and a poultice applied to the surface as before.

This procedure usually gives relief to the most aggravated cases, but occasionally one is found which nothing relieves; pyæmia, meningitis or abscess, may supervene and lead us to give an unfavorable prognosis.

Any one of these conditions are liable to occur with cases that commence as simple suppurative inflammation of the middle ear, and although they do not often occur, I am pleased to say, yet they *may* occur at any time, or to any one of us, perhaps with our next patient, we should therefore be prepared and ready to grapple with such cases boldly, and to use the scapel freely, if need be, to liberate the imprisoned products of exudation.

Burnett, who is an authority on this subject, says, "Men have been allowed to die with no better effort for their rescue than a poultice, bound over the bony cavities in which lay the cause of their dissolution."

The practice of putting anodyne drops or drugs in the external ear, to afford relief to the suffering attending suppurative inflammation of the ear, is a bad one, and should not be encouraged, as they are liable to irritate or aggravate the condition, besides obstructing the outward flow of pus, which should rather be encouraged than otherwise, during the first stages of the disease to prevent implication of the mastoid, or serious complications.

I was recently called in consultation by my friend, Dr. Martin, of our city, to see an elderly lady who had just come to him fresh from the hands of a man who calls himself an "Eye and Ear Occulist." On learning the history of the case, I found that she had passed through the acute stage, of an inflammation of the middle ear, and had called upon this man for treatment of the discharge and accompanying deafness; that after trying several remedies in the vain endeavor to stop the discharge, he as a last resort instilled toothache drops into the external ear, which were so strong as to almost blister the skin of the hand when dropped upon it.

Her condition became suddenly worse and so alarming that another physician was called, who kindly gave her a hypodermic injection of Morphine, to allay her extreme suffering, but which produced such distressing nausea and vomiting as to be nearly as bad to bear as the pain, for which it was given.

Such was her condition at the time I saw her, and I was impressed—after examining the toothache drops, and finding them composed mainly of Ether, Oil of Cloves, and Origanum—that an operation would be required to give vent to the suppressed discharge; but on cleansing the ear with a delicate probe and absorbent cotton (which was done with a good deal

of difficulty, as it was impossible to insert a small sized speculum, the swelling was so great), I used a large sized syringe closely pressed into the orifice of the external ear, as recommended by Dr. Winslow, and on exhausting the air therefrom, succeeded in drawing a small quantity of pus from the ear, and re-established the discharge, to the great relief of the patient who has been gradually improving from that time, but is exceedingly deaf, a condition which I have no doubt could have been averted had the case received good treatment from the first.

It is impossible to outline the remedies, which will be needed in successfully combating, this disease and its complications.

The general condition of the patient will largely determine the medicines appropriate for the local condition.

When there are no especial reasons for making other selections, the remedies most used by me, in these cases are in the order of their importance, Mer. iod. 3x, Kali iod. 2x; and Hepar sul. 3x; other remedies such as Calc. carb., Calc. phos., Silicea, China, etc., are frequently of value; and in mastoid complications Rhus tox., Ars., Nit. acid or Bell., may be indicated.

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## A CASE OF CATARRHAL FEVER.

BY E. W. CLARK, M. D., NEENAH, WIS.

Read before the Wisconsin State Homoeopathic Medical Association.

Early in January, 1881, I found Mr. P. V. L., Sr., a man nearly fifty years of age, of bilious nervous temperament, of active business habits, suffering from what appeared to be catarrhal fever. After three days of treatment he resumed business, seeming to be well.

Being called again to see him on the 27th, or 28th, of

the same month, he presented the following symptoms: Chilliness nearly all the time, neuralgic pains constantly changing location, and of considerable severity; anxious expression of countenance; easily agitated, mentally and physically soon wearied; loss of appetite, furred tongue, slight nausea, tenderness in the epigastrium; alvine evacuations on alternate days natural and healthy in character; muscular weakness, a walk from room to room being a day's work for him. All of these symptoms were attributed to nervous prostration, the result of over-work and chagrin at the loss of the friendship of a partner in business.

This condition of Mr. L., continued for about six weeks, when nature began to reassert herself, and in April he had so far recovered that he took a trip away.

Returned from the trip; he allowed himself to be exposed to a cold easterly wind for some hours, and on the seventh of May I was called to see him again.

His sickness at this time was acute rheumatism which rang the changes incident to that scourge. From joint to joint for nine long weeks, until in July he was accounted well.

He resumed business once more for a few days, but on the 20th, he summoned me for the third time, to alleviate his distress, occasioned by another attack of "rheumatic fever."

In a few days his pain located in the right hypochondriac region. At this time counsel was called, and it was the decision that Mr. L. was suffering from peri-hepatitis with rheumatism at its base. Salicylate soda in large doses, Aconite nap. 3x dilution and Bryonia same dilution, were persisted in faithfully. After eight or ten days there were decided remissions, suggesting intermittent fever of the quotidian type; while the tenderness increased in severity and extent, involving the entire right side from the upper margin of the liver to Poupert's ligament and from the umbilicus to the lumbar vertebræ.

Profuse perspiration lasting some eight hours in each twenty-four, preceded by chill and followed by heat, 101 to 102 degrees. Urine dark colored; pains of sharp lancinating character darted from the lumbar and sacral region, down the sciatic nerve and its branches above the knee, with pulse 98 to 120 per minute, determined us to present quinine in somewhat heroic doses, twelve two-grain pills in the first twenty-four hours; afterwards six two-grain pills of quinine each alternate day, until some thirty or more pills had been taken. The condition grew worse; steadily our enemy advanced all along the line.

To alleviate the pain a minute dose of Morphia, one-thirty-second to one-sixteenth of a grain, occasionally, but the sedative which was principally used was:

R. *Lactuca tinct.* ounce ss.

*Opii* deodorized, drachms j.

*Glycerine* drachms iij.

Misc.

Sig. 15 to 30 drops when needed.

Typhlitis had supervened. A sweet taste in patients mouth, a sweet odor to his breath, the chill, the sweat, the heat; all were so many indications of suppuration well established. Indeed, Dr. D., with whom consultation was held wrote on August 11th, "the symptoms mean abscess."

I may here mention an addition of symptoms of importance; scybala were being passed and that all means, except severe catharsis, were used to remove the constipation, even the unusual one of passing a rubber tube, as far along the colon as to the right or hepatic flexure, as attested by the length passed and the sensation of the patient; and through this giving enema of various composition once daily until all scybala had been washed away and natural feces were passed.

From this time our patient's condition grew worse until death came to his release.

About September 15th, notwithstanding the remedies

presented to promote absorption of pus, Merc. viv., Hepar sulph. and Iodine externally and poultices, fluctuation over the entire surface of the swelling, with a thinning of the integument near Poupart's ligament was plainly discernible. Six days later the thinning had so progressed that a slight incision through the skin permitted the escape of eleven pints of thin pus, laden with debris of tissue, food and feces. The patient did not sink perceptibly during or immediately after the evacuation of pus.

A sustaining treatment of nutritious food taken at regular intervals and kumiss as the only stimulants was adopted, with Carbo vegetabilis and Arsen. alb. principally as medicines. Under this treatment the soreness and pain abated, the bowels resumed their natural function, normal feces was passed in a sufficient quantity, but strength did not return, the vital forces did not rally and on October 5th, 1881, Mr. L., succumbed to the inevitable and passed to that "bourne whence no traveler returns."

Three points of interest are found in this case first the duration and variety of the sickness; the absence of shock incident to the evacuation of so large a quantity of pus and third the question of prime importance, would the early recognition and evacuation of the abscess afford any better chance for the recovery of our patient.

PROCEEDINGS OF THE SEMI-ANNUAL SESSION  
OF THE HOMŒOPATHIC MEDICAL SOCIETY  
OF THE STATE OF WISCONSIN, HELD  
AT MILWAUKEE, WISCONSIN.

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The president, Dr. H. E. Boardman, called the society to order and stated that the society had been called together to discuss "Diseases of the Meninges."

A paper by Dr. W. C. B. Jaynes, on "Simple Meningitis" after which Dr. Q. O. Sutherland read a paper on "Tubercular Meningitis" followed by papers by Dr. C. R. Muzzy on "Therapeutics of Meningitis," and Dr. R. K. Paine on "Tubercular Meningitis."

Dr. Ford endorsed the opinion of Dr. Muzzy that babes should not be allowed to nurse tuberculous or scrofulous mothers.

Dr. Olmsted stated that he uniformly gives a fatal prognosis when he was certain of the diagnosis of "Tubercular Meningitis."

Dr. Boardman also endorses the position taken by Dr. Muzzy in regard to feeding children when mothers are tuberculous; thinks he has in several instances saved the lives of children by such a course.

Dr. Sherman, agrees with Dr. Sutherland in giving an unfavorable prognosis when the diagnosis of tuberculous meningitis is fully established. Thinks Dr. Muzzy takes an ultra Hahnemannian view of Homœopathy in giving highly attenuated remedies at long intervals. Thinks if benefit is to be obtained in such cases, it must be done through the use of powerful drugs in sensible doses.

Dr. Carlson endorses the paper of Dr. Muzzy to a certain extent—believes in giving the mother remedies during gestation to prevent tuberculous disease in children. Hypophosphite of Lime and Ars. iod. are favorite remedies with him. Dr. Lewis mentioned a case in which good results followed the use of Calc. c. 200.

Dr. Schloemilch has noted benefit in tuberculous meningitis from Kali iod. 2. As a rule he uses low potencies.

Dr. Sherman would classify remedies; gives some for their antipathic effect. The remedies he would use Homœopathically are Bell., Stram. Hel-lebor., Arsen., Conium, Opium, and Nux. Acon. also may be Homœopathic, but would give it in large doses during the cold stage.

Antipathic remedies are Acon. and Gels. for 2nd stage. Ergot in large doses contracts the calibre of arteries. Brom. of Potas. lowers the tempera-



ture and lessens the amount of blood in the brain when given in doses of  $\frac{1}{2}$  to 1 grain to a child and 5 to 10 grains to an adult.

## EVENING SESSION.

Dr. O. W. Carlson read a paper upon "Pathology of Cerebro-Spinal Meningitis."

Dr. Storke said he had had but one case for several years. Had had three cases of urticaria recently that were accompanied by purpura and when the gastric symptoms were remedied they disappeared.

Dr. Boardman then presented a paper upon "Cerebro-Spinal Meningitis." He believes that bad air and poor ventilation are prolific causes.

Dr. Sherman thinks the disease is analagous to rheumatism in many respects.

Dr. Storke and Dr. Lewis do not quite see the analogue. Dr. Danforth thinks neither theory correct. Thinks the cause a kin to malaria—electrical disturbance being the probable cause.

Dr. Storke stated that in an epidemic of cerebro-spinal meningitis fifteen years ago *Veratrum vir.* proved very efficacious. Among the sequelæ were frequently noted spasmodic symptoms, blindness, deafness, etc.

Dr. Carlson thinks many causes combined are necessary to produce cerebro spinal meningitis.

The president then delivered an address which was listened to with marked attention.

E. W. BEEBE, Secy.

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## PRESIDENT'S ADDRESS.

BY H. E. BOARDMAN, M. D., MONROE, WIS.

Read before the Homœopathic Medical Society of the State of Wisconsin, at the semi-annual meeting in Milwaukee.

MEMBERS OF THE HOMŒOPATHIC MEDICAL SOCIETY: Convened once more in our semi-annual meeting, we may well rejoice, that, this second meeting of the year has become thoroughly established. It gives evidence that we did not begin to build without having first counted the cost. It demonstrates that we are a live, energetic and progressive organization. This meeting has been an exceedingly profitable one in each of the four years past. We trust that the present one will not be exceptional in this regard.

Some of our Society's most valuable records have been made at these semi-annual meetings. Yet, these are but the incomplete records of the papers and the discussions on the subjects considered, viz.: zymotic diseases, the germ theory, dietetics, and diseases of the respiratory organs.

It occurred to your president to choose either cholera, or else organic diseases of the brain and spinal cord and their meninges as a subject for the present meeting. The former subject is at the present time, and has been for the last two or three years, eliciting a great amount of renewed interest and discussion, and would be a good subject for us to discuss now. But, after having learned that the chairman of the bureau of clinical medicine, had chosen cholera, as its subject for his bureau to present in our next annual meeting, I concluded to take the other subject. Also, in order to insure more thorough work so far as we should go, and thus secure a more valuable addition to our increasingly valuable records, I determined to ask you to direct your attention chiefly to diseases of the meninges.

Just here, allow me to express my earnest desire and hope, that, you will all come to our next annual meeting fully prepared to aid in giving the subject chosen for the clinical bureau to present, a careful and thorough discussion. It will come up most opportunely, for it is not improbable that we may have considerable to do next summer in the work of battling with this fell destroyer, whose ravages have been so terrible among the people of Spain, during the last seven months.

We have before us in this meeting a subject of great importance, and one to which comparatively little attention has been given in any of the meetings of our society.

The brain of man is that part of his physical structure which seems to be in closest fellowship with his immaterial or spiritual nature. It is that part which, in its connection with the immaterial makes him the undisputed monarch of the animal kingdom—yes, more, which makes him, in a far grander sense than Alexander Selkirk ever imagined, the monarch of all he surveys. What is there that man does not seem destined to accomplish in these days, when invention follows invention, almost as ceaselessly if not quite so rapidly, as wave succeeds wave on the ever restless bosom of the old Atlantic. A glorious dominion, indeed, has been given to man. Many other animals besides man have brains, but no one has such a brain as his. The elephant's brain weighs far more than any human brain has ever weighed. But nine or ten pounds, is to the whole weight of the elephant, only as one is to five hundred, while man's brain as compared with his body is as one to thirty-six. But the difference in the quality of the human brain as compared with the quality of the brain of any other animal, is undoubtedly vastly greater than any actual or relative difference in size or weight. However, do not let any infer from this, that, any mere difference in quality, such as may be ascertained by the most subtle and searching microscopical or chemical, or electrical, or any other kind, or all kinds, of analysis, can ever account for the immeasurable difference between men and all other animals.

So far as mere weight is concerned, there are not a few birds which have brains proportionately larger than human brains. Even the familiar canary bird has a brain which, as related to its whole weight, is as one to twenty.

If we begin at the lowest stratum of the animal world and gradually ascend, we cannot fail to be profoundly impressed with the honor which the Creator has placed upon man. In the lowest orders of animal life, we can scarcely decide whether we are studying animals or vegetables, and for a long way up animals have no brains at all. The ganglia, even the cephalic ganglia, of the vast array of invertebrate animals, can not properly be considered as really homologous with the brains of the vertebrata; and, then, there is a long distance from the least endowed vertebrates to man, in whom we find the culmination of brain power. In fishes, taken as a whole, the proportion by weight of the brain to the whole body, is but little more than as one is to six thousand. But, as before remarked, quality is entitled to far more consideration than quantity in estimating the value and power of the brain.

But, that which far more interests us at the present time is the fact, that that power and that value, vast and grand as they are in the healthy human brain, are often suddenly dwarfed to almost microscopic proportions in the presence of disease, and soon vanish utterly, if the disease is not removed, leaving the brain inoperative and useless.

Every sensitive and conscientious physician must feel that his position is one of great delicacy and responsibility when he is called upon to face a disease of the meninges, or of the brain and spinal cord which are enclosed by the Meninges. Even in a post-mortem examination, as he has severed the cranium with his saw and his chisel and has cautiously cut through the dura-mater, the arachnoid, and the pia mater, to find what he knew to be only a lifeless encephalon, he has sometimes experienced a feeling of awe, on coming into the immediate presence of this once mighty engine or battery of thought and of will, whose cognitions and imaginings and aspirations, in their magnificent sweep, defied all the limitations of space and of time. What then must be his feeling of responsibility, when he is brought into the presence of a living brain, struggling with a disease which threatens to speedily annihilate its life and power, and is there charged with the duty of restoring it to health, and to the liberty of untrammelled activity?

Fellow laborers in the science and art of healing, we have here a field for earnest work. The subject before us calls for a careful consideration and discussion. It is not unfrequently that we are summoned by anxious friends to the bedside of a patient, whose sanity and whose life are trembling upon the verge of destruction, by reason of some meningeal disorder. And often, perhaps, we have a design to have at hand the counsel of the wisest and most successful of our professional confreres. Now, we are together, and we can and doubtless shall do much to help one another, to a better understanding of what can be done for patients of this class, whom we may hereafter be called upon to treat. Here we have a subject, which calls not only for close observation, but also for patient and philosophical thinking. Mind is set at work upon the study of itself, and of the organ through which it works. Here, if anywhere in the physical man, mind and

matter may be said to be blended. Patience and manual dexterity, with the aid of the microscope and other instruments and agents, will tell us all about the mere facts and phenomena of physical science, all about the construction and appearance of microbes, bacteria, cancer-cells, etc. But, it is one thing to observe facts and phenomena, and quite another thing to understand and apply the great laws of life, to which these phenomena are but a few of the indices, to arrange and classify, and generalize, and utilize these, till some grand practical result has been achieved. We should ever remember, that, practical results are what we are all in pursuit of.

It would be antecedently supposed, by an a priori process of reasoning, that, if the delicate membranes which envelop the brain and spinal cord, or if the brain itself, or the spinal cord, were seriously affected by inflammation or other disease, there would be a great variety of manifestations of disturbance all over the body, even in its remotest parts, and, that these would be conjoined with numerous mental disturbances, varied in intensity and exhibited by a variety of physical phenomena. All this we find to be true in our observation as practitioners. Now, we can see the physical phenomena, and through them it is our duty to read and understand, as much as may be possible of the mental condition or conditions, and then to apply the needed therapeutic agents, or means by which both the mental and physical abnormalities shall be removed. Can we read this book, which is far more difficult than our Latin and our Greek? When we have read it, can we at once apply the means which will be the most speedily and thoroughly effective in bringing about a genuine cure. If we can, then, indeed we are successful healers of those who are afflicted with meningeal, and brain and spinal diseases, and our work will honor us. We do not say that we shall invariably have the satisfaction of seeing these diseases followed by a restoration to health, but we certainly shall be obliged to witness far less of disastrous sequelæ and of fatality, than physicians before us have usually seen.

It has been already stated, for substance, that the disease which we are to discuss in this meeting, are the occasion in one way or another of serious disturbances in almost every other part of the human organism. Many times these disturbances so closely simulate diseases of these other parts or organs, that no one, except a skillful diagnostician is able to discover just where the seat of the disturbance really is. It is in discovering the real difficulty and in successfully applying the remedy under such circumstances, that, the skillful physician does some of his noblest work and wins some of his brightest laurels. For example, it makes a vast difference as to the management of a case, whether the disturbance of an organ is caused by some disease of that organ, or by some meningeal or brain or spinal disease. A correct diagnosis is most emphatically the corner-stone of success in these cases. But, the corner stone must be followed by the right kind of a superstructure. If one knows not how to build that, having the corner-stone is of no practical avail.

Suppose a case in which there are nausea and vomiting. Friends think

that some of the ingesta have caused the trouble. A perscription is called for and made, or, perhaps a physician is called in to see the patient, and he makes a too hasty diagnosis and perscribes. There is no relief. The trouble continues and increases in severity. Another physician, perhaps is now summoned. The friends still think the disease is in the stomach or bowels. This physician examines the patient very carefully, and also if need be, makes diligent inquiries till he has the whole history of the case mapped out in his mind.

He then confidently asserts, that there is no gastric disease, but that there is a meningeal disease, of which the gastric disturbance is simply one index. We will suppose that his judgment is correct. If now he knows just what to do in order to remove the real disease, and thus also to cause the gastric trouble to disappear, he will proceed to do a good work, indeed, and will also make a most favorable impression, upon the minds of all those who are cognizant of the case. Henceforth, his opinion among them will carry great weight with it. His services will be wanted again and often. But, it is not alone for a greater ingathering of shekels, or for an ephemeral reputation, or even an ephemeral usefulness, that the true physician seeks. He would have the good that he can do live after him, and not have it all "interred with his bones." He would project his influence as far as possible into that future which otherwise is beyond his reach, i. e. the future experience of his fellow-men, who are to live after him. He would do more than simply to remove a malady. He would if possible prevent its recurrence. He would if possible help people so to live as to preserve a vigorous, healthy brain, which will work without unnecessary friction or weariness; and sound, strong nerve centers, which will remain in so nearly constant equipoise as to be essentially undisturbed by any of the jars of life.

Mal-nutrition and consequent feebleness and an almost utter lack of endurance and efficiency, are wofully common among the young people of the present day. If the temperament prompts to activity, how frequently an attack of some brain, or spinal, or meningeal disease supervenes. Either death, or what is worse a confirmed and helpless invalidism, imbecility or insanity, often ensues. To prevent the frequent occurrence of these dire results, medical men should be constantly disseminating knowledge among the people, here a little and there a little, concerning proper modes of living. The educated physician is properly supposed to be in possession of this knowledge. Is he a lover of his country, and of his race. Is he a philanthropist in the best sense of the word, if he is not willing to impart it, and also seeking for opportunities to impart it? It is a very pleasant experience for a physician to have one after another, of his patrons saying to him "you taught me how to do this, or that, or how to avoid this or that, and the lesson has been of incalculable benefit to me; my health has been vastly improved by following your counsel." Such a reward is more to be prized than silver and gold, of which possibly the physician has a little less than he would have had if his counsel had been either withheld or unheeded.

We should do all we can to keep our young men, and young women, from injuring their health, and thus ruining their prospects for happy and successful lives. They will often give far greater heed to the words of a physician than they would to the words of a parent, or other teacher. They should be counseled to guard the preservation of health, as a priceless jewel. We should embrace every good opportunity for helping young fathers and mothers, and prospective fathers and mothers, to understand how to live so as to produce, as well as to rear healthy children. The multiplication of asylums for the idiotic, the insane, the deaf and dumb, and other classes of helpless specimens of humanity, is, indeed, a flattering testimonial to the civilization, and the christian philanthropy of the age, but it is, at the same time, a sad commentary upon the ignorance, the errors and the sins of modern life. So far as ignorance of the laws of health is the cause of this misery, it is a part of the duty of the true physician to help to remove it as fast as possible.

We should teach people how to feed their children, and how to feed themselves. This is a topic which was admirably treated in our president's address two years ago, at our third semi-annual meeting. Therefore I need not enlarge upon it here. But, I will say, it would be a grand achievement and an honor to us all, if by the advice and influence of this society, the plan there recommended could be carried into effect, and the State Board of Health could be brought to issue, for distribution to every mother, appropriate tracts on the subject of the proper feeding of children. In addition to this, I would just here remark, that there is also an imperative need of the publication for general distribution among the people, of tracts which shall give plain instructions concerning the necessity and the means for securing proper ventilation of dwellings and school-houses, and particularly of sleeping apartments in which the people spend an uninterrupted third part of every twenty-four hours. The relation of poor ventilation to cerebrospinal meningitis will be spoken of in an other paper, which I hope to present in this meeting. This subject of proper ventilation is a subject of vital importance in all its relations to health, and one concerning which it seems evident, that many of the people are still comparatively ignorant, and many others are careless and indifferent. There is great need of arousing a general interest in this subject.

Physicians should help the people to understand and to practice proper rules, with regard to clothing themselves and their children. In a climate where the thermometrical and the hydrometrical variations are so frequent and so sudden and extensive, this is a subject which calls almost as emphatically for attention, as does either of those to which allusion has been made. The errors with regard to clothing are many, and their consequences are often terribly disastrous, but I will not tax your patience by making any specifications here.

The evil effects of intoxicating beverages of all sorts, and of narcotics,

not only upon those who indulge their appetites for them, but also upon their progeny, the innocent children whom they are bringing into the world to suffer in consequence of their indulgence, should be set before his patrons by the physician, whenever a good opportunity is presented to him, is one which will enable him to do this work judiciously and with good effect. The necessity for such work is obvious, and every true physician will have some excellent opportunities for doing it, which it would be unphilanthropic for him to fail to improve.

Furthermore, there are many cases in which parents need cautioning against allowing their children to take violent and excessive exercise, against having them kept too long in cramped and uncomfortable positions, either at school or home, against allowing their mental faculties to be stimulated and taxed far to much for, or in advance of, their age and the growth of their bodies, and their powers of endurance. Some parents also need cautioning against allowing their young sons and daughters, who are just on the verge of puberty to become deeply absorbed in such violent and stimulating social pleasures and excitement, as will induce a premature manhood and womanhood, and fasten upon them life-long disabilities both physical and mental which might easily have been avoided.

We are all aware that much has been written on all of the topics which have here been referred to, and that much good has resulted, but certainly a great deal remains to be done. I do not think, that fairly intelligent parents are nearly so often careless concerning some of these matters as they were twenty years ago. I do not think so many of them are induced by pride to cultivate precocity in these little children. But we are all often made sad by still seeing something of these evils. Each of us, without doubt, could make out a long list of serious brain and spinal troubles, which have arisen from ignorance and carelessness, and sometimes from willfulness, in allowing or practicing some of the errors to which reference has just been made.

Fellow physicians, our work is now before us, we have exceedingly interesting and important maladies to discuss in our present meeting. Not a year passes in which we do not all have patients afflicted with these diseases, whom we are very anxious to see restored to health. Moreover, I am sure that we all desire to prevent others from being attacked by these distressing maladies. What can we do to help one another to a better understanding of these diseases? Every disease holds out, as it were special and characteristic signals of distress. Where shall we look for the flags of distress in cases of this class? What is the appearance of these flags? How shall we recognize them. What do they mean? They are of more varied shapes and colors than are the flags displayed on the shipping from all parts of the world, in any great commercial harbor, and they are as puzzling to the minds of the uneducated. We should endeavor to understand all about them, everything that they signify. Furthermore, we want to know how to relieve the distress, and remove the diseases which have occasioned the display of these tokens.

What medicines shall we administer? Shall we make use of water? Shall it be hot, or shall it be cold? How shall it be applied, and when? Shall we use counter-irritants? If so, what and how? Shall we call electricity to our aid? If so, how shall we make use of it? What shall be given for the nourishment of our patients? These and many other similar questions, relating both to a cure and to a prophylaxis, we desire to have answered. We doubt not that you will answer them, and in accordance with the teachings, and the best and most modern application, of the most nearly complete and perfect system of therapeutics ever known.

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### STUDY OF THE MATERIA MEDICA.

BY J. D. CRAIG, M. D., CHICAGO.

#### I.

1. Severe and convulsive paroxysms of asthma.
2. Constriction of the chest, with shortness of breath and wheezing respiration: She was obliged to open the windows and gasp for air, with paleness of the face, scarcely perceptible pulse and apparent danger of suffocation.
3. Oppression of the chest, with shortness of breath, as if he was in a great dust, and could not breathe on account of it.
4. Cough which impedes even to suffocation.
5. Urgent dyspnoea with a sense of constriction across the chest, accompanied with violent and convulsive cough.

#### II.

1. Profuse fluent coryza, in the morning with much cough and expectoration
2. Violent irritation to sneeze, during the whole day, without having taken cold.
3. Irritation in the larynx, impelling him to cough, followed by pressure under the sternum.
4. Voice somewhat hoarse in the morning.
5. Profuse expectoration of mucus by voluntary hawking.
6. Deep inspiration is difficult even when sitting.
7. Pressive pain beneath the sternum, in the forenoon, with sticking here and there in the chest.

#### III.

1. Paroxysms of violent cough from time to time.
2. Gagging cough in the morning, after rising; renewed by inspiration after a long interval.
3. Hoarse gagging cough in shocks, renewed after long intervals.



4. After coughing a noise like a gurgling going down is heard; she is anxious, catches her breath and becomes very pale in the face.
5. In the morning mucus hangs in the larynx.

## IV.

1. Dyspnoea comes on in a violent degree attended with wheezing and great weight and anxiety about the præcordia.
2. Spasmodic asthma, with great constriction in the throat and chest, with which a peculiar kind of wheezing noise is heard.
3. Rattling noises in the air passages during respiration.
4. Cough caused by a constriction tickling sensation extending from the upper portion of the larynx, to the lower extremity of the bronchi.
5. Cough causing inclination to vomit with nausea.
6. Suffocative cough whereby the child becomes quite stiff and blue in the face.
7. Cough with expectoration of blood.

## V.

1. Hoarseness early in the morning.
2. Respiration slow, asthmatic; paroxysms early in the morning, especially in cold weather.
3. Respiratory murmur feeble; difficult, slow and deep, constant desire to take a deep breath, but unable to do so, there seems to be an impairment in the chest, with dry cough.
5. Suffocation, painful constriction of the chest as if the internal parts were grown together.
6. Cough worse about midnight and towards morning; from getting heated; from eating; from drinking cold fluids; talking, or walking in the open air.
7. Expectoration of a sweetish taste; sometimes with a little dark blood.
8. Passive congestion of the lungs, depending on a weakened dilated heart.

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### CASE FOR COUNSEL.

EDITORS OF INVESTIGATOR: I send you the following case for publication and counsel.

Mr. B., called October 14, 1886, with his little daughter, Belle, aged three years, and said she was choking to death on something. A mere look at the child, was enough to tell that she was having spasms, her breathing was hurried, circulation 104, temperature 102. The father said she was taken

very sudden just a few minutes before he started to my office with her. Pupils were dilated and hands and feet drawn to the body. I gave Bell. 1x and Gels. 8x, in alternation and told the father to take the child home and put it in bed.

Heard nothing more until the night of the 16th, when I was summoned in haste, messenger telling me that, that child had another hard fit. I hastened to the child's bed side and found the statement to be true.

The convulsion seemed to be similar to the first, but much more severe. Was frothing at the mouth; circulation weak irregular and averaging 104. Breathing hurried temperature  $104\frac{1}{2}$ , skin moist with cold sweat. Eyes insensible to light and everything looked as if disolution would soon take place. I gave Verat: alb. every thirty minutes, and remained two hours, when I noticed some improvement, skin warmer circulation more regular and 100.

I went home and returned next day, seventeenth at 9 A. M. and found the child partially conscious laying quiet with very light contraction of muscles pupils still dilated temperature 102, circulation 84, breathing more natural. I now gave Bell. 3x every hour. The 18th found her free from fever, and free from contractions of the muscles. But paralyzed on right side, would take nourishment when offered, and notice what was going on, but did not utter one distinct syllable. I now learned from her mother, that when ten months old she had a similar attack, but much lighter. This induced me to make a careful examination of the skull, and discovered a small enlargement, just above the auditory canal, and in connection with the squamo parietal suture. Looks as if it had been pushed from within outward, with the end of a man's thumb. From the above named date until November 16th, covering a period of two months, I treated her, with Bell. Bry., Calcarea carb., Calcarea phos., Sulphur, and Rhus tox; Sul., Bry., and Bell were used in the different potencies from the 30th down, and the remainder were used in the lower poten-

cies; at this time she could use her arm and leg some; but could not pick up anything nor walk, neither could she speak, her diet had been mostly vegetable; her digestion good, now sleeps well but a part of the time prior to the last named date was restless in the forepart of the night. We now concluded to have a recess and see what nature would do for the case. And now at this writing has gained almost perfect use of her right arm and limb, eats and sleeps well, understands everything that is said and can hum over some tunes; but the memory seems to be very short. Her parents fearing that she will never learn to talk, and gain perfect use of her limb and arm, have again brought her to me for treatment. What is the remedy, diagnosis, and prognosis? Let us hear from the readers of THE INVESTIGATOR all along the line.

MOORELAND, IND.

D. CLAPPER, M. D.

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### SIMPLE MENINGITIS.

BY W. C. B. JAYNES, M. D., BELOIT, WIS.

Read before the Wisconsin State Homœopathic Medical Association.

This is an inflammation of the meninges of the brain in which no tubercular complications are present. Involving as a rule the basilar portion of the brain and most often the pons varioli. Though this varies according to the cause which has produced the individual case. If of traumatic origin the seat of inflammation being near the location of traumatism. If an extension of inflammation in otitis media meningitis is near the middle ear, likewise with abscess, etc.

*Etiology.*—Active cerebral congestion. Retracted eruptions on the scalp in eruptive fevers. Heat, sunstroke; direct contact with the sun's rays; otitis media and caries of petrous portion of temporal bone. Dentition; acute pulmonary affections; concussions of the brain; syphilitic; may be epidemic.

*Prodromal Stage* varies in duration from two or three

to seven or eight, or even fifteen days, in which time the child "mopes" around, is ill-humored, complains at times of dizziness, again of headache; disposition varies; alimentary canal may be deranged in various ways at different times during this stage. If these symptoms be properly interpreted they are of great value in giving a diagnosis; but they are often obscure and mistaken widely, and diagnosis alike mis-given.

*Diagnosis.*—First diagnosed by its etiology from tubercular, which is scrofulous in its origin; state of health being previously good; absence of chest symptoms; suddenness of its onset. Headache intense and on both sides of the head; pupils contracted; intelligence clear at first, but child becomes furiously delirious later on; early and frequent vomiting; pulse full and rapid; fever high; convulsions which may be present early; contractions of flexor muscles of arms or legs. These diagnostic symptoms serve to differentiate it from many other diseases for which it might be mistaken.

Dr. Tanner gives the following symptoms as diagnostic of the vomiting:

**CEREBRAL VOMITING.**

Little or no nausea, and vomiting continues in spite of contents of stomach being emptied out.

No tenderness over liver and stomach; pressure borne without inconvenience.

Pulse hard.

Tongue clean.

Breath sweet.

Conjunctiva clean or injected.

Headache primary.

Generally obstinate constipation.

Stomach emptied without effort.

No salivation.

**GASTRIC OR HEPATIC VOMITING.**

Nausea, which is relieved at all events temporarily by the discharge of contents of stomach, but returns soon as food is taken.

Tenderness over liver and stomach; pressure induces inclination to retch.

Pulse weak.

Tongue furred.

Breath offensive.

Conjunctiva often yellowish.

Headache secondary as to time.

Gripping abdominal pains; diarrhœa and clay colored stools.

Retching and increased salivation.

*Treatment.*—To be successful this must be prompt and decisive. There being a strong determination of blood to the head the first point to be gained is to obviate this, which may be accomplished by use of applications of cold to the head and heat to the feet. Cold to the head may be applied by means of bladders or rubber bags filled with ice, making the quantity small enough so as to fit the bag to the shape of the head. Heat to the feet by means of heated bricks, cloths, irons or bottles of hot water.

Anything to disturb or irritate the patient should be strictly guarded against.

Where photophobia be present see that the apartment is kept dark, and in all cases see that ventilation is carefully attended to. Conditions of stomach and bowels should receive especial attention.

Diet must be guarded, giving nothing which shall disagree with the stomach either by overloading or overtaxing it. Liquid foods given in small quantities and at short intervals, such as, broths, beef teas, milk preparations and gruels are best. Avoid stimulants, as these derange the stomach and by sympathy the brain.

Homœopathic remedies, administered as symptoms indicate, have a wonderful effect over this class of cases, as compared with the Leeches, Bromides and Iodides employed by our Allopathic brethren, and assist in making the prognosis as a rule favorable.

If the case be of traumatic origin Arnica and Aconite will be our sheet anchor remedies. If syphilitic complications be present Merc. in some one of its forms will be indicated. Bell., Hyos., Ignat. or Nux as brain symptoms develop will be chief among the indicated remedies. In convalescent cases great care should be taken that the patient, especially if a child, do not over-exert itself, thereby producing a relapse.

**TUBERCULAR MENINGITIS.**

BY R. K. PAINE, M. D., MANITOWOC, WIS.

Read before the Wisconsin State Homœopathic Medical Association.

Tubercular meningitis is not an infrequent disease, of childhood, and one of the surest to prove fatal. Most writers on this subject declaring that when positive signs of the disease, are determined the prognosis is certainly fatal. But there are undoubtedly exceptions to this rule, as men of acknowledged ability and great experience claims to have seen recoveries where the disease was fully developed, and post-mortem examination have revealed old tubercular deposits that must have formed several years previously. These recoveries however are often only partial, and the patients remain feeble-minded, or another attack carries them off sooner or later.

Were the first symptoms of this disease, more positive in character and the medical treatment began before the miliary tuberculosis becomes general, and the ventricles distended with effusion, it would seem to be as possible to check the disease sometimes, as it is to check tuberculosis of the lungs. But until we can more certainly diagnos the affection in this premonitory stage, we must be very skeptical with regard to asserted cures of tubercular meningitis.

This recognized fatality of the disease when fully developed admonishes us to be on guard for the very first signs pointing in any way to tubercular or brain trouble. Our treatment thus resolves itself into prophylaxis principally. Children born with an hereditary history of tuberculosis are more prone to causeation of glandular structures than others, and some causeating centre, in bronchial or mesenteric glands will serve as a focus of infection. The real outbreak of the disease, may be preceded by a prodromal stage of week's and month's duration, or it may appear in children so suddenly that they appear to have been in perfect health, up to the

outbreak of the disease itself. In such a case a rigid examination will generally disclose symptoms enough to show there has not been perfect health. When a child begins to act unnaturally, becomes fretful and irritable, complains of headache, sometimes of stomach and bowel pains, is constipated and stools are clayey and whitish, loses appetite and flesh, has disturbed sleep and horrible dreams, is easily fatigued and likes to rest its head often on some support, has occasional attacks of fever without an apparent cause, pulse is found to be quite variable in frequency and is often irregular, the tongue is coated and there are attacks of vomiting at unexpected intervals, with or without nausea and retching, and if some or all of these symptoms which vary very much in many cases, the child has had one or more convulsions, we should be very careful to determine what it means, and if we cannot be positive as to the meaning do not attribute it to teething, a deranged stomach, or mild gastric fever, unless sure it is so, but give a guarded reply, as to what is the matter for your reputation's sake, and give the disease in question the benefit of the doubt, for it is at this time and stage of the affection that we must meet it with our best skill, if we would hope for any success at all. A diagnosis must be made from simple meningitis, typhoid fever, gastric and intermittent fever, and from phthisis. Simple meningitis appears more suddenly, has more intense headache and vomiting, more violent fever with delirium, is more likely to complicate some eruptive disease, and it progresses more rapidly and is more likely to commence with convulsions.

Typhoid fever is not so common to children under five years of age; there is more fever and no irregular pulse, the tongue is dry and there is no vomiting, the bowels are tender and there is much flatus, and gurgling can be felt in the right iliac fossa; the bowels are relaxed and the urine strong and high colored. Convulsions are rare.

Gastric fever can generally be traced to some good cause

which explains the effect. With intermittent fever, the marked periodicity, sweat and high temperature preceded by more or less evidence of a chill, will help to make the diagnosis, especially if in the apyrexia the child eats and sleeps well, and lives in an ague country. Phthisis and general tuberculosis always have a higher temperature than tubercular meningitis, going to 102 to 104 degrees, while the temperature in tubercular meningitis will usually range from 99 to 101 degrees. There is cough and more rapid respiration. After the disease has gone on for a week or two, and it has become developed, so a diagnosis can be more readily made by the appearance of new and more positive symptoms characteristic of the affection, it is too late for our skill. It is not my purpose in this paper to give a complete article on the disease in question, following its different phases through to termination in death; and dealing with the post-mortem revelations, I only deal with the disease up to the time when all hope for the little patient is lost, for I believe that is the time when our skill should be shown.

Prompt measures to improve the general health must be instituted at once, such a changes of air; being much of the time out of doors. The administration of baths, careful feeding and regulation of the bowels, removing all kinds of excitement and worry, and securing plenty of sleep in well ventilated rooms. All harmful practices innocently indulged in by parents and friends, such as giving the child bits of candy, cake, nuts, coffee and tea at all times and hours of the day, must be strictly forbidden. Care must be taken that they do not get a fall on the head and thereby precipitate the attack; in fact, put them in the very best hygienic, sanitary and protective condition, and see that it is kept up. Medicines to meet the general and symptomatic conditions of each case must be selected with the utmost care and certainty. In all the cases I have seen, and from what I can find mentioned in literature it is almost always useful to give iron in some form.



Iron, Cod Liver Oil, and the Bromides are mainly depended on by the Old School. In addition to these we of our school should carefully compare our remedies so often found useful in scrofulous, tuberculous and inflammatory diseases. And I do not believe we need to compare very many remedies. Aconite, Belladonna, Phosphorus, Calc. phos., Apis mel., Sulphur, Bryonia, Mercurius and Gelsemium will probably include the range.

When the little patients are listless, slightly feverish and chilly by turns, have a dull stupid look, sleep poorly, have a variable pulse as to frequency, but generally soft and full, have little thirst and no appetite, Gelsemium should be given in the first and second dilution frequently during the day. At the same time night and morning, Phosphorus or Calc. phos., Calcarea, Sulphur or Mercurius should be given to meet the constitutional condition. Careful study and comparison of remedies may show some other one to be better indicated according to the totality of the symptoms and results of experience. If so, it must be tried faithfully.

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#### AMERICAN INSTITUTE MEETING.

PHILADELPHIA, March 28, 1887.

MY DEAR DR. D. DUNCAN—Yours is received. You ask me for my views as to “sectional meetings,” I have had no favor for them since the experiment at Coney Island, some years ago. There, to catch the drift of the discussions on surgery and gynæcology, in both of which I was interested, I was obliged, about once in every twenty minutes, to cross the hall vibrating from room to room, sure of losing something of value, do what I might.

Of course, respect for the recommendations of the president prevented a serious opposition to the present programme, when proposed; and furthermore, the specialists in ophthal-

mology, otology and pædology, having separate societies which had become obnoxious to some, had to be conciliated, when they agreed to relinquish these; hence, objections were smothered voluntarily, by those who most felt them—myself among the number—for the sake of a common good to be hoped for, and for the sake of peace. I have however, no confidence in the plan, for future use, or practical and permanent benefit. In short, it has all the demerits of the separate societies, without any of their *esprit du corps*.

Yours sincerely, JOHN C. MORGAN.

ATLANTA, GA., March 21, 1887.

MY DEAR DR. MORGAN:— \* \* \* \* Our Michigan friends, much to my regret are disappointed at the time set for our meeting, as it conflicts with the commencement and the 50th, anniversary of the U. of M. and I presume Porter, Arndt, and others will not be present, or if so, for but a day. There has been much correspondence upon this subject, but it has been decided that no change can be made.

The indications, as judged from a large correspondence are that the next meeting of the Institute will be one characterized by large attendance, good work, and good feeling, and it should “not be missed.”

It is an enjoyment to me to anticipate meeting the good friends who treated me so handsomely during my absence last year, and I wish they could all know how highly they are appreciated, I really feel that our Institute, as a body of noble men and women, is hard to beat indeed cannot be equaled. The Keystone State I trust will sustain her reputation for faithfulness, and do her duty as she did during the revolution, and muster in force at Saratoga. I know that you may be relied upon, not only to be on hand, but to stir up the brethren to do likewise.

With assurance of the highest regard, I am dear doctor,  
faithfully yours. F. H. ORME.

# THE UNITED STATES MEDICAL INVESTIGATOR.

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Communications are invited from all parts of the world. Concise, pointed, practical articles 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.

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**MEDICAL MEN TO MEDICAL MEETINGS.**—The meetings of medical societies are commonly looked upon, rather in the light of social gatherings, where the physician may meet his professional brethren to discuss with them items of medical news, to recount interesting experiences, and thus to while away a leisure hour and break up the monotony of daily professional toil. It is usually considered a matter of individual option whether he shall associate himself with such organization, or having so associated himself, whether he shall take an active part in their deliberations. There is no man whose field is so limited that he cannot extract from it something which will be valuable to his fellow practitioners. A vast machine may lie idle for want of a single bolt or pinion; and so a single fact, deduced by one of us from our own study and observation, if given to the world, may prove to be the missing part which is alone lacking in the perfection of some great truth. The tendency of the medical mind is to run into one or the other of two extremes, either to degenerate into blind unreasoning routine or to soar into the realms of fanciful transcendentalism. The one results in the production of the intellectual myope who knows nothing beyond the narrow range of his own near sighted vision; the other produces the reverse of this, hypermetropic mental sight can appreciate only the distant abstract. Both are equally unfit for good professional or scientific work. To combat these tendencies, no agency is so effectual as the free discussion and comparison of individual opinions and experiences. Individuality

must be lost sight of, the personal equation must be eliminated, a scientific principle can represent absolute truth.

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### HOMŒOPATHIC INSANE ASYLUM IN THE WEST.

DEAR DOCTOR:—Will you please inform me if there is a Homœopathic Insane Asylum in the West? What do they charge for private patients? DOCTOR.

[The Milwaukee Asylum for the Insane has for its Superintendent A. J. Hare, M. D., a skillful Homœopathic physician. We believe that they receive private patients. N. A. Gray, M. D., is secretary of the Board of Directors.—Ed.]

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### BOOK REVIEWS.

**THERAPEUTIC METHODS.** An outline of principles observed in the art of healing. By Jabez P. Dake, A. M., M. D. Boston: Otis Clapp & Son, Chicago: Duncan Bros. Cloth \$2.00.

A book from the pen of Dr. Dake is sure both to deserve and receive a warm welcome. The author divides his work into three parts. In the first part he deals with the "History of Therapeutic Methods and Systems." In the second part he takes up the whole range of therapeutics. The third part treats of the "Demands of Similia." The work should be read by every one. The publishers part is nicely done.

**CLINICAL MANUAL FOR THE STUDY OF MEDICAL CASES.** Edited by James Finlayson, M. D. Second edition, revised and enlarged. Philadelphia: Lea Bros. & Co. Chicago: Duncan Bros.

The author says in his preface: "The manner of using the Manual will depend on the subjects brought up before the student in the course of clinical instruction, and by the way it is employed by those teachers who may recommend it as helping to lighten their labors in the details of clinical teaching. In the absence of any such guidance, the student is recommended to read the first three chapters; from these he will learn the scope of the work, and he will then be able to

select for himself. With the aid of the Index such portions of the Manual for consecutive reading or for special reference and consultation as his requirements from time to time seem to demand. It will be seen at a glance that this book does not aim at supplying any short and easy road to medical diagnosis; its object is to guide the student to a careful examination as to the methods and results of clinical investigation. To interpret these aright reference must often be made to various systematic treatises. Some bibliographical notes are appended to the chapters to aid the student in this important part of his inquiry." The book is nicely gotten up and will repay perusal.

VICK'S Illustrated Monthly Magazine and Floral Guide.

This magazine is nicely gotten up and printed on good paper. We know of no periodical that would more delight the heart of a lady fond of flowers than this one. Price per year, \$1.25. Subscriptions received by Duncan Bros.

F. N. LANG'S Illustrated Seed Catalogue.

This is the annual catalogue of this enterprising gentleman. It is nicely gotten up. Send for one to Baraboo, Wis.

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### *MEDICAL NEWS.*

Dr. J. W. Barnsdall, has removed from St. Paul to Omaha, Neb.

Dr. D. Duncan, has removed his residence to 1084 West Harrison street.

Dr. Sheldon Leavitt, has removed his residence to 48 Thirty-seventh street.

Dr. W. T. Knoll, has gone to Germany, where he expects to spend the summer.

Please read the advertisements over, and if you answer any say where you saw it.

FAULETON, Dak., is a growing county town, that wants a good physician Address G. A. Morse, for particulars.

I cannot get along without THE INVESTIGATOR.

Respectfully,

J. J. A. MORGAN.

THE INVESTIGATOR, is the most practical as well, as the most interesting Journal that I take. H. K. LEONARD.

I want to say that THE MEDICAL INVESTIGATOR, is the best medical journal I have ever taken or seen.

Yours truly, FRANK SPOONER.

Doctor, if you have a friend who does not take this journal, please ask him to do so. Send us his name, and we will send him sample and see you are paid for your trouble.

The Homœopathic Medical Society, of the State of Wisconsin, will be held at Waukesha, Thursday and Friday, June 23rd, and 24th, 1887.

J. LEWIS, Secy.

Dr. W. C. Richardson has removed his down town office to rooms 16, 17, and 18, Turner Building, 304 North 8th street, between Olive and Locust, St. Louis. Residence remains at 3216 North 11th, street St. Louis.

DOCTORS OF PHILOSOPHY.—Milton College has conferred the degree of Ph.D. on Drs. T. C. Duncan and E. S. Bailey, of this city. Honors well bestowed.

DR. C. H. EVANS has removed his residence to 730 Warren avenue. His office will remain at 570 West North avenue, where his hours will be from 1 to 4 P. M.

MAINE HOMŒOPATHIC MEDICAL SOCIETY—The twenty-first annual meeting will be held in the parlors of the Augusta House, Augusta, Tuesday, June 7th, 1887, at 10 o'clock A. M.

LATE.—Circumstances over which we have no control, makes us late with this issue. If our readers will bear with us a little we will be on time. We have many good things in store, and more promised for the year. To all those who have paid their subscription, accept thanks. Some have not done so; we would be pleased to receive them.

NEBRASKA STATE HOMŒOPATHIC MEDICAL SOCIETY—Thirteenth annual meeting of the Nebraska State Homœopathic Medical Society will be held in conjunction with Western Academy of Homœopathy at Y. M. C. A. rooms, corner 15th, and Dodge streets, Omaha, Neb., Wednesday, Thursday and Friday, May 25-6-7, 1887. All are cordially invited to come.

Mt. Hamill, Ia. April 4, 1887, the Provident Chemical works, St. Louis, Mo., gentlemen: Yours and sample of crystalline phosphate to hand. Am pleased with its appearance; its compact form must commend itself to every physician. Shall be pleased to use it where indicated, and continue it, if equal to other phosphates, as it certainly is handier and cleaner.

Yours truly, C. F. WAHRER, M. D.

THE annual meeting of the alumni association of the Hahnemann Medical College of Philadelphia, was held on Thursday evening April 7th, 1887, at the new college building. There was a very large attendance, and a lively

interest was exhibited in the association which augurs favorably for its future success. One hundred names were proposed for membership, and all were duly elected. The present number on the roll of the association is 440. The annual election for officers resulted as follows: President: Prof. John W. Dowling, M. D., 1857, New York. Vice Presidents: J. C. Budlong, M. D., 1863; J. F. Cooper, M. D., 1853; H. Noah Martin, M. D., 1865. Permanent Sec'y: W. W. Van Baum, M. D., 1880. Provisional Sec'y: C. Bartlett, M. D., 1879. Treasurer: W. H. Bigler M. D. 1871. Executive Committee: J. K. Lee, M. D., 1851; Samuel Starr, M. D., 1869; Joseph C. Guernsey, M. D., 1872. At the conclusion of its business meeting, the association adjourned to alumni hall, for supper, where it received and entertained the graduating class of 1887. The association hopes before the next annual meeting to receive at least two hundred applications for membership; also that every alumnus will make a special point of being present at the yearly meetings.

W. W. VAN BAUM, M. D., Secy.

In behalf of the Executive Committee.

THE commencement exercises of the New York Homœopathic Medical College, were held in Chickering Hall on the afternoon of Thursday, April 4th, the exercises were interesting throughout, being not too long to be tiresome and yet long enough to show the excellent work which the college is doing, and the high grade of scholarship which it aims to maintain. Prof. T. F. Allen, the dean of the faculty, in his introductory address, briefly reviewed the work of the year, and then announced to the audience the pleasing fact that two citizens of New York had already promised him \$25,000 each for a new college building and free hospital, and that other donations would swell the fund to \$100,000 with many friends of Homœopathy yet to hear from. The degree of M. D., was then conferred by Hon. Salem H. Wales, president of the Board of Trustees. The graduating class numbered forty-six having entered upon the year with fifty-three. Prof. St. Clair Smith, president of the faculty, presented the senior prizes for the best averages throughout the entire course, the first faculty prize, a \$100 microscope was awarded to E. D. Fitch, of Worcester, Mass., and the second prize, a \$50 microscope to James Crooks, Jr., of Paterson N. J. The honor men were B. W. Stilwell, J. J. Russell, W. W. Johnson, R. P. Fay, and S. I. Jacobus. The Wales prize, a Helmuth pocket case for the highest average in all the junior and middle studies, was awarded to T. W. Hamlin, of the middle class. The class valedictory, by Geo. B. Besconcluded the exercises of the afternoon. The annual alumni dinner at Delmonico's occupied the evening. Dr. Selden H. Talcott, of Middletown, was the toast master, and proved as usual the right man in the right place. Toasts were happily responded to by Dr. Fish, of Brooklyn, Elihu Root, Dr. Dowling, and Rev. Dr. McArthur. Dr. Helmuth read one of his inimitable poems, and B. W. Stilwell spoke for the new graduates. A handsome subscription amounting to \$8,700 from the alumni and faculty for the building fund was a prominent feature of the occasion.

# 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;  
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T. C. DUNCAN, M. D., } Editors.  
DR. D. DUNCAN, }

DUNCAN BROS., Publishers,  
56 State Street.

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Chicago, February-March 15th, 1887.

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**A SUCCESSOR WANTED.**—In a large field of practice with good paying patrons. Office outfit, full supply of medicines, road cart, (and a small but comfortable residence, if desired) for sale at a reasonable figure. Address, with stamp, Z. M. Shepherd, Waterloo Ind.

**LOCATIONS.**—If you know of a good man who wants practice in a good country town, send them to (Missouri Valley Iowa.) About twenty-miles from Council Bluffs, and Omaha. We also want a Doctor for Carson and Glenwood.

**FOR SALE.**—A comfortable practice, \$2,500 per annum, mostly in city of 4,000 inhabitants, twelve churches fine public schools, and \$30,000 in private schools, artesian well, water works. Good hotels street lights macadam street. public park, etc. Address, H., Investigator, Chicago.

**FOR SALE.**—Practice of fourteen years, city of 6,000 the right man with small capital can do well. Practice 1886, \$6881. Address, V. M. Mather, Huntington, West Va.

**WANTED.**—A set of Allen's Encyclopedias. Must be cheap. Address, X, this office.

**FOR RENT.**—Physician's office for rent. Good will thrown in. City of 22,000. Forty-one other Homœopaths. One of the best business towns in the State. Outfit complete. In college town of 2,000 inhabitants. Twelve miles from capital of State. Good roads and fine rich country. No other Homœopath. Practice established ten years. Reasons for selling poor health. Address, Homœopathic Physician, Westerville, Ohio.

**FOR SALE.**—\$250.00 cash will buy 34 volumes of books, full line of medicines, from 1st to 30th attenuation; book and medicine cases, office furniture. Outfit complete. In college town of 2,000 inhabitants. Twelve miles from capital of State. Good roads and fine rich country. No other Homœopath. Practice established ten years. Reasons for selling poor health. Address, Homœopathic Physician, Westerville, Ohio.

**FOR SALE CHEAP.**—Allen's Encyclopædia of Pure Materia Medica, 10 volumes, bound in half morocco all in good condition. Address, Box 1042, Jacksonville, Ill.



THE  
UNITED STATES  
MEDICAL INVESTIGATOR.

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VOL. XXIII.—APRIL, 1887.—No. 4.

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THERAPEUTICS OF TUBERCULAR MENINGITIS.

BY C. R. MUZZY, M. D., VIROQUA, WIS.

□ Read before the Wisconsin State Homœopathic Medical Association.

The insidious nature of this disease is the cause of much perplexity to physicians, and its fatality of much grief to parents, for it is the precocious child that is, at the same time, the idol of its parents, and the victim of the disease.

On the appearance of the disease, the attending physician may improve all chances of recovery by giving encouragement to parents and attendants, or paralyze all efforts by giving an unfavorable prognosis.

The latter course saves the physician from reproach, (except from his conscience,) the former course helps sometimes sufficient—to save the patient.

Through anxiety and impatience on the part of parents, by their acts and words of inquiry the welfare of the patient is disturbed, and the danger is increased.

The unfavorable prognosis often creates a panic, with the attendants which results in neglect of the little sufferer, at the critical moment or what is equivalent, excessive kindness is lavished upon it.

The treatment best calculated to succeed is, prophylactic

in character, to prevent softening of primitive tubercular formations and to cause absorption of effusions, thereby preventing degeneration of the inflammatory products, is the great desideratum.

The remedies best calculated to produce favorable effects are those that produce effusions, but it should be potent to every Homœopathist, that such drugs if given in often repeated large doses will produce and increase the conditions we wish to avert.

It is quite as important to know how to prepare and give a remedy, as to make the right selection; but for me to reiterate to this society what Hahnemann has proclaimed to the world, relating to the preparation of medicine for curative purposes, the suitable dose and the repetition thereof, would appear impertinent; it would also seem vain in me to try to impart faith if Hahnemann's words have failed.

In so far as we can discern as to the pathological state in any case, thus far may we be influenced in the choice of remedies, but such knowledge is useful only, as it leads us to groups of remedies that may be applicable, selections from that point must be made by the aid of symptomatology, if we are to practice what we preach. In giving indications for the selection of remedies, as I have been requested to do, at this meeting I pass over the well beaten pathology marked out by others.

One eminent writer has stated, that treatment should precede birth and advises the administration of Sulphur, Argentum nitricum and Calcareo phos., to the mother during the period of gestation. This advice is good I think, and when predisposition is feared as an inheritance from the mother, I think it is equally important that the child should not be allowed its mother's milk.

It is a point worth considering whether nursing is not as productive of morbid influences as the period of gestation.

Hand raising of infants is a difficult task, at best, but I

am convinced through observation of different trials, that artificial feeding produces the strongest children of scrofulous mothers, and with proper medicine much may be done to eradicate the dyscratic tendency before the period of dentition arrives.

The important remedies for this purpose are: Sulphur, *Calcarea ostrearum*, *Calcarea phosphoricum*, *Argentum nitricum*, *Phosphorus*, *Hepar sulphur*, *Natrum sulphuricum*, and *Silicea*, selected by the peculiar features of each case as follows:

*Sulphur*.—The child cries when washed; is restless when covered too warm, all orifices of the body appear unusually red. Often has rash with much itching.

*Calcarea ostrearum*.—Child has large head, which sweats profusely, wetting the hair; child fat but flabby, cold clammy flesh, cold damp feet; it is cross and willful; malnutrition apparent.

*Calcarea phosphoricum*.—The child has an old look, is dry and shrivelled, appears like a childish old man, wants to do now this then that; is fickle, at times cheerful, then peevish.

*Argentum nitricum*.—Indigestion with flatulence, much wind passing upward from stomach, child weak and limpsy; loses its breath easily.

*Phosphorus*.—Child lacks in bony structure, late learning to walk, grows tall and slender. Indigestion, warm drinks are vomited at once, cold drinks when warm in stomach; longs for refreshing drinks.

*Hepar sulphur*.—Child is irritable and sensitive to everything, change of temperature affects it. Cold aggravates all complaints; every little scratch festers.

*Natrum sulphuricum*.—Sore mouth, aphthous gums, arising from disordered stomach; child has an oldish look, skin blue with ecchymosed spots; yellow and livid spots from slight injuries.

*Silicea*.—Child has large head, open fontanelles lymphatic swellings, painless swellings of glands; child learns to walk with difficulty, the joints give away.

These remedies seem to act nutritively, given in small doses at long intervals. (It is the amount appropriated—not the amount taken—that gives strength, either of food or medicine.)

In acute hydrocephalus the dose and its repetition is important, for if we desire to prevent effusions we must not give too much Aconite, and if we wish to cause absorption of effusions we must not give too much Bryonia, neither is it the quantity, but the quality of Belladonna, that prevents the degeneration of the products of the disease.

Aconite is useful in cases of marked febrile symptom. If developing during teething the child cries, with its hands in its mouth; much crying and biting of fingers and hands; heat of head, wants drink often, restlessness at night; shows great distress, cannot be relieved except by drinking cold water, holds on to cup with mouth. The skin is dry especially about the head; hands and feet may be cold.

Apis—Much the reverse of Aconite; *no thirst*, head sweats; child awakens from sleep with a shrill cry, but if asked why it cries, it gives no reason even if old enough to tell; bores head in pillow, and grinds the teeth together. Paralysis of one side and twitching of the other side.

Belladonna—Child has constant drowsiness; no matter how often it is aroused, as soon as it is laid down it sleeps again; child moans as if moaning gave relief; face and eyes red, often with dilated pupils; awakens from sleep with fright, in starting it throws up the hands first; rolls the head from side to side on the pillow.

Hellebore—Child bores head in pillow; with icy coldness of whole body, and coldness of fingers, soreness of head, manifested when touching it. Drowsiness; dilated pupils not sensitive to light.

**Hyoscyamus**—Child has dilated pupils, shaking to and fro or shaking to one side. Loss of consciousness with sparkling eyes; delirious, but answers questions correctly; pressing of gums together and putting its fingers in the mouth; difficulty in swallowing. Convulsions begin in muscles of face, dilated pupils, deep sleep after spasms.

Obstinate crossness of child, without apparent cause; is peculiar to this remedy.

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## PATHOLOGY OF MENINGITIS.

BY O. W. CARLSON, M. D., MILWAUKEE, WIS.

Read before the Wisconsin State Homœopathic Medical Association.

Our worthy president has chosen for discussion, at this semi-annual session two prolific subjects, viz.: "Cerebro-spinal Meningitis" and "Purpura." A volume might be written upon either subject and still have much unsaid.

Diseases of the cerebro-spinal axis, and its membranes are quite common, and require the best skill of the physician. Many of the early symptoms being obscure and shrouded, requiring an observing and practiced eye to discern them, and especially is this so with children, when the life frequently depends upon the early detection of the cerebral symptoms.

The president set apart for me the "Structural Lesions of Cerebro-spinal Meningitis" and the nature and causes of the purpuric spots.

The former, as the name imports, is characterized by inflammation of the membranes, within the skull and spinal canal. In the majority of cases ample evidence of the disease is afforded by the appearances after death. This evidence is the presence of the inflammatory products, lymph and pus.

The exudation in some cases is abundant, and extensive

the greater part of the surface of the brain, and cord, has been found covered with a thick layer of lymph situated beneath the arachnoid membrane and extending into the sulci between the convolutions. In other cases the exudation is more or less limited as regards amount and extent.

When thus limited it is oftener found at the base of the brain than upon its superior and lateral aspects, it is found especially in the tract of the vessels. The lower surface of the cerebellum is apt to be affected. Covering the medulla oblongata, the lymph or purulent matter may extend over the whole length of the cord, or a section of the cord more or less in extent, may present evidence of inflammation.

When only a section of the cord is affected, it is oftener at the lower than at the upper part, but the reverse is true of a certain proportion of cases. Ames noted in his autopsies a change of the vesicular neurine to a pink hue. Softening of the brain and cord at certain points is observed, according to Grimshaw the most marked intra-cranial lesion is the white-yellowish, or yellowish-green fibrino-purulent deposit found at the base of the brain. This deposit varies somewhat with the duration of the disease.

In cases which die early, the deposit is usually slightly whitish and soft; in those which live for a week or so the deposit is yellowish or greenish; in prolonged cases, the deposit is more white and pure, the effused serum greater in quantity, and the vascular fullness less. The origin of the nerves seem to be buried in and compressed by the deposit. This condition is to me an important factor in the cause of the purpura of which I will speak later. The brain substance itself is more vascular than normal but frequently not otherwise altered. Morbid changes frequently exist in other parts of the body, serious effusion and sometimes purulent liquid are found in the pleura and pericardial cavities, in the points, and in the tunica vaginalis.

Spots of ecchymosis are observed upon the pericardium,

beneath the peritoneum and in other situations. Pyer's glands are abnormally distinct, but not enlarged from morbid deposit or ulcerated, as in typhoid fever.

A microscopical examination of the liver and kidney, by Draper, in four cases revealed fatty degeneration, in these organs, and in none of these cases had their been any antecedent evidence of renal disease. Whether these morbid changes are accidental or whether they sustain important pathological relations to the disease, is not yet known. Purpuric spots frequently make their appearance during the progress of cerebro-spinal meningitis, but are by no means peculiar to it, and I think should not be intimately associated with it, it is an extravasation into the skin, or sometimes into the mucous membrane which take the form of dark red or livid spots, or of more extensive hæmorrhagic effusion, it may appear suddenly without precursory symptoms, and may run its course with or without the occurrence of internal complications. These hemorrhages have been seen as early as the third day after birth, and at all other periods of life, they occur in persons apparently in perfect health, or they may accompany the most various diseases of the general system, they are frequently severe in bright's disease, valvular disease of the heart, phthisis, rheumatism, cerrhosis of the liver and intermittent fever.

Among the causes of purpura, we must consider the hæmorrhagic diathesis as a predisposing cause. Among the indirect causes of purpura are to be reckoned, morbid influences of the most varied bacteria, insufficient and unsuitable nourishment, constant exposure to damp and impure air, mental depression, emotional conditions, as grief, etc. Certain drugs are capable of producing cutaneous hemorrhages. Tilbury Fox reports a case of hyperæmia and sanguineous extravasation, produced on the surface by inhalation of four grammes of tincture of benzoine.

Fournier says that the administration of Iodine and the

different preparations of Potassium have been occasionally followed by a peculiar kind of purpura, numerous purpuric spots appearing on some patients every time these medicines were taken. The more direct causes of purpura depend upon the alteration in the nutrition of the coats of the blood vessels, which make them unequal to the strain of arterial pressure. Still back of this, and to my mind the real cause is the insufficient nerve supply. We have seen how the origins of the nerves have been found, to be imbedded in and compressed by the firm deposit within the special canal; we have also seen that the administration of certain classes of drugs are followed by purpuric eruptions. In my opinion the same effect is produced in both conditions, viz., paresis which in interruption, perfect nerve action allows the arterial and venous coats to become relaxed and weakened, thus giving an opportunity for the sanguineous extravasation. This I believe to be the real cause of the purpura whether the apparent cause is disease, eruption or drug action.

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### CEREBRO-SPINAL MENINGITIS.

BY H. E. BOARDMAN, M. D., MONROE, WIS.

Read before the Wisconsin State Homœopathic Medical Association.

Cerebro-spinal meningitis is both sporadic and epidemic. There seems to be, in nearly all cases at least, a disorder of the blood combined with an inflammation of the cerebro-spinal membranes. Many of the sporadic cases seem to be precisely like many of the epidemic cases. Still, it may be true in general, that, the septic element is less prominent in the sporadic cases than it is in the epidemic cases, while the inflammatory is about the same in both. In treating a considerable number of cases of this disease, I have learned that it is not a very pleasant task to perform. It is generally a



decidedly unpleasant disease to encounter. The majority of people are intelligent enough to know that it is often a fatal disease, and consequently they are very much alarmed. The physician well knows that a definite prognosis is very uncertain. Therefore, his position is from the first, one of great delicacy and responsibility, and cannot fail to cause him considerable anxiety.

Dr. Bushrod W. James considers cerebro-spinal meningitis to be a very changeable and deceptive disease, and says, one hour the patient will seem quite well, and the next hour the most alarming symptoms may be present. Dr. Hempel, however said that, the few cases which he had treated in Michigan were not characterized by this feature.

Cerebro-spinal meningitis is a very difficult disease to describe, because some of its manifestations in different cases are so exceedingly diverse. Not a few of its victims are seized so violently that a few hours, from twelve to forty-eight, bring a fatal result. Sometimes there is a preliminary stage lasting for several days. In this there are often a slight chill and slight pains in various parts of the body, notably in the head, the neck, the back and the joints. There may be stiffness of the muscles, particularly of the neck perhaps, and some considerable nausea, and a feeling of malaise and prostration. In many cases however, the onset is very sudden and severe. A heavy chill is experienced, a violent headache, and vomiting, soon succeeded by great restlessness and pain all over. More or less of delirium is likely soon to ensue, sometimes violent, sometimes with stupor and spasms, generally tonic, often tetanic, and terrible to witness. Frequently the symptoms increase rapidly in intensity. Often they will abate somewhat, only to return soon, and perhaps with increased violence. The temperature in some cases remains very moderate and in others to  $106^{\circ}$  to  $107^{\circ}$ . It often varies a good deal in the same case. It sometimes does not. In the case of a young lady whom I treated in 1884, it contin-

ued to be very high for several days, without much variation. The respirations are generally much increased in frequency, and the pulse also. There is in the majority of cases an early appearance over the body of spots, which have been variously described. Trousseau, names them maculæ. Sometimes these spots do not appear early, or even at all. Sometimes they are only discovered immediately after death.

There is a gradually increasing opisthotonos in most cases. Sometimes the head can be pushed forward to some extent without causing pain, but usually the attempt causes great pain. There is sometimes a vertigo which distresses and alarms the patient very much. The headache is often described as being exceedingly violent. Even the strongest patients will sometimes cry out from the sudden tearing, lancing, crushing pains in the head. The pains in other parts of the body are often electrical, and have been termed explosive, and are exceedingly hard to bear. Nausea, faintness, and paralytic symptoms often follow them closely. The prostration is usually sudden and very great.

All these frightful symptoms do not seldom occur, with a surprisingly small amount of constitutional disturbance, or what is sometimes so termed. The appetite may remain good for some time, and the digestion. The tongue may not look badly, and there may be but little thirst for several days. Further along however, there is often an intense thirst, and sometimes there is at the first.

I have not been attempting to give a complete description of this terrible malady. Enough has been given however, to show that it is a peculiar disease, perplexing to the physician, very trying and afflicting to the friends, and a fearful one for the patient to encounter. No one seems to be able to demonstrate either the nature or the etiology of this disease. There seems to be a poison in the blood. It is true that it has been suggested, that the disease may possibly be of neurotic origin, that the blood changes, and the maculæ

may be consequent upon the profound alteration in the nervous system. But this suggestion does not seem to be well supported by such observations and facts, as would be necessary to prove it to be true or even probable.

Stille says: "The inflammatory element and the septic element are both necessary to constitute the disease, but either may be in excess and overshadow the other." What this poison in the blood is, or whence it comes, seem still to be undecided questions. Dr. Radcliffe, in Reynold's System of Medicine, says: "That it (*i. e.* cerebro-spinal meningitis) is dependent upon a specific poison, from whatever source derived is the conclusion which appears to have the highest degree of probability, in the present state of our knowledge."

There are no good and sufficient reasons for considering the disease to be one of malarial origin. The great majority of recorded outbreaks of the disease have occurred in localities which are free from malaria, and also in the winter or in such cold weather, as would exclude malarious influences. Moreover, the course of the disease is not usually characterized by any such intermissions as would strongly suggest malarial origin.

Some have considered cerebro-spinal meningitis to be a form of typhus, or closely allied to typhus, but a careful comparison of the phenomena developed in the course of the two diseases, such as Prof. Stille has made, shows conclusively that this cannot be correct.

Almost all authorities agree that this is not a contagious disease. A few think that it is sometimes though rarely, and not easily communicated from the sick to the well. Many others think it never has been.

Dr. B. W. Richardson, has suggested that the disease may possibly arise from the consumption of diseased grain, after the manner of ergotism. Dr. Radcliffe says: "This suggestion demands active and thoughtful consideration in subsequent outbreaks." Experiments have already been made upon

some animals, intended to throw some light upon this subject. Three rabbits were fed with unsound grain and mouldy bread, with the result of producing spasmodic affections in all, and inflammatory changes of the eye in two cases which, in one case proceeded to an ulceration of the cornea and an evacuation of the contents of the globe. In all three cases there was more or less congestion of the membranes of the spinal-cord found on dissection.

Excessive fatigue has been suggested as a chief cause of cerebro-spinal meningitis. But, many outbreaks have occurred in poor-houses and in prisons, and among children and other people who were so situated that fatigue could not be supposed to have exerted any special influence in producing their sickness.

A lack of proper ventilation has been suggested as one of the exciting causes of cerebro-spinal meningitis. To my mind, this suggestion is worthy of much more careful consideration than has been given to it. A few of my reasons for this opinion are: First, by far the greater number of outbreaks of epidemic cerebro-spinal meningitis have occurred either in cold countries or in the winter and spring seasons in warmer countries, in both of which circumstances patients would be likely to suffer greatly from a lack of proper ventilation. The great majority of people are far more afraid of the cold than they are of too warm rooms and of air which has been breathed over and over till it has become totally unfit for a human being to breathe any longer. I would much rather stay in a barn without a fire than be obliged to stay in such an atmosphere as I have found some people contented to live in during cold weather.

Of seven hundred and seven outbreaks occurring in different countries, viz.: Norway, Sweden, Denmark, Russia, Germany, France, Italy, Ireland, England, and the United States, five hundred and forty-six occurred in the winter and spring, and one hundred and sixty-one in the summer and autumn.

Again the majority of these outbreaks have occurred among soldiers in garrisons, the inmates of work-houses and poor-houses, and prisons, or among the poorer classes of people, who have lived in poorly ventilated dwellings, and many of whom have not been accustomed to pay any scrupulous attention to personal cleanliness. But, of course it will be said that cases of cerebro-spinal meningitis have been numerous which have occurred among the poor, and among the other classes just mentioned. This is very true, and it should be borne in mind that we would not assert that we are here considering the *only* cause, and possibly not even the chief cause, of the production of this disease. Nevertheless, with regard to poor ventilation, it should be remarked, that it is not by any means confined to the poor. Many people suffer greatly from it, who have a competency, and who live in expensive houses. We all well know that not a few of this latter class pay but very little attention to ventilation in cold weather, compared with what is really demanded by the laws of health. The dwellings of these people are generally built very tightly, and not seldom the construction has been without any marked reference to the securing of proper ventilation, and in many more instances, with nothing more than a very inadequate provision for good ventilation. Besides all the defects in the construction of many costly residences, there are often very unfortunately, external sources of contamination, which much of the time, make it impossible to have good air within the dwelling, even after having secured the most approved plumbing and the best possible provisions for ventilation.

Now bad air of any kind, is a source of poison and there are many kinds of it. But one of the worst kinds is air, which has been long confined and treated over and over by the occupants of the premises, including it may be cats and dogs, as well as human beings. This sort of bad air, it seems to me might be expected to produce, and has produced very many

of the blood-changes, and the nerve symptoms which are so characteristic of cerebro-spinal meningitis; and to this cause to a very large extent, though not by any means entirely, I am inclined to attribute the occurrence of this terrible disease, in both of its varieties. The fact that several cases of it are often found in the same dwelling, and a large number of cases in some tenement houses and other large buildings, where many people live in about the same kind of atmosphere, tends to support this theory.

All will doubtless agree that these suggestions are worthy of careful consideration. If the chief source, or even one of the chief sources, of cerebro-spinal meningitis has been here indicated, then it is easy to see how a large portion of the cases of this disease might have been prevented, and also how much may and should be done to prevent the multiplication of cases in the future.

With regard to the treatment of cerebro-spinal meningitis, we expect to hear from several other members of the society in this meeting, and therefore nothing is added here concerning that topic.

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## TWENTY-SECOND ANNUAL SESSION OF THE HOM- EOPATHIC MEDICAL SOCIETY OF THE STATE OF WISCONSIN.

The twenty-second annual session, of the Homœopathic Medical Society of the State of Wisconsin, met at Milwaukee, June 24, 1886, President H. E. Boardman, in the chair. The following were present at the meeting: Drs. H. E. Boardman, L. A. Bishop, J. T. Ozanne, W. H. Glazier, W. R. Churchill, W. C. Raynor, A. G. Leland, R. W. Sour, Lewis Sherman, G. B. Durand, C. H. Ward, R. H. Stetson, A. E. Knapp, Joseph Lewis, Jr., Almah J. Frisby, Helen M. Bingham, Mary Ries Melendey, Birney Hand, N. B. Delamater, E. F. Storke, O. W. Carlson, E. W. Beebe, D. Duncan, N. A. Pennoyer, J. J. Davis, Julia Ford, A. Schloemilch, Geo. Fellows, Prof. R. Ludlam, C. C.

Olmsted, Prof. Fellows, W. Danforth, Jas. W. Overpeck, C. H. Kactell, D. G. Lyman, E. Hoehne, A. H. Bauman, E. D. Kanouse, A. Grob, Robert Martin, L. Pauly, Prof. Gilman, Dr. King.

Minutes of last annual and semi-annual meetings read and approved.

Report of Treasurer, Dr. H. M. Bingham, read and referred to committee consisting of Drs. Bishop and Kanouse.

The committee on publication reported that unavoidably the papers for 1885, had not been published. Their report was referred to committee—Drs. Storke, Carlson and Lewis.

Communications from Drs. Hall, Chittenden and Jaynes, were read by the Secretary, regretting their absence.

The Bureau of Surgery was then called, and Dr. Bishop read a paper by Dr. E. W. Boardman, on the treatment of hæmorrhoids, advocating the use of Carbolic acid injections, after discussion by Drs. Bishop and Carlson.

Dr. Hand, read a paper on the treatment of fistula in ano, which was discussed by Drs. Glazier, Kanouse, and Churchill.

Dr. Bishop, detailed an interesting case where he performed tracheotomy removing a button from a child's trachea.

Dr. Lewis, then exhibited an improved method of adjusting broken limbs, by the use of plaster of paris splints, giving a practical illustration of their use, simplicity, etc. Drs. Storke, and Carlson, did not see any particular advantage these had over the plaster bandage.

The Bureau of Gynæcology was then called, the chairman Dr. Bingham, calling upon Dr. Storke, who read a very carefully-prepared paper upon nerves and reflex diseases arising from diseases of the ovaries. Dr. Ford was next called and reported orally on the subject of ovarian diseases, especially emphasizing the point that she had found more confirmed opium eaters among sufferers from dysmenorrhœa than from any other cause.

Dr. Brigham then followed with a report on "A Neglected Remedy in Ovarian Diseases."

On Discussion of these papers, Prof. Fellows spoke of the effect of the ovary in inducing other diseases by arterial tension and nervous irritation, producing dysmenorrhœa, etc., considers the subject a very important one.

Prof. Gilman thinks electricity is all important in restoring disturbed circulation.

Dr. Danforth thinks the pain in dysmenorrhœa due to unyielding membrane covering the ovary. Puncture may cure it. Acupuncture will in future be used for ovarian diseases. Electrical treatment relieves many cases. These diseases make much trouble in nervous temperaments.

Prof. Fellows thinks electricity important, but we must try the different currents, and find which one is necessary in such cases.

The Bureau of Ophthalmology was called, and the chairman, Dr. E. W. Beebe, called upon Prof. Delamater, who presented a paper upon the importance of the ophthalmoscope to the general practitioner, giving in detail the

uses to which it may be put in many otherwise obscure cases. Dr. Beebe then read a paper upon "The effect of a school education in inducing diseases of the eyes." After discussion of these papers, adjourned till 8 p. m.

#### EVENING SESSION.

Meeting called to order as per adjournment by the President. The committee on the report of the secretary and treasurer, reported the account correct, and recommended the payment to the Medical Counselor of the sum of \$25.00 in full. The report of the committee was adopted.

The committee appointed to report on report of publishing committee, reported that the publishing committee had done their work faithfully, and recommends to the Society that the proceedings of the annual and semi-annual session for 1885, and the annual session for 1886, be given to THE UNITED STATES MEDICAL INVESTIGATOR for publication. Adopted.

The Board of Censors reported the name of Delia G. Lyman for membership, and, on motion, Dr. Lyman was duly elected.

The President then delivered his annual address, which was well received and referred to a committee of Drs. Sherman, Pennoyer, and Martin.

Adjourned to partake of refreshments at Conroy's on invitation of the Milwaukee Academy of Medicine.

#### MORNING SESSION.

Meeting called to order at 9:30 a. m. by President Boardman. The secretary read a communication from Dr. Winslow, of Appleton, asking permission to withdraw from the Society, which, on motion, was granted.

The name of Dr. G. R. Shaw was presented by the secretary; and an advertising circular shown which was clearly in opposition to the code of ethics, but the President decided the secretary had no power to act in the matter, the doctor having forfeited membership by non-payment of dues. On motion his name was dropped from the list of members.

The President then appointed the following chairman for the year 1887: Surgery—L. A. Bishop; Obstetrics—A. G. Leland; Gynæcology—Almah J. Frisby; Ophthalmology—E. W. Beebe.

The secretary, Dr. E. W. Beebe, gave notice that at our next annual meeting he would propose an amendment to the constitution providing for an assistant secretary and a second vice-president.

Moved and carried that hereafter it shall be the duty of the treasurer of this Society to annually notify all members of their arrearages, collect all moneys belonging to the Society, and to make all disbursements when ordered by the President and signed by the Secretary.

He shall furnish at each annual meeting a written report of his receipts and expenditures, and a statement of the condition of the finances of the society.



Dr. Storke read an interesting paper on "Medical Ethics" by request of the Milwaukee Academy of Medicine.

Dr. Geo. Fellows invited the Society to meet in Waukesha for its next annual session.

The Bureau of Materia Medica and Pharmacy was called, and Dr. Lewis Sherman, chairman, read an interesting paper on the "Evolution of Heart-Remedies," by Dr. E. M. Hale. Then he made an elaborate oral report upon the trituration of drugs, accompanied by specimens showing that some drugs require far more time than is usually given in trituration.

A paper upon "A legal view of the physician's duty to respond to sick calls," by Adolph Herdegen, Esq., of Milwaukee, was presented to the Society through Dr. Storke, and referred the committee on publication.

A paper by H. W. Danforth on "Pathology of Cholera" was read by title and referred.

The President appointed Dr. N. B. Delamater chairman of the Bureau of Anatomy, Physiology and Pathology for 1887, and Dr. Lewis Sherman, for Materia Medica, and Dr. E. F. Storke for Clinical Medicine.

Dr. Beebe chairman of Ophthalmology and Otology, chose as his associates for 1887, Drs. Delamater Bishop, Lewis, and G. G. Chittenden.

President Boardman, then appointed delegates as follows: Minnesota State Society—W. Danforth. Illinois—C. C. Olmstead. Iowa—A. G. Leland. Michigan—E. F. Storke. Western Academy—N. A. Pennoyer. American Institute—Lewis Sherman. Kansas—H. E. Boardman.

Dr. W. Danforth reported eight cases of interstitial fibroid tumors of the uterus cured with galvanism—one electrode applied to the uterus through the vagina and the others on the back, giving two treatments a week.

Moved and carried that the Society formally thank Dr. Sherman for his perseverance and presentation of such a valuable report.

The Board of Censors reported the names of A. G. Leland and J. W. Overpeck for membership. On motion they were made members. The committee on the President's address reported as follows:

Your committee, to whom was referred the very able and interesting address of our President, respectfully reports.

1. In favor of an earnest effort to increase our membership by individual work of its members, thus giving aid to the secretary.

2. In favor of increasing the initiation fee to at least \$2.00, and the annual dues to \$1.50, that the work of the Society may not be hampered by lack of funds, and a full abstract of its discussions be secured.

3. Regarding the suggestion for holding the annual meetings in Milwaukee, and the semi-annual meeting at some other point; your committee is of the opinion that the plan now in operation is, upon the whole, satisfactory.

4. As to securing recognition by appointment of members of our school to the State Board of Health, and in caring for the insane, your com-

mittee finds no unfavorable legislation, but recommends that individual effort be made, as well as through the "committee on legislation" to secure a just representation.

Respectfully submitted,

LEWIS SHERMAN.  
N. A. PENNOYER.  
R. MARTIN.

Committee on legislation for 1887—C. H. Hall, A. W. Kanmer, O. W. Carlson.

A resolution embodying a vote of thanks, to the proprietors of the Plankinton house, for their club room was voted.

A volunteer paper, by Dr. Durand, of Waupun, was read detailing a clinical case of much interest.

The Board of Censors, reported the names of W. H. Rowe, of Waukesha; as a suitable person for membership in our society, and, on motion, he was received.

The election of officers was next in order, and resulted as follows: Dr. O. W. Carlson, Milwaukee, President; Dr. R. K. Paine, Manitowoc, vice-President; Jas. Lewis, Milwaukee, secretary, Dr. Helen M. Bingham, Milwaukee, treasurer; Dr. Lewis Sherman, Milwaukee, Censor; Dr. E. D. Kanouse, Appleton, necrologist.

Dr. Kanouse, necrologist pro tem., made the following report:

MR. PRESIDENT:—Your necrologist reports that during the past year, there has been only one death among our membership, that of Dr. V. L. Moore, of Waukesha. He was a member in good standing, and we sincerely regret his loss to the Society, and the profession.

E. D. KANOUSE, Necrologist, pro tem.

Dr. R. Martin, by request, reported six deaths which occurred in the practice of a midwife due to septicæmia.

The following resolution was then read and adopted on motion:

Resolved, That the report and the recommendations concerning the practice of midwives in the city of Milwaukee, submitted to Dr. R. Martin, Health commissioner of Milwaukee, to the State Board of Health, be and are hereby endorsed by this Society.

Moved and carried to adjourn to meet at Waukesha, in 1887.

E. W. BEEBE, Secretary.

## PRESIDENT'S ADDRESS.

BY H. E. BOARDMAN, A. M., M. D., MONROE, WIS.

Read before the Homœopathic Medical Society of the State of Wisconsin, in Milwaukee, June, 1886.

**MEMBERS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF WISCONSIN, LADIES AND GENTLEMEN:** If societies, like men, have a period of the same extent, in their existence, which may properly be termed their minority, then, this society is to be congratulated, at this time, upon having attained its majority. It was organized in the year 1865. Measured by years, its existence does not seem to have been very long. Measured by the good it has done, it would seem to have been considerably longer.

When I look at its records, and particularly at the roll of its early members, my gratitude is evoked by the consideration that my life is still spared to engage in the noble work to which your lives are all devoted. More than half of those whose names appeared upon that roll earlier than my own have been transferred from the scenes and activities of earth to the life beyond.

It is always pleasant to me to call up reminiscences of the fathers of this society. We do well to recall, on all suitable occasions, their lofty aims, and their high achievements, and to cherish the memory of their many virtues and their numerous words, and deeds, of fraternal helpfulness, which they were always ready to bestow. They were men who could not live for self alone. They could not rest without doing something for each other, and for those who were to be their successors. Hence, the organization of this society. Its history you know. It is not my purpose here to give an elaborate account of its transactions and their results, and thus forestall the work which some other member in the future, perhaps at the close of a quarter or a half century of its existence, may more appropriately undertake and more ably perform. But this may properly be said now and here, this society has done much good, and its record is one which we may justly scan with no little satisfaction and pride. It stands very high among the medical societies of the day. The members of the profession everywhere understand this well. Its published transactions and papers will always stand as a proof of this and a monument to its honor. Still, we regret the necessity of saying that the record of its work is woefully incomplete. Much that was of great value has been lost. Will we not more carefully guard against similar losses in the future? The work of this society has been such and will be such as to make its records worthy of careful preservation and publication. Its character as a working and progressive organization is established. Its papers on materia medica, on

pharmacology, on zymotic diseases, on sanitary science, on the germ theory, on the most recent results of microscopy, and on a great many other topics have evinced profound and original thought on the part of some of its members, and will remain as an inspiration and a help to those who shall hereafter read and study them.

But, though it is often profitable to look back and reflect upon the past, nevertheless duty and privilege stand related far more intimately to the future than to the past. Therefore I am inclined to-night to ask: what is it to be? rather than, what has been. Instead of using the remainder of the time allotted to this address, in trying to entertain you with some pet theory of my own, or in giving you my ideas and conclusions concerning some one, or more of the questions which are frequently discussed in the medical societies and schools, it appears to me, that I shall be more likely to do some little possible good, by giving you a few of my thoughts concerning the work which Homœopathic physicians and societies have to do. These thoughts will certainly not be especially novel or brilliant, but if they shall prove to be, even in some small degree useful and helpful to the cause of true medical science, my reward will be quite sufficient, and you may here be assured that you shall not be greatly burdened by their prolixity, at least.

As a Homœopathic medical society, what do we expect to do? In general, we expect to accomplish much in promoting the welfare of suffering humanity. With my knowledge of the history of this society and of its present membership, I have not the least fear that we shall ever lose sight of this high and noble aim. This society was not formed, has never existed, and never will exist, for social and intellectual pleasures alone. Its *raison d'être* is to be found in a purpose to promote the highest welfare of its own members, in accelerating their advancement in practical medical science, and ulteriorly, to elevate and advance the standard of medical education throughout the world, and thus confer a lasting benefit upon the race.

Ours is, indeed, a noble profession. The aim of a true medical society is no selfish or narrow aim, but it is a grandly beneficent aim. I once asked the much lamented Dr. Ober, late of La Crosse, how he could make his patrons content to let him spend so much of his time away from them, in attending medical meetings. He replied: "I tell them that my going will be for their own good and for the good of many others." It was a noble and characteristic reply, and his patrons knew it was an honest one.

More immediately and directly, we expect to make our meetings, in many ways, a source of both pleasure and profit to those who attend them. We ought to make them so attractive that all who attend once will attend thereafter, and as often as they possibly can. It would please me much if I could to-night address all of the reputable Homœopathic physicians in this State, and very earnestly invite them to come and join our society. It seems to me, that every one of them who is eligible ought to become a member of it at once, and then ought to attend its meetings as regularly as possible. He

ought to do this not only for his own sake, but also for the good of the cause. Notwithstanding the success of Homœopathy and its grand achievements hitherto, we have still grander achievements before us, if we will only work for them as we ought to work. These will be referred to again, but, here let me say, that, we need the help of all who have accepted the great law of cure, in our societies. We need to have every man in the ranks and must join our forces and work in unison, in order to accomplish that which ought speedily to be accomplished, and which both justice and humanity urgently demand. If it were my privilege to address a class of medical students, I should earnestly counsel them to join their State medical societies, and their county medical societies, and to go to work in them at once, and to keep it up. A physician's mind will grow rusty and will run too much in old ruts, if he does not do this. Intellectually, the medical society is of great benefit. The careful preparation of a paper does much good to its author, and then when we meet, we can learn much from the papers of other members and from the discussions. Mind comes into contact with mind. There are some sparks evoked, perchance, as when flint and steel come into conflict. But the debate here is always a friendly one, and the bright thoughts and the wit become the common property of us all, and every one has a fair opportunity to join in the discussion, and become a helper as well as a receiver. It is true also, that those who are the best helpers are the best receivers, and are sure to share largely in the intellectual benefits.

Moreover, wearied by constant attendance upon the sick, the busy practitioner may confidently expect to find relief and solace and much enjoyment in associating with his professional brethren. He goes beyond the reach of his patrons, where his door bell cannot disturb him, and he finds the social features of the meeting of very great value to him. Many pleasant memories of the meeting linger with him, and help him greatly for a long time after he has returned to his cases at home.

Furthermore, every educated physician owes much to the profession, and also to his patrons, and to the world. He ought to join the medical society and work in it, in order to pay this indebtedness. If he would continue to be worthy to be called a physician, he should make the most that he can of himself, and do all that he can to help other physicians. We could have a very strong society, indeed, if all the Homœopathic physicians in Wisconsin, would come in and work with us. Will we not do all we can to bring them in. I can assure them that, if they will come with lofty and unselfish purposes, and bring no axes to grind, they will find congenial companionship here, and will always go home feeling abundantly repaid for all their outlay of time and money.

The members of the Homœopathic Medical Society of the State of Wisconsin, have already proved that they do not intend to be left behind by any of their professional confreres anywhere in the world. More than that they intend to be found always in the front ranks of the medical fraternity. They

understand that it is a grand thing to live and work in times like these. There have been not a few men in former ages, and every earnest student of history has been thrilled with admiration and incited to a nobler life, as he has contemplated their abilities and their achievements. But nowhere else in the whole chronology of man, can there be found another half century of such amazing progress, as has been witnessed in the half century during which some of us have been permitted to live.

There would be no propriety in my taking time to notice here the railroads, the telegraphs, the telephones, the electric lights, and a thousand other wonderful things of which our fathers knew nothing at all. Nor need I mention the vast improvements in many other directions, for example, in the art of printing; and the vastness of the products of the presses of our time, which come to us in all varieties of books, periodicals, and papers, almost as rapidly as the leaves of our forests fall when they are scattered by the frosts and the winds of November. You are all thoroughly imbued with the spirit of the times, and we have, in our own peculiar field of work, enough to speak of here. The progress in medical science, and in its application to the numerous and varied wants of the sick and the wounded, has also been very great within the last few years. You all know what the improvements have been and there is no need that I should specify them. It is a great pleasure to us to know that a great many of these improvements are due to Homeopathy, and a very much larger share of them than the relative number of our physicians would indicate. No fair minded and thoroughly informed man can question this. I have some personal friends among Old School physicians who freely admit it.

But, what are we going to do? We are going on to win still greater victories. To accomplish this, we must stand by our colors. We must hold on to the truth, and must proclaim and defend it. But we must do this intelligently. We must never try to support and defend that which is not true. We must sift out all chaff and gladly let it go, keeping only the wheat. Errors cherished will only harm our cause, and put farther off the day of triumph. We need have no fear concerning the grand law of cure, "similia similibus curenter." Many mistakes, however, have been made in the attempts to apply this law. Many wrong theories have been held by some, and they have attempted to apply this law where it would not apply at all, and never can. Many other things also have come in the way of its successful application. For example, if some of our remedies have been prepared from inert roots or plants, or if some of our triturations and dilutions have not been properly made, we have no right to expect unvarying success. This reference to the proper preparation of our remedies, leads me to say, that we have, in this society, one of the foremost men of our day, in the work of reform here indicated. He is widely honored as such, and he and his collaborators in this reform are doing a work in which we are all deeply interested,

a work which lies at the very foundation of the future success of Homœopathy.

As a society, we shall constantly endeavor to elevate the standard of medical education. The great law of cure is one of God's laws. It can never be successfully set aside or ignored. Its discovery has already done wonders in bringing comparative order out of confusion; in reducing a chaos of medical knowledge to a real science. But, even Homœopathic medical science is still very far from being a perfected science. This should never be forgotten. We must keep advancing it towards perfection as rapidly as may be possible. I believe, that in all respects, our standard of medical education is fully up to that of the old school physicians, and in some respects, it is already much higher. But, we want to make it so much superior to theirs, that, they themselves and all the rest of the world shall clearly see the superiority and acknowledge it. The successful medical men of the future are to be men of much culture, I will not stop here to speak of the high moral culture which they should and will have, and which is of exceedingly great importance; for their responsibilities can only be properly met and discharged by men who are thoroughly honest and conscientious, faithful, patient, and kind—in short—men to be relied upon in all the relations of life. But they will be men of high mental culture also. Some will have more than others, as a matter of course. For, I opine, that men will never cease to differ, one from another, in magnitude and brilliancy. None of the M. D.'s, of the future will, like some in times past, acquire all their intellectual training—antecedent to that of the medical college—in the primary classes of the district school, and by desultory reading while grooming the horses and washing the buggies and keeping up the office-fires of some old practitioner, who himself, perchance, had a very meagre education and a very small library. To meet the demands of the future, the intellectual faculties will have to be well cultivated. Physicians will know how to think well, and reason well, logically, carefully, and patiently, so as to reject all error and keep only the truth. They should not be like Butler's Hudibras,

"Who was in logic a great critic,  
 Profoundly skilled in analytic,  
 He could distinguish and divide  
 A hair, twixt south and south-west side;  
 On either which, he would dispute,  
 Confute, change hands, and still confute."

You know the rest, and I need quote no further. Neither should physicians be like the schoolmen of the middle ages, who prided themselves upon their ability to either prove or disprove anything and everything. They need not even be such dialecticians as our friends of the legal profession. But they should and will be men capable of reasoning well upon all the topics which can properly demand their attention, and will be very intelligent with regard to a vast variety of topics which do not demand their especial care and study. They will be keen observers of everything, profound thinkers, and

close students. They will know much and will be constantly adding to their knowledge. They will, of course, be especially skilled in the science and art of medicine and surgery. They will be good diagnosticians, will know the use of all the means and instruments necessary to a thorough diagnosis of the various diseases which afflict mankind, and the use of all ordinary therapeutic means.

But, there will be, as there ought to be many specialists. Realizing that life is short, and that it is impossible for any one man to be a master of everything in all the departments of medicine and surgery, increasing numbers of physicians will consider their own peculiarities and capabilities and will pursue most earnestly some special lines of investigation and practice, and will leave other portions of the field to other men, who have different tastes, and abilities, and opportunities. This point is earnestly commended to the thoughtful attention of our younger men, more especially. I have already remarked, that we should not try to defend that which is not true. One mistake has been, an apparent effort to make out that Hahnemann was almost if not absolutely infallible. Now it is true, that God gave the world a great man in Samuel Hahnemann. Whoever will study his life and his works, carefully, will be convinced of this. It is certainly very seldom that He enables a man to do such a great work as Hahnemann did. But, Copernicus did not know as much as the astronomers of our times know, and no one should try to maintain, that Hahnemann was possessed of more medical knowledge than are the physicians of the present day, just because he made such wonderful discoveries and elaborated them so well, and put them to so great practical uses. He was neither perfect nor infallible, and it is not difficult to see wherein he made some great mistakes. No one, who desires to help on the cause of Homœopathy, should ever attempt to make a demigod of Hahnemann. He is already very widely honored, and the time is sure to come when all the medical men in the world will gladly accord to him the great honor which is justly due to him.

Another error to be avoided, is, any attempt to apply the great law of cure when it is utterly impossible that it should ever be successfully applied. Of course, we have no right to call a natural law an imperfect law, but sometimes there are limits or hindrances to the application of such a law. No mortal, finite mind will ever be able to apply any or all of nature's laws to the complete removal of every human ailment, and the great law which lies at the basis of Homœopathy can have no possible application to some cases of human suffering. Of what use are the constellations to a man lost in mammoth cave? Or, of what use is the mariner's compass in a region where hidden magnetic influences totally destroy its reliability? On the other hand, we should be very careful never to fail to make use of the great law of cure in any and every case when it ought to be used. Just here allow me to remark, that we have a Homœopathic surgery which we ought always to hold up as far superior to the surgery of the old school. Our surgeons are



equipped not only with all the knowledge and all the skill of which their Old School brethren are possessed, but they have wonderful resources besides, in their materia medica, which contribute immensely to the more certain and the more speedy recovery of their patients.

Another error into which some seem to fall, is, to imagine, that because of their extensive experience and success with the use of certain preparations of medicine, and because of their skill in demonstrating (at least to their own satisfaction) the exact reasons for their success; therefore, they know all about this potency question, which is so much discussed. Now, we all like men who have pretty positive opinions far better than we do men who do not seem to have any opinions which they are ready to express and to earnestly advocate. But, discussions should never be marred by personalities and bitterness of feeling such as will cause divisions in our ranks. Where unity ought to be maintained. It is well to remember that many a chain of reasoning which has for a long time seemed to many persons to be absolutely sound, has afterwards been proven to contain an imperfect link. It will not hurt any of us to frequently recall the old motto: "In certis, unitas; in dubiis, liberta, in omnibus, caritas."

Changing the application of this motto from the particular controversy just referred to, it should be remarked that it ought to be applied to all of our controversies, not only within our Homœopathic school, but also outside of it. We should be quick to recognize merit wherever it exists, and to give credit wherever it is due. There are a great many grand workers in other schools of medicine. Truth is universal. It belongs to all who will make a proper use of it. We should secure all we can of it. We should cherish no narrow and illiberal spirit. To do otherwise will belittle us and hinder our progress, both as individuals and as a class. Whosoever advocates the truth, can well afford to be liberal in spirit and kind in his manner, and if he serveth well, doing always the best that he can to promote the welfare of the race, he has no need to give himself any trouble concerning his own honor.

We have already remarked, that we have a great victory to win, in addition to what has already been done. This is necessarily the fact because truth is sure to conquer, however long the contest. But, for our encouragement, whoever can read and understand the signs of the times, can clearly see the victory coming, though it may still be not very near. Look at one of the important events of the last year. Read the discussions concerning the International Medical Congress. Some of the most distinguished old school physicians have protested in very emphatic terms against the disgraceful bigotry and spirit of persecution which have been exhibited by certain would be leaders. They have gone so far as to resign the positions of honor which they had accepted, in order to emphasize their protest. There is a great disturbance in the ranks of old school physicians. The liberal element will not down, at the bidding of intolerant leaders. The conflict is an irrepresible one, and the decision will ultimately be in favor of freedom and truth.

For the sake of a temporary peace and an apparent harmony, in their societies, some men may consent to modify and tone down, or even recall some of their non-liberal utterances, which indicated their real sentiments, and even permit them to be expurgated in preparation for their society records, after they have been published in the daily press. Something of this has been observed by us all. But many men will never consent to do this, and their number is rapidly increasing. The time is coming when all physicians will have accepted the Homœopathic law. It will not be necessary in that day that they shall call themselves Homœopathists, any more than it is necessary in our day for intelligent men to say that they have accepted the modern system of astronomy. But, by and by, any educated medical man will feel insulted if any one shall seem to doubt that he has accepted the great law of cure which we have already received.

But, it is my desire to avoid taxing your patience too severely. A few suggestions, you will allow me to make.

In accordance with some things which have already been referred to in this address, it seems to me, that, it will be well for you, in this meeting, to devise, and set in operation, some plan for largely increasing our membership. We have a goodly number of members now, but we want many more to come in and work with us, both for their own good and ours, and for the good of its cause. There must be a great amount of ability to do good among the Homœopathic physicians of our State, who have not hitherto worked in our society.

Furthermore, it would seem well for us to devise plans to accommodate, and interest, and keep at work, in our society, as many members as we possibly can from all parts of the State. If it shall be necessary to make alterations in or additions to our by-laws, then let the necessary changes be made. With regard to the location for our meetings, it has for several years past seemed to me that it would be much better to hold all of our annual meetings in Milwaukee, and our semi-annual meetings elsewhere, and successively in different quarters of the State, and to have the work for these semi-annual meetings so laid out beforehand, as to make sure of good meetings in all cases, even if the attendance should sometimes, on account of the location, not be very large. To accomplish this, it will be necessary that the officers of the Society shall do more work than they have heretofore done, in providing for both the annual and semi-annual meetings, but more especially the latter. It will also be necessary for the members to heartily support the officers, and allow no inadequate excuse ever to hinder them from preparing the papers and doing the work which may be assigned to them.

It seems to me very desirable also, that something approaching a complete record of our discussions should be hereafter made. Valuable as are many of the papers which are presented in our meetings, it is sometimes the case that the discussions elicited by a paper, are no less valuable than the paper itself. If we can largely increase our membership, and also devise

other means for considerably augmenting our financial resources, a more nearly complete record of all our discussions can easily be secured and published. As to the other means which might be made use of for increasing our revenues, it may be well to say here, that, it has been, within the last few years, repeatedly suggested, in conversations concerning the meagreness of our financial resources, that, our annual dues and our membership fees ought to be largely increased. This society is not now receiving nearly so much from its members, per capita, as the majority of similar societies receive, and yet I know not why it should be so. We would not like to have it inferred that our society is inferior to the others, and that it offers inferior advantages, proportionate to the smallness of its fees and dues. I feel confident that a proposition for a reasonable increase of these financial resources will meet with your approval.

Probably there is not much reason to fear that any physician will be deterred from joining our society by such a change in our by laws, for men of good sense know that, whatever is of great value generally costs considerable, and, perhaps, an increase of our dues and fees will lead many to place a much higher estimate than they now do, upon the privileges which our society offers.

Again, it seems to me that we ought to make our influence felt far more extensively in our own State, by pressing earnestly and persistently, our valid claims to an equitable share in both the responsibilities and the honors connected with our State Board of Health, and the medical superintendency of our eleemosynary, and penal, and reformatory institutions. Certainly much more of this kind of work has been done by the Homœopathists of some of the other States, to the evident advancement of our cause and of the welfare of the people. "Heaven helps those who help themselves."

Furthermore, it seems to me that our society ought to evince its readiness, and its earnest desire, to join other similar societies, as soon as may be possible, in a general effort to secure the public recognition which is manifestly due to Homœopathic physicians, and which is so necessary to the rapid advancement of true medical science. It is a burning shame, that, with all the glorious achievements of the past, and with our more than a dozen excellent medical colleges, and our many thousands of thoroughly educated practitioners, and our hundreds of thousands of the most intelligent and wealthiest of the people, who employ us and firmly believe in the superiority of our therapeutics, we should still be obliged to work on without enjoying all the privileges and opportunities that the Old School physicians have. It seems to me that the time has come for us to unite our forces all over the country, and make a determined effort to secure our rights as soon as possible. We ought not to rest satisfied without laws, both State and national laws, which shall guarantee to all thoroughly educated physicians equal privileges in all respects; which shall secure for them all, perfectly fair opportunities to compete for any and every position of usefulness which physicians and surgeons

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are expected to occupy. All fair minded legislators can be made to see, that, nothing less than this is just and right. This is a matter of very great importance to us all. We can never stand as we ought to stand, in the eyes of the world, without this full governmental recognition, this perfect equality before the law. It is something which we must have. It is indispensable to our ultimate and complete success. Until we have secured it, a cloud of no small dimensions, will continue to hang over us. Our societies ought to work together, first to determine how they can best co-operate to secure this perfect equality, and then, to agitate, and push, and keep pushing, till this equality has been secured and established forever. Has not the time fully come for this work? There are thousands of lovers of fair play among our influential friends, outside of the profession, who desire to see us do this work, and who are ready to help us in it, and who will join us heartily in our songs of rejoicing, when the work has been accomplished.

Fellow workers in the science and art of healing: It does not seem proper for me to claim your attention and consume your valuable time any longer this evening. We have many subjects to discuss in this meeting, which are of great interest. The presentation of several of these is especially appropriate at the present time. Whatever deficiencies your presiding officer is conscious of, and they are many, and whatever mistakes he is liable to make, the numerous manifestations of your kindness to him in the past, which will never be forgotten, reassure him, and cause him to have no doubt, that, your generosity will lead you to overlook his faults, and to render him all needed assistance. He also has entire confidence, that, your well known earnestness, and wisdom, and truly fraternal and liberal spirit, will insure us a meeting which shall throughout, be both pleasant and profitable to all.

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## HÆMORRHOIDS.

BY H. W. BOARDMAN, M. D., LARNED, KAN.

Read before the Wisconsin State Homœopathic Medical Association.

Mrs. M. M., aged fifty-nine years. Woman in average health except for the above trouble. Has suffered at different periods of her life with piles, but has been free from them for several years, until within a few months. Has been taking Æsculus hip., Bell., Sul., Nux vom., etc., with no relief. I was

called to see her May 14, 1886, and found her in bed suffering greatly.

A tumor of considerable size was protruding from the anus, and had been external for several days. As it was very sore and inflamed, I made very little effort to return it within the rectum. My treatment consisted of injecting about ten drops of a mixture of Carbolic acid and sweet oil directly into the tumor. I used three parts Carbolic acid to one part Olive Oil. The pain following this operation was excruciating for a few minutes and the tumor turned white at once. On the following day there was a watery discharge from the tumor which had decreased somewhat in size. I ordered flax seed meal poultices to assist in breaking down the tissue. The growth was quite hard and fibrous. From this time the cure went on rapidly and in four or five days nothing remained of the tumor. There are also two or three smaller bunches just within the sphincter, but we concluded to try milder treatment before resorting to such heroic measures, as she experiences very little inconvenience from them.

She is taking Hamamelis 1x three times a day, and recommended to keep the bowels as soluble as possible.

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## FISTULA IN ANO.

BY B. HAND, M. D., MILWAUKEE, WIS.

Read before the Wisconsin State Homœopathic Medical Association.

This is simply the result of abscess formed in the cellular tissue adjacent to the rectum; and in many cases, though not always, it is the ripe fruit of an ulcerative process which began in the mucous tissue of the rectum, extending into the connective tissue the pus seeking an outlet after the manner of pus in an abscess anywhere, and making a channel, often tortuous and inexplicable, lined with pyogenic membrane,

thus establishing a purulent fountain with wonderful capacity for staying. While it is undoubtedly true that tuberculous and scrofulous patients are more prone to this disorder, and also that such subjects are less amenable to radical treatment, still I cannot believe with some that the healing of fistula in ano will in anywise hasten a fatal termination to any constitutional disease, but that it will rather conserve the vital forces and aid in keeping the dread destroyer at bay.

To treat fistula, first find the fistula. This may seem to the novice not difficult of accomplishment, and in many cases it really is not, but the incomplete variety is especially liable to be overlooked. The internal opening is nearly always between the external and internal sphincters.

The conventional method of dealing with fistula is by cutting through all the tissue between the fistula and the rectum, which of course includes the external sphincter; and this is accomplished either with the knife or ligature or by both. Some operators think there is less danger from hemorrhage in using the ligature when the fistula opens into the rectum high up; but aside from this, it seems to have no marked advantage, unless it be that a thread doesn't generally scare the patient as badly as a blade.

The first objection I would offer to that so generally approved method is that, in a large number of cases, the fistulous track is not obliterated, and so it fails to cure. The second and fatal objection is the danger, not so much of immediate disaster, as that the sphincter should never reunite, or that a sensitive cicatrix should remain, which by contraction would prevent perfect closure of the anus; and a constant leeching therefrom for the remnant of his days would serve the pitiful patient as a souvenir of the bold surgeon, who cut away what could not be replaced. This condition is not so very exceptional; and not every operator who succeeds in obliterating a fistula can rightfully pronounce it a success.

I will not stop to notice other objectionable methods not

so generally adopted, but proceed to indicate what I conceive to be a better way. In a complete fistula begin by passing a probe several times through it, so as to break the sheath of pyogenic membrane; then inject a 75 per cent. solution of Carbolic acid into the rectal opening, and press it out with the finger at the external orifice, being careful first to anoint the adjacent skin with oil to prevent excoriation. The next day inject Eucalyptol in a similar way. The rectum should be washed out with tepid water after each stool, and half a drachm of a vaseline ointment injected every night on retiring.

This treatment should be repeated once a fortnight till healing takes place. Do not, on pain of total failure, permit the external opening to heal till the whole sinus is closed up with granulations. Watch your case closely and look well to the general health, and you will win. You can surely cure any case by the above method that is curable by the knife or ligature.

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## OPHTHALMOLOGY.

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

Read before the Wisconsin State Homœopathic Medical Association.

MR. PRESIDENT, LADIES AND GENTLEMEN: The chairman of this bureau, a gentlemen whom I esteem very highly, has asked me to prepare a paper to present to you, probably because of my well known reputation in this particular branch of medicine. There certainly is no reason why I should not know all about the subject. Have I not had and been using for a good many years a pair of eyes and two ears? Moreover, I have looked at the eyes and ears of a vast number of people, and like a would-be distinguished specialist, I had the opportunity offered me of carefully examining thousands of eyes and ears. To be sure I have never availed myself of the

opportunity, but must establish my reputation as an ophthalmologist somehow, while a member of this bureau. Therefore please consider it established. I am next confronted with the problem of the special topic of this paper. Dr. Beebe very considerately allows me the privilege of the entire field, well knowing that there can be no danger of inflicting a very long paper on you, unless I should undertake to write what I do *not* instead of what I *do* know.

I have noticed of late that people are more inclined to protect the eye than formerly for a much larger proportion place windows before them, to keep the dust out, etc. This is wise and looks wise, for the eye is very important and I have heard said a very delicate organ.

You will hear one learned physician say the liver is the all important organ, that if it is deranged the entire body must suffer, that if it be healthy, the man will be healthy. Another claims there is nothing that can possibly cause trouble, either physical or mental except the kidney. Still another is positive, that the only disease to which we mortals are subject is dyspepsia. Then again the human being must have a uterus to be healthy. It being found impossible from a lack of supply to furnish all human beings with this organ, an amendment has had to be made, and to-day there seems to be a very thrifty notion that the rectum is the true criminal, and is causing all the ills to which flesh is heir. Now while I do not intend to claim all this for the eye, yet I do claim that it is responsible for many things for which it has not due credit. That it has been sadly neglected.

A little child sits in the school room, the teacher puts some pictures, letters or figures on the black board, tells the little fellow what they are, describes them. Our child sees the pointer moving up and down, hears what is said, tries to understand, makes a severe partly unconscious effort, to get as clear an understanding of the subject as the other children, but fails. The teacher says he is dull, the parents think the



teacher is good for nothing because the child does not get on as fast as it ought, does not seem to learn anything. The child gets discouraged, and a headache also, is thin in flesh, looks pale and worn, loses its appetite. The learned doctor is called, looks the case over carefully, finds the school confines the child too closely, it must have more fresh air, must stop its attendance at school, must be fed on tonics, etc. Then it gets better, more robust, a regulation appetite, but if he goes to Sunday school or the circus, he comes home tired and with a headache. If he reads a very little a headache ensues. The peculiarities of the headache are carefully scrutinized, the symptomatology minutely studied, the indicated remedy is given, first high then low, then changed and changed again, but the headache goes right on doing as it likes, coming when there is occasion, and remaining away when there is no excuse for coming. We get tired seeing the patient, the patient gets out of patience seeing the learned doctor and the sufferer is told to be patient and he will wear out the headaches. It has never occurred to the doctor behind his gold rimmed spectacles, that the eyes, to all appearances the very personification of innocence, are really the entire cause of all this misery, and yet such is very frequently the case. There may be anyone of a number of refractive errors, correct it and the headache is gone, our pupil becomes as bright as its fellows and patience is no longer courted, but the doctor gets another patient pupil.

Ladies and gentlemen, I desire to call your attention to this, and this alone, look carefully after the eyes of the children, placed under your care, know whether they are right or not.

In all chronic diseases an examination of the case should include an examination of the eye just as certainly as of the pulse or tongue.

If this is done we will often learn, from the condition of the pupil, something about the pathological condition of the nerve centres that control its action.

Thus in case of dilatation of the pupil dependent upon irritation of the sympathetic, we may infer one of the following conditions: hyperæmia of the cervical portion of the spinal cord, meningitis or irritation of the cord, worms or other intestinal irritants, and certain mental conditions, as acute mania, or melancholia.

If the dilatation be dependent upon paralysis of the third nerve, we will find the patient is suffering from general paralysis, various diseases affection the centre for the third nerve, or atrophy of the optic nerve.

In locomotor ataxia, the pupils are widely dilated when the disease is well developed, but in the first stage of the disease there is immobility of the pupil to the light.

Contraction of the pupil dependent upon irritation of the third nerve is found in the early stages of all inflammatory affections of the brain and its membranes. It is also present in cerebral apoplexy.

Contraction of the pupil resulting from paralysis of the sympathetic occurs in spinal lesions above the dorsal region.

The appearances of the retina are often instructive, and valuable diagnostic aids.

For example, the striated appearance of the retina in bright's disease, the neuro-retinitis and optic nerve atrophy in cerebral tumors. The tubercles in the choroid in tuberculosis the congestion of the retina seen in cerebral hyperæmia.

These are a few conditions that I mention.

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## ON THE EVOLUTION OF HEART REMEDIES WITH OBSERVATIONS, ETC.

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

Read before the Wisconsin State Homœopathic Medical Association.

During the many years in which I have engaged in the study of those remedies which have a special affinity for the

heart, I have been particularly interested in tracing their history. Their history may be said to represent the growth and progress of our knowledge of the functions of the heart, and the circulation of the blood.

The object of this paper may be illustrated by a study of such drugs as are best known as heart-remedies, namely: Digitalis, Convallaria, Caffeine and Adonis, because they are typical ones. Others less known, such as Erythrophleum, Cactus, Iberis, Scaporius, Scilla, Apocynum, Hellebore, and Euonymus, will be used to illustrate this paper.

In the very earliest works on materia medica, those which I have named typical heart remedies were placed among the "*class*" called diuretics, and all the lesser remedies were and still are called diuretics.

Our earliest knowledge of all the older remedies used in disease was gained from the people. Their use in domestic practice was at first the only guide to their use by physicians.

Old Culpepper, the father of English herbalists, only makes mention of Digitalis, as a drug which "purges the body both upward and downward, of water and phlegm."

In Parr's Medical Dictionary, it is considered a diuretic. He seems to be aware that it sometimes acts as a heart poison but does not seem to be aware that its chief action is upon that organ. He, however, lays down some rules which seem as applicable now, as at that time. For example he says it does not act well in dropsies in men of great natural strength, of tense fibre, warm skin, florid complexion and a hard pulse. But he says, if the pulse is feeble and intermitting, the countenance pale, the lips livid, skin cold, the belly soft and fluctuating, the anasaruous limbs readily pitting under the pressure of the finger we may expect the diuretic effects to follow in a most salutary manner.

This is a most truthful and graphic description of the condition and symptoms for which Digitalis is specific. It is only within a few years that this drug has been demonstrated by

experiments on animals and men, to be a tonic to a weak heart, and that by giving force to the circulation, it removes the blood stasis in the kidneys, which is the real cause of dropsy. No modern writer even mentions *Digitalis* as a direct diuretic, because, aside from its action on the heart, it has no specific action on the kidneys.

*Convallaria* has passed through the same evolutionary history. It was first known to the Russian and Hungarian physicians, as a drug used by the common people as a diuretic. It was used in cases of dropsy by the peasantry for hundreds of years before its action on the heart was known and studied. It has now been taken out of this class, and is properly ranked with *Digitalis*, as one of the most powerful of all heart remedies. Its action on the heart, is similar to *Digitalis*, but is not known to possess that dangerous quality, known as cumulation, which is supposed to be possessed by the latter drug.

The history of *Adonis vernalis* is similar to that of *Convallaria*. It was first known as a diuretic and diaphoretic, because when given in sufficient quantity, it caused after a time copious discharges of urine, and sweating.

After a true knowledge of the action of *Digitalis* had been demonstrated, it seemed to occur to investigators, that perhaps all the chief diuretics, acted in a similar manner. That instead of being renal stimulants, they were really cardiac stimulants.

It was this supposition, that led to the experiments which placed *Convallaria* and *Adonis* among the true heart tonics, and also led to the discovery why they were only useful in diseases when there was a weakness or lack of innervation of the great central organ of circulation.

*Coffea cruda*, was used until the time of Hahnemann as a pure stimulant. He was probably the first to use it as a medicine, but his use of it was as a Homœopathic remedy for symptoms due to its irritant action on the nervous system.

Later experimenters observed that it possessed notable diuretic effects, and many authorities highly recommend a tincture of crude coffea for the removal of dropsies.

It remained for the investigators of this decade to prove that Coffea acted as a powerful cardiac tonic, as do all those plants which contain Caffeine, namely: Tea, Guarana, Mate and Kola nut.

Thus from being considered a mere nerve stimulant, Coffea has risen to the rank of a heart tonic.

Cactus, which was introduced into our practice by Dr. Rubini, was used as a domestic remedy by the Italian peasantry, as a remedy for dropsy, long before it was proven. I have not been able to learn the reason which impelled Dr. Rubini to investigate its action. Among the aborigines of Mexico and Central America, all the Cacti are used for dropsy, and are considered simply as diuretics.

Erythrophleum, was first used by the aborigines, as a remedy for asthma. I find no mention of its use as a diuretic. In fact, experiments do not show it to have any such action on the kidneys. But it is a heart tonic, and compares with Quebracho in its power over cardiac asthma. In other words, these two drugs act upon the lungs, as do the other remedies on the kidneys, namely; by increasing the force and innervation of the heart.

Iberis, was first known as a domestic remedy among the common people of Spain, who used it as a diuretic in dropsy. The first provings of this plant were made under my direction, and they proved that it is a cardiac stimulant.

Scoparius, or the common broom a native of England, has been classed with the diuretics, ever since the materia medica had an existence on that Island. Recent experiments have shown that its active principle *sparteine* has an action on the heart similar to Digitalis.

Squills, as you all know, has been considered simply as a diuretic and expectorant for hundreds of years. Hahnemann's

proving although showing some symptoms which point to its action on the heart does not give any satisfactory characteristics.

The experiments made a few years ago on animals, demonstrate that its action is similar to Digitalis. I believe that half of its diuretic action, and its stimulating power on the function of respiration and expectoration, are due to its stimulating action on the heart. But I believe that it is also a renal irritant ranking nearly to Cantharis. It doubtless has a specific irritant action on the bronchi, lungs, and pleura. Its sphere of action is not fully understood, and certainly not appreciated as it will be in the future. I know of no old drug which would more amply repay a thorough and systematic proving.

Apocynum, our indigenous Indian hemp, is even now known to medical writers and physicians as a diuretic. But German experimentors have recently proved that its active principle, Apocynine, is really a cardiac energist, and it is quite probable that nearly all its diuretic effects are due to its specific power of increasing the tonicity of the heart.

Hellebore, (*H. niger*) is best known to physicians of the Old School, as a hydrogogue cathartic, *i.e.*, a drug that causes profuse watery discharges from the bowels. When not acting as a cathartic, it acts vigorously on the kidneys, (the same may be said of Elaterium, and Euphorbium). It is now known that Helleborin, has an action on the heart similar to that of Digitalis.

Euonymus, although it is best known as a hepatic stimulant, is also known as a diuretic. Recently, an active principle, an alkaloid, as been discovered by Merck, the great chemist. Experiments made with this alkaloid, show it to be a drug which paralyses the heart in systole, just as all the heart tonics do. Now Euonymin may owe a portion of its hepatic and renal action to its power of increasing the force of the circulation.

I make no doubt but many other so called diuretics, may sometimes be classed among the cardiac remedies. Turpentine, Juniper, Copaiva, and Cubeb, possibly Eucalyptus, Uva ursi, Buchu, and many others possess power over the heart which remain to be discovered by experimentation. There is another class of heart remedies which have of late undergone a similar evolution. These are the cardiac depressants, among which are Aconite, Gelsemium, Veratrum album, Veratrum viride, Quinine, Salicylic acid, and others.

The original use of the first four named drugs was to sweat the sick. In domestic practice they were given until profuse diaphoresis was produced. The state of the pulse was rarely observed. If the hot dry skin was made cool and moist the action of the drug was attended with good results.

A few years ago this was considered the only reliable indication that Quinia and Salicylic acid was acting favorably. But since the era of physiological experimentation, all these drugs are classed among those, which depress the power of the heart, even to paralysis in diastole, and their sedative action on the heart is the only reliable indication of their favorable effects in disease.

I believe that during the next century, a great many drugs whose action is supposed to be now understood, judging from the results of their use, will be placed in a different class from that they now occupy. Every year adds to the number of cardiac remedies, and the more clearly we understand their action on the heart, the more rational will be our use of them in disease.

Some practical deductions may be drawn from these observations. At the risk of criticism, I will assert that the method of proving drugs taught by Hahnemann, and adopted by our school, is not sufficient to elucidate completely, their pathogenetic action on the human system. Even the most heroic provings, or poisonous effects, are not sufficient, unless followed by post mortem examinations.

I will state in illustration that the physiological effects, judging from the mere symptoms, of Aconite and Digitalis are apparently similar. Even in cases when death is caused, the symptoms during life have a close resemblance, yet Aconite causes all its symptoms by depressing the action of the heart, until it dies in diastole. Digitalis causes death by contracting the heart until it can no longer beat (systolic tetanus). Yet before death the symptoms of the failing circulation are similar. It is thus only by chance, or occasional fatal poisoning of men, or toxic experiments on animals; attended by careful post, or ante mortem examination of the heart, that we are able to declare the action of drugs on that organ.

We must therefore, to be able to prescribe these drugs intelligently, have a knowledge of their pathology as well as their symptomatology.

Another thing we must know about the action of drugs, in order to be able to use them with safety and benefit to our patients.

We must be able to distinguish their primary and secondary effects.

With all due deference to his great name, it always seemed strange to me that Hahnemann did not avail himself of the importance to our school, and the art of healing, of the value of separating the two opposite effects of drugs. He was aware that many drugs did have such dual effects, but he did not use such knowledge as a basis for the selection of the dose.

Had he done that, I venture to assert that Homœopathy in Europe would to-day be the dominant school of medicine, or perhaps the only school of medicine of any standing. In order to sustain this assertion I must make others, and try and sustain them.

It is a notable fact that Hahnemann does not recognise any symptoms, as indicating drugs, except the primary. This of course led him directly to the selection of the small



dose. Thus according to his theory, Digitalis was only indicated in strong action of the heart with copious urine. He expressly says in a note to the proving of Digitalis and Squills, that they cannot be true remedies for dropsy because diuresis was a secondary effect of their use. He also adds that Digitalis is only of value in dropsy in large doses. In this he was correct, but why did he not add that it was also Homœopathic in large doses?

Digitalis as we have stated does not help dropsy in the young, robust and florid. Why? Because dropsies in such patients can only be renal or hepatic, and the cardiac remedies only cure dropsies due to heart diseases. They all cause primarily, increased action of the heart, with profuse urine. The increase of the action is one of power, not of debility.

But secondarily, the heart loses its tonicity, secondary weakness and heart failure occurs, the kidneys fail to excrete urine and dropsy results.

Now Digitalis and its analogues are as Homœopathic to this secondary condition, as to its primary, but as Hahnemann stated, cannot cure dropsy due to heart failure, in minute doses.

If he had recognized the truth, that secondary symptoms require appreciable doses, even the officinal doses sanctioned by long use in the Old School, it would have led to the adoption of the law of similia by a majority of the medical men of his time.

In our own days, this truth has not been fully recognized by our school, which accounts for the poor results attending the ordinary treatment of cardiac disorders by many Homœopathic physicians.

In cases of primary cardiac weakness such as Aconite and Veratrum, in minute doses act most happily, but when the weakness is secondary, as it nearly always is, in chronic cases, then the dose must be appreciable, and in some cases pathogenetic if good results are to follow.

# THE UNITED STATES MEDICAL INVESTIGATOR.

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Communications are invited from all parts of the world. Concise, pointed, practical articles 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.

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**SULPHUR AND CONSUMPTION.**—The furor created in the medical world, by the discovery of Bergeon that enemata of Carbonic acid gas, would benefit cases of phthisis has led to the inquiry, "what cures." The method of administration was to add a quantity of sulphuretted hydrogen, and this latter is now credited with the cure instead of the Carbonic oxide. Natural sulphur water was used and now Prof. H. C. Wood claims as good results from artificial sulphur water. He finds equally as good results when administered by the mouth. So that it is not the distension of the colon, nor the reinforcement of Sulphuretted hydrogen, in that canal. He thinks that it is the gas going to the lungs via the portal circulation that does the work. How Carbonic acid gas a supposed deadly poison can cure consumption is a mystery, perhaps it is on the Homœopathic principle. It was supposed that the blood of consumptives was super charged with Carbonic acid, that the blood was not aerated sufficiently and that altitude with its rarefied air was the greatest cure. Perhaps the rectal enemata controlled the circulation as Pratt says; rectal dilatation can the respiration but it is more than likely that Sulphur is the curative agent after all. Sulphur is a royal remedy for many forms of living disease.

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## THE BUREAU OF SURGERY OF THE AMERICAN INSTITUTE.

The Bureau of Surgery for the coming meeting of the American Institute, propose to have a most thorough discussion on Morbus Coxarius. Important papers from Drs. Hel-

Dr. Hall and James, the first on surgical treatment, Dr. Hall, on mechanical and Dr. James on the medical treatment will be of great value. Dr. Hall proposes to illustrate his paper, by splints and apparatus now in use. Dr. Helmuth's paper is expected to be in his usual thorough style. It is safe to infer a most interesting meeting, and it is the wish of the members of the bureau, that all may come with thoughts and ideas, and give them utterance, as there will be abundance of time for discussion.

Respectfully Yours.

L. H. WILLARD.

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### RUBEOLA (MEASLES).

BY W. S. MULLINS, M. D., AUGUSTA, KY.

As this disease has raged kingly and epidemically in our town for now nigh three months, and as the writer has treated many cases, without one single death, it may prove quite interesting and instructive to note the peculiarities which were manifested, and some of the numerous, complicated and severe sequelæ which followed. Peculiar in that a great number of adults were afflicted, and without either complication or after effects. Second, had ten genuine cases in persons who were positive they had had the disease, all over thirty years old. Third, the numerous severe complications and sequelæ in children from eighteen months old up to four years. Fourth, the death loss was confined to "*heroic and saffronic, hill side* tea dosing." Many severe tonsilitis, white or yellow patches upon the throat and tonsils. When the exudation was white, not slimy, the condition was cured by *Ignatia 2x*, and *Kali chloride 3x*. Yellow exudation and the stomach acid, *Kali phosphoricum 3x*, cured *greenish* vomiting, with *greenish* diarrhœa, was present at the incipient stage. At other times yellowish painless diarrhœa, ushered in the catarrhal stage.

The former condition received and were speedily cured by either Mercurius sol. H. or Sodium sulphate. The yellowish and painless diarrhoea were cured every time by Podophyllum 2x. When the eruption failed to promptly appear and the patient felt tired, ached and some nausea, Bryonia 200, acted like magic, even after the ignorant and nasty practice of dosing with "saffron" tea had been freely indulged. Painful eye symptoms developed, even when patient was in the "dark room" eyes red, injected, swollen lids, mattery effusion, sharp, darting, cutting pain, with much burning, eyes were at once covered with oil silk saturated with pure olive oil, Arsenicum 3x, one dose, always cured. Constant irritating hacking cough, hoarseness, uvula elongated. Hepar sulph, 6x, relieved. When cough was husky, burning in throat, constant desire to clear the throat, voice subdued, Causticum 6x, did well. The most important complication, and one which more than others has, if that can be, done more to give almost boundless faith in our "heaven born law of cure, and to make me marvel at the wonderful power attenuated drugs manifest and what serious vital depression they can restore to a normal condition, when given upon our law of cure, was *broncho-pneumonia*, placing its death stifling power upon "earth's little angels," between the ages of eighteen months and four years. They were indeed desperate and serious cases, cases that would never have been restored to health, by any means yet known, save the Divine law, as handed down to us by Samuel Hahnemann, held inviolate by Dunham and others. A law that "moss back and pseudo-Homœopaths" would do better to follow, cases that needed the asking of Divine help, and vigilant and careful selection of the needed remedy. When given, the patience to wait and let the wondrous healing or disease removing power do its work. Scarlet flushed cheeks, quick respiration, heart rendering moaning, bronchial rattling and lung engorgement, mostly right posterior, and the age—were certainly alarming. Hot water in rubber bags, placed over lung and bronchial lesions. Ferric

phosphate and Veratrum virides during the first stage. To hasten the resolution, when the tongue was coated with a white, not slimy secretion, rather fibrinous, Kali muriaticum.

When tongue was covered with a slimy coat, eyes watery, clear or slimy sputa, Natrum muriaticum 3x. When there was much bronchial rattling of mucous, air tubes seem full, cyanotic face, coughing until patient gags, Ipecac 6, and Tartar emetic, did wonders. But there were some cases were in Ipecac and Tart. e. failed to do their duty, or my selection of the remedy was wrong, the latter I know, then Chelidonium 2x, was given, and it seemed to gradually renew vitality, overcome depression, change the cough and lessen the hurried, rattling, bronchial breathing as though "magic hands" had touched the vitals to renewed activity. Young man, you who have just entered over the threshold of medical knowledge, if you would be wise, study, read, digest, grow. Take many medical journals, read them, study your materia medica. Produce a cure of disease upon the Hahnemann plan. The closer you stick to Hahnemann's teachings, the more certain will skill attend your bidding. *It can uever come through any other way.*

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#### ANSWER TO D. CLAPPER'S CASE.

Dr. D. Clapper, of Moorland, Indiana, on page 113, of INVESTIGATOR for March ask for diagnosis, prognosis and remedy for a case reported. One could not give a correct diagnosis unless he could see and examine the child, I opine that with watchful attention and skill the little one may in due time be cured.

First, give the little one a good nutritious diet, food containing plenty of phosphorus.

Second, rub spine every alternate night with pure oil and Phosphorus.

Third, use the *swedish movement cure*, but when you do so be certain beyond a doubt that you have the combination suited to your case, as that is absolutely imperative. Fourth, give Calcareo phos. 3x or 6x four times per day for one week, then follow with Potassium chloride 3x, Kali phosphoricum, 3x and Magnesium phos. 3x in alternation week after week, and the result will be all desired. Am aware that this "rotation business" will meet with disapproval from some, yet it will do your patient good, and make the parents' hearts glad.

AUGUSTA, Ky.

W. S. MULLINS, M. D.

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### THE STUDY OF THE MATERIA MEDICA.

BY J. D. CRAIG, M. D., CHICAGO.

#### I.

1. Hoarseness, worse in the evening; very sensitive to cold air.
2. Tickling in the throat, with violent cough.
3. Pains in the sides of the chest, worse from motion.
4. Frequent sighing.
5. A dry spot in the throat causes cough.
6. Night cough, dry, constant short.

#### II.

1. In the morning tough mucus in the lower portion of the trachea; cannot be dislodged by coughing and hawking; after coughing and hawking the trachea feels raw and sore; finally the mucus loosens itself, and he must hawk it up frequently.
2. A hawking cough arises from the pit of the throat, with a cold, salty fluid deep in the throat.
3. Oppression of breathing from tensive pressure, pains in middle of sternum, which was also sore to touch; with sleepiness.
4. Oppression of the chest; sensation of apprehension in the throat; obliged to breathe deeply.
5. A digging beneath the upper part of the sternum without oppression of breath.

#### III.

1. Cough with interrupted, almost suppressed respiration.
2. Very fatiguing cough, with blowing of blood from the nose.

3. Difficult labored respiration.
4. Hoarseness as soon as he breathes dry cold air.
5. Spasmodic attacks of dyspnoea; short superficial, quick respiration aggravated by coughing, laughing, bending upper part of the body backwards, walking quickly or inhaling acrid vapors.
6. Contraction of the larynx with the cough.

IV.

1. Hoarseness and roughness in the throat.
2. Dry cough, caused by tickling low down in the chest; worse in the evening after lying down.
3. Cough in the morning with yellow expectoration of a nasty taste and odor.
4. Oppressed labored respiration.
5. Pain in the chest as from weakness.

V.

1. Hoarse voice.
2. Internal soreness of the larynx and pit of the throat, worse mornings.
3. Upper abdominal walls are drawn in during inspiration; expand during expiration; the effort to breathe deeply takes away the breath at once.
4. Rawness and soreness high up in the trachea when coughing.
5. Chronic laryngitis of singers.
6. Expectoration purulent, mixed with light blood.
7. Paroxysms of cough are brought on by phlegm, in the larynx; irritation under the sternum; by a fit of passion; laughing; stooping; smoking; ascending stairs; raising the voice.

VI.

1. Sensation of rawness in the upper part of the air passages.
2. Almost uninterrupted irritation to cough beneath the upper part of the sternum.
3. Paroxysms of coughing [about midnight with which something seems to rise into the throat, as if it would suffocate.
4. Some dry cough during sleep.
5. Whistling, wheezing, and rattling in the trachea, when breathing.
6. Constriction in the upper part of the chest, which hurts when coughing.
7. Stitches in the chest.

THE NAMES OF THE REMEDIES GIVEN BY DR. CRAIG TO GUESS ON.

JUNE, 1886.

2. *Asclepias tuber*, 13. *Ambra gris*, 36. *Bryonia*, 33. *Borax*, 21. *Arnica*, 17. *Apis*.

JULY, 1886.

1. Arsenic, 2. Carbo anim, 3. Arsenic, 4. Capsicum, 5. Carbo veg., 6. Bella donna, 7. Bryonia, 8. Ant. tart., 9. Calc. carb., 10. Arsenic.

AUGUST, 1886.

1. Carbo veg. 2. Ammon. carb., 3. Belladonna, 4. Calc. carb., 5. Calc. carb., 6. Arsenic., 7. Belladonna, 8. Cactus grand, 9. China, 10. Chlorine.

OCTOBER AND NOVEMBER, 1886.

1. Sanguinaria, 2. Cocc. cact., 3. Agaricus, 4. Argent. met., 5. Alumina, 6. Ferrum, 7. Stramonium, 8. Asafotida, 9. Sanguinaria, 10. Allium cepa.

JANUARY, 1887.

1. Spongia, 2. Kali bich., 3. Spongia, 4. Causticum, 5. Causticum, 6. Chelidonium, 7. Chelidonium, 8. Drosera, 9. Conium, 10. Hepar.

FEBRUARY AND MARCH, 1887.

1. Ipecac., 2. Euphrasia, 3. Cina, 4. Ipecac., 5. Digitalis.

## BOOK REVIEWS.

**REPORT OF THE COMMISSIONER OF EDUCATION FOR 1884-85.** Washington, D. C.

This is the fifteenth annual report, and makes a volume of 848 pages of closely printed matter. It must have taken a good deal of time and study, to get up such a volume.

**HEALTHY HOMES and Foods for the Working Classes.** By Victor C. Vaughan, M. D., Ph. D.

This is one of the Lomb Prize Essays, read at the American Public Health Association. These essays should be read by every one.

**PUBLIC HEALTH.** The Lomb Prize Essays Award, made at the thirteenth annual meeting of the American Public Health Association.

This is the second edition of these essays read at Washington D. C., December 10, 1885, with an appendix. This volume has been prepared for the express purpose of placing the essays in a form suitable for public and private libraries with a comprehensive index. The essays have also been printed in pamphlet form.

**A PRACTICAL Treatise on Impotence, Sterility and Allied Disorders of the Male Sexual Organs.** by Samuel W. Gross, A. M., M. D., LL.D., Philadelphia; Lea Brothers & Company. Chicago; Duncan Brothers. \$1.50.

This is the third edition of this very practical work. It has been thoroughly revised and contains sixteen illustrations. The name of the author is well known in all schools of practice. The book is nicely gotten up and is well worth a perusal.



**THE LAW of Libel.** Important for those who get into hot water. The H. P. Hubbard Company, New Haven, Conn.

Those who want to read the law on libel and its points briefly discussed in plain terms, that he who runs may read and live to heed some other day.

**THE PRODUCER'S HANDY REFERENCE BOOK.** Compiled by Ervin A. Rice. Chicago: The Nonpareil Publishing Company. \$1.00.

The object of this book is to furnish at a low price a complete directory of first-class responsible wholesale grocers, buyers, and handlers of green and dry fruits, canned goods, and country produce in all the principal markets of the United States and Canada. All names are carefully selected with regard to business integrity and responsibility. The value of such a book to country dealers and shippers, is inestimable. It is neatly gotten up and printed.

**A PRACTICAL TREATISE ON OBSTETRICS.** Vol. 1. (4 vols.), Anatomy of the Internal and External Genitals, Physiological Phenomena (Menstruation and Fecundation). By A. Charpentier, M. D., Paris. Illustrated with lithographic plates and wood engravings. This is also Vol. 1. of the "Cyclopedia of Obstetrics and Gynecology" (12 vols.), issued monthly during 1887. New York: William Wood & Company. Chicago: W. T. Keener.

This is volume one of the four volumes. If the other volumes is as complete as this to say it will be the best work published will be putting it mild. Fine wood engravings and four colored plates, help to add to its beauty and usefulness. Written by men of large experience make it without doubt a most practical treatise on obstetrics. We anxiously look for the other volumes.

**THE SCIENTIFIC AMERICAN.** New York: Munn & Co. \$3.00 per year.

This is a weekly journal of practical information art, science, mechanics, chemistry, and manufactures. Every number contains some very choice reading.

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## *MEDICAL NEWS ITEMS.*

The Homœopathic State Medical Association at Des Moines, Iowa, elected officers as follows: President, C. H. Cogswell, Cedar Rapids; Vice President, A. P. Hanchett, Council Bluffs; Secretary, George Royal, Des Moines; Treasurer, S. E. Nixon, Burlington.

**DIED.**—Dr. D. T. Tritis, died May 29, at Manayunk Pa., in his seventy sixth year. The doctor was a close observer and a hard worker, and built up a large practice. His son Dr. W. B. is a wide awake young man and will continue the practice.

**AMERICAN INSTITUTE OF HOMŒOPATHY** meets at Saratoga Springs, N. Y. June 28, 29, 30, and July 1.

**DR. PHIL. PORTER**, has been appointed Professor of gynecology, in the Pulte Medical College, vs. Eaton resigned. A good man for the position.

**Dr. Dowling**, has removed from 313 Madison Avenue, to No. 6 East 43rd

street, between Fifth and Madison Avenues New York. At home till 12 M., 7 to 7:30 P. M.

DR. CHARLES DEADY, has returned from the south with restored health, and resumed practice at No. 11 East 29th, street, diseases of the eye and ear, an exclusive speciality. Office hours 9 A. M., to 1 P. M. At the New York Ophthalmic Hospital 2 to 4 P. M., daily.

DAKOTA HOMŒOPATHIC MEDICAL ASSOCIATION.—The following officers, were elected for the ensuing year: President, G. P. Bennett, M. D., Sioux Falls; Vice President, J. S. Keninger, M. D., Marshall, Minn., and H. E. Keeler, M. D., Watertown; Secretary, E. W. Murray, M. D., Redfield, Treasurer, C. E. Cawthorne, Henry.

Texas Homœopathic Medical Association.—The following officers were elected for the ensuing year; President S. W. Cohen, of Waco; First Vice President, T. Hines, M. D., of Corsicana; Second Vice President, W. Y. McKenzie, M. D., of Weatherford, Secretary; T. J. Crowe, M. D., of Palestine; Treasurer, T. H. Bragg, M. D., of Austin.

THE registry for nurses, opened in Philadelphia, May 17, 1887, in connection with the Homœopathic Eye and Surgical Institution, of Dr. Bushrod W. James, southeast corner Eighteenth, and Mount Vernon streets, Philadelphia, is now fully established. A carefully selected list of trained and other first-class nurses is registered and their services can be commanded at short notice.

Illinois Homœopathic Medical Association.—The officers for next year are the following: President C. B. Kinyon, M. D., Rock Island; First Vice President, G. A. Hall, M. D., Chicago; Second Vice President, F. M. Gordon, M. D., Sterling; third Vice President, H. P. Skiles, M. D., Chicago; Secretary Curtis, M. Beebe, M. D., Chicago; Treasurer A. A. Whipple, M. D., Quincy.

THE NEGRO is rarely or never myopic. Their only eye trouble is phlyctenular conjunctivitis. They rarely have granular lids. The negro bears surgery remarkably well. Syphilis in the negro is generally very mild. One-half of all negro men have syphilis, and it does not seem to hurt them. Gonorrhœa is easily cured in the male. In the female it does most harm, causing endometritis and sterility. The negroes often have uterine fibroids, but very rarely ovarian tumors. Uterine cancers are very rare, although lacerations of the cervix are very common. Insanity is rare.—New York Medical Journal.

International Congress on Inebriety.—The above Council of the English Society, for the study and cure of inebriety, have completed arrangements for an International Medical Congress, to be held at Westminster Hall, London, July 5th and 6th, 1887. The object of this Congress is to present and discuss the problems of inebriety medically, and from a purely scientific standpoint, by the best authorities, thus laying the foundation for a broader and more exact study of this subject. At the close of the second day, a dinner will be served to the Congress by the Society for the cure of inebriety; on the third day an excursion and reception will be held at the Dalrymple Home. Papers and addresses are promised from a large number of the most distinguished physicians, of whom the following are well known. Dr. Magnus Huss, of Stockholm; Dr. Moeller, of Brussels; Dr. Baer, of Berlin; Dr. Magnan, of Paris; Dr. Binz, of Bonn; Prof. Marstorf, of Vienna; Drs. Kerr, Drysdale, Richardson, Cameron, Carpenter, Burrows, Bristowe, and others of England; Drs. Parrish, Crothers, and Mason, of America; Dr. Fitch, of Halifax, and many others.

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SOME REMARKS ON THE PATHOLOGY OF CHOLERA, AND ON THE PROPHYLAXIS.

BY H. W. DANFORTH, M. D., MILWAUKEE, WIS.

Read before the Wisconsin State Homœopathic Medical Association.

The appearance after death, of a person who has died in the collapse of cholera is very characteristic.

The body appears shrunken, its prevalent grayish or leaden pallor contrasting with the livid hue of the abdomen and back, the connective tissue is very dry, the muscles are hard, owing to their dryness, and stand out prominently; in consequence of the absence of moisture decomposition takes place very slowly. A noteworthy phenomenon is the occurrence of muscular contraction after death which may be excited mechanically or occur spontaneously. Drasche alleged that the skin covering contracting muscles became reddish, the temperature usually raising  $\frac{1}{2}$  degree. The peritoneal surface like all tissues is singularly dry, and has a soapy or sticky feeling, caused by a layer of albumin, and causes the intestinal folds to adhere to one another.

The intestinal canal of those who die during the collapse, is in the majority of instances, filled with liquid which has the aspects of turbid serum, more or less mixed with the previous contents of the bowel, if death has taken place very rapidly, otherwise it is almost colorless.

When the mucous membrane is pale throughout the whole

intestine, the valvulæ conniventes look swollen and œdematous, and the color of the membrane is dead white, the solitary glands is distended and prominent, those of the *deodenum* remarkably so.

The nature of the exfoliation found in the intestinal canal has naturally been the subject of much discussion.

In 1832, Prof. Homer described exfoliation of the epithelial lining of the alimentary canal whereby the extremities of the venous system of the part are denuded, as being characteristic of cholera alone. This has been observed by several others, notably Drs. William Pepper, and L. S. Beale.

He says that in bad cases it is probable that almost every villus from the pylorus to the ileo-coecal valve has been stripped of its coat during life, these important organs, the villi, are in very bad cases nearly all left bare, and a very essential part of what constitutes the absorbing apparatus is completely destroyed, it is possible that the extent of this process determines the severity or mildness of the case.

In 1884 Koch during investigations of cholera in Judea, found bacilli in the bowels which he believes to be peculiar to the disease, they were curved or comma-shaped, proliferated rapidly and displayed active movements. The bodies of people who had died of other diseases did not have them, they were found in large numbers in the large intestines and in even larger numbers in the stools; as soon as the stools assumed a fecal character the bacilli disappeared.

Through extensive researches he is of the opinion that they are the exciting cause of the disease.

While Ferran of Spain during the prevalence of cholera there in 1885, discovered that the attenuated virus, hypodermically administered would ward off the attack.

Thus in twenty-two towns with an aggregate population of 134,151 he found that of the non-innoculated 7.199 per cent. were attacked by cholera, while of the inoculated 1.204 per cent. the mortality of the disease was of the non-innocu-

lated 43.31 per cent. and of the inoculated 28.17 per cent. of those attacked, thus quite clearly showing that in place of nursing a fallacy he has cared for and protected a truth.

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## GALVANISM IN THE TREATMENT OF INTERSTITIAL FIBROIDS.

BY WILLIS DANFORTH, M. D., MILWAUKEE, WIS.

Read before the Wisconsin State Homœopathic Medical Association.

No amount of theoretical speculation will establish the conclusion that galvanism is at all curative in this class of cases, indeed curative treatment of any kind by the use of any agency is practically unknown.

If we could remove the enlargement successfully as in ovarian cysts, then we should feel that we were masters of the situation, but the surgeon can render little or no help with his scalpel, and so far as medicines are concerned the practitioner is equally powerless in the case. We have to treat our patients expectantly, trusting that time or the change of life may arrest and shrink the morbid growth to zero. Probably no other uterine enlargement so utterly defies both medical and surgical treatment.

In view of these facts, any treatment which proves successful in these cases will be hailed with delight by patient and physician.

Recently, I have tested the affect of galvanism in the treatment of some of these cases and am so pleased with it, that with the permission of the convention I will report a typical case showing what has been and what possibly may be done again.

Mrs. H., German, thirty-eight years of age, of previous good health, no children, called me to make a diagnosis February 16, 1886. Put her on left side and on digital examina-

tion, found a uterine enlargement of decided proportions. By speculum I was enabled to discover the cervix presenting posteriorly, uterus lying forward upon the bladder, and completely immovable and of almost stony hardness. It was utterly impossible to pass the uterine sound at all. The enlargement exceeded in size the double fist. Patient suffered great pain and discomfort at every period. Uterine tenesmus continuing for a week or ten days afterward.

She had been under treatment by a specialist of our city who had given her not the least encouragement of a cure, but had recommended her to go to Berlin or Vienna.

Surveying the case in all its bearings, realizing that it was an interstitial fibroid of about four pounds weight, that it had grown steadily larger from the first, that it would not admit of successful removal; and that there was no medicine that promised to materially help, much less cure, I determined to apply the galvanic current in the hopes of possible remedy, accordingly I began the treatment February 20th, last, by the use of a galvanic battery, of sixteen cells, using a current strong enough to decompose water, *i. e.*, to produce electrolysis, applying the negative to the cervix and the positive across the lower abdomen and over the sacrum. The negative current was delivered through an ordinary metallic rectal electrode impinging upon the cervix, the positive through the ordinary sponge electrode, the current then continued thirty minutes.

Treatments were given three times a week, for two months, when the tumor was found to be reduced to the size of an orange, and at this writing is substantially cured.

The question of how galvanism cures, has not been explained to the satisfaction of the general reader. The fact is however that it cures by arresting the tendency to proliferation of tissue, and stimulating the absorbents to remove or discuss the morbid growth. The negative current discusses scatters or breaks up, the positive constricts puckers or

draws to itself, these two forces operating with resistless power may arrest a morbid growth and resolve or discuss it. I say may arrest? because it does not always act to suit us, it will not discuss a cancer or sarcoma, or even a sub-mucous fibroid, but has discussed many interstitial growths, and it is just this fact that I wish to make prominent here. I am glad to know that it may cure interstitial fibroids.

Dr. James says he don't believe it will do it, but he does believe that the 300th of Calc. carb. will do it. I reply to the doctor that there is no accounting for tastes or beliefs but that it seems quite as possible that a strong galvanic current might work a change in a morbid growth as a high attenuation of a comparatively inert medicine taken by the stomach.

The Frenchman says he does not believe in the resurrection of the Son of Man, that his philosophy will not admit of it. But if he can see a dead man take even one step then he will believe. So I say to Dr. James I have cured one case of interstitial fibroid sure and have consequently established the possibility of curing another.

I protest that I have no disposition to disparage medicine, but as I said in the beginning, "medicines do not cure these morbid conditions, and surgery is also powerless to do so," and therefore I am glad to be able to report a cure by galvanism.

I may add that I have treated seven other cases like the one here reported this year, with like satisfactory results.

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## CLINICAL CASE.

BY G. W. CHITTENDEN M. D., JANESVILLE, WIS.

Read before the Wisconsin State Homœopathic Medical Association.

In regard to the case of Judge P., which I presented clinically at the last annual session, there is not very much to add. It does however give me special pleasure, to state that the

patient has held his ground well, and apparently has as fair a prospect for another year as in June last, and this feature at least will be very gratifying to others who took a deep interest in the patient.

But in continuation will say that about the 3rd of July, the patient was not as well nor capable of as much physical exertion, had in addition to the pain about the shoulder, a pain in the back of the neck, this after a short time passed off the urine had an acid reaction s. g. 18 alb.  $\frac{1}{3}$ . Returned to Glon. 1. On the 8th, reports feeling better, and left for New Hampshire, to spend a few weeks for recreation among friends. Patient returned about Sept. 1st, feeling much refreshed by the needed rest, yet the pain to which he had been so long subject, would return with the usual provocation. In compliance with my request to consult with the best authorities he could while East, he was induced to visit Dr. David Thayer, of Boston. Dr. T. wrote me the patient has affection of the heart and kidney, mitral insufficiency, and abundance of albumen in the urine, I gave him Verat. vir. 200 every five hours, until a further development of rheumatic pain in parts remote from the heart, when the rheumatic pains are more fully developed take Cactus 200 every five hours.

On the 13th, of September I made the following notes of his condition. The first sound of the heart is prolonged to the second sound covering the interval of rest; pulse regular but somewhat full, dulness or percussion over a large area to the left and below the left nipple, with fulness over the cardiac region, indicative of hypertrophy of the heart, very marked resonance of lungs on percussion, coincident with feeble respiratory murmur. This latter is more pronounced in the left lung, respiration rather uncomfortable. These conditions have not changed much up to the present writing.

October 18th, the Verat. and Cactus have been continued to this date. Patient now has in addition, pain in right side of the larynx subject to the same conditions as that in the



shoulder. This I will say here, continues to the present report, The character of the urine is about the same as when he returned Sept. 1st. Reaction acid s. g. 22 alb  $\frac{1}{4}$ . Gave Phos. 6 and Iodine 6, in alternation. No particular alteration having taken place, about the 1st of November, gave as a heart tonic Digitalis 1-60th grain twice daily. January 18th, patient thinks he is passing more than an ordinary quantity of urine, and also feel the necessity of promptly attending to the call, sp. g. alb 1-6, omitted Dig. and gave Can. sat. 3.

March 8th continues to report an increased flow of urine, though I have not been able to procure a measurement, s. g. 12 alb,  $\frac{1}{8}$  clear. Gave Chin. 3 and Phos. ac. 3.

May 15th, reports urine moderate in quantity, but has severe cramping in right gastrocnemius muscles, and pain above the umbilicus, Kalmia 3 and Cuprum 3 alternately. Three days later reports entire relief from this but has swelling of the left great toe which was very red with a burning heat. As his father and some other relative, died from gangrene, both of whom were similarly attacked, this occasioned much anxiety. This passed away promptly from simple local application.

June 8th, urine 4 pints in twenty-four hours, s. g., 10 alb. 1-6. Has commenced drinking Poland water.

In the above it has been my endeavor to present the salient points, as they have appeared in my notes. Whilst during the progress of this case some development have seemingly been improved by treatment, yet the neuralgia features, and the symtoms connected with the heart have not afforded encouraging results. I have purposely avoided any theorizing, leaving each one to form his own conclusion, if he can.

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### SCIENTIFIC THERAPEUTICS.

BY C. H. HALLOWELL, M. D., CHICAGO.

Several years ago an article went the rounds of the press, which argued from a "common sense" standpoint that the

stomach is the seat of the mind and will. The argument was as follows: A child is good natured and happy when its stomach is in good condition; but is fretful and peevish when its stomach is deranged. Thus the earliest indications of mind and will arise from the condition of this organ. The shrewd wife pleases her husband with an unusually good dinner, and after it is eaten, easily obtains the desired concession. Daniel Webster, the most noted of American jurists was equally noted for his magnificent digestion—and so on to the conclusion before stated. The article was undoubtedly written as a burlesque, but it very aptly exemplifies the superficial method still prevalent, of dealing with subjects which should be more thoroughly understood in the light of the great advances which anatomy, physiology and pathology have made in the present century.

The ancients considered disease as an evil spirit that entered and strove to destroy the body; and charms and exorcisms were applied, to expel it. Here pathology and therapeutics went hand in hand.

Galen made anatomy a study and knew something about the bones, muscles and other structures of the body. He ascribed disease to the condition of the four humors of the body, viz; blood, phlegm, yellow and black bile, and wrote numerous works on therapeutics based on this pathology. These works were absolute authority for the medical profession through the long ages up to the seventeenth century. Dissenting physicians were persecuted even to torture and death, and the profession and laity were so schooled in these ideas that to this day the "humors" are "doctored;" the blood is charged with being the cause of numerous diseases, while the bile has so bad a reputation that one would scarcely expect a man of any standing to possess so depraved an element.

But the spirit of investigation finally pervaded even the conservative medical world. The discovery of the circulation

of the blood and the invention of the microscope opened a new field to science, and every organ and tissue has been carefully studied with instruments to which each year adds improvements—cellular physiology and pathology have resulted.

Therapeutics, however, has had but little share in this progress, for nearly every attempt to advance this science has been frowned upon and emphatically snubbed. A man may theorize to his heart's content over pathology. He may branch out in surgery, and hold and widely proclaim ideas at total variance with the generally accepted theories. He may hold that bacteria cause disease, or he may turn around and hold that disease causes bacteria. Any originality of thought is sure to be recognized and commended. But therapeutics until lately has been carefully fenced in to prevent the introduction of new ideas.

The cause of this impediment in the progress of therapeutics is not difficult to see. Forty years before the cellular structure of the body was thought of Hahnemann discovered the law of similars. In seeking for the minimum dose which would cure, he discovered the increased activity which minute subdivision bestowed. After careful investigation for years, he published his results, and, as is well known, was rewarded by the most bitter persecution. Such an onslaught upon the blood and bile therapeutics was intolerable, and no stone was left unturned to root out this most audacious innovation. Every tenet of Homœopathy has been assailed and ridiculed, but none have received so much attention from our scientific rivals as our dilutions and attenuations.

When Schwann developed his cellular theory, anatomists, physiologists and chemists crowded to investigate these new fields, and now every organ and tissue is carefully studied, and its cellular elements, their functions and chemical composition are carefully sought with minutest accuracy.

In these lines the scientific knowledge of the human sys-

tem is daily increasing. But therapeutic investigators in this field are conspicuous for their absence; the master mind of Hahnemann had seized upon two important highways over which they must pass, viz: drug proving on the healthy human system, and doses suitable for the size of the elements to be affected. So the field is left to Homœopathy, and save as Ringer, Philips, Bartholow, Sexton, and a few other unscrupulous compilers from Homœopathic literature, afford them light, they still clean out the bile and renovate the blood, much as Galen did 1700 years ago.

Histology and histo-chemistry develop facts that are worthy of our consideration. The red corpuscle of the blood, which plays so important a part in the growth and development of the glandular and tissue cells of the system, weighs in the neighborhood of one-millionth of a grain (.00008 milligram, according to Welcker), and its bulk is so small that fourteen million of them would only occupy the space of a cube with the side of one-twenty-fifth of an inch, or a cubic millimeter. Analyses show that nearly three-fifths of the corpuscle are water, about nine-tenths of the remainder are hæmoglobin, an albuminoid containing iron, while the potassium, sodium, calcium, magnesium, hydrochloric, phosphoric, sulphuric and carbonic acids, oxygen and the remaining constituents, taken together, make up the remaining one-twenty-fifth.

In relation to none of its constituents can the corpuscle be considered as a vehicle simply—with mere capacity for holding. It is an organized entity, with homogenous contents, as far as can be determined with the most powerful objections, and must hold its constituents distributed throughout its bulk, with as much iron, as much potash or carbon, in the molecules of one portion as in those of every other. Hæmatin, which contains all the iron in the blood, forms a little less than one-fiftieth of the bulk of a corpuscle (Frey). Iron forms one-seventy-eighth of hæmetin (Hoppe), or one-

three thousand nine hundredth of the bulk of a corpuscle, (in the neighborhood of one-four billionths of a grain,) and this amount in chemical combination with other elements and distributed throughout the mass of the corpuscle.

Further confirmation of the minute subdivision required of the constituent elements of the body, is afforded by the food adapted to the wants of the system.

Liebig says in his *Animal Chemistry*: "The food of all animals under all circumstances consists of parts of organisms."

Man's delicate organs of digestion are unable even in health to assimilate the nutrition profered unless it has passed through nature's laboratory, and been prepared to form a part of the complex human organism. The material is first found in the solid ledges upon the mountains. The forces of varying temperatures of water in its different forms of carbonic and other acids, reduces these ledges and deposit the finely pulverized debris as soil in the valleys. The lower forms of vegetations take it into their organizations; seperating it into its elementary constituents. As they decay they return these elements to the soil, but in a shape that higher forms of vegetation can make use of. Grazing animals finds food in these higher vegetable forms, and thus the intractable carbonates of the mountains have, through nature's chemistry, been so reduced as to furnish the atoms of carbon for the protein in the flesh of cattle.

Whether the atoms of carbon, which we thus trace through these varied forms are smaller in the protein than in carbonic acid, is not a material point. We know that the protein is much more unstable than the less highly organized forms, and its atoms, therefore, are more readily substracted by chemical agents.

In digestion the forces of the system are employed in breaking down the tissues and isolating the molecules taken as food. The saliva dilutes them and changes starch into

sugar. Starch will not pass through animal membrane, but sugar does so readily, as it is much more soluble.

The gastric juice still further dilutes them, and liquifies the proteids, so that of muscle tissue all becomes fluid save the fibrous parts. The pancreatic juice emulsionizes the fats and also tends to change starch into sugar—and so the nutritive elements are dissolved, subdivided, and their isolated molecules broken down and relieved of their atomic constituents by the mechanical and chemical forces of digestion. These atoms in their new combinations are now fitted for use in the system, and, entering the blood and lymph currents, they are, through processes not yet explored, made part of the organized corpuscles or serum of the blood, and fulfill their mission among the glandular or tissue cells.

In health, therefore, the system requires its food to be of a nature easily resolved into its atomic constituents. The iron which the system calls for, is destined to become one of the component parts of an organized cell; for example, the three thousand nine hundredth part of an organism weighing one millionth of a grain. Dame Nature supplies such a demand with the highly organized and unstable molecules of animal tissue, thus providing the needed element in a form that can be used. She never gives chemical tinctures through a glass tube, to prevent injury to the teeth or mouth, where the damage is in sight, regardless of the intestines which are out of sight.

Therapeutics deals with impaired functions, where either the digestive organs fail to properly prepare the nutrition or the capillaries and lacteals fail to appropriate it in sufficient quantity. The digestive functions are always weakened or suspended in acute disorders, and in most of the chronic diseases as well.

Now, knowing from physiology that these functions when in health dilute, dissolve and prepare the molecules of food for furnishing nutrition to the system. Reason indicates that

as far as possible, artificial dilution and preparation of the food should be made to nourish the system until these functions shall have regained their normal strength. The experience of ages has taught the same thing, and broths, teas and gruels are used by all schools and nations.

But how about remedial agents? The elements to be affected by them are the cells, minute in size. In health they require microscopical, even molecular, subdivision of the elements for their development.

Is there not an analogy to be drawn ?

When all disease was ascribed to the fluids of the body, and the fluids were believed to be like solutions or other homogenous liquids, the therapeutic methods of thinning the blood by bleeding, of clearing out the accumulated bile by cathartics and emetics, and thus attacking the disease at its origin were in the highest degree logical. But in the light afforded by the histology of to-day, we know that it imposes upon the enfeebled system the burden of replacing the millions of cells thus destroyed, in addition to the struggle with the disturbance which caused the illness. Besides all this, killing a cell because it is ailing may be a rapid method of curing that particular cell, but as a principle of cure, it can hardly be extended far without causing complaint.

The rational, scientific remedy should destroy no tissues with its chemical violence and therefore should entail no debility additional to the disease, but should furnish the curative elements in a state of reduction that will require no especial effort from the enfeebled system to appropriate. In quantity it should be the least amount that will accomplish the object. The limit of subdivision is beyond our knowledge. The iron in a corpuscle if in a mass would be about the eleventh decimal attenuation, but it is known to be in chemical combination, and therefore in atoms! The eleventh is clumsy and crude in comparison.

Minute doses require an accurate minute knowledge of

the remedies used. This requires an individual knowledge of each individual drug, and precludes compounding of prescriptions unless the compound is as accurately determined as a separate remedy. An accurate knowledge of a drug necessitates a careful study of its effects upon the human system, and this can only be accomplished by systematic provings of medicines on the healthy human organism. These various features are essential parts of Homœopathy.

Hahnemann was a half century ahead of his times. The structure of the tissues and gland was not known. Chemistry was confusion, and histo-chemistry unthought of. Yet his close logical mind with wonderful precision led him to conclusions that it is taking histology and chemistry nearly a century to reach, and each true accession to the facts pertaining to medical science but more strongly indicate these conclusions as the portals of scientific therapeutics.

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### ANTI-PYRETICS IN FEVERS.

BY A. M. CUSHING, M. D., SPRINGFIELD, MASS.

MESS. EDITORS:—In the published proceedings of the Homœopathic Medical Society for 1886, we find a paper (we did not hear it) from Prof. J. Heber Smith, of Boston, as chairman of the Committee of Materia Medica, on Antipyren, in which he says: “During the past year a former student of mine, a graduate of the Boston school, Dr. W. E. Keith, as a resident in the great Cook County Hospital of Chicago, (containing about eight hundred beds,) has had ample opportunity for watching the action of the antipyretics in both typhoid and intermittent fever. The doctor writes that it is often used with success in breaking “chills and fever” that have resisted the skill of our best Homœopathic physicians.\* “But in this class of cases its administration is always preceded some six hours by a large dose (about twenty grains)

\*We believe that is a libel on the best Homœopathic physicians.—A. M. C.



of Quinine in the morning." \* \* \* The doctor writes, moreover, that on the Homœopathic side of the Hospital this treatment is tried upon some patients, while others are treated from day to day symptomatically, the remedy being changed according to new indications, while still others received but one remedy from first to last, selected with great care at the outset, Homœopathically. Of these last, two in one week were rescued from imminent peril from extreme temperature by a resort to antipyrin." Is that a sample of the Homœopathic(?) treatment in the great Chicago Hospital? Select a remedy that seems clearly to be indicated and then ten, fourteen or twenty-one days later, with every symptom changed, turn their backs upon Homœopathy, discard remedies that have carried thousands of cases successfully though this once-dreaded disease, and feed the patient fifteen or twenty grains of the latest Old School nostrum. Shades of Paracelsus Theophrastus Bombastus de Holinheim, arise! Is it any wonder the Allopaths consented to risk their reputation by statistics from the two schools side by side? A mugwump would not object to such competition. At first we thought Prof. Smith favored such treatment, and might possibly teach it in Boston; but he shook the mud from his garments by saying later: "Homœopathists should not suffer themselves to be lured away from our well-proven drugs, such as Rhus tox., Bryonia and Sulphur, remedies that have stood the trial of more than half a century." This morning I visited a stout, nervous patient, suffering from inflammatory rheumatism, who said lots of cuss words which I told him were not to be found in the dictionary. After reading the above paper I felt it would be a just relief to visit that patient and quietly listen to his explosive conversation.

## ACETIC ACID IN DIPHTHERIA.

BY J. H. S. JOHNSON, M. D., CHICAGO.

In June 1886 I was called to attend a boy aged about 10. He was in delicate health, and decidedly scrofulous. He had got his feet wet while wading in a ditch, then he hurt his chin severely, and then at once began to feel quite sick.

When I arrived I found the usual symptoms of a severe case of diphtheria. His tonsils were swollen, and covered with exudate. In the roof of his mouth was a piece of diphtheric exudate about as large as a twenty-five cent piece and over an eighth of an inch in thickness. It hung by a pedicle, like a mushroom. I easily pulled it off, the wound bled but little, and was soon covered with a very thin exudate. He had not yet received any medicine. I put the membrane in a clean bottle, took it home, and then cut it in twelve pieces and put each piece in a vial of liquid and noted the results, which were as follows:

1. Alcohol caused it to shrivel.
2. No perceptible effect from a strong solution of Iod. of Potash.
3. The highly extolled Tr. of Fe. mur. caused it to swell and harden.
4. A saturated solution of the Protoiod. of Mercury caused it to swell.
5. A solution of the Arsenite of Bromine caused it to swell enormously.
6. A saturated solution of Kali bichromicum softened and swelled it.
7. A strong solution of Aqua ammonia swelled it and after five or six hours it was dissolved.
8. Liq. Potash swelled it, and after five or six hours it partly dissolved.
9. A strong solution of Sulphuric acid caused it to shrivel, and after three or four hours it was partly dissolved.

10. A solution of Tannin swelled it, and after several hours partly dissolved it.

11. A ten per cent. solution of Carbohc acid swelled it and after an hour it was partly disintegrated.

12. A good quality of Acetic acid dissolved it so rapidly that in two minutes it was completely broken up.

Then I prescribed a gargle of the same, and it was an easy matter to keep the membrane from becoming thick. He was given Kali bich., Ars. iod., Merc. cyanuret, and other remedies, as they seemed indicated. After several days he seemed to be almost convalescent, when a lady came to nurse him who was a firm believer in water as a cure all. He became thirsty; she gave him all the ice he wanted. He ate it greedily; swallowed piece after piece; soon he complained of terrible pains in the stomach and cardiac region. He grew rapidly worse, and after several hours of terrible agony he died. His father, a very intelligent man, told me that while diphtheria raged in Norway they used a gargle of salt and vinegar, and but few died. Since then I have prescribed dilute Acetic acid, about one part in ten, or as strong as can be agreeably borne, either as a gargle or with atomizer, and in every instance it has dissolved the exudtae so rapidly that it is expectorated without much trouble.

I direct that it be used for a period of four or five minutes, or as long as it can be done without greatly fatiguing the patient, at intervals of four or five hours, or often enough to keep the throat clear, and have no trouble in keeping the membrane from thickening and causing distress by its presence.

Another thing, they all say that their throat feels easier and not so dry after using it. Since then I have treated about thirty cases, and used Acetic acid in some form, and all have recovered quickly. I have several times been disappointed after using the vinegar sold in the groceries, and then have always substituted the official Acetic acid with

good results. I most always give Kali bich. 2x. or 3x., Merc. protoiod., Ars. iod., or Hepar sul., if they seem indicated.

I give the remedy that seems indicated, according to the rules laid down by Hahnemann, no matter if it be Aconite, Bryonia, or Pulsatilla, or whatever it may be, and the results show that I have not erred seriously, for I have treated between three and four hundred cases of diphtheria, and only lost two, except one where I was called in when the child was dying from what the attending Allopathic physician diagnosed as croup, where the diphtheretic exudate extended even into the bronchii.

CASE I. John J., aged about seventeen, dark complexion, slender and not very strong; had worked very hard. Found him quite feverish and very weak. His mouth was very large, his tonsils were swollen enormously and covered with diphtheritic exudate of a very offensive odor. He could hardly swallow or shut his mouth. In the roof of his mouth, or on the soft palate, was a deposit that could scarcely be covered by a silver dollar, and about as thick, and like a mushroom in form, suspended by a short pedicle about three-fourths of an inch in diameter.

Besides giving him Kali bich. 3x., I directed him to gargle with Acetic acid. He did so, and soon it was nearly all gone, and he was very tired from spitting so much. Afterwards he used it several times daily, and he had no trouble to prevent its increasing in thickness. He made a good recovery. Many unpleasant symptoms arose, such as inability to swallow fluids, which returned through the nose, which Belladonna promptly relieved; contracting of the flexors of the fore arm, which Rhus relieved; partial paralysis of the lower limbs, which Gels. relieved.

CASE II. Mr. R., aged about twenty-six. He became suddenly and violently ill after being wet in the rain; the diphtheritic exudate covered the swollen tonsils to a great extent; the constitutional disturbance was severe, and his suf-

ferings were great. Kali bich. 3x., Acetic acid as a gargle, and after four or five days he was convalescent, and resumed his usual occupation in a day or two.

CASE III. His wife, who was nursing an eight months old babe, was taken sick in nearly the same manner, and suffered terribly, as it was about the time for her to menstruate. She had a severe headache which usually appeared on such occasions. I gave her Bryonia for several hours until the headache disappeared, then Acetic acid 2x., aqueous solution, every hour. After three or four days she felt as well as ever, except somewhat weak.

CASE IV. Then another member of the family, a young lady, was taken with many of the same symptoms, except the exudate had not appeared on the swollen tonsils and uvula. Acetic acid 2x. in water, every hour, and the next day she felt perfectly well.

CASE V. E. B., aged 9. Scrofulous and weakly. Found him suffering with diphtheria and measles; gave him Hepar, Puls., and then Sulphur, as they seemed indicated, and Acetic acid with atomizer, and he recovered rapidly.

It is written that Acetic acid is antiseptic and a stimulant. Kuchenmeister put a piece of diphtheritic membrane in vinegar, water and honey. It swelled, became transparent, and remained unchanged for several days. Some vinegars are of no use, as often stale beer, sulphuric acid, and other ingredients enter into its composition; so I would not depend on them unless quick results were forthcoming.

Allen says Acetic acid produces a cold perspiration over the whole body, general trembling, and an alarmed state of mind. He cites a case of poisoning where there was great burning in the throat, tongue dry and cold; another where there was great thirst, and the laryngeal obstruction was so great that swallowing was impossible, and tracheotomy had to be resorted to.

Ziemsens says there are but six cases of poisoning with it

on record. That it caused a decrease in the temperature, increased the frequency of the pulse, and dissolves the red blood corpuscles.

Selinski asserts that he produced artificial croup membranes by injecting Acetic acid into the air passages.

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### PUERPERAL CONVULSIONS.

BY E. W. EARLE, M. D., ROCHESTER, N. Y.

ED. INVESTIGATOR:—In your issue for March I notice an article by Dr. Carlson on “Puerperal Convulsions,” in which he advises the use of Chloroform to moderate or control the convulsive seizure.

This isn't new, even in the Homœopathic school, and is the rule in the old school. Nevertheless I believe that the use of Chloroform in any case of convulsions induced by uremic poisoning is not only useless but is positively harmful. In quite an extensive obstetric practice it has fallen to my lot to treat quite a large number of convulsions, both anti- and post-partem. I have used Chloroform, Ether, Opiates, and Bromide of Pot.; also have tried the virtues of blood-letting; until I am thoroughly convinced that in nearly if not quite all cases of uremic convulsions they are entirely unnecessary.

In the last ten years I have not met with a single case that did not yield very readily to Bell. 200.

Don't smile, doctor, nor turn up your nose, either, till you have tried it. I am a “low potency man” myself, but low potency won't fill the bill. Higher than the 200th might do, but the 200th has acted so well that I have had no inclination to try anything else. My mode of administration is to place a few pellets on the tongue after each convulsion, until there is an apparent improvement indicated by a lengthened interval between the convulsions, or by a lessened vio-

lence of the seizure, or both, when I suspend the medicine. Very often one dose is sufficient; very rarely do I give more than two, and have never had to use more than three doses.

Consciousness usually returns in a short time; if not, I give one or two doses of Opium 200th, which soon produces the desired effect.

I once treated a case which for twelve hours had been dosed with Bromide of Potash per mouth, and Brom. of Pot. and Laudanum per rectum, with no benefit. One dose of Bell. 200th was followed immediately by a very severe convulsion, and after a longer interval than any preceding, by a very light seizure, which was the last one. The patient recovered consciousness in about twelve hours, and rapidly recovered.

In another case there was not interval between the convulsions sufficient to clear the mouth and administer the dose. In this case, notwithstanding my antipathy to Chloroform, I would have used it to get time to give the medicine, if I had had any. I would have used a hypodermic syringe, but had left mine at home. I would have given an injection per rectum, but could get no syringe. In my extremity I held an open vial of Bell. 3d to the nose, which so lengthened the interval as to allow me to give a dose of the 200th dry on the tongue. This was followed by improvement, but a second dose was necessary to completely arrest the trouble.

A very broad smile, or even an indignant incredulous "pooh" is permissible while reading this second case, but "the proof of the pudding is in eating it," and if you don't believe, just try it; but if you wish success with this treatment you must let Chloroform alone while using the Bell. Clear the mouth of mucus, place the pellets on the tongue, and wait. If the next convulsion is less violent, or occurs after a longer interval than before, then continue to wait. There may be another convulsion but it will be a very light one, and the last. Probably in a majority of cases I give a

second dose, but as I said before, I have never needed more than three.

A boy once said in meeting that he knew what the love of God was by sad experienc. By the same light I know what uremic convulsions are, but Bell. 200th has robbed them of a great amount of terrorizing power.

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### WHAT CAN BE DONE.

BY C. A. STEDMAN, M. D., FRANKFORT, KAS.

In the past year I have met and had letters from several young physicians, who want to know the use of spending three years and working hard for a college education and diploma, when so many men practice, or try to practice medicine, who call themselves Homœopaths, who never saw the inside of a college, but read a year with a physician and then begin to practice?

Some may say true Homœopathy will show for itself. Certainly it will; we all know this. But let a young man go into a community as a Homœopathic physician, work hard two or three years and not be able to get the necessities of life, let alone the luxuries, and at the end of this time see that he is slowly but surely gaining the confidence of a prejudiced people, (and Homœopathy has stood the battle and curses of not only the people, but physicians,) and the young pill doctor, as he is called, is being looked up to, and just beginning to reap the harvest of his hard work, when in steps a man calling himself a Homœopath, and perhaps an older man, tells of the vast experience he has had, and goes to work. Very soon his patients begin to die. Then what is said of Homœopathy by people and Allopathic physicians? Simply this: "I told you Homœopathy did not amount to anything."



And so the good missionary work done Homœopathy by a young man who has, perhaps, worked hard to earn the money that has paid for his education and diploma, is overthrown. By what? A quack who does not know the meaning of the word Homœopathy, let alone its law of cure.

Now, can nothing be done to stop this? It is almost impossible in this country to get a student that wants to go to college, as he will say such and such a doctor has no diploma, why need I have one? And what can we answer them.

I know every graduate of a Homœopathic institution can if he works hard and studies, make a success. But it is the so-called Homœopaths that are injuring and holding our school back. Of course we are gaining very fast, but we can gain faster, and in a few years end all controversy between schools, if we can in any way stop this quackery along the ranks of Homœopathy.

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### CASE OF CHOLERA INFANTUM.

BY W. D. GENTRY, M. D., KANSAS CITY, MO.

Baby eight months old; incessant diarrhœa discharges and vomiting. Preceding the vomiting or stool, great pain *causing child to cry vehemently, and clutch ears with hands until they were red;* after vomiting and stool, great exhaustion, paleness and sweat. Would drink as much water as allowed, which would soon be rejected by stomach, causing the same agony again and again. Excoriated anus, as in Arsenic. The vomiting, paleness and exhaustion also caused me to think of Arsenicum, but there was another symptom, that of an eruption around the mouth, similar to a burn, which had been forming for twenty-four hours. These little blisters would first appear as a red spot under the skin. Serum would soon appear, and in five or six hours burst and discharge.

This, in connection with the agony and clutching of the ears, caused me to think of Cantharis, which was administered in the 30th potency. The child, it was thought, could not live, father, mother and friends all weeping and in great trouble. There was no more vomiting or purging after the second dose, and in twenty-four hours the child was brought to my office; had had a good night's rest, plenty of nourishment, and all the friends and neighbors converted to Homœopathy.

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### A PECULIAR CASE OF INVERSION OF THE UTERUS.

BY H. P. COLE, M. D., BRIDGEPORT, CONN.

T. C. DUNCAN, M. D., *Dear Sir*:—At your request I will give the readers of THE INVESTIGATOR the particulars of the case, inversion of the uterus, that I referred to.

Early last January I was called by Dr. Sanford, of this city, to see Mrs. B., a young woman, quite fleshy, who had been confined about five days previous, and delivered of a healthy child, and healthy placenta. I learned that all had gone reasonably well, though slowly; the tissues were very much relaxed, contraction was poor, and there was a little passive hemorrhage after the doctor had left, which caused the nurse to crowd her hands into the lower abdomen in order to persuade the uterus to contract more firmly.

A vaginal wash was used once or twice each day for sanitary purposes, until the fourth day, when the nurse said she could not use the wash because there was something in the way. The doctor had examined the case twice after labor, and nothing was discovered out of the way until after this remark of the nurse, when the vagina was found occupied by a large globular body that filled it so completely it was impossible to pass the finger beyond the mass to learn its relation or source. During this time there was very little pain or hemorrhage.

As there was no immediate danger the case was left as it was until I was called to assist him. With the patient partially under the influence of Chloroform, the uterus was finally pushed back through cervix—for it was completely inverted—after much patient effort, and then only by long compression of the protruding portion to remove the accumulated blood from the sinuses. All seemed to be well, but the next day Dr. S. told me the condition had returned as bad as ever.

I then secured an elevator, consisting of an ivory ball on the end of a long rod, with which I returned the inverted uterus, after waiting a day or so, that she might fully recover from the first operation. I found the fundus so soft and flabby that it would easily collapse, and many points that were dented or sunken had to be separately pushed up to their proper position. When all was properly returned, I took a rubber ball, attached to the end of a long tube, folded it between the blades of a uterine dressing forceps and passed it into the cavity of the uterus. There it was retained until it was inflated with air through the tube attached to it, until it was too large to return through the cervix. The connecting tube was then folded upon itself and ligated firmly. The patient retained the ball for three days, when it was discharged during a severe evacuation from the bowels, somewhat reduced in size.

The patient progressed favorably, though very slowly, from that time.

The points of interest to us were, the late occurrence of the inversion, and the remarkably loose and flabby condition of the uterus and all other tissues.

The lack of hemorrhage seemed to prove that the inversion did not occur till after the placental surface had become fully repaired.

## CEANOTHUS IN ENLARGEMENT OF THE SPLEEN.

BY A. J. BOND, M. D., ADAMS, MASS.

W. C., aged forty years, contracted malaria in the army and has had attacks nearly every season since, two of which were so severe that life was despaired of by his attending physicians. He has had more or less pain and soreness, with dragging sensation in left hypochondriac region for years. For the past few days the left side of the abdomen, and left side of the abdomen and left hypochondriac region have been getting more sensitive, and attended with sharp cutting pains, made worse by motion, or standing erect.

On examination the spleen is found to occupy the whole left side of the abdominal cavity below, and to the left of a line extending from the costal cartilage of the tenth rib through the umbilicus, as shown by abnormal distention, firmness and positive flatness on percussion over the whole surface, and extending one and one-half inches to the right of median line below the umbilicus. All the functions are normally performed, and there are no objective signs of cachexia. Temperature normal, pulse 56. Prescribed Bry. 1 every two hours.

Sept. 30. More sensitive to pressure to the right of the linea alba below the umbilicus, but less sharp pain. Temperature 99.5, pulse 68. Prescribed Ceanothus tincture every two hours.

Oct. 1. Slight paroxysm of ague last evening at six o'clock, accompanied by sharp pain in left side. Prescribed Ceanothus tincture and Bry., alternate every two hours.

Oct. 2. Much better. Prescribed Ceanothus tincture every two hours.

Oct. 4. Improving; worked half a day, but had to give up on account of sense of weight and soreness in left side. Ceanothus tincture continued.

Oct. 12. Works every day. Ceanothus tinc. 5 gtt. three t. i. d.

Oct. 24. Percussion gives normal resonance to the right of a line drawn perpendicularly through the anterior superior spine of left ilium, and dullness to the left, showing an enormous reduction in the size of the spleen. Some soreness in the left hypochondriac region yet remains, however.

I believe that Ceanothus was instrumental, not only in greatly reducing the size of the spleen, but in warding off an impending attack of malarial fever.

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#### HELP WANTED.

Any help through the columns of THE INVESTIGATOR as to the treatment of epilepsy, or the new treatment of phthisis by enemata of gases will be much appreciated just now.

Am having some success in an obstinate headache case with Chiananthus virg. Will report if there seems to be sufficient reason for so doing.

H. C. G.

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#### SUCCESS IN OBSTETRICS.

BY M. P. HAYWARD, M. D., LAWRENCEBURG, IND.

ED. INVESTIGATOR:—I was interested and not a little amused by reading the article in your January number, by Dr. Speicher, entitled "Fifty Obstetrical Cases, with Short Histories." I have no doubt the doctor has given us a faithful history of his cases. I am very thankful, however, that his article did not appear on the eve of my *debut* into the profession. If it had, I think I should have become discouraged.

Sixteen cases, out of the fifty, requiring the forceps, would be appalling to any new beginner.

For the encouragement of such beginners, I send you record of first eighty cases which I attended. I kept no rec-

ord after that. My first case was July, 1856; the eighty-eighth case was August 20, 1870.

1. Primipara; colored, male, no trouble.
2. Third child; colored, male, no trouble.
3. Primipara; colored, male, illegitimate, no trouble.
4. Second and third child; twins, one still-born, female, no trouble.
5. Several before; female, no trouble.
6. Several before; male, no trouble.
7. Primipara; male, eight hours labor, no trouble.
8. Mrs. H. Primipara; colored, seven months, hydatid degeneration; only a mass of hydatids; much hemorrhage, but got up well.
9. Primipara; male, labor three hours, no trouble.
10. Seventh child; female, no trouble.
11. Mrs. H. again; male, labor one hour, no trouble.
12. Second child; tedious labor, thirty-six hours, female, got up well.
13. Second child; male, seven months; child died; no other trouble.
14. Fourth child; male, labor six hours, no trouble.
15. Several before; twins, males, no trouble.
16. Primipara; female, labor five hours, no trouble.
17. Primipara; male, labor twelve hours, no trouble.
18. Several before; female, short labor, no trouble.
19. Several before; male, short labor, no trouble.
20. Third child; female, no trouble.
21. Sixth child; male, rather tedious, no trouble.
22. Second child; still-born, seven months, no trouble.
23. Fourth child; female, labor two hours, no trouble.
24. Fifth and sixth; twins, females, labor four hours, no trouble.
25. Third child; female, labor five hours, no trouble. Both times before was delivered with forceps.
26. Primipara; female, no trouble.

27. Primipara; labor thirty-six hours, premature, still-born.
28. Third child; female, labor not to exceed fifteen minutes.
29. Primipara; male, labor twelve hours, no trouble.
30. Third child; female, no trouble.
31. Fourth child; female, labor twelve hours, no trouble.
32. Third child; male, labor five hours, no trouble.
33. Third child; female, labor six hours, no trouble.
34. Primipara; female, labor several hours, no trouble.
35. Second child; male, no trouble.
36. Several before; no record of sex, no trouble.
37. Primipara; male, no trouble.
38. Fourth child; female, no trouble.
39. Primipara; no record of sex, no trouble.
40. Fourth child; female, no trouble.
41. Second child; female, no trouble.
42. Several before; female, no trouble.
43. Primipara; male, no trouble.
44. Third child; female, colored, no trouble.
45. Fourth child; no record of sex, colored, no trouble.
46. Primipara; female, labor two hours, no trouble.
47. Fourth child; female, labor one hour, no trouble.
48. Fourth child; female, labor two hours, no trouble.
49. Primipara; male, labor ten hours, a little delay in getting up.
50. Primipara; male, labor ten hours, no trouble.
51. Primipara; female, illegitimate, no trouble.
52. Second child, male, no trouble.
53. Primipara; female, labor eighteen hours, no trouble.
54. Primipara; male, no trouble.
55. Third child; female, no trouble.
56. Primipara; female, illegitimate, no trouble.
57. Second child; male, very slow getting up.

58. Primipara; female, no trouble.
59. Primipara; male, labor twelve hours, no trouble.
60. Fifth child; female, no trouble.
61. Second child; male, no trouble.
62. Fourth child; no record of sex, no trouble.
63. Primipara; male, no trouble.
64. Several before; female, no trouble.
65. Several before; male, no trouble.
66. Several before; male, no trouble.
67. Second child; male, no trouble.
68. Primipara; male, labor eighteen hours, no trouble.
69. Primipara; still-born, illegitimate, premature.
70. Third child; female, no trouble.
71. Third child; female, eleven and one-half pounds,  
no trouble.
72. Primipara; no record of sex, no trouble.
73. Several before; male, no trouble.
74. Second child; female, no trouble.
75. Primipara; female, severe flooding, got up well.
76. Fourth child; male, no trouble.
77. Primipara; premature, still-born.
78. Primipara; female, no trouble.
79. Third child; male, got up well, but in one month  
became insane; recovered at asylum in about a year.
80. Primipara; male, labor twenty-four hours; for-  
cept; got up well; first time I ever used forceps.
81. Second child; male, twelve and one-half pounds, no  
trouble.
82. Primipara; female, no trouble.
83. Primipara; female, no trouble.
84. Primipara; male, no trouble.
85. Second and third; twins, females, no trouble.
86. Primipara; no record of sex, no trouble.
87. Several before; female, no trouble.
88. Primipara; female, labor fourteen hours, no trouble.



Since August 20, 1870, I have probably attended 250 to 300 cases. Have never used forceps but twice. Have had nine cases of twins and one of triplets. Have lost but one mother. Every one of the eighty-eight cases were vertex presentation except No. 60, which was foot presentation. I have had in all my practice two foot presentations where there was but one child. In one case of twins both were foot presentation; one died. In my triplet case the first two were foot presentation; third, arm presentation, which of course I had to turn. Mother primipara; all females, all born dead.

I have been fortunate, or else Dr. Speicher has been unfortunate; perhaps both.

I have never given Ergot but once, and if the Lord will forgive me, will never do so again. Would much rather use forceps.

[We wish the doctor had told us in how many cases he had used Chloroform, or if he ever used it.—ED.]

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### WANTED, ARTICLES ON CANCER.

Please give a few articles on cancer, the supposed cause, history, etc., and newest treatment, in THE U. S. INVESTIGATOR, and oblige.

L. F. H.

[Will some of our readers please respond to this call with articles.—ED.]

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### A PECULIAR CASE.

BY W. D. GENTRY, M. D., KANSAS CITY, MO.

Mrs. M. W., resident of this city, aged twenty-eight, married seven years; always healthy; was confined with boy baby five years ago, since which time has never menstruated.

ated. On examination find uterus to be normal in size and condition. Health good, little robust; has never felt as if menses were coming on, as women generally do before menstruating; has never had any sexual excitement since birth of her baby. My opinion, for which I received a good fee, is that the ovaries were destroyed during pregnancy or parturition, and that the woman will never menstruate again. Am I right?

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## THE STUDY OF THE MATERIA MEDICA.

BY J. D. CRAIG, M. D., CHICAGO.

### I.

1. Dryness in the windpipe, with hoarseness.
2. Irritation to cough, from deep breathing.
3. Cough, with difficult respiration.
4. Night cough, affecting the stomach and diaphragm, mostly before sunset.
5. Cough, very overpowering in the evening before going to sleep, as if the larynx were tickled with a feather, with scanty expectoration.
6. Cough, with thick expectoration.
7. Tickling cough, as from sulphur fumes in the larynx.

### II.

1. Frequent cough, with some expectoration; if he coughs while standing, he feels a sharp stitch in the left side of the chest, with shortness of breath.
2. Short breath when walking, which is gradually relieved by rest.
3. A pressure on the chest, as of a heavy load.
4. Pressure in the left side, near the lumbar region, aggravated by motion of the body, and by pressing upon it.
5. A stitch in the left side of the chest, as from a dull instrument, after meals.

### III.

1. Expectoration of thick, yellowish mucus from the bronchi, in the morning.
2. Gray, salt-tasting expectoration.
3. Difficult respiration, as if he had inhaled sulphur fumes.
4. Dyspnoea, as if the chest were constricted by cramp.
5. Dull, aching pain all over the lungs, as if they had been overworked, with feeling of constriction of the chest, as from a tight waistcoat.

6. Oppression of the chest, as if too full.
7. Great oppression of the chest, aggravated by deep breathing in the forenoon.

## IV.

1. Voice rough in the morning, without sensation in the throat, disappearing on smoking.
2. Dry cough, caused by reading aloud, or talking, with painful dryness, roughness, and constriction in the larynx, causing an extremely sensitive cough, with which some mucus was loosened only after hawking a long time.
3. Deep cough, without expectoration, ceasing on lying down, and recurring next day.

## V.

1. Coughed up a considerable quantity of mucus, tinged with blood.
2. Respiration very difficult.
3. Shooting pains in the chest.
4. Frequent stitches shooting through the thorax.
5. Sticking in the upper part of the right side of the chest, deep internally. Scarcely aggravated by deep inspiration.
6. Painful glandular swellings about the nipple.

## VI.

1. Hoarseness, with cough and soreness in the chest.
2. When he has eaten anything he must cough until he vomits.
3. Violent inclination to cough in the evening, in bed, and in the morning; lower down in the trachea than can be reached by the cough, hence its violence and the impossibility to loosen anything by coughing.
4. Constricting and contracting pains transversely across the fore part of the chest.
5. Amelioration of the tightness of the chest while standing.

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*Duration of Contagion.*—Pearse gives the following conclusions: Measles is infectious from the second day, for just three weeks; small-pox, from the first day for about three weeks; scarlet fever, from the fourth day, for six or seven weeks; mumps, under three weeks; diphtheria, under three weeks.—*Gaillard's Med. Jour.*

## MISSOURI INSTITUTE OF HOMŒOPATHY.

The eleventh annual session of the Missouri Institute of Homœopathy was begun at the Lindell Hotel April 26th. The session was opened with prayer by Rev Geo. E. Martin, of St. Louis, who was followed by J. Martine Kershaw in an address of welcome. Dr. Kershaw said that the citizens of St. Louis welcomed them with open arms, and would do all that lay in their power to make the stay of the members of the institute a pleasant one. After referring to the hospitable treatment which those visiting Kansas City on the occasion of the last meeting had had, Dr. Kershaw congratulated his fellow citizens upon the great advances that Homœopathy had made, mentioned the new Homœopathic College and Children's Hospital, hoped that each member of the institute would gain in strength and knowledge by participation in the meeting, and extended a most hearty welcome to all.

Dr. Joshua Thorne, of Kansas City, the president of the society, replied in fitting terms, and after the reading of the minutes of the tenth annual session, and the treasurer's report, the following committees were appointed:

Credentials—H. W. Westover, F. F. Cassidy and J. M. Kershaw.

Audit—W. D. Foster, C. J. Burger and D. V. Van Syckel.

Publication—Moses T. Runnels, J. M. Kershaw and H. W. Westover.

President's Address—W. D. Foster and W. C. Richardson.

On motion of Dr. L. E. Whitney, all members in arrears for dues were given a receipt in full upon the payment of one year's dues.

## GUNSHOT WOUNDS.

The first paper read belonged to the bureau of surgery and was upon the subject of gunshot wounds of the abdomen, by Dr. W. D. Foster, of Kansas City. Dr. Foster stated that penetrating wounds of the abdominal cavity constituted one of the most difficult classes of injuries which a surgeon was called upon to treat. The chief dangers were to be anticipated from the shock, inflammation, erysipelas, gangrene, and peritonitis.

During the war forty-eight per cent. of wounds were of this character, and unless an operation was absolutely required, the surgeon was recommended to limit his measures to drainage, and efforts to control inflammation. Probing and persistent search for the missile, were liable to do more harm than good. When intestines were penetrated, active measures, such as opening the stomach and applying ligatures, must be taken, but where no such injury existed, no attempt to remove the missile should be made. Several instances were cited where this treatment had proved most advantageous. The avoidance of the danger of peritonitis by the use of purgatives was referred to as the greatest discovery of the day, and one which had deprived wounds of the abdomen of half their terror.

## LEARNING FROM THE BLIND.

Dr. Moses T. Runnels, of Kansas City, in a paper on accurate diagnosis

in uterine diseases, thought that the novice, after a sufficient practice in the study of diseases of women, would be able to do with his fingers what before he could do only in an imperfect way with special tools. He had been greatly impressed some years ago by the skill displayed by the blind in the various branches of study and manufacture through their sense of touch alone, and he thought a gynecological surgeon might become so expert in the same direction that his eyes would not be required to make a good diagnosis in many cases. Too much dependence upon the speculum and sound would not do, and prominent medical men were cited as authority for their danger, and the disease into which they had fallen. Oftentimes filaments of nerves would be caught in the cicatrix of an old laceration, frequently causing neuralgia of other portions of the body. The danger was in being misled by reflex nervous symptoms, and in this way many physicians made mistakes. The skillful gynecologist could not fail to detect any induration or fissures of the cervix the moment his index finger came in contact with its vaginal portion. The bimanual revealed the character of fibroid tumors. Since the bimanual or abdomino-vaginal examination had been so well taught, the diagnostician required no sound to denote the depth or position, or to ascertain mobility or condition. The theory of many gynecologists that nearly all the diseases of women had their origin in this organ would not hold good in practice, and thousands of the sex were victims of oversanguine doctors who never learned the truth except by great blunders. In the beginning of every case an accurate diagnosis was the all-important thing. All over the country physicians were trying to diagnose and treat such diseases, and the mistakes made were so frequent and inexcusable that the title of doctor had been shamefully dishonored. It was a lamentable fact that not more than one doctor in ten could make a semi-accurate diagnosis in any of these cases. As Homœopathic physicians they needed to study physical diagnosis and pathology more. He did not wish to detract anything from what they had done in materia medica, but he pleaded for more thorough work in these departments of medicine, which have been so much neglected, and in which so much could be accomplished.

#### DIFFERENCES AS TO DANCING.

Dr. Runnels was followed by Dr. J. Martine Kershaw, who read a paper on the subject of backaches of school girls and young women. The common form of complaint Dr. Kershaw ascribed to the displacement of the uterus. He condemned dancing as generally carried on, stating that a delicate girl would often dance thirty miles in an evening. Sleeping on the back was also a prolific cause of this complaint, and he advised all to sleep upon the side or face. Appliances for removing the cause of suffering were discussed and recommended, and all girls advised to be careful of taking undue exercise. An active discussion of the paper followed, developing a great variety of opinions among the physicians present. Dr. Thorne spoke in favor of moder-

ate dancing, saying that his sensations in dancing with a man would closely resemble those he would experience in waltzing with the traditional yellow dog. Dr. Richardson approved the paper because it provoked discussion. He heartily disagreed with every proposition advanced. Dancing in moderation was helpful, not harmful. Running up and down stairs hurt no one. More exercise, more pure air, and more healthful food were the remedies, not abstinence from dancing or local appliances. Dr. Parsons ascribed this sort of trouble to corsets, improper clothing and overwork at school. Dr. Kershaw closed the discussion by saying that he cared nothing for theory, but only cared to cure his patients, in which he had been reasonably successful.

#### OLD SCHOOL IGNORANCE.

Dr. W. B. Morgan illustrated a recent case of extensive destruction of periosteum without necrosis which had recently come under his treatment. Four weeks prior to April 15th, the sufferer, a blacksmith, of splendid physique, had been seized with violent pains in the side of the neck, for which he received at the hands of an old school doctor repeated hypodermic injections of morphine. A destructive inflammation had occurred and incisions had been made for the escape of pus, while two local doctors had dressed the wounds and administered morphine and quinine until they announced that the man must die. At this stage of the proceedings he had been called in and found the man in a shocking condition. The deeper parts of his wound contained dark, putrid flesh, and poured out a thin pus. To put it shortly, the whole thing was rotten. The posterior half of the patient's tongue had a jet-black coating, a profuse perspiration was on his skin, and he was compelled to lie helpless on his gnashed and rotten back. A constant diarrhoea had also set in, and he, Dr. Morgan, had mentally consigned him to the hereafter. However, he gave him Vienna cholera drops, with the result of checking the diarrhoea, and strove to clean and purify the large wound by washing and dressing with carbolized calendula decoction, a preparation which for several years he had used with great satisfaction. At the second examination of the wound, a stream of healthy looking pus poured from the dressing. Since then there has been a steady improvement, the dead tissue having become gradually separated, and a healthy granulation set up. In connection with the local treatment, Arsenic, Silica, China and Aconite had been given internally. Instead of dying, or losing the use of his arm, as was expected, the patient was now eating and sleeping, with every prospect of resuming before a great while the blacksmith's trade, with only the impairment of his arm from the damage done to certain muscles. The case had attracted considerable attention in the neighborhood, and the general opinion was that the Allopaths had better emigrate.

#### TREATMENT OF DIPHTHERIA.

The first paper pertaining to clinical remedies was read by Dr. J. Mar-

tine Kershaw, upon the subject of the treatment of diphtheria. Dr. Kershaw's paper opened with the statement that diphtheria was a disease requiring vigorous treatment from the outset. As in the case of rattlesnake bites, it is of the first importance to treat vigorously, before the patient's strength begins to fall. During an epidemic all suspicious cases should be treated as diphtheria, as the sore throat of to-day may become diphtheria to-morrow. Dr. Kershaw stated that as soon as he was called upon to treat a case of diphtheria he ordered whisky to be administered every four hours, in as large quantities as the patient can take without having the brain affected. After trying various remedies, the speaker said that he had found Gelsemium and the Cyanide of Mercury was the best. The latter remedy had the effect of dissipating the old membranes and preventing the formation of new false membranes. The first mentioned remedy does more than any other drug to lessen the paralysis consequent to many cases of diphtheria. These remedies are to be administered every two hours, day and night, no matter how much the patient may feel the need of unbroken sleep. It is necessary that the diphtheritic patient be fed well from the inception of the disease. Eggs, beef tea, soups and oysters are recommended. The sick room should be light, and kept at the temperature of about sixty degrees, carbolic acid and bromochloralum should be used as disinfectants. A gargle of alcohol and water is of great benefit in cleansing the mouth and throat. To this treatment nearly all cases will yield.

#### OPPOSED TO WHISKY.

At the close of Dr. Kershaw's paper, Dr. Edwards expressed his strong disapprobation of the idea of gorging the patient with food and fuddling him with whisky. The good effects of the latter in disease were mainly chimerical and, except in rare cases, did more harm than good. Mrs. Wilcox believed in the occasional use of stimulants. Dr. Westover was deeply impressed with the ignorance of the assembled physicians upon the subject of diphtheria, which in his opinion, was nearly always fatal. When a large proportion of supposed diphtheritic patients recovered, it was a sign that they had not been suffering from diphtheria. Where the nasal passages were involved, he had never saved a patient. Dr. Edwards and Dr. Runnels followed, giving similar opinions. Dr. Carrier disagreed with the gentlemen who had just spoken, asserting that Homoeopathy could cure diphtheria. At this point the convention adjourned until 2 p. m.

The following new members were admitted after discussion of this paper: C. J. Luyters, Jessie F. Farr, W. L. Reed, Amanda J. Yockwell, J. W. Jenny, Eva G. Condon, Mrs. S. F. Badger, H. R. Winchett, Helen P. Phillips, C. Louis Carrier and J. B. Morrow.

#### MALPOSITION OF THE HEART.

The afternoon session was opened by Dr. L. J. Olmstead, of Kansas City, who presented a paper on "Malposition of the Heart." The heart, he said,

was capable of variations in positions, due to mechanical and congenital causes. They might be extrinsic in nature, where the heart was found without the chest wall, but out of the normal position. But changes of such a nature were not apt to attract as much attention as to discover the heart beating on the right side of the sternum. Transpositions of the heart were caused by diseases of the lungs, but there were a few abdominal conditions which might produce the same peculiarities. A lateral curvature of the spine might operate to draw the heart either too far to the left or to the right, depending entirely from the side affected. The speaker [closed by telling of a rare instance of a congenital malposition in a young lady, which, he said, it was his good fortune to observe. The apex beat, instead of being heard normally, just below and to the right of the left nipple, was found to be on the right side of the sternum, corresponding to the fifth intercostal space, while the aortic valvular sounds instead of being heard near the junction of the cartilage of the third rib with the sternum, near its left edge, was heard immediately above the right nipple. For years, until the young lady was old enough to know better, she knew naught but that the correct and proper place for a heart was on the right side of the body.

Dr. Olmstead was succeeded by Miss Bessie V. Cushman, M. D., of Kansas City, who presented a paper on the "Action of Nitric acid on the Nervous System," giving several instances in which the use of Nitric acid was beneficial to patients. The first was that of an infant two years old, suffering from eczema, and who, after a month's illness without relief, recovered in a few days on being treated with Nitric acid.

Dr. H. M. Westover, of St. Joseph, Mo., contributed two very able papers. The first was a very lengthy and exhaustive treatise on "Diabetes Mellitus," a "disease without a pathology." It was, he said, a diseased condition, characterized by the permanent excretion of sugar in the urine. The doctor then referred to the disease being somewhat hereditary, and pointed out some of the causes of it. It usually, he thought, depended on some unrecognized pathological condition of the liver. The symptoms were set out as various gastric disturbances, hypochondria, mental depression, dizziness, etc. The methods for ascertaining the presence of the disease were then outlined, as was also the treatment found to be beneficial. A warm climate, fresh air, moderate exercise, flannels next the body, and a diet of bran, eggs, cream and glycerine. The remedies given by the best physicians were then enumerated and enlarged upon. They were Clemens' liquor, Arsenica bromati, Nitrate of Uranium, Silygium jambolinum, and Ergotinine.

The second paper given by Dr. Westover was one on "Injuries of the Lids, Orbit and Sclera of the Eye." He spoke first of the prominent position of the eye, and of its freedom from danger or injury through the protections with which it was supplied. The injuries to which the lids are liable were contusions, cuts, burns and lacerations. Those to be guarded against in connection with the orbit were the same as those liable to occur to any other



soft part of the body. Incisions and lacerations were those liable to occur to the sclera. These injuries were described, and the best remedies and treatments were mentioned and commented upon, the advantages and disadvantages being enlarged upon.

## COCAINE A DISAPPOINTMENT.

Dr. Wm. D. Foster, of Kansas City, read next a brief paper on cocaine, which, viewed as a therapeutic agent, was not yet fairly located; it was in embryo. His investigations had failed to discover any proofs thus far made, nor was there to be found in their clinical literature much evidence in its favor as a remedial agent. Some of the reports from allopathic sources at one time seemed to give promise that cocaine might prove of use in some forms of cerebral disorders, notably in the treatment of the insane, but further trials did not confirm these. As a local anæsthetic, cocaine had now a pretty well defined place. Its range of applicability was wide. Dr. O. S. Runnels, of Indianapolis, had called his attention to its use in a case of amputation of the tonsils, corroborating their previous knowledge that cocaine had, in certain conditions, strong hæmostatic powers. He thought they ought to limit their use of this drug carefully. Cocaine intoxication, or the cocaine habit, already loomed up before them, in the presence of which the opium habit sank into minute proportions. Serious and even fatal consequences had followed the use of a single dose of this drug, and when used as an anæsthetic, its action ought to be carefully watched. Opium seemed to be the best known antidote.

## THE SIGHT.

James A. Campbell, M. D., of St. Louis, offered a paper on injuries of the ciliary region, conjunctiva and cornea. He said he would not attempt to astonish his hearers by an elaborate description of the innumerable signs and varying symptoms belonging to the different injuries of those delicate and important regions; he preferred to present a brief view of three typical cases coming under his observation recently. The first was that of Mr. W. A. Bon-solk, who, going through East St. Louis on the train, was watching the brilliant and wierd light presented by the rolling-mills there after dark, when some malicious hoodlum, with that spirit of pure cussedness which characterized the breed, dashed a large iron bolt through the window, shattering the glass into a thousand pieces, and hitting him on the lower lip. The splintered glass flew in every direction, cutting his face at many points, and injuring his left eye. The second was that of a pupil at the Manual Training School, who was experimenting at making oxygen gas in a glass flask, when an explosion occurred which broke the glass into fragments, some of which struck his left eye, injuring it seriously. The third case was that of a little girl who had burned her eyes and face while pouring water on him. Dr. Campbell recounted minutely his treatment of these cases, in all of which had

met with satisfactory results. These three typical cases, he said, contained the epitomized history and methods of treatment usual in such cases.

The next paper was by Dr. F. F. Cassidy, of Kansas City, upon "Injuries to the Iris." Injuries to the iris, Dr. Cassidy said, may be punctured, lacerated from blows upon the eye, or from the entrance of foreign bodies into the eye, and are always accompanied by injuries to the adjacent structures, such as the cornea, lens capsule or sclerotic. Incised wounds were very distressing and produce very marked symptoms soon after the injury, an effusion of blood at once taking place into the interior chamber, which, as a rule, was speedily absorbed, and until the absorption took place strict rest should be enjoined. When detachment of the iris occurred, the pupil would not respond to light, thus producing impaired vision. Little could be done in these cases. In some cases a foreign body will enter the anterior chamber, become encysted and remain in the eye for years, without producing irritation, but in the iris these bodies produce violent irritation, and must be removed by the cataract knife and spoon. Injuries to the lens are caused by somebody perforating the capsule and closing the lens by which the aqueous humor is admitted into the lens substance, and as a result it becomes opaque. Where the wound is small the danger is not very great, but where it is large the lens becomes opaque and severe inflammation frequently results. In children there is less danger of secondary inflammation than in adults. After any injury to the lens the eye should be very carefully examined, in order to discover the presence of any foreign body. This must be extracted, if possible, and the danger of sympathetic ophthalmia not overlooked. After injury to the lens the patient should be placed in a recumbent position, cold cloths applied to the eye-balls, all movement prevented as far as possible, and the eye well dilated. Among local applications for wounds to the eye may be mentioned Arnica, Calendula and Hypericum. The internal remedies are: For a contused wound, Arnica; punctured wound, Hamamelis; for cataract resulting from ulceration, Canabis indica and Conium.

At the close of Dr. Cassidy's paper a few bills were audited and their payment ordered, after which the meeting adjourned to nine o'clock the next morning.

#### SECOND DAY.

A large number of physicians were in attendance, and the various papers were listened to with great interest and warmly discussed. The exercises were opened by Dr. E. T. Brady, of Kansas City, who read a paper on the pathogenetic symptoms which may be accepted as sure indices for the remedy. Dr. F. A. Bishop, of Hannibal, next read a paper on uterine dilators, and was followed by Dr. L. E. Whitney of Carthage, who gave his views on the hygiene of sick headaches, dividing the responsibility for this disease between the nerves and the stomach. This paper was discussed by Drs. Campbell, Thorne, Kershaw and others, and excited much interest. Dr. Cummings

followed with a treatise upon antiseptics, favoring their use in the sick room and recommending the steam atomizer. Dr. Harris' paper on the sanitary conditions of school houses and school life, dwelt upon the importance of proper ventilation and drainage.

After the treatise on dentition by Dr. W. A. Edmonds, Dr. G. S. Walker delivered an interesting address on the climate of Southern California, recommending it in certain cases of consumption. Dr. H. Tyler-Wilcox addressed the meeting on the subject of the treatment of post-partum hemorrhage, and Dr. J. H. Kimball, of Pierce City, gave the results of his experience in the use of water in obstetrical practice. After papers by Dr. Westover on the microscope in the detection of poisons, Dr. Thorne on Traumatogenic Epilepsy, Dr. Morrow on Somnambulism, and Dr. Richardson on diseases of the respiratory organs, had been read, and Dr. Parsons had given his views on the advance of Homœopathy in Missouri, the society proceeded to the election of officers.

Dr. S. B. Parsons, of St. Louis, was elected president; Dr. F. F. Cassidy, of Kansas City, vice president; Dr. Moses T. Runnels, of Kansas City, Secretary; Dr. L. J. Olmstead, of Kansas City, treasurer; Dr. H. W. Westover, of St. Louis, treasurer, and Dr. C. J. Luyties, of St. Louis, permanent stenographer.

It was decided to hold the next meeting at Kansas City, at a date to be determined by the Board of Censors. Delegates to the Homœopathic Conventions of Kansas, Kentucky, and Nebraska were appointed, and also to the National convention. W. B. Morgan, H. W. Westover and E. F. Burger were elected members of the Board of Control. The following chairmen were appointed: W. D. Foster, surgery; W. A. Edmonds, gynecology; L. E. Whitney, clinical medicine; J. A. Campbell, ophthalmology; A. H. Schott, materia medica; J. C. Cummings, sanitary science; M. T. Runnels, obstetrics; S. E. Miles, pædology; H. T. Westover, chemistry and microscopy; J. Martin Kershaw, psychological medicine; E. T. Burger, climatology; F. F. Cassidy, education and legislation, and H. W. Westover and F. F. Cassidy, diphtheria.

It was voted that the State be requested to give the Homœopathic physicians representation at the State Insane Asylum at Nevada, Mo. After passing a resolution of thanks to the press, the institute adjourned.

At 2.30 in the afternoon carriages were in waiting at the Lindell Hotel, and the visiting members were driven to Forest and Tower Grove parks, the Shaw's Garden, the Homœopathic and Children's Hospitals, and other points of interest. The convention was the largest ever held in the state, and was most successful in every respect.

#### THE GUESTS AND ENTERTAINMENT.

Among those present were Drs. J. C. Cummings, S. E. Miles of Boonville, D. T. Abell of Sedalia, L. E. Whitney of Carthage, N. M. Griffin of Gir-

ard, Kan., E. A. Shirley of White Hall, Ill., Geo. W. Foote of Galesburg, Ill., W. D. Foster of Kansas City, and nearly all the St. Louis Homœopathic physicians. The meeting was most successful, and gave the greatest satisfaction to all concerned. In the evening all members of the institute were tendered a reception at the residence of Dr. J. Martin Kershaw, 3500 Laclede avenue. The house was handsomely decorated with ferns and flowers, and a large number of nonprofessional guests were invited to meet the members of the institute.

A handsome collation was served, and the guests departed, charmed with the genial hospitality of their host and hostess. The programme for the last day included a drive to the principal points of interest in the city, under the superintendence of Dr. James A. Campbell. The institute completed its business in the evening and adjourned for the year.

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### *BOOK REVIEWS.*

**THE ELEMENTS OF MODERN DOMESTIC MEDICINE.**—A terse and practical Hand-book, describing simple diseases, their causes, prevention, and safe home treatment—The earliest signs that a physician is needed, and the procedure till the doctor arrives, in all emergencies. By Henry G. Hanchet, M. D. Carefully revised by A. H. Laidlaw, A. M., M. D., New York: Chas. T. Huriburt.

From the beginning to the end this is the best book we have seen on Domestic medicine. Not too large, and yet contains enough for any family to know. If we were going to criticize the work it would be in some instances where it does not caution the family to send for a physician, as they may have a serious disease to contend with.

Some physicians say the greatest curse that Homœopathy has to contend with is the "Book and Case." In some cases we have found this true. In others we have found it a great blessing for the cause of Homœopathy.

There is a question in our mind to-day which is doing Homœopathy the most hurt, the "Book and Case," or the druggists who are being crowded on every hand to keep a large stock of Homœopathic medicines and at the same time they say by words and acts, "Its a Humbug." Can any good come out of Gallilee?

In many a town we are told this "drug store" business cheats the honest, hard working Homœopathic doctor out of many a dollar. The doctor has the remedy in his own hands, if he wishes to use it.

The publisher has done his work well; clear type, good paper, and nicely bound.

**OXYGEN IN THERAPEUTICS.**—By C. E. Ehinger, M. D. Chicago: W. A. Chatterton & Co., Duncan Bros., cloth, \$1.00.

If this book had been published two or three years ago it no doubt would have had the largest sale of any book treating on medicine. The author

states in the preface: "It is the aim of this work to supply an apparent demand for a hand-book on Oxygen. It is intended to furnish information and practical details necessary for the construction and operation of the apparatus required to prepare and administer Oxygen and Nitrogen monoxide." It contains much that is of practical worth to every physician.

**THE PROCEEDINGS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.**

This is volume IX, of the proceedings of this society for 1886. It is very nicely gotten up and contains some very interesting papers.

**THE REVOLUTION IN MEDICINE.**—Being the seventh Hahnemannian oration, delivered October 5, 1886, at the London Homœopathic Hospital. By John H. Clark, M. D. London: Keene & Ashwell.

This little book contains an admirable lecture, given by Dr. Clark. It is divided into four chapters. The first chapter commences with the history of medicine, one hundred years ago, and the last chapter winds up with its growth and progress up to the present time.

**TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK FOR 1886.**

This is a nicely gotten up book, and contains a good many very interesting papers. It has always been a mystery to us why such able and instructive papers should be "hid under a bushel," as it were, by being published in such a book, and only given to the members who pay their dues.

**DISEASES OF THE BLOOD AND NUTRITION, AND INFECTIOUS DISEASES.** Being Vol. IV of "A Handbook of Practical Medicine," by Dr. Hermann Elichorst, and Vol. XII of Wood's Library for 1886, (completing the set, price of set, \$15.00). Illustrated. New York: Wm. Wood & Co.

This is the concluding volume of the set for 1886. These books will well repay perusal by any physician; closely printed and nicely bound, they make a valuable addition to the library.

**ORIFICIAL SURGERY AND ITS APPLICATION TO THE TREATMENT OF CHRONIC DISEASES.** By E. H. Pratt, A. M., M. D., LL.D., professor of Principles and Practice of Surgery in the Chicago Homœopathic Medical College; formerly Attending Gynæcologist to Cook County Hospital. Chicago: W. T. Keener; Duncan Bros.; cloth, \$1.50.

All who have chronic cases to treat, (and who have not,) should buy this book and read it over and over. If you are wondering what to do next, this book will call your attention, perhaps, to something you had not thought of. The work contains fifty-two illustrative cases cured by this wonderful treatment. Dr. Pratt's coat of arms is unique.

**THE PRINCIPLES AND PRACTICE OF OPERATIVE SURGERY.** By Stephen Smith, A. M. M. D., Professor of Clinical Surgery in the University of the City of New York; Surgeon to the Bellevue and St. Vincent hospitals, New York; Consulting Surgeon to St. Elizabeth's hospital, to the Foundling's Asylum, to the Infant's Asylum, etc. Philadelphia: Lea Bros. & Co.

This edition is thoroughly revised, and contains one thousand and five

wood cuts. It contains 877 pages of closely printed matter, and the illustrations show up well. The work is intended for every day use, and contains a large amount of very practical matter. Perhaps in no department of medicine is good judgment so essential to success as in surgery. There are few diseases where a single course of treatment can be adopted. Good judgment wisely determines the cause to be pursued, and applies appropriate means to secure given results. Hence it follows that good judgment and manual dexterity are essential elements in the practice of operative surgery.

**THE VEST-POCKET ANATOMIST**, (founded upon Gray.) By C. Henri Leonard, A. M., M. D., professor of the medical and surgical diseases of women, in the Detroit College of Medicine. Thirteenth revised edition, enlarged by sections on Anatomical Triangles and Spaces, Hernia, Gynæcological Anatomy and Dissection Hints. Detroit: The Illustrated Medical Journal Co., 1887, 86 illustrations, 164 pages, post paid, 75 cents.

This little volume in its former editions is so well known that it is only necessary to confine our notice to this, the thirteenth edition, which contains very clear and accurate topographical plates of the venous, arterial and nervous systems, photo-engraved from the English cuts in Gray's Anatomy. This makes the work especially of value to accompany the surgical case of any practitioner that is doing much work in this line, who may wish at his hand a "regional reminder" of the placement of the arteries and veins that he may wish to avoid in making his incisions. For this special purpose this little book, since it has the addition of these eighty-six engravings, is a good deal of value to the country practitioner who sometimes does not have the time to return to his office to consult his more pretentious volumes. The "Dissection Hints" show the incisions to be made in post mortems to advantage.

**DISEASES OF THE LUNGS AND PLEURÆ, INCLUDING CONSUMPTION.**—By R. Douglas Powell, M. D., Lond., Fellow of the Royal College of Physicians; Physician to the Middlesex Hospital and to the Hospital for Consumption and Diseases of the chest, at Brompton; late assistant physician and lecturer on Materia Medica at the Charing Cross Hospital. Third edition, rewritten and enlarged, with illustrations, including two lithographic plates; being Vol. XI, of Wood's Library for 1886, (12 vols. in set, price \$15.00). New York: Wm. Wood & Co.

This is probably the most interesting volume of the twelve books. The lithographic plates are excellent. It is the third edition of this work, rewritten and enlarged. It is a work any one can read with profit.

**NEW TREATMENT OF THE RESPIRATORY ORGANS**, and of blood poison by rectal injections of gasses; by Dr. V. Morel. Translated from the French by L. E. Holman. Philadelphia: James W. Queen & Co.; 25c.

# THE UNITED STATES MEDICAL INVESTIGATOR.

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Communications are invited from all parts of the world. Concise, pointed, practical articles 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.

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THE NEW REMEDY FOR CROUP.—On page 173, Vol. XV. of THE INVESTIGATOR, “The New Remedy for Croup” (Ca. I. N. 2), is so favorably spoken of. Now is there not entirely too much praise given this remedy? May be my preparation is worthless. Can you enlighten me? I. C.

[Will the profession please give us their experience with this remedy?—ED.]

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CURE BY MULLEIN OIL.—My mother, aged 62, has been gradually losing her hearing for nearly five years, and lately it was necessary to almost shout to make her hear at any distance. We had tacitly concluded, I suppose, that medical treatment of any kind was useless, for none was attempted, until I read in the *Homœopathic Recorder* concerning Mullein oil. I got a bottle of it and taking it home handed it to mother, saying, in a raised voice, “Here is something to bring back your hearing.” She had two or three drops put into each ear that same night before going to bed, and also put cotton in. The next morning to her own delight, and to the very great surprise of all her family, she appeared to hear as well as ever and has continued to do so for now nearly four weeks. She has used the oil three times, the last time when a slight cold seemed to impair her hearing, and it at once removed the trouble. Whether the cure is permanent, of course no one can say, but that it is a cure at present is undeniable. —C. H.

**COCAINE IN EYE SURGERY.**—Our esteemed friend, Prof. T. P. Wilson, of Ann Arbor (may his shadow never grow less!) is out with a reprint of an article of his on Cocaine. After reviewing briefly its history, and giving illustrative cases, he glowingly eulogizes its future in general as well as in special surgery.

Cocaine has been before us long enough to prove that it not only has come to stay, but to win greater renown in the future. There can be no doubt of it. Were its claims to rest in the field of ophthalmology alone, it would stand at the head of all known anæsthetics in surgery.

In ophthalmological operations a two per cent. solution is strong enough for all operations on the globe, except enucleation, and a four per cent. solution will be all sufficient in most others on the adjacent tissues. But since it is now so cheap comparatively, many prefer the dry powder and sprinkle on according to judgment.

To those of us who are compelled to make frequent use of an anæsthetic for delicate operations (how I wish some one would coin a word to take the general use of the latter, for in eye surgery there are no terms to justify a word carrying such horrible associations!), and who have so often seen a patient lie on the edge of the grave for a cut of a few millimeters in length in the cornea, or some similar tissue, it is indeed a relief to be able to substitute something so harmless as Cocaine for general anæsthesia. Death from general anæsthesia is no stranger to many surgeons, and those of us who have escaped such a terrible result feel no inclination to tempt the destroyer by boastful remarks. The relief to the insensible nervous strain of having a patient under general anæsthesia, and the relief to the patient to forego such an ordeal, combine to make the discovery of this local anæsthetic a boon of inestimable value to mankind. To Koller, of Vienna, then, let us render our thanks for his fortuitous and



fortunate discovery, and with Prof. Wilson will we pray that the day is swiftly coming when its application to general surgery will be as complete as it is now to ocular operations.

C. H. VILAS.

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GUESS AGAIN.—I give below the names of remedies published last month. During the winter months this was somewhat neglected, owing to a press of professional business; but it will not be allowed to occur again. It is earnestly desired that the interest shown by our readers heretofore in sending in the names of the remedies previous to their publication will be continued, for this will show that the work is appreciated, and I can assure those who give the time to guessing the remedies that they will be abundantly repaid well for their trouble. We have had some very good guesses. Let us hear from all.

J. D. CRAIG, M. D.

REMEDIES IN APRIL NUMBER.

1. Lycopodium;
2. Natrum sulph.;
3. Lycopodium;
4. Manganum;
5. Merc. cor.;
6. Mezereum.

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*MEDICAL NEWS ITEMS.*

Dr. H. R. Arndt has resigned the general editorship of "The Medical Counsellor."

Drs. Z. W. and Mary A. Shepard has removed from Waterloo, Ind., to Scranton, Pa.

W. H. HALL, M. D., has removed to Havana, Ill., where he succeeds Dr. arensburg, who died recently.

D. A. McLachan, M. D., has assumed the editorial chair of "The Medical Counsellor." We extend to the doctor the right hand of fellowship.

Dr. Barnsdall has removed from 1607 Howard street to The New Range Block, corner of 15th and Harney streets, Omaha. Office hours: 10 to 12, 2 to 4, and 7 to 9.

Dr. J. A. McGill and wife, of South Bend, Ind., sailed from New York July 9th, on the steamship Umbria, spending the summer in Europe visiting all noted places for recreation and study.

**INTERNATIONAL HAHNMANNIAN ASSOCIATION.**—The eighth annual meeting of this association met at Long Branch. A large number of prominent physicians were present. The sessions were held in the parlors of the Leland's Ocean Hotel. The following officers were elected for next year: President, W. P. Wesselhoeft, Boston; Vice-President, C. W. Butler, Montclair, N. J.; Secretary, E. A. Ballard, Chicago; Treasurer, W. A. Hawley.

**DOCTOR'S FEES.**—Miss Wolfe, owner of \$10,000,000, who lately died, paid Dr. William Tod Helmuth \$5,000 a year to doctor her. Mrs. Alexander T. Stewart retained three doctors at an aggregate cost of at least \$40,000, and called in one of them nearly every day. Mrs. Wm. Astor pays to Dr. For-dyce Barker annually an average of \$20,000, always sending a check for double or treble the amount of each bill rendered. Her idea is that by rewarding his skill and vigilance liberally she will get the very best service of which he is capable. Mrs. Cornelius Vanderbilt's physician is Dr. W. S. Bel-den, and although her health is excellent he is consulted often, prevention being preferable to cure, doubtless, and the belief is that the prevention costs not less than \$10,000 annually.—[S. F. P.]

**NESTLE'S MILK FOOD FOR INFANTS.**

We have received a very handsome pamphlet from the agents of Nestle's Milk Food for Infants. There are two features about this pamphlet which we think deserving of the attention of the medical profession. First, the special suitability of Nestle's food is a diet for nursing infants at a time when cholera infantum is most dreaded. In fact, the translation of Mr. Nestle's first modest little brochure reveals the motive that induced him to experiment, was owing to the fearful scourge of cholera infantum which swept over the Coulon Vaud twenty years ago. The second point we refer to is that at a time when the merits of so many infant's food are being fortified by all sorts of "Medical Testimonials." The publisher of this pamphlet writes a short preface calling attention to the fact that they have omitted all testimonials, and rest their case solely on the merits of Nestle's food and the common sense utterances of M. Lebert and M. Nesle, the writers of the pamphlet.

A young and sprightly widow once appeared at a Bath masquerade (1742) with a paper pinned to her bosom bearing these lines:

To be let on lease for the term of my life,  
I, Sylvia J—, in the shape of a wife.  
I am young, though not handsome, good-natured though thin—  
For further particulars, pray inquire within.

THE  
UNITED STATES  
MEDICAL INVESTIGATOR.

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VOL. XXIII.—JUNE—JULY, 1887.—No. 6-7.

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LACERATION OF THE PERINEUM.

BY A. G. LELAND, M. D., WHITEWATER, WIS.

Read before the Wisconsin State Homœopathic Medical Society.

It is not the design of this paper to fully discuss the lesion named. I do not even give a description of it, much less the histology and anatomy of the structure under consideration. I simply desire to answer a few questions arising in connection with the subject, by quotations from the writings of some of our leading and distinguished obstetricians.

Laceration of the perineum is one of the worst non-fatal lesions which can befall a woman in child-birth. The attending physician is liable to be unfairly blamed for its occurrence. The question is, shall he be considered culpable unless neglect or lack of skill can be clearly shown? He has been employed by a woman of advanced age and peculiar physique—possibly for the first time—because of his reputation and long experience in the parturient chamber.

At time of labor every emergency is met, carefully and thoughtfully, including the application of the forceps, nevertheless the laceration occurs. The friends are prone to be dissatisfied, and their dissatisfaction is not diminished by the remarks of competing physicians anxious for more business, and their meddling friends. To show that such feelings

*may be* groundless and remarks malicious, I quote from Prof. William Goodell of the University of Pennsylvania: "Delivery by the forceps, even in skillful hands, will often produce laceration, for the head is liable to be brought down too quickly upon the unprepared soft parts, and it becomes a very nice point, indeed, to determine the exact moment when the head may be delivered with impunity.

"The cautious physician is liable to be caught, as it were, 'on the centre.' He sees or feels the perineum stretched out to a perilous thinness, and the fourchette almost cracking under the strain. In doubt whether the moment has come to raise the forcep's handles and turn out the head, or to depress them and thus restrain its advance, he wavers and in a twinkling the fibres part. On the other hand, the impatient physician is anxious to turn out the head before the parts are sufficiently dilated.

"Finally, what is not infrequent at the last moment, the physician's courage fails him, and he lowers the forceps' handles just as the head is about to emerge—a course equally fatal to the integrity of the perineum."

Second, laceration having taken place, is the physician censurable for not attempting immediate perineorrhaphy. Prof. Goodell himself favors immediate operation, but says the doctrine is "sharply criticized by very *good* authorities." Prof. Thomas says in effect the same thing, and gives names of some of them. Dr. F. B. Norcum says, "Immediate perineorrhaphy is unphysiological because the newly delivered female is in a state of general depression, and hence repair occurs under disadvantageous circumstances. The morale of the lying-in woman is usually bad, and the idea of an operation inflicts a shock. If perineorrhaphy be needed it can be much more easily performed with better chances of success and less discomfort to the patient two months after delivery than during the lying-in period. Dr. Rosa Engert and Dr. Er. Ingalls substantially agree with Dr. Norcum.

I give you also the experience and conclusions of Prof. A. J. Howe, of Cincinnati. He says: "When I had failed to accomplish much by such procedure (primary operation), I began to think I had been very unskillful or exceedingly unfortunate, or that these ready writers did not know all about some of the topics they wrote upon. In a word, I began to make inquiries of truthful physicians in regard to their luck in such matters. The first medical man that I interviewed was a German of great obstetrical experience. He replied that "every year he had two or three such accidents as I named, usually in primipara; that he sewed up the rents at once, which was the last of them." Then I asked: "Doctor, do you not know that you failed in every instance?" "I don't think I always fail, but I know that I do sometimes, at least, partially." I related my unsatisfactory experience, and then asked him if he had any success with the immediate operation. He finally admitted that all cases had failed, to a certain extent or degree; that in no instance did he meet with complete and satisfactory success.

Called upon to assist a neighboring physician close a lacerated perineum, I made snug stitches, and went away with a half smothered hope that this effort would succeed. In two weeks I met the medical attendant incidentally, and asked him how the ruptured perineum had been getting along. He replied that he had removed the sutures on the twelfth day, "and how do you think I found matters?" To be on the safe side I said, "A failure." He remarked that I had guessed right the first time, and I said to myself: This is the last time that I will attempt to cure a ruptured perineum at the time of laceration, unless it be to practice a laudable deception, such as medical men are sometimes justified in doing.

In conclusion, I call your attention to another phase of the subject. The advocates for immediate perineorrhaphy are not in agreement among themselves as to methods.

Dr. E. C. Dudley declares "unsatisfactory results occur

from faulty methods." He is an advocate of Emmet's method instead of that of Baker Brown and others.

Dr. Henry O. Marcy, of Boston, has contributed a new method of treatment by use of long pins and split-shot guards to prevent slipping. Dr. Marcy asserts that approximation and retention, with complete rest of the parts without compression or distortion, can now be secured by the loop of a stitch, whether made of silver or iron wire, or silk.

Future trials of this method may prove it eminently successful, and its superiority to all others; but in the present condition of obstetrical surgery, the ordinary physician cannot be reasonably censured for omitting immediate perineorrhaphy.

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TRANSACTIONS OF THE TWENTY-THIRD ANNUAL SESSION OF  
THE HOMŒOPATHIC MEDICAL SOCIETY OF THE  
STATE OF WISCONSIN.

The twenty-third annual session of the Homœopathic Medical Society of the State of Wisconsin was held at Waukesha, in the club room of the Fountain Spring House, Thursday and Friday, June 23 and 24, 1887.

The meeting was called to order at 2 p. m., Thursday, by the president, O. W. Carlson, M. D.

The following were present at the meetings of the session:

Dr. and Mrs. W. A. Reed, Berlin; Dr. D. W. Horning, Lake City, Minn.; Dr. C. H. Hall, Madison, Wis.; Dr. Delia G. Lyman, Madison, Wis.; Dr. Ada Bingham, Monroe; Dr. Ann E. Churchill, Monroe; Dr. A. M. Warner, Waukesha; Dr. W. H. Rowe, Waukesha; Dr. Geo. Fellows, Waukesha; Dr. Joshua E. Bacon, Waukesha; Dr. Mary A. Fox, Waukesha; Dr. G. G. Chittenden, Janesville; Dr. Q. O. Sutherland, Janesville; Dr. A. G. Leland, Whitewater; Dr. N. A. Pennoyer, Kenosha; Dr. Richard Taylor, Hartland; Dr. George Taylor, Pewaukee; Dr. Ella J. Clarke, Milton; Dr. H. B. Dale, Jr., Oshkosh; Dr. E. J. Gibson, Ft. Atkinson; Dr. W. A. Boyd, Rockford, Ill.; Dr. F. B. Stiles, Sparta, Wis.; Dr. and Mrs. E. F. Storke, Milwaukee; Dr. and Mrs. O. W. Carlson, Milwaukee; Miss Edith Carlson, Milwaukee; Dr. and Mrs. E. W. Beebe, Milwaukee; Dr. L. Sherman, Milwaukee; Dr. Birney Hand, Milwaukee; Dr. Robert Martin, Milwaukee; Dr. Helen M. Bingham, Milwaukee; Dr. F. D. Brooks, Milwaukee; Dr. Joseph Lewis, Jr., Milwaukee; Dr. and Mrs. W. B. Morgan, St. Louis; Dr. Alfred Terry, Detroit; Dr. R. H. Stetson, Lima; Dr. T. S. Hoyne, Chicago, Ill.; Dr. D. M. Brown,

Waupaca, Wis.; Dr. J. B. Crandall, Clinton; Dr. C. L. Crandall, Burlington; Dr. and Mrs. S. E. Hassell, Lancaster; Dr. M. L. Huntington, Darlington; Dr. H. A. Francis, Chicago; Dr. Robert Kennedy, Jr., Philadelphia, Pa.; Mr. and Mrs. Tappen Halsey, Chicago; Dr. H. D. Ure, Chicago; Mr. J. B. Delbridge, Chicago; Mr. S. Owen, Racine, Wis.; Mr. H. B. Smith, N. Y.; Mr. J. W. Cox, Boston; Mr. A. H. Colburn, St. Louis.

The minutes of the last annual and special sessions were read and approved.

On recommendation of the Board of Censors, the following were elected to membership during the session:

C. I. Shoop, M. D., Racine, Wis., graduate of the Hahnemann Medical College of Chicago, '83. W. C. Duncan, M. D., Oakfield, graduate of the Hahnemann Medical College of Chicago, '84. Ann E. Churchill, M. D., Monroe, graduate of the Hahnemann Medical College of Chicago, '86. James H. Noble, M. D., Eau Claire, graduate of the Hahnemann Medical College of Chicago, '71. E. D. Perkins, M. D., Ashland, graduate of the Hahnemann Medical College of Chicago, '85. Ella J. Clarke, M. D., Milton, graduate of the Hahnemann Medical College of Chicago, '86. C. L. Crandall, M. D., Burlington, graduate of the Hahnemann Medical College of Chicago, '79. W. A. Boyd, M. D., Rockford, Ill., graduate of the Chicago Homeopathic College, '80. M. L. Huntington, M. D., Darlington, graduate of the University of Michigan, '88. F. D. Brooks, M. D., Milwaukee, graduate of Pulte Medical College, Cincinnati, O., '78. G. B. Durand, M. D., Waupun, graduate of Cleveland Homeopathic College, '74.

The treasurer, Dr. H. M. Bingham, reported as follows:

Balance on hand, June, 1886 .....	\$70 00	
Received during the year.....	79 90	\$149 90
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Disbursements—		
Dr. Lewis, postage.....	\$15 00	
Dr. Bingham, postage .....	2 66	
Dr. Sherman .....	15 00	
Dr. Storke ... ..	19 00	
Medical Counselor... ..	25 00	
Tatnsh & Co .....	13 50	
Burdick & Co.....	1 50	
King, Fowle & Katz.....	6 00	
		<hr/>
		\$97 66
Balance on hand June 24, 1887.....		\$52 24

An auditing committee consisting of Drs. Beebe and Leland was appointed, who, after examination, reported that they found the treasurer's report correct.

Dr. Sherman, of the committee on publication, reported that in accordance with the instructions of the society, the papers of 1885-86 had been

given to THE MEDICAL INVESTIGATOR for publication, and that a reprint of the transactions was now ready, which would be sent to such of the members as had not already received them. He stated that some of the papers for those years did not appear in the transactions, as they were missing from the papers in the hands of the secretary. It was possible that they had been mislaid, or that in some instances the writer had forgotten to send them to the secretary. If in the first case they were found, or if, in the second case, the writer would send them to the secretary, they could be included in future Transactions.

Dr. Sherman (in the absence of the necrologist, Dr. E. D. Kanouse), reported the death of Wm. von der Horst, M. D., on the eighth of October, 1886, who was for many years a prominent member of the society. "The King of Terrors loves a shining mark."

Dr. C. H. Hall, chairman of the committee on legislation, made a verbal report to the effect that in accordance with instructions of the society, as expressed at a special meeting, March 3, 1887, he had labored to defeat Bill No. 438, before the legislature, and that the said bill had fallen through for want of support; but that he was of the opinion that some sort of legislation was needed to regulate the practice of medicine in Wisconsin.

Dr. W. B. Morgan, of St. Louis, presented his credentials as delegate from the Homœopathic Medical College of Missouri, and the president, on introducing him to the society, invited him to participate freely in the discussions.

Communications were read from Drs. R. K. Paine, C. M. Babcock, H. E. Boardman, J. O. Ackerman, E. H. Pratt, N. B. Delamater, L. A. Bishop, and E. D. Kanouse, expressing their interest in the object of the convention, and regretting their inability to be present. Also a letter to the same effect from Dr. W. Danforth, asking: First, "Is consumption contagious?" and second, "Are bacteria active this year?"

In accordance with notice given at last annual session, Dr. E. W. Beebe moved to amend the constitution so as to provide for a second vice-president, and for a corresponding secretary. After some discussion the motion was carried.

The duties of the secretaries were defined as follows:

"It shall be the duty of the recording secretary to keep a record of all proceedings and discussions that may occur at the sessions of the society, and at each annual session to present a written report of the business transacted by the society during the year past, and he shall be chairman of the committee on publication.

"It shall be the duty of the corresponding secretary to receive and preserve all letters addressed to the society, open, and maintain such correspondence as shall tend to advance its interests; give at least four week's notice to the members of all regular meetings of the society; keep a record of all members, with the date of admission of each; present all communications to



the society; notify all committees of their appointment, and of the business referred to them, and notify all members of their election; and to prepare reports for the press at the meetings of the society."

On motion of Dr. Sutherland the by-laws were amended to read that "The annual session of the society shall be held during the month of May, leaving it in the hands of the executive board, consisting of the president, secretary and treasurer to set the days of the month."

On motion, Drs. Stetson, Sherman and Leland were appointed a committee for the purpose of drafting and forming a new certificate of membership, said certificate to be printed on parchment.

Reports of Bureaus being next in order, Dr. A. G. Leland, chairman of the Bureau of Obstetrics, read two papers; the first entitled, "Spasmodic Contraction and Rigidity of the Os Uteri as an Obstacle to Labor;" the second on "Perineorrhaphy," being an enquiry into the question whether a physician could justly be censured for omitting immediate operation.

Dr. Sutherland favored immediate operation. According to his experience the majority were successful.

Dr. Carlson believes the greater will heal under primary operation. He exposes the patient, washes carefully, and sews up. No explanation to the patient is necessary. If the primary operation for relief is not always successful, neither is the secondary.

Dr. Leland had had cases in which the stitches held the parts in position until united, and others in which no such happy results followed. He said the paper was written to bring out the opinions of the members as to the degree of blame that should be attached to the obstetrician if he should not see fit to make immediate operation. Could any blame justly ensue to the physician for delaying?

Dr. Horning asked Dr. Carlson how much of a rent should take place to require stitching.

Dr. Carlson replied that in his opinion a tear of an inch needed sewing up. Of course if it was a very bad case, if the parts were torn all to pieces, it might not be successful. In such a case he would delay. It must depend on the individual case and the judgment of the attending physician.

Dr. Morgan asked Dr. Leland if he would give Ergot in rigid os uteri. Dr. Leland replied that he would give it in small doses if there was inaction. He did not wish to be understood that he gave Ergot in large doses before the expulsion of the child.

Dr. Morgan thinks there is too great a tendency in these times to hurry labor. In former years we used to hear of labor continuing twenty-four, forty-eight, or seventy-two hours. Now the obstetrician thinks that if a labor lasts all night he has not done his duty.

Dr. Chittenden, of the Bureau of Otology and Ophthalmology, read a paper narrating a case of injury to the eye, with details of treatment, and Dr. Beebe

followed with a paper on "Injuries of the Eye and its Appendages," giving practical instructions for the immediate treatment of injuries by the general practitioner when it is impossible to run to the specialist. In reply to a question by Dr. Chittenden, he recommended in the case mentioned in his paper, mild astringents with Wine of Opium or Bell. He avoids astringents in acute cases for two weeks, until the inflammation has subsided, using Ac., Arn., etc., for several days, and only uses astringents when the inflammation becomes sub-acute or chronic.

#### EVENING MEETING.

In the evening the society, together with a large number of the residents of Waukesha, met in the spacious parlors of the hotel, at which time, after music by the Fountain House band, Mr. John Gasper, president of the village, made an eloquent speech of welcome to the members, and introduced to the assembled audience the president of the society, O. W. Carlson, M. D., who proceeded to deliver the annual address, which was listened to with marked attention by all present.

During the evening speeches laudatory of Homœopathy were made, and at intervals the orchestra discoursed sweet sounds of harmony, and all were united that the exercises of the evening had been unusually pleasant and enjoyable.

The chairman, Dr. Fellows, appointed Drs. Sherman, Sutherland and Warner a committee to take into consideration the suggestions made in the address, and report to the society; after which the meeting adjourned.

#### FRIDAY MORNING.

The meeting was called to order at nine o'clock by Dr. L. Sherman, (in the absence of the president), to examine a patient brought in by Dr. Rowe, of Waukesha. After some questioning by the physicians present, the case was referred to Drs. Martin, Hand and Reed, who, after a careful examination, reported that it was a case of locomotor ataxia.

The president, Dr. Carlson, now occupying the chair, Dr. Bingham, of the Bureau of Gynecology, read a paper by Dr. Almah J. Frisby, on the subject of "Topical vs. Internal Medication."

Dr. Lyman is rather partial to postural treatment in misplacements of the uterus. In lateral deviations, requires the patient to lie on the opposite side, and gives the indicated remedy. In retroversion and retroflexion, orders patient to lie half an hour, four or five times a day, in a semi-prone position, and uses hot water treatment.

Dr. Bingham then read a paper prepared for the American Institute, on the Habits of School Girls. The facts presented in the paper were obtained from the answers of boys and girls in the Milwaukee public schools, to questions regarding their mode of life. The questions were addressed only to pupils between the ages of twelve and sixteen, a time when physiology

teaches that girls are in especial need of sunshine, fresh air, moderate and agreeable muscular exercise, pleasant and varied interests, and freedom from physical or mental strain; freedom from the strain implied in having a pre-appointed task for every hour.

The answers show that the girls study at home much more than the boys of the same class do; that a much larger proportion of the girls than of the boys give time out of school to the acquisition of accomplishments; that the boys have a much greater variety of interests than the girls have; that a large proportion of the boys and very few of the girls engage in pursuits giving exercise to the muscles; that while most of the boys report a large number of hours spent in the open air each day, many of the girls report only the time spent in short necessary walks; and finally, that the health of the boys is better than that of the girls.

The essayist believes the remedy for this state of things is coming gradually in later marriages, later completion of school education, and fewer lessons for growing girls.

It was stated that in a city having many foreign inhabitants, the influence of any new educational theory is likely to be seen first among the Americans, and that the answers of Milwaukee school girls show that those of American parentage live more hygienically than those of foreign parentage, giving less time to home study, needle work, music and painting, and more time to house work, and having fewer pre-appointed tasks.

Dr. Hall then read a paper contributed by Dr. Sutherland, on "Mechanical Support in the Treatment of Uterine Disease."

Dr. Sherman commended the paper by Dr. Bingham, and stated that he was fully in accord with the sentiments expressed in both papers read.

Dr. Hoyme thinks that Dr. Bingham's statistics do not cover the ground unless there is a great difference between the habits of Milwaukee and Chicago girls in regard to the amount of exercise taken. Chicago girls skate, toboggan, ride horseback, ride velocipes, etc. In Chicago school studies do not exceed three. It is not necessary for the pupils to apply themselves to study at home. Have time to exercise. He believes children at ten or twelve should not have heavy work, but that they should work. Attributes his present proud eminence in the line of health to the fact that his father stood over him with a hayrake, when he was a boy, and compelled him to saw wood for the kitchen stove. Boys work, and are consequently healthy and strong, and girls should do likewise. He believes in early marriages. Sixteen is about right. All girls who are not married by that time should be banished to Botany Bay. Has an especial horror of spinsters. Old maids make poor wives.

Dr. Lyman asked what the experience of the members present had been in regard to postural treatment.

Dr. Fellows is of the opinion that though mechanical supports may be used successfully in many instances, yet, that in general he obtains better re-

sults in the absence of mechanical treatment. Constitutional treatment is at once more delicate, and better. Believes that rest is the most important element in the treatment of uterine disease. The same time devoted to rest, at some quiet place, under favorable influences as would be necessary to be given to manual treatment—two to seven times a week—will ensure as good results. Thinks that supports may be used to advantage sometimes, but they should be used as crutches, to be thrown aside as soon as possible.

Dr. Hall likes the idea of Dr. Fellows, that they are "crutches," but we should remember that in its place a crutch is a very necessary help.

Dr. Carlson: A real misplacement cannot be remedied by postural or constitutional treatment. Retroflexion is the most common, lateroflexion is very uncommon, while prolapsus is met with very frequently. Pessaries should not be allowed to form pockets, ulceration or induration. He believes it is wrong for a physician to advise a patient to do nothing. In many instances valuable time would be wasted, and the sufferer become incurable by delay on the expectant plan. The uterus becomes hypertrophied. His method is to replace and back the front of the vagina, anterior to cervix, with cotton. Cotton pessaries may often be left three weeks without becoming saturated or putrid. It is important to examine and diagnose case well.

Dr. Fellows also uses cotton tampons, medicated.

Dr. Hall considers absorbent cotton a good thing in these cases. It may be used medicated. It is objectionable, however, in one respect; it is liable to become impacted, hard, and as harmful as a hard pessary.

Dr. Pennoyer asked Dr. Carlson how cotton could be left in the vagina three weeks without becoming putrid.

Dr. Carlson: "I use cotton wool, not absorbent cotton. It may be left in the majority of cases without becoming offensive, though of course not if the patient is the subject of a foul leucorrhœa." He believes that physicians, as a rule, lay too much stress on the enormity of the case. "Here I use the faith cure." They should not wear a long face. He mentioned a case which had been pronounced cancer by well-known physicians, and absolutely unfavorable prognosis given, in which the patient had become emaciated, despondent and apparently at death's door, who was greatly revived and given a new lease of life, with increase of appetite, strength, weight and happiness, when the doctor told her positively that she would surely get better, and that he thought he could cure her; that she did not have cancer, etc.

Dr. Carlson seems to agree with Dr. Austin Flint, Sr., that "a patient is entitled to all the hope there is in the case," and to just as little of discouragement as possible.

The committee on president's address presented the following:

MR. CHAIRMAN:—

Your committee to whom was referred the president's address, beg leave to report that we find it an artistic and creditable literary effort, which is well worthy of being printed in our transactions. That the

sentiments contained therein are in the main in harmony with those of the society.

In regard to lengthening the time of our sessions, we would recommend that the secretary and other executive officers be instructed to arrange for a full two days' session.

In regard to the proposed biographical book, we would recommend that the secretary be instructed to draw on the treasurer for the amount necessary to purchase a suitable blank book, in which shall be written the annual reports of the necrologists, after they have been accepted and approved by the publication committee.

It is further suggested that the necrologist be requested to prepare biographical sketches of the living members of the profession, in order to save valuable items of history which might otherwise be lost.

Your committee cannot fully concur in the charges made by our president against the consistency of our code of ethics, and the conduct of our medical colleges. The code allows no favoritism towards college professors, and there is no good reason why the more eminent and favored of our members should not be judged by as strict a standard of morality as the youngest and weakest. We believe that our colleges are raising the standard of requirement for admission as well as for graduation as rapidly as possible, and that there is no just cause for complaint against those institutions of learning.

LEWIS SHERMAN,  
Q. O. SUTHERLAND,  
A. M. WARNER.

Dr. Pennoyer then read an interesting paper on the "Physiological Effect of Bergeon's Gaseous Enemata for Phthisis."

Dr. Hassell, who had had some experience with the treatment, reported that he noted great improvement in one case, in which, at the commencement of the injections the temperature was 103, pulse 140, weight 85. In three days the night sweats ceased, and now at the end of five months the pulse is 82, temperature 98½, weight 102, and the bacteria very much less. If an injection be given at evening, the patient will rest well during the night. He injects two gallons of Carbonic acid and Sulphuretted hydrogen, in fifteen or twenty minutes, twice a day.

Dr. Huntington, on the other hand, had not noted such favorable results from its use. In one case that came under his observation, a lady, thirty-six years old, had consumption one year; was sinking slowly, but under the gas treatment gained for awhile; temperature fell to 100; but irritation of colon and rectum appeared, and she is now failing, much more rapidly, in his opinion, in consequence of the enemata.

Dr. Carlson said he had no confidence in these newfangled notions that were to revolutionize the practice of medicine. Spoke of the Pneumatic Cabinet, Equalizer, and other appliances, of which we hear little now, and he

desired to be placed on record as predicting that Gaseous Enemata would be a nine days' wonder, and go the way of all flesh, and be forgotten with the rest.

The Bureau of Materia Medica being next in order, Dr. Sherman, chairman, presented and read the following papers, which, after an animated discussion, were referred to the publication committee.

A paper by E. M. Hale, M. D., of Chicago, on *Spigelia*. Another by the same author on the preparation of insoluble medicines, and a paper by Dr. L. Sherman, also, on the preparation of insoluble drugs. A paper by Dr. H. C. F. Perlewitz, of Ahnapée, in which he argued the immensely superior power of minute Homœopathic doses of medicine to conquer disease, over the crude Allopathic drugging.

Motion was made and carried that election of officers be made a special order of business for two p. m.

There being still an hour before dinner time, the Bureau of Clinical Medicine was called, Dr. E. F. Storke, chairman, who presented the following papers which were read before the convention:

"Sore Throat," by Dr. G. Shepard of LaCrosse.

"Carbuncle," by Dr. E. F. Storke.

"Treatment of Cholera," by Dr. Sutherland. (Read by Dr. Hall.)

"Clinical Reports," by Dr. E. F. Storke

Dr. Leland was interested in carbuncles; had enjoyed them himself. He narrated a case which had been poulticed and freely gashed, in which he used hot *Calendula* with good effect, and under which treatment the patient made a favorable recovery with a minimum amount of suffering. He does not use the knife in these cases now. Uses hot applications. He places lint upon the carbuncle, over this a sponge, and over all a bandage making slight pressure. Has in former years made injections of Caustic Potash, and thought at the time that suppuration was hastened thereby, but has abandoned this line of treatment in favor of Homœopathic remedies and the moist applications mentioned.

Dr. Hall asked concerning the preliminary treatment in the inflammatory stage.

Dr. Storke advised for this stage, treatment suitable to inflammations in general—warm, soothing applications—solution of Cocaine, hot lint, etc.

Dr. Sherman rarely uses the knife. He makes hot applications till the diagnosis is clear, then tries to hurry up suppuration. To do this Caustic potash is the best agent. When the white points show, he cuts a piece of *Belladonna* plaster in the form of a ring, letting the white points show through the central opening. To this he applies Cocaine to deaden the sensibility of the part, and then uses the Caustic potash, full strength, in such a way that it will eat downwards without spreading. Thinks that in this way suppuration takes place earlier, and the cure is expedited.

Dr. Carlson uses hot water and Opium tincture in the hyperæmic stage.

Dr. Leland, referring to the paper on Cholera, said he was doubtful about the propriety of checking the diarrhoea in cases of that disease.

Dr. Storke said that he should look upon all cases of diarrhoea with apprehension during a cholera epidemic—to be kept as free from as possible.

Dr. Fellows thinks fear has a good deal to do with the mortality in cholera epidemics. He passed through one and was himself attacked with the symptoms. He took a bottle of Dr. ——'s Pain Killer, simply, and went away into a secret place where he might be alone with himself and his bottle, leaving strict instructions that he was not to be disturbed, or to receive any communications from the outside world. He returned to his usual haunts in a few days a well man, while around him the battle field was strewn with the dead who had fallen victims to the foe. He attributes his happy recovery not so much to the fact that he took a few swallows from the aforesaid bottle, as to the fact that he was free from the depressing influence of knowing of the numerous fatalities.

Dr. Hall moved that a committee of five be appointed to draft a medical bill that would be acceptable to the Homœopathic physicians of Wisconsin. Carried. The following were named as the committee: Drs. Hall, Carlson, Sherman, Storke and Lewis.

AFTERNOON MEETING.

The election of officers for the ensuing year resulted in the following:

- President—Q. O. Sutherland, M. D., Janesville.
- Vice-President—E. W. Beebe, M. D., Milwaukee.
- Second Vice-President—A. M. Warner, M. D., Waukesha.
- Recording Secretary—Joseph Lewis, M. D., Milwaukee.
- Corresponding Secretary—N. A. Pennoyer, M. D., Kenosha.
- Censor, (for three years)—A. G. Leland, M. D., Whitewater.

Making the Board of Censors, as now constituted:

- Q. O. Sutherland, M. D., Janesville.
- L. Sherman, M. D., Milwaukee.
- A. G. Leland, M. D., Whitewater.

The following committees and chairmen of bureaus for 1888 were appointed:

- Committee on Necrology—L. Sherman, M. D., Milwaukee.
- Committee on Publication—Drs. Lewis, Storke and Sherman.
- Committee on Legislation—Drs. Hall, Carlson, Sherman, Storke and Lewis.

- Committee on Code of Ethics—Drs. Hall, Storke and Leland.
- Delegates to American Institute—Drs. Sherman, Beebe and Sutherland.
- Chairmen of Bureaus for 1888:

Otology, Ophthalmology and Laryngology—G. G. Chittenden, M. D., Janesville.

Gynecology—Delia G. Lyman, M. D., Madison.

Anatomy, Physiology and Pathology—N. A. Pennoyer, M. D., Kenosha.

Materia Medica and Pharmacology—L. Sherman, M. D., Milwaukee.

Clinical Medicine—E. F. Storke, M. D., Milwaukee.

Surgery—L. A. Bishop, M. D., Fond du Lac.

Obstetrics—Q. O. Sutherland, M. D., Janesville.

A paper by R. K. Paine, M. D., recording a case of fracture of the skull was presented, and referred to the publishing committee. After which some rather stormy remarks were made by various members on the subject of advertising, some defending, others opposing the code of ethics in its relations to the subject.

A vote of thanks was extended to the managers and attendants of the Fountain Spring House, after which the convention adjourned, to meet at Milwaukee in May, 1888.

JOSEPH LEWIS, JR., Secretary.

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### PRESIDENT'S ADDRESS.

BY O. W. CARLSON, M. D., MILWAUKEE, WIS.

An Address before the Twenty-third Annual Session of the Homœopathic Medical Society of the State of Wisconsin.

LADIES AND GENTLEMEN:—

There are moments in our lives, Mr. Chairman and friends, when, to give expression to the thoughts of our souls, the words that pass our lips seem like a faint echo.

There are times in the experience of us all, when across the field of present thought unbidden hosts of memories marshal themselves, and challenge our attention, till the present environments give way and are lost in the surroundings of the days of long ago.

And there are times, too, when, from all that is past or present, we turn with mighty longing to the days which we fondly dream are yet to be our own, and, as with some magic wand, attempt to lift the veil that hangs between us and the future, and learn the possibilities that lie hidden in the dim and winding labyrinth of coming years.

On an occasion like the present, thoughts and experiences outside the fields of our business and studies, have no legitimate place. Still, it may not be deemed too great an intrusion if, for a moment, thoughts of a personal nature, experiences outside the acknowledged channel of the objects which have called us together, occupy our attention.

The holding of this, the twenty-third annual session of our society, in the beautiful "Saratoga of the West," and the fact that I stand here, for the time, in the honorable position of president of the association, are two facts that combine to arouse and set in motion a current of thought on which I am borne backward, with resistless force, over the years and the events of more than a quarter of a century.

Thirty-three years ago he who now addresses you, then a lone immi-



grant boy from the far away land of the Norseman, ignorant of this country, its people and its language, looking and longing, with a boy's ambition and enthusiasm, for the empire of freedom, and a home where the songs of a nation's liberty should find their echo in his breast, ceased his wanderings by sea and land, and found a home almost within a stone's throw of where this august assembly is now met.

A few years roll by, and the immigrant boy, a little older grown, in this same beautiful little city, marches to the music of the drum and fife—with thousands of other adopted citizens—to defend the honor and preserve the life of the nation that has given him a home.

Waukesha county sent a host of her brave sons on the holy mission. In the lonely graves where sightless eyeballs are gazing up toward the roots of daisies swept by gentle southern winds, many of those heroes sleep to-night.

Some survive to bear the burden and share the responsibilities of conducting the affairs of a nation under whose consecrated banner they fought, and whose glorious life they helped to save.

It may be that some of those survivors are here to-night. The friends of some of those who laid down their lives on the altar of a nation's liberty and a country's right, may be in this gathering. They will bear patiently with the intrusion here of these reminiscences of the days gone by.

The years have rolled by, one upon another. This beautiful village which furnished a home for the wandering boy, has grown to be one of the most famous resorts of the land. Her homes of culture, her arms of hospitality, are open to-day to welcome the members of our association.

The nation has grown mighty and yet more mighty. The martyrs died not in vain.

And, with the changes of these years, what strides of mighty progress have been made in the field of that thought, and study, and human work in which this association, and the millions throughout the civilized world who accept the potent doctrines on which we stand, are engaged! Even those of our circle yet young in years can span, in their memories, a mighty revolution in the thought and the practice of the world in the matter of the healing art. If the spirit of cheerful, faithful old Dr. Kendrick, the pioneer of Homœopathy in this county, can look from the abode of the sainted dead, down upon our earth, to-day, how must even the joys of the infinite world be heightened for him by the progress and the success of the work to which he here devoted his life. And Dr. Moore—though not often an attendant at these gatherings, still never idle, ever faithful in his day and calling—how would his soul be filled with gladness, if he could see the onward march of the principles which he espoused, and for which he labored!

We miss from our circle these good men of the by-gone days. They have passed on before, but their works live after them, and the influence of their lives and labors is, and will remain, with us.

The familiar face of Dr. Warner, old in years but young in heart and

in energy, is still with us, lighted by the same pleasant, genial smile that some of us knew more than a quarter of a century ago. The frosts of the passing winters have brought the white drifts about his brow, and our prayer for him is, that the survivor of the early pioneers of our faith and practice may remain yet many years with us.

The twenty-third annual gathering of our association is nearly ended, and with it end the official labors and honors of its presiding officer.

During the year just closed, an earnest effort has been made to carry into practical effect the excellent suggestions and advice of the honored gentleman who occupied the president's chair during the preceding year. Especially has that effort been directed toward increasing the membership of our organization. To what extent it has succeeded, the secretary's report will show. Still, the year has closed not without disappointment in this regard. All has not been accomplished that was hoped, and for which effort was made, and the duty and responsibility of a continuation of effort is turned over to the hands which are to guide the affairs of our organization during the coming year.

With all the good work accomplished by our association during the year, much was not done because of a seeming lethargy which rests upon some of those to whom we feel that we have a right to look for counsel, for advice, for active effort.

It may be that nature has some purpose in planting in the hearts of some men the love of that sort of seclusion which avoids active effort, and seems to shirk responsibility. But such a purpose is so hidden from our understanding, that we prefer the course of men who put earnest thought into active effort, rather than of those for whom the blast of Gabriel's trump will hardly be sufficient to awaken them to a realization of their actual surroundings, and of what is required of them.

Scholarly research and literary labor are of little avail in our profession, in this great, busy world of ours, unless accompanied by actual participation in life's affairs, and in those affairs which give life to an organization like ours.

A Chinese proverb says: "A single conversation across the table with a wise man, is better than ten years' mere study of books." Is it putting it too strongly, my friends, to claim that more benefit accrues from participating in the proceedings and discussions of a meeting of this society than from the study, or even the practice of the year that passes between the meetings?

In a work like ours, the best results can be obtained only when the mind of the worker comes in contact with the minds of his fellow laborers. In the words of an eloquent writer: "Place your souls alongside the souls of the good and great, and strive to make them grow to the altitude of theirs." To paraphrase a familiar quotation, better that ideas and theories be discussed and exploded, than never to be discussed at all. "Better to wear out than to rust out." Better that the armor of your warfare for truth and right show

the marks of rude encounter than that it hang forever rusting on the wall.

And real success is in doing well what we do; not in the plaudits which the vain-glorious seek to win by boasting of what they accomplish; not in the empty echo of the vain shoutings of those who call aloud to the public to witness self-asserted achievements.

While our work is hindered by the failure of some who, though of us, are not with us, on the other hand, that work is impeded by the effect on the public mind of the efforts of those who are wearing their lives away in the terrible, feverish anxiety which attends attempts to secure notoriety that is mistaken for fame, and that public attention which is mistaken for honor. For such there is no place on the roll of those whose immortality is based on well-doing; and after all their mouthings and shoutings, the last that the world will hear of them will be in the tones of the funeral bell which tolls them to their graves.

It requires no prophet's power to foretell that, with a continuance of the present condition of things, this vain clamoring for unearned position, and striving for undeserved prominence will continue, and increase, and ever with increasing injury to us and the interests which we represent.

And the root of all this evil lies in the methods of some of our institutions of learning. We are making doctors too fast, considering the material of which many of them are made.

Our cities and villages are becoming over-crowded with men possessing physician's diplomas, men who find themselves forced to use extraordinary and unusual means to attract public attention and secure business.

There is too much jealousy and strife among our medical schools. In their heat and anxiety, they graduate men who are not fitted by mental aptitude, physical characteristics or special training to keep afloat in the whirling, eddying maelstrom of active life.

The solemn duty of remedying this evil is laid upon the members of our profession. The number of medical schools should be reduced. The faculties should be strengthened. In no case should the course of study be less than three years, and in no case should a student be admitted without successfully passing a thorough, rigid preliminary examination.

With a continuance of the present state of things, the practice of medicine is likely to degenerate from a profession to a trade.

As it is, we are compelled to compete with the "electric man," with the secret methods of the "pile doctor," with the awe-inspiring proportions of the "pneumatic cabinet," with the "rubbing" doctor, with the "moving" doctor, with the "medical institute" man, with the itinerant quack, with the "bathing" doctor, with the "sulphuretted hydrogen" man, and the defunct French "phœnic acid" man, with the ignoramus who pretends to draw elixir from the spirit brewing pots of defunct Indian "medicine men," and last, but not least, with the "faith cure" doctor.

If these men had been obliged to go through with such a course of study

and training as would qualify them for the practice of an honored and honorable profession, they would not be where they now are.

And there is another difficulty growing out of the system pursued by our schools—a difficulty taking the form of a downright injustice.

If our institutions of learning are to turn out on the world so many men really unfitted for the profession, in all fairness, those schools ought not to stand in the way of such men obtaining a living.

To-day the college confers a degree. To-morrow the graduate announces himself to the community as a specialist in "private diseases." He asks the board to license him. But the board says emphatically "No." He asks this society to accept him as a member. But the reply is "No. Yesterday we gave you a diploma showing that you were qualified to practice the healing art; but you must not allow the world to know this through the medium of advertising."

My friends, is this consistent?

But go a step further in this line of thought. To men of undoubted ability, graduates of some of our best institutions, we refuse fellowship to because they advertise to cure certain diseases in a special way. But at the same time we look with profound respect (?) upon others who fling to favoring breezes the thousand flaunting banners of their "yellow covered literature," announcing "A Wonderful Discovery."

While the one poor fellow must be content to starve, if he would have our professional recognition, the more favored son of fortune may line his pockets with gold, and still be admitted to full and open fellowship.

From the one we withhold the hand of brotherhood; to the other we send our students for instruction.

Once more, my friends, is this consistent?

In the name of all fairness, let us insist that the standard of medical ethics which rules out the man who advertises be abolished; or that, if continued in force, its provisions shall include the most egotistic college professor as well as the humblest college graduate.

Abstractly speaking, some forms of the "heroic treatment" are not without their beneficial uses. For the moment let us carry our examination of our own case still a little further. Though the probing reveal unpleasant truths, still the advent of a sound and healthy condition of affairs will be the more sure and speedy.

One of the chief corner stones of the fair, strong fabric of the Homœopathic school of practice is the claim of freedom from bigotry and prejudice. It is a commendable claim, worthy of the most advanced class of thinkers and workers in the broad field of human effort.

But though we make the claim for our school as a whole, how sad are the results, sometimes, when the test is applied to groups and individuals. Here in our own household, "with malice toward none," actuated only by a

desire for the best results and greatest success for the cause we represent, let us be honest with ourselves in this matter.

Now, my friends, while the law of similars is a general law—as is the law of gravitation—varying personal experience and differing fields of labor will develop varying, and sometimes seemingly conflicting, theories as to details of practice. The law of similars while general, even universal in its own legitimate sphere, is not an exclusive law in therapeutics. Rest and proper food will furnish relief when excessive labor or lack of nourishment have exhausted the energies; chemical agents will overcome the effect of certain poisons; and the violent symptoms of an overloaded stomach may be relieved quickly by an emetic. While all of this does not disprove the universality of the law of similars, even the most devout adherence to that law does not call on us to disregard any proper methods for removing the causes and the effects of disease. But there are those who, while lauding the liberality of our creed, refuse to exercise a spirit of liberality toward those who may happen to differ with them in matters of detail of practice. The principle of such appears to be: "If you do not employ the same potency in prescribing that I do, then you are a heathen—worse than an enemy."

The "pharmacy man" will contend that the "oxygen treatment" cures all ailments of the lungs, and from his dictum he will admit of no appeal. Many of the professors in our colleges have standing advertisements setting forth the peculiar advantage of the advertisers in the method of treating certain diseases. To differ from the claims thus set forth would be to become an Ishmaelite in the estimation of the advertisers. One honorable doctor announces that "the greatest sanitarium of the world" is at certain Hot Springs; to question his statement would be to array yourself against his veracity. One doctor announces to the world that the waters of his institution are the finest in the State. Another, an ex-professor, tells you that the restorative qualities of "Bovine" are beyond all question. And we must accept the ipse dixit of each, or be accounted barbarians. To deviate a hair's-breadth from the method of practice followed by some is to subject yourself to be rated as a "mongrel" or a quack.

Is it not because of certain manifestations of just this sort of sentiment—for which our language furnishes no better words than prejudice and bigotry—that our association has suffered, and many of the older members manifest no interest in the meetings? The highest and best results can be obtained only when the evil spirit of bigotry shall be cast out of the body of our association.

Writes one of America's immortal poets:

"Come send round the wine and leave points of belief  
 To simpleton sages and reasoning fools;  
 This moment's a flower too fair and too brief  
 To be withered and stained by the dust of the schools.  
 Your glass may be purple and mine may be blue;  
 But while they are filled from the same bright bowl,

The fool who would quarrel o'er difference of hue  
 Deserves not the comfort they shed o'er the soul.  
 Shall I ask the brave soldier who fights by my side  
 In the cause of mankind, if our creeds agree?  
 Shall I give up the friend I have valued and tried  
 If he kneel not before the same altar with me?  
 From the heretic girl of my soul should I fly,  
 To seek somewhere else a more orthodox kiss?  
 No! perish the hearts and laws that try  
 Truth, valor or love by a standard like this."

In connection with the management of our association, and the conduct of its affairs, it must be said that in the past our meetings have been too short, and have been conducted with too much haste in the transaction of its affairs. We have been cramped and no one has been entirely satisfied. Sufficient time has not been allowed for the discussion of important papers. Many papers prepared with great expenditure of time, thought and study, have been read by title, referred without discussion, and pigeon-holed, never to see the light again. Not a bureau has had sufficient time for the consideration of the subjects before it.

In considering what is for the best interests of our association and its members, the recommendation is here most urgently laid before you that the future sessions of our association shall never be less than two full days each. No one should go from any of these meetings without having added something to his stock of medical information—something to his practical ideas which will aid him in the more successful practice of his profession. From these gatherings we ought to be able to go each with a feeling that he is more competent than when he came.

My friends, there is no need that we grow old and rusty in our profession. The freshness of the vigor of youth will remain with us if we shall come up to these gatherings each year, bearing with us each his share of a year's harvest of experience, to exchange with others. Pride in our profession and interest in our school dictate an attendance at these meetings. He who fails in his manifest duty toward this association should give up his practice and retire from the profession. Education is something more than mere acquirement. A man may be very learned and not educated. A brain may be filled with solid masses of information, and still be like a storehouse filled with bundles of merchandise—and nothing more.

To educate is to draw out and develop.

Let the present year so well begun, mark a real educational era in the history and work of this association. So shall every member be proud to say he is a member. May each succeeding year add to our numbers, till there shall not be a Homœopathic physician in the State who will not feel the necessity of being a co-laborer with us. So shall an increased attendance, a larger number of valuable papers, and full and free discussion bring out much information now lying dormant, which will be of much use to us all.

This, my friends is our representative body, and its progress and success

should be the pride of every loyal Homœopath in the State. Every disciple of Hahnemann in Wisconsin owes it to himself and to the faith which he professes to uphold by personal effort, to maintain by personal presence, to aid by personal participation in our proceedings, the association which is seeking by every effort in its power to uphold, maintain and aid his work.

And in this connection, the important thought suggests itself that the interest of the membership will be increased by the keeping of records which shall furnish us accurate information concerning the lives and work of those who finish their course among us. Of those who have been graduated from our earthly school and gone to the broader fields of study in the great University of the Hereafter, no adequate record has been preserved.

Already, I have suggested to our necrologist—and repeat it here—that the society should authorize him to secure and prepare a suitable book; that he obtain short biographical sketches of the deceased Homœopathic physicians of the State—especially of the pioneers—and place those sketches in the book. And this work should be supplemented by adding to the list of sketches whenever a member of this association shall complete his life-work. Such a book would constitute a biographical work of great interest and value.

In the brief time which good sense and an appreciation of the tax on your patience dictate for this somewhat informal address, much must be omitted which might with profit under other circumstances, be called to your attention. But one or two more considerations demand our thought, and must not be passed by without at least a word. While every sanitarian is not a physician, every physician should be a sanitarian. Our members should stand at the head of sanitary reform in this State. As cremation promises to be the great sanitary reform of the future—the greatest of all the ages—every physician should take a stand in its favor, on purely sanitary grounds, if for no other reason. In the larger cities, the cremation of garbage has become a necessity, and its advent is greeted with the warmest praise.

After consultation with many of our members whose opinion is deemed of great weight, it was decided that inasmuch as our constitution and by-laws do not authorize a semi-annual meeting, no such meeting should be called during the past year. It appears to be the part of wisdom that, as the good accomplished by such meetings was not commensurate with the labor necessarily incurred, the whole force of the association should be centered in one grand annual meeting, to be continued two or three days.

My friends, we are in the midst of an era, crowded with the grand fruition of a historic past—surrounded by the almost miraculous achievements of the mighty present—pregnant with the assured glories of a mightier future. In our hands are placed possibilities whose full extent we do not yet understand, responsibilities to shrink from which would be to brand ourselves as cowards, and the faithful wardenship of which will result in great benefit to humanity, to the world of the present and the world of the future.

In his dreams the old prophet saw angels ascending and descending on a ladder which reached from earth to heaven. In the rich fruition of the achievement of this later day, even our waking dreams reveal to us bright spirits of Truth passing upward and downward on the mystic ladder whose base stands firmly on the established facts of human research, and whose mighty length is lost in the clouds of possibilities whose fields are as yet beyond our vision.

Members of this association, friends of science of truth, of humanity—may the record which these messengers shall carry from us be freighted with truth, and crowned with the results of earnest endeavor; and may the answer returned be a promise of yet greater achievement, of grander result, of broader wisdom, of holler, more potent inspiration.

So, my friends shall the world be better, mankind happier, and the future of human effort for human good brighter because we have lived, and because with honest earnest zeal, we have been true to the inspiration of the hour and faithful to our calling.

Good night.

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## SPASMODIC CONTRACTION AND RIGIDITY OF THE CERVIX.

BY A. G. LELAND, M. D., WHITEWATER, WIS.

Passing by such important subjects as placenta prævia, puerperal convulsions and lacerated perineum which have heretofore been so ably discussed by members of this bureau, I wish to call your attention to two sources of delay which render a labor tedious to patient, and not unfrequently make great demands on the knowledge, skill and experience of her physician for relief.

1st. Spasmodic contraction of the cervix uteri, an active force by which the fibres contract and diminish the size of the opening previously exhibited by the mouth of the womb; and,

2nd. Rigidity of the cervix uteri, which has been called a passive force, by which the fibres of the neck of the uterus resist dilatation.

If the obstetrician called to a case of labor finds his pa-



tient in a highly excited, restless condition, and upon examination finds the edge of the uterus thin, tense, intolerant of the slightest touch, and during pains presenting a thin cutting edge, and contracting instead of dilating, he may readily conclude he has a case spasmodic in character. Let no one, however, conclude that it is easy to diagnose all such cases. Some characteristic features may be lacking, others not so characteristic may be supplied.

I was lately called by a neighboring physician of another school to see a woman who we had reason to think had passed her time of delivery over three weeks. During that time she had frequent attacks day and night of severe spasmodic vomiting alternately with slight uterine pains, which had only effected sufficient dilatation to admit the extremity of a finger. This seemed to be a case spasmodic in character, although lacking most of the characteristic symptoms, especially those of sensitiveness and thin cutting edge. It yielded readily to Belladonna and a local application of same drug in form of cerate. The patient was fleshy and nervous, with flushed face and greatly troubled with dysuria. Doubtless many cases called rigid os, in reality should be considered cases of spasmodic contraction. As pertinent to the subject, let us briefly review the history of the structure we have to deal with. According to Stricker, the principal portion of the uterine body is composed of unstriated fibres arranged in three layers. The internal which are circular, the middle mostly longitudinal, and the external which are chiefly accessory to the middle layer. In the cervical portion the arrangement is somewhat different. There the circular fibres form the largest layer, and are in the middle, and form the internal and external sphincters, while the longitudinal are placed externally, interweaving with the circular bands at the os externum and os internum. The os externum and os internum of the unimpregnated uterus are in a somewhat elementary condition, very different from that found in the gravid uterus

at full term. Then we find a powerful sphincter muscle composed of unstriated muscular fibre uncontrolled by the wall and retaining the contents of the uterus, acting like the fibres at the pyloric orifice of the stomach, to-wit: retaining for the time being the escape of its contents.

The powerful nature of the circular fibres of the os uteri is well adapted to the retention of the internal contents of the uterus against all forces until the term of foetal life has arrived, then in accordance with a law of nature the fibres relax to allow the passage of the foetus and appendages. In a normal labor the cervical circular fibres relax slowly and gradually until dilatation is accomplished and the passage of the child takes place; but in certain exceptional cases the action or procedure is different. After the os uteri has opened to an extent varying in size in different cases, it fails to dilate further, and notwithstanding the strongest uterine contraction and most forcible expulsive efforts of the patient it refuses to dilate and the progress of the labor is discouragingly delayed. This condition, when not arising from structural change in the os uteri, inefficient pains, or contractions badly directed, arises generally from the spasmodic action of circular fibres of that structure caused by some morbid condition of the os itself, or due to reflex action dependent upon systemic causes. We have analogical conditions or actions in other parts of the body. Take for instance vaginismus, the cause for which may exist locally or in other parts of the system. It may be from a small fissure or tumor, chronic inflammation, or even irritability of walls themselves, or it may be from nervous unhealthy conditions in other parts of the body. Spasm of the anal sphincter may also illustrate—rectal ulcer may be the excitement or systemic disturbance the cause.

There are two other apertures also the subject of spasm, which are even better illustrations, both being quite independent of the will. I refer to the pylorus and the glottis.

The function of the sphincter of the pylorus and os uteri is the same in this: they both detain the contents of their respective cavities, of which they are guardians, until the proper period arrives, when the circular fibres should relax to allow the contents to pass through the orifices.

It is well known that ulceration at the pyloric orifice will cause most painful contractions of the sphincter and the rejection of the gastric contents. Also that the introduction of unsuitable substances into the stomach will cause a closure of the pyloric orifice and retention until it is rejected by vomiting. It is also known that on account of systemic irritation or nervousness, food that has been partaken of hours previously has been retained by action of pylorus until it is thrown off by emesis.

Spasmodic closure of the glottis, which may be caused by indigestion, derangement of the bowels, irritation of teething, sometimes fatal in results, gives another illustration of the spasmodic action of the muscular fibres that constitute sphincters which may be called into abnormal action by either direct or reflex irritation. It seems apparent that the same effect may be produced in the circular fibres of the os uteri that is produced in other apertures of the body thus guarded whenever similar causes operate as excitants.

We may now inquire what condition of the uterus or system may produce spasmodic contraction or retention. Locally an ulcerated os co-existing with pregnancy and parturition may be sufficient to excite spasm, because as the ulcerated surface becomes involved in the dilatation it must involve the nerve extremities, which are already in an unhealthy condition. The same may be said of a fissure in the os uteri. Another fertile source may be the morbid condition termed irritable uterus sometimes considered of a rheumatic or neuralgic character, which often unless relieved manifests itself in irritable spasmodic contraction weeks before the commencement of labor. Turning our attention to reflex agency,

we may examine almost the whole body; especially would we mention hæmorrhoids, overloaded colon, kidney and vesical diseases, hepatic and stomach derangements, cerebral and nervous or spinal disturbances. Each or any of these may produce by reflex agency disturbance of other organs, and by parity of reasoning uterine irritation and spasmodic contraction of the cervix.

*The second* source of delay, sometimes of a serious character, is called properly rigid os. Under this head we may have, however, cases of simple rigidity, where the neck is thick, soft, moist and insensible, and which continues so because the uterine contractions are insufficient, badly directed, irregular, or lost against some mechanical obstacle, or the more serious one where the hardness and resistance to dilatation may be the result of structural change; inflammation with deposit of plastic material; cancerous deposit; fibroid tumor in cervix. In this last condition the os is unyielding during pain and interval, and in extreme cases when the womb takes on unwonted action there is danger of laceration.

After the brief statements given, we now come to inquire what can be done, hygienically and medically, to prevent, and when prevented, relieve the condition under consideration. As regards spasmodic contraction or rigidity, when called upon to take professional care of a woman through gestation and labor, if we have reason to anticipate trouble of that kind, we may advise and insist upon regular judicious exercise in the open air and sunshine, and the exercise of the muscles by the varied duties of light housekeeping, together with sitz baths, plain nutritious diet of meat, vegetables and fruit. Muscles of weak, relaxed fibre contract irregularly and spasmodically. Especially are the measures named to be advised for patients who have been the victim of dysmenorrhœa, neuralgia, and rheumatism. Furthermore, we are to carefully consider and treat any complicating disease or derangement like hæmorrhoids, false pains, morning sickness,

cervicitis, cystitis, and others too numerous to mention.

For this purpose we have a fine list of remedies, among which I may mention, *Cimicifuga*, *Collinsonia*, *Caulophyllin*, *Mitchella*, *Cuprum*, *Arsenicum*, *Viburnum*, and *Pulsatilla*, to be given according to well-known indications. If we encounter as severe cases of spasmodic contraction at labor we should carefully maintain the bag of water, and administer such remedies as *Belladonna*, *Atropine*, *Viburnum*, and *Veratrum*, according to indications in our text books, to which I desire especially to add *Acetate of Morphine* in the 2nd trituration. This remedy has a wonderful efficacy in spasmodic contraction in various parts of the body, and not less so in the orifice under consideration. The provings have been abundant by all classes of physicians, but have not found place in our works on *materia medica*. The indications for its use may be found in severe spasmodic pains badly borne, excessive nervousness and restlessness, retching and vomiting, ineffectual effort to urinate, paleness of face, and wildness of features. The remedy in question should not be given in narcotic doses. The action of the medicine may be assisted by the use of warm water, sitz baths, rectal and vaginal injections. The measures mentioned will prove to be far more satisfactory and successful than the old style narcosis, bleeding Tartar emetic, or the more modern administration of *Chloral* and *Chloroform*. I believe it has been frequently demonstrated in practice that the latter will sometimes fail to relax spasm, even when given to extent of complete anæsthesia.

In the treatment of rigid os, dilatation in cases I have called sample ones will be hastened if need be by the proper administration of such remedies as stimulate pains aided by exercise and position. Mention may be made of *Pulsatilla*, *Caulophyllin* and *Ergot* in small doses.

It need not be considered meddlesome midwifery if in torpid cases the well-oiled finger is used to excite action in the fibres. After sufficient dilatation has been effected if the

uterine forces seem unreasonably inefficient, the forceps may be used with discretion (I mean without haste or excitement). If the measures mentioned fail our case is probably a serious one, the result of structural change, dilators may be used carefully, trying first the finger or fingers, and if unsuccessful use Barns' bags, or the dilators of Ellenger or Goodell until sufficient opening can be made to allow the application of forceps. The last-mentioned condition may be foreshadowed by the unyielding severe nausea of our patient, especially during early months of gestation, but prone to continue more or less during term. For relief of this distressing sickness, dilatation of the cervical canal  $\frac{1}{2}$  to  $\frac{3}{4}$  of an inch may not only be successful but result in softening the hardened condition in anticipation of labor. Here the finger (if small) may be useful. The writer gained no little renown in early practice by relieving a woman with his forefinger who had vomited everything for six weeks, and was being worried by rectal enemas, by advice of attendant physician and counsel.

The nausea was cured immediately and never returned, and the delivery afterward was unusually easy. This case is not given in the interest of the late doctrine of orificial surgery, but simply to illustrate my subject. I may, however, be permitted to say in conclusion that when physicians having patients afflicted with obscure and puzzling neuroses, give more attention medically and surgically to the orifices of the body, they will meet with better success in their treatment.

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## INJURY TO THE EYE.

BY G. G. CHITTENDEN, M. D., JANESVILLE, WIS.

Read before the Wisconsin State Homœopathic Medical Association.

On the evening of November 6, 1886, Mr. H., a cabinet-maker, called at my office, saying there was something in

his eye. On examination could detect nothing, but found the conjunctiva was highly congested.

I prepared a collyria of Sulph. zinc. gr. i. to Aqua oz. i., and gave Bell. Directed him to call the following morning. At this examination found a small ulcer on the center of the cornea, but could not detect any foreign substance. I gave him Arnica and Spigelia 3x in alternation, one disk every two hours, and had liquid Cosmoline dropped in several times daily. The following day, as he complained of heat in the eye, and ulcer was larger, I had it bathed with equal parts of Pond's Extract and Aqua by external compress.

This treatment was continued for ten days, the ulcer improving; but changed to Chamomilla in place of Spigelia, on account of pain with feeling of pressure in forepart of head and eye. On the 23d ulcer entirely healed and conjunctiva nearly normal in appearance. Sight was "cloudy," but continued to improve, so that in a month he nearly recovered the full use of the eye. It still continues to be quite sensitive to strong light.

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## INJURIES OF THE EYE AND ITS APPENDAGES.

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

Read before the Wisconsin State Homœopathic Medical Association.

The avocations of business people subject them more or less frequently to bodily injuries, which often are of so slight a degree as to require no attention from the medical adviser, but when a serious injury is received the nearest physician's skill is called into requisition to afford relief to the victim of the accident, and it is expected and understood that he will be prepared to give the best possible aid in such cases, as he does not know at what moment he may be called to an accident when hesitancy, or a lack of skill on his part, may result in the death of his patient.

Such knowledge without doubt is in the possession of each and every member of this society, all being thoroughly equipped and prepared when emergencies where *life is endangered*. But there is one important little organ of the human organism which the majority of physicians have relegated into the hands of the specialists, and as the accidents common to it should receive immediate and as prompt treatment as any other important portion of the body, I protest against such action on the part of our general practitioners, for, although death seldom ensues from such injuries, yet other conditions are liable to occur which to many people are almost as much dreaded as death itself.

If physicians in general practice do not care to give the necessary study and time to become proficient in the treatment of the peculiar and complicated diseases of the organs of special sense, they *should* give them sufficient attention so as to not only be prepared to correctly diagnosticate, but to administer as well to the immediate necessities of an ordinary injury thereto.

The writer could cite many cases where from thoughtlessness or lack of skill on the part of the physician, such patients have been subjected to a life of vexation and suffering, when had the injury received correct treatment at the time of the accident, such need not have been the result.

You will pardon me, then, for calling your attention at this time to a brief consideration of "The Injuries of the Eye and its Appendages." By a wise provision our Creator has most carefully protected the more important portions of our delicate sensory organs by so locating them in certain cavities or unexposed positions, where they are less liable to injury than those more prominent portions of coarser texture and less importance. For instance, the nasal organ which from its development and prominence in certain individuals would lead one to believe at first thought that the delicate olfactory organ had little or no protection from ex-



ternal injuries; but on further consideration we find that portion which is so prominent and liable to direct injury from external causes is of minor importance and poorly supplied with nerves of sensation, while the important portion—the schneiderian membrane, containing as it does the olfactory membrane—is not only hidden from view, but is protected by the bony framework of the face as well.

The extremely delicate organ of hearing is enclosed in a bony box to which there is no access except by way of the eustachian tube, or a perforate drumhead; while the exposed and almost useless portion—the auricle, composed, as it is, chiefly of fibro-cartilage connective tissue and fat—is almost devoid of sensation, and upon which the grip of an irate teacher and the frosts of midwinter alike fail to intimidate the average school boy.

The eye which is probably the most important of the sensory organs, is rather more exposed to injury than either the nose or ear, yet nature has done her best to combine utility and protection even here. It being the organ of sight it must of necessity occupy an exposed and prominent place in the face; yet it is protected on all sides except the front by the orbital walls, and resting, as it does upon a cushion of fat, it is prepared to resist injury from all but small and pointed objects, and even these, except they be very sharp, will hardly penetrate to that portion where damage to vision will be irreparable; the sclerotic and cornea are neither easily penetrated by reason of their peculiar formation and shape, and this coupled with the fact that the ball is free to move in its socket, prevents serious injury in the great majority of cases.

Again, the eyelids are even conscious of approaching danger to the globe, and quickly close when thus threatened; they are the natural protectors of the eye, and except from very minute and quickly-flying objects they most effectually accomplish their purpose.

With all these material protections and safeguards, these delicate and sensitive organs frequently become the seat of serious injury.

The injuries of the eye may be considered for convenience under the following heads:

1. Superficial or minor injuries.
2. Injuries from burns, scalds and chemical agents.
3. Penetrating wounds.
4. Traumatic cataract.
5. Foreign bodies in the eye.
6. Gunshot injuries.
7. Sympathetic ophthalmia.
8. Orbital injuries.
9. Injuries to the eyelids.

#### SUPERFICIAL INJURIES.

Foreign bodies of small size, such as pieces of steel, iron, emery, sand, coal or glass frequently find their way into the eye, and create more or less disturbance, according to their location. When lodged in the region of the oculopalpebral fold they create but slight inconvenience usually; also, when they penetrate the conjunctiva covering the sclerotic coat and sufficiently deep as to be imbedded beneath the surface. Examples of this kind can frequently be seen in the eyes of persons engaged in the dressing of millstones, the conjunctiva being frequently mottled from the minute portions of stone which have penetrated the membrane, and which produce little or no inconvenience. On the other hand, a foreign body behind that portion of the upper lid corresponding to the cornea, produces intense pain, and the same may be said of those penetrating the corneal tissue itself. Both produce great irritability, accompanied by a profuse flow of tears and inability to open the lids or face a strong light, while there is the distinct feeling of some hard substance beneath the lids, symptoms which enable the experienced physician to lo-

cate the foreign substance in either the one or the other of these places with hardly a possibility of a mistake.

The patient being seated with his left side next to the window the upper lid everted and the offending substance not being found, attention should be directed to the cornea, with a point of light from a No. 2 or 3 double convex lens thrown on the cornea. The intruder can often be found imbedded more or less deeply in the corneal tissue from which it must be removed with a probe wrapped with cotton, or if too deep to be wiped away it must be carefully lifted by the aid of a gouge made for the purpose. This little operation should always be preceded by several instillations of a 4 per cent. solution of Cocaine at three or five minute intervals, as this renders the operation nearly or quite painless, and greatly facilitates its removal. The after treatment consists simply in the frequent application of cold water and a light bandage.

#### INJURIES FROM MORTAR OR LIME.

These injuries should receive prompt and careful treatment, as these agents are especially destructive to the conjunctival and corneal tissues, and often destroy the usefulness of the eye. When immediate assistance is not at hand, as usual, in all injuries, the eye must be thoroughly examined by everting the lids, and all particles of lime or mortar carefully removed with a cotton-wrapped probe. If seen immediately after the accident, it is advisable to instill a few drops of sweet oil before attempting to remove the offending substance, after which the eye may be gently syringed to remove remaining portions too small to be seen. Cocaine should be used freely in such cases to relieve the intense suffering, while compresses wet with Aconite lotion should be kept constantly applied to the lids.

Burns from melted lead, babbett metal, or iron, are frequently met with, and are to be treated substantially as injuries from lime. Melted metal burns the tissues deeply, and

like those from chemical agents the injury is liable to be followed by adhesions between the lids and globe from the cicatrization of tissue. This condition is known as symblepharon, and greatly impedes the movements of the eye.

Burns from acids entering the eye are treated in a similar way. If seen immediately after the injury, the eye may be syringed with a solution of Bicarb. of Soda or other alkali to neutralize any remaining of the acid. This may be followed with the Sweet Oil, Cocaine, and Aconite, as suggested above.

#### PENETRATING WOUNDS.

Wounds of the cornea made with a sharp instrument unite readily as a rule, the corneal tissue having sufficient elasticity to keep the edges of the wound in contact. The only dressing required for such uncomplicated cases being a simple compress and roller with rest in bed.

Wounds of the sclerotic are much more troublesome. They usually gap widely, and there is always more or less loss of vitreous. They require careful stitching to insure good results. When the edges of the wound are brought closely together by sutures this tissue unites; but if left to itself, or it is treated like the cornea by bandaging alone, good results seldom follow; and it may be generally understood that wounds of this tunic are more dangerous than those of the cornea even when the iris or lens is implicated. In wounds of the cornea accompanied by hæmorrhage, it is usually found in the anterior chamber where it is quickly absorbed, and can be easily evacuated; while blood in the vitreous is but slowly absorbed; and that portion of the retina covered by the clot is irreparably destroyed.

Penetrating wounds of the cornea are liable to complications from injury to the iris, lens, or ciliary body. Such cases are always grave, and require the most careful treatment to produce anything like good results. A wound at or

near the center of the cornea, opposite the pupil, is, all things considered, the most favorable place for an injury to the globe. A wound at this point if sufficiently deep will injure the lens and produce a cataract simply, which under favorable conditions can be operated upon and fair vision result.

If the injury is between the centre of the cornea and its junction with the sclerotic, the iris is usually injured and prolapsus at the instant the anterior chamber is emptied. If it is not possible to replace it readily the remaining portion should be removed with forceps and scissors after the manner of an iridectomy. If the injury is at the sclero-corneal junction, and sufficiently deep to injure the ciliary body the eye in the great majority of cases will be destroyed by such injury, and if not enucleated sooner or later, is almost certain to produce sympathetic ophthalmia in its fellow; however small the instrument that causes the injury, but few cases will recover from an injury in this particular region, for if the wound should be of such a nature as to heal readily some of the ciliary-nerve filaments will be likely to be caught in the resulting cicatrix and be followed later by neuralgia and sympathetic ophthalmia. This particular portion of the globe is, therefore a very important one to the physician, and whatever may be the nature of the injury, a careful examination should be made at once if possible to determine if the ciliary region is involved, and if so a prognosis may be made accordingly, and prompt measures taken to enucleate the injured member on the first indication of sympathetic irritation in its fellow.

There are several forms of injuries which are liable to be followed by sympathetic ophthalmia, and may be named in the order of their importance. First, incised wounds of the ciliary body. Second, impacted foreign bodies in the eye-ball, especially in the ciliary region. Third, the destruction of the lens when pressing on the ciliary region. Fourth, wounds

of the sclerotic when some of the ciliary nerves are included in the cicatrix. Fifth, any injury to the deep structures of the eye producing protracted inflammation, especially when accompanied by tenderness or pressure of the ciliary region.

There are several other injuries implicating the iris, and following cataract and other operations which have known to be followed by this peculiar destructive inflammation; but a sufficient number have been mentioned to show the importance of dangers incidental to this particular region.

#### FOREIGN BODIES IN THE EYE.

The lodgement of a foreign body in the eye is a most serious injury, and the importance of ascertaining whether there is a foreign body in the eye after an injury cannot be overestimated. Every penetrating wound, therefore, should be examined with great care to determine, if possible, whether the foreign substance is within the eye, or whether the wound was made by a slanting blow. When penetration was not possible, this may be determined in many cases by carefully examining the wound itself. If it commences with a superficial cut gradually and deepens till the globe is penetrated and has a similar appearance at its opposite end, we may be very certain that the substance causing the injury is not in the eye. The shape and size of the foreign body may also determine the fact.

The explosion of gunpowder may injure the eye in either of the following ways:

1. By concussion when exploded near the eye.
2. By burning the surface of the globe or lids.
3. From the deposition of powder grains in the external tissues of the eye.
4. From unexploded grains penetrating the cornea, iris and lens.

## GUNSHOT INJURIES.

The injury to the eye from concussion may be a very serious one, a general ophthalmitis being frequently the result of an explosion of powder in the vicinity of the eye. A burn from powder explosion is to be treated not unlike a burn from hot metals or chemicals, first removing loose particles of powder by carefully syringing the eye with tepid water, then pick the imbued grains from the cornea and conjunctiva with the gouge or needle, after which dress with olive oil as mentioned above. Of course the Cocaine solution should be used to render the operation less painful.

If the powder grains are too deep to be removed readily they should be allowed to remain, as the effort made to remove them will usually injure the cornea more than their presence. It happens in some cases that the unexploded grains are driven with such force as to penetrate the cornea and find lodgement in the lens. This necessarily results in cataract, and is to be treated accordingly.

The injuries due to gun caps are not so frequent now as formerly, when they were more generally used in the discharge of firearms; but the toy gun affords sufficient examples to warrant mention of this class of injury. They are usually made of cheap materials, and are consequently very brittle, and in their explosion small pieces or scales are detached and driven with sufficient velocity to penetrate the eye. Such injuries are nearly always fatal to the usefulness of the eye, and frequently results in sympathetic inflammation of its fellow.

It is seldom one can determine to a certainty whether there is a piece of the metal cap in the eye or not, consequently the case should not be lost sight of for several months after such injury, as enucleation must be made at once on the first appearance of sympathetic irritability in the uninjured eye.

Injuries from small shot penetrating the globe are occasionally seen and usually destroy the usefulness of the organ, some cases, however, are on record where vision has remained comparatively good several years after the globe had received such injury.

Foreign bodies frequently find their way into the orbit where they excite more or less irritation, according to their size, location, etc.

There are several well authenticated cases on record where large pieces of metal or wood have penetrated the orbit from an accident where the patient was entirely unaware of its presence until removed several days later by the surgeon. It is surprising, sometimes, how little disturbance a foreign body in this region will create, yet they are not unfrequently attended by a good deal of suffering, as well as danger to life.

#### ORBITAL INJURIES.

In its passage into the orbit, it may injure the eye by rupturing its external coats, or the optic nerve may be the seat of the injury, or the walls of the orbit may be punctured, abscesses, cellulitis, suppurative inflammation, or necrosis, are all liable to follow an injury of this kind.

Wounds of the orbit should always be considered dangerous, and should be carefully treated till all symptoms of irritation have disappeared.

Ecchymosis of the lids is a condition which naturally follows injuries of this region, and for the relief of which the physician is frequently consulted. It being due to an effusion of blood into the cellular tissue, it is apparent that the discoloration and swelling cannot be relieved at once. A week or more generally ensues before the skin assumes its normal color, during which time it passes through a variety of shades familiar to us all.

It is a question which the writer has been unable to solve to his entire satisfaction, whether medical treatment is of any



avail in such cases, or not; and while it is my habit to prescribe lotions of Arnica, Hamamelis or Hydrastis, yet I am of the opinion that a simple water compress in uncomplicated cases will be quite as efficient as any other form of treatment.

The practice of applying leeches, or incising the parts, I believe detrimental rather than beneficial, erysipelas and suppuration being more liable to follow such punctures of the skin than otherwise.

#### WOUNDS OF THE EYELIDS.

Wounds of the eyelids may involve the skin of the lids only, or they may be sufficiently deep to divide tarsal border as well. The former requires similar treatment as a wound in any other portion, simply uniting the edges with a fine needle and silk, over which a compress may be placed, suitably medicated.

Wounds of the cratilaginous border of the lid must be united by a pin and twisted suture, else there will remain an unsightly notch to mark the place of injury.

If the wound be a jagged' one, it will be advisable to straighten the edges with scalpel or scissors before applying suture.

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### THE PHYSIOLOGICAL EFFECTS OF BERGEON'S GASEOUS ENEMATA.

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

Read before the Wisconsin State Homœopathic Medical Society.

There has probably been no one therapeutic agent, or method, introduced to the medical world in the past generation, that has attracted such universal attention as Bergeon's treatment for consumption. Not only have the laity become intensely interested in the new method, but physicians of all schools and thought are testing its merits. It would seem, with the many experimenters in the field, and the abundant

material which so prevalent and serious a disease affords, that the exact sphere of its usefulness would soon be known.

It would be well, however, to make use of facts already attainable, regarding the influence of gasses upon the body, as well as with some system their applicability to certain diseased conditions. A discussion of this subject, even with the imperfect data at our command, may result in good, possibly hastening the day when the compatible between certain gasses and certain diseased states shall be known, thus saving lives which might otherwise be sacrificed.

With the advent of this new agent, Grauvogl's "Bodily Constitutions" came to mind in connection with his quotation, II, p. 168, "upon the immunity of laborers in anthracite coal mines from consumption." Grauvogl quotes at length:

"Since the year 1818, the author (Tutschek,) has lent this subject his attention, and has not only convinced himself by facts that laborers in coal mines generally remain free from phthisis, but has obtained communications agreeing herewith, from other colleagues, who reside near coal mines. The same has been observed in England, in the mines at Newcastle; in France, (Deseze) by Vallat; in North America, by Geddings; in Belgium, by various physicians; and by Lombard, in Geneva, \* \* who *arranges, in his statistical tables, coal miners in general in the class of those who are most protected from phthisis, or some are entirely exempt from it.* The writer is unable to explain this phenomenon. Its explanation cannot be found in the manner in which these people live, for while, in this regard, they live just as those about them, who do not work in the mines, it frequently happens that these latter, (their wives or children,) *suffer and die with tuberculosis, while they themselves are untouched by this scourge.* This is all the more remarkable as the very kind of their labor has, as a consequence, a number of influences upon their bodies which are recognized as predisposing elements, and as *causes of the origin* of tuberculosis, to which especially belong the

abrupt *changes of temperature* to which they are exposed, when perspiring, on entering or leaving the shafts. The fact that the coal contains Iodine and Bromine, as has been lately demonstrated, can also hardly serve as a cause of their exemption from tuberculosis, since the Iodine is so combined with the coal that it cannot be volatilized. Another reason, (adduced by Martins, and surely the weakest of them all—Rep.) is the much greater atmospheric pressure in the mines, in comparison with that upon the surface of the earth, the effect of which would be analogous to what is observed at the sea shore, where, it is well-known phthisis is more rare. But this reason is also disputed, and the fact adduced that, at a certain elevation above the level of the sea, phthisis is hardly known. Finally, the uniform temperature of the mines, (about 12–15° c.) is given as a cause. This, however, is far from being found the same in all the mines, and thus the ætiology remains quite in the dark, while the fact appears established all the same, and as such is, in any case, of no small interest for the nosology of lung diseases.”

Let us for a moment consider Grauvogl’s “Oxygenoid Constitution,” with which tuberculosis develops. It is distinguished chiefly: First, by want of albuminates and fat, and especially by the energetic consumption of oxidizable substances when in. Second, by the diminished accumulation of the solid constituents of our body, generally connected therewith, is to be brought into calculation, which constituents must essentially serve to maintain a vigorous life.

“Those who enjoy apparent good health, under such conditions (oxygenoid constitution) *feel well or relieved* in an atmosphere which is saturated more than usual with nitrogen, even with carbon, with burnt resins and fats, with empyreumatic substances, and the like. To a superficial consideration even, the fact is conspicuous that such individuals frequently refuse all sorts of animal food, as a proof that their organs can no longer elaborate in a concentrated state what they require, and that to them the carbo-hydrates are more benefi-

cial, as they offer them so many substances nearly oxidizable.

A characteristic symptom of this constitution consists further in this: That persons endowed therewith, hours—and even days—before the weather changes from dry to moist, are uncomfortable, and if they happen to be sick, their condition is aggravated; also immediately before a thunder storm, which others do not notice in the least, while the active fall of rain or snow removes all their pains; or, they feel best in *foggy weather*, or even in the fogs which arise in the forests, especially in an atmosphere not cold, in which men with the hydrogenoid constitution feel the worst, etc.”

The remedies for the oxygenoid constitution, Grauvogl says, are found in the carbon and nitrogen series, and he ascribes the immunity of miners from consumption to the inhalation of coal dust. Is this entirely warranted?

Buck's Hygiene, I, p. 613, gives an average of 78.5 parts  $\text{CO}_2$  to 10,000 in English mines—339 examinations. Good average air contains four parts. “Sulphuretted hydrogen produces effects resembling those of carbonic acid, but in a different manner; it acts as a reducing agent:” p. 622. This much may be noted for the atmosphere of mines. It is quite heavily loaded with carbonic acid and other light gasses—sulphuretted hydrogen, carburetted hydrogen; it is deficient in ozone, and the proportion of oxygen is less than that of air in more favored localities.

Parkes says of Carbon, di-oxide, “the presence of a very large amount of  $\text{CO}_2$  in the air may lessen its elimination from the lungs, and thus retain the gas in the blood, and in time possibly produce serious alterations in nutrition.

Of Hydrogen sulphide: “While dogs and horses are affected by comparatively small quantities (1.25 to 4 volumes per 1,000 volumes of air), and suffer from purging and rapid prostration, men can breathe a larger quantity. Parent Duchatelet inhaled an atmosphere containing 29 volumes per 1,000 for some short time.”

When hydrogen and ammonium sulphides, dissolved in

water are injected into the blood, they and  $\text{SH}_2$ , produce the same symptoms as the injection of non-corpuscular putrid fluids, viz., profuse diarrhœal evacuations, with sometimes marked choleraic symptoms, and decided lowering of the temperature of the body."

It is too early yet to understand the rationale of Bergeon's treatment, and to predict with any certainty its permanent value in therapeutics. If the waste of the tissues, as Grauvogl affirms, be due to too rapid oxidation, and the increased bodily heat or hectic may be due to the same process, to what can we better compare the gaseous treatment than to a chemical fire extinguisher? The gas furnished to a flame will soon extinguish it; supplied to the blood, either through the lungs or by enemata, it retards the process of oxidation. But can we be sure of this action invariably? While hydrogen sulphide may in most cases retard oxidation by displacing oxygen, or diluting it, still, mixed with oxygen and exposed to a flame, it explodes, and oxidating agents decompose it with separation of sulphur. This being so, we may introduce a dangerous element into our case. Sulphur with the oxygenoid constitution is a firebrand capable of causing great destruction. At a recent meeting of the American Medical Association, held in Chicago, one physician contended that following the first good effects of the gas, there was a more rapid failure of patients thus treated, and the chairman of the section on practice, in his address, spoke disparagingly of its usefulness. It would seem, then, from the differing testimony already afforded, that it is questionable in which direction our agent acts, whether by retarding oxidation, or by favoring it, possibly, through the elimination of sulphur. In this connection we may again refer to Grauvogl; topic, Carb-hydrogenoid Constitution. He says, II, p. 278, "I call special attention here to a form of pulmonary catarrh, with puriform expectoration and emaciation, which, upon the ground of a physical examination, in this case very deceptive, is almost always confounded with tuberculosis; it

arises, however, from the previously weakened innervation of these organs, (heart, liver, kidneys,) and can, at this stage, be easily cured by sulphur or its preparations; while under a diagnosis which is merely directed according to the criteria of the physiological school, the disease is falsely named, consequently falsely treated, and the patient must die." This was written before the discovery of the tubercle bacillus, which is generally admitted to be present in tuberculosis.

The deficiency of ozone in the atmosphere of coal mines has been mentioned. Returning to our miners, it is impossible to determine whether or no the absence of this agent may have anything to do with lessened oxidation of the tissues. Ozone is an exceedingly powerful oxidizing agent. Grauvogl affirms that persons with the oxygenoid constitution feel best on foggy days; there is least of ozone then. More is found on the sea-coast, and especially when the wind is blowing from the sea. My friend, Dr. Crawford, tells me that in the San Gabriel valley, California, where one might expect, from the dryness of the atmosphere, and the great number of sunshiny days, good results with phthisical patients, instead, they die quickly; while catarrhal conditions as speedily disappear. Even at high altitudes, which again furnish more ozone, those at all advanced with consumption fail most rapidly. That incipient phthisis is best combatted in mountainous regions, may be explained upon other grounds. "Dry air and low pressure and abundant sunshine are among the chief curative elements in high altitudes; but to these must be added the fact that the visitor enjoys a freer movement of air, more exercise, mental exhilaration. In brief, the effects are those of stimulation; and they appear in improved digestion and sanguification, and an increase of muscular tone."—*Buck's Hygiene*, II, p. 670.

The observations which we have just considered, while leaving much to conjecture, incline more strongly to the theory that Bergeon's treatment owes its efficacy to the restraining influences which the hydrogen sulphide exerts upon

processes of oxidation; it may be by limiting the action of oxygen and ozone within the body, the gas engaging either or both of those elements to the benefit of more precious material.

It is altogether probable, the limitation theory being sustained, that no permanent good effects will follow the use of this new treatment; in other words, it will not be a specific for any one diseased condition, but will prove a valuable ally by preventing excessive waste of tissue, thus enabling us to use other restorative agents to better advantage.

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### SPIGELIA.—AN ESSAY ON ITS ACTION, IN THE LIGHT OF SOME RECENT EXPERIMENTS.

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

Read before the Wisconsin State Homœopathic Medical Association.

There are about thirty known species of spigelia, natives of tropical and sub-tropical America. *S. Marylandica* is indigenous to our Southern states. *S. Anthelmia* is a native of Jamaica and some other West India islands. *S. Glabrata* grows under the equator. The more tropical the species, the more poisonous they are. They all cause similar symptoms, varying only in intensity, and there is no necessity for separating them. In the foreign markets the various species are mixed when sold.

An American physician, Dr. Lining, wrote of it first, in 1754. He claimed to derive his knowledge of its uses from the aborigines. Then followed Drs. Garden, Chalmers, Barton, Ives, Thompson, Eberle, Dewees, Wright, and others, all Americans. It was introduced into Europe, and came to the knowledge of Hahnemann, who, with his rare intuition, foresaw its great and varied powers, which he illustrated by his heroic provings.

At first it was used solely as an *anthelmintic*, and even to this day is so used by many regular physicians.

Dr. Wright first pointed out its narcotic properties, and Barton reported cases of death from its employment. Chapman attributed its efficacy as a vermifuge to its narcotic influence on the intestinal parasites. Ives explained that it first stupefied, then expelled the worms by its purgative influence. He compared the effects of the fresh root with those of *Digitalis* and *Stramonium*. "Like the former," he says, "it quiets general nervous irritation, and like the latter, it causes dilatation of the pupils." But when this was written, very little was really known of the real action of *digitalis*. Ives says *Spigelia* causes a sort of mental derangement, with alternate fits of laughing and crying. Thompson took large doses of the root, and found it produced acceleration of the pulse, flushed face, drowsiness, and stiffness of the eyelids.

A case was reported in 1855, by Salisbury, in the *Boston Medical and Surgical Journal*, where an infusion of three drams of the root, in three gills of boiling water, was ordered for a child four years of age, to be taken in eight equal doses, at intervals of two hours. After the third dose the skin became hot and dry, the pulse 110 and irregular, the face, especially about the eyes, including the lids, much swollen, and the pupils widely dilated. There was strabismus of the right eye, and a wild staring expression, giving the countenance a very singular, and in fact, ludicrous appearance. Yet the intellect seemed unaffected. On attempting to assume the erect posture, the patient was seized with general tremor, which passed off in a few seconds, and left her quite exhausted. The next morning all the alarming symptoms, with the tumefaction of the eyelids, had disappeared. Dewees declares it is harmless, and that he has never seen distressing symptoms from its use, but adds that it did, in a few cases, cause "slight squinting with delirium." We should think these ominous symptoms were distressing enough.



The universal testimony of the old school as to its effect as a vermifuge, allows no doubt of its powers. When given in the doses they prescribe, it doubtless does narcotize the worms. But it is a singular fact relating to worm medicines, that they often remove so-called "worm symptoms" when there are no worms. This is true of Cina, Grannatum, Santonine, Chenopodium, and others. Dr. Stille, one of the most acute of observers, alludes to this when writing of Spigelia. He says: "There is a state of intestinal derangement presenting all the symptoms of lumbricoid ascarides, and which is most frequently observed among strumous, feeble and precocious children. They have fever, a dry, hot skin, furred tongue, tumid and confined bowels, capricious appetite, and nervous irritability. These symptoms are often dissipated by Spigelia, without causing the discharge of any worms." An English physician recently asserts the same of Pomegranate Bark.

Now there are two explanations of this. (1) The worms may really exist, are killed by the drug, and are *digested*. Living worms are not affected by the gastric juices, but dead, they are seized upon, and treated like any piece of meat. (2) Proving of all the anthelmintics, show them capable of causing all the so-called "worm symptoms." This they do by acting as irritants to the intestinal tract, and arousing reflex irritation, as well as a direct irritant action on the brain and spinal cord. They are, therefore, all Homœopathic to "worm symptoms," whether caused by parasites or other irritants in the intestinal canal.

Spigelia causes certain brain and heart symptoms, caused by no other drug, but even these are simulated by the irritant action of intestinal parasites.

Notwithstanding the neurotic effects of Spigelia observed by their own school, the regulars have never applied this drug to other than worm affections. Hahnemann's provings and his use of it has always been an *terra incognita* to them. They have ignored its action on the eyes, the cranial nerves, and the heart.

In our school it is an invaluable remedy for certain neuroses affecting the head, eyes and heart. We have used it successfully in rheumatism, which is believed by many pathologists to be a neurotic disease. Hughes, in his *Pharmacodynamics*, has given such a concise, yet clear *resume* of its curative sphere, that I will not repeat it. In Allen's Encyclopædia of Materia Medica, you can find all the symptoms of this potent drug. Fortunately Hahnemann's provings were made with massive doses of the tincture, so that we cannot doubt their value. These, with the cases of poisoning above mentioned, have given us a good pathogenesis. Added to these, we have now some later and important knowledge of the power of this drug. It comes from Allopathic sources, and I am sorry to say, that while our school seem to be neglecting heroic drugs, and physiological experiments, the Allopaths are making rapid progress in that direction.

Dr. H. A. Hare, in the *Medical News* of March 12, 1887, gives us the following results of his physiological experiments with Spigelia:

“When as much as three ounces of the fluid extract of Spigelia is given by the stomach to a large dog, weighing forty pounds, the following symptoms appear: Almost immediately after the ingestion of the dose, the animal has short and quick expiratory movements, amounting almost to a cough; soon after the pupils become widely dilated, and at the same time a very marked internal strabismus asserts itself, the eyes becoming fixed in this position, so that they cannot follow any object, such as a pencil, when it is passed from side to side. Constant retching, with no result, now comes on, the animal standing, and apparently suffering from no sensory or motor palsy. There is change in gait. Soon after this marked *exophthalmia* develops itself. The retching having lasted about five minutes, now passes off, and at this time signs of muscular weakness and lack of co-ordination appear; the walk becomes staggering in both fore and hind legs. The respirations now become very rapid, resembling those of a

dog after a long, hot run, the tongue hangs from the mouth, and is dry and red, and the nose is hot and no longer moist. Muscular power is progressively lost, so that the dog frequently falls when endeavoring to walk, but sensation does not seem to be affected. About this period the animal lies down and passes into deep sleep, which in turn passes into coma, and death follows without any movement being made, evidently from a general failure of vital force. The respirations as death approaches become slow, and are finally extinguished consentaneously with cardiac arrest.

In the frog the same symptoms occur as in the higher animal, including the marked exophthalmia, and to a less degree the strabismus. The fixation of the eyeball is extreme, and it feels to the finger like a hard knob, which the lid cannot cover. Muscular weakness, with dropping of the jaw comes on, and motor power is constantly decreased, until the batrachian lies relaxed and powerless. That the action of the drug in thus destroying motor power is spinal, was proved by the following experiments: If the hind legs are protected from the poison by ligation of the abdominal aorta, the palsy is as great as under ordinary circumstances, and reflexes are totally abolished. Further, if the spinal cord be directly galvanized no movements occur in the hind legs; and lastly, if strychnine be injected into the body, even in large amount, its action is not only slight, but occurs after the lapse of many minutes. That the drug has no action on the motor nerves is proved by the fact that when the poison reaches the efferent nerves, either through the circulation or when directly implied, galvanization of the nerve-trunks causes normal contractions in the tributary muscles, and the sensory nerves likewise escape, for if the drug be applied directly to the nerve and the foot irritated, signs of pain are elicited, and reflex movements occur. Further than this, if the vein in the leg be tied, and the drug injected into the limb, thus protecting the spinal cord, reflexes occur on irritation of the drugged foot. That the palsy is not cerebral is proved by the

fact that movements of muscles supplied by the cranial nerves continue long after the movements in the legs have ceased, and by the other experiments already detailed. The action of the drug on the circulation is as marked as its effects on the nervous system, and on the cardiac muscle it acts as a direct *depressant poison*, for if it be injected into the jugular vein in such a way as to come suddenly in direct contact with the heart, the movements of that viscus almost instantly cease. Further than this, if the excised heart of the frog is dropped into a strong solution of the drug, its movements are almost immediately stopped in a condition of diastolic arrest, although the relaxation is not very marked.

When a frog receives as much as twenty minims of the extract of *Spigelia*, the heart is slowed to a considerable extent—as much as ten or fifteen beats per minute—and diastole, while not increased in length, is nevertheless very full and marked. The change from systole to diastole is abnormally rapid, so that the heart in one moment in systole, springs with a quick movement to its full diastolic condition. Systole, however, gradually increases on diastole, in much the same manner as in *digitalis* poisoning until finally the greater portion of the ventricle fails to dilate, the apex being tilted more and more forward, while the ventricular walls are powerfully contracted. As the systolic pauses increase, the diastolic movements decrease in volume until, finally, the heart dilates no more than it does normally. At this time the powerful and heretofore spreading systolic contractions seem to lose power, and the heart shortly stops all movement, in a semi-relaxed state.

Experiments on the warm-blooded animals show that on the injection of one drachm, or less, of the drug, the action of the heart is very rapidly slowed in its movements, and that this slowing is chiefly due to central inhibitory stimulation is shown by the fact that if the vagi be cut before the drug is given this slowing does not occur, and also, if after the drug has slowed the heart, the vagi be cut, the inhibition no

onger remains. That the fall of arterial pressure produced by this drug is due in great part to the cardiac depression which it produces is proved, since asphyxia will cause a rise in pressure, and that the pressure returns nearly to normal as soon as the heart gets rid of the drug which has been suddenly injected into it. On the respiratory centre the drug seems to have a still more depressing influence, respiration ceasing some moments before the cardiac arrest.

Had Hahnemann lived until to-day, in the brilliant light of the scientific knowledge of this decade, he would have been gratified to see such experiments as this, confirming, as they do, his brilliant provings of *Spigelia*.

I am sure, indeed, that he would have followed his proving of this drug on men and women, with provings on animals. I am certain he would not have joined in the senseless opposition manifested by some of our school, to experiments on animals, and who assert that the symptoms so produced are no criteria to the effects of the drug on man. The above quoted proving on the dog disproves such an assertion, for we get a true picture of the ultimate fatal effects, as well as the extreme effects before death, presenting the symptoms of Hahnemann's provings in an intensified form.

Observe the following symptoms on the dog, and see if we have gained no new knowledge:

1. Quick *expiratory* movements, almost amounting to a cough.
2. Pupils widely *dilated*.
3. Spasmodic *internal* strabismus.
4. *Exophthalmia*.
5. Respirations very *rapid* and panting.
6. Loss of *muscular power*, but not *sensation*.
7. Deep sleep, which passes into *coma*.

Hahnemann has the following similar symptoms:

1. Eyes weak, with apparent internal impediment; *wherever he turns them, they remain*, etc.
2. Pupils *dilated*.

3. Eyes seem *distended*. (This is an incipient exophthalmia).

4. Eyes seem too *large* for their orbits.

Some of the other symptoms are faintly given in Hahnemann's provings, but he could not carry the provings far enough to cause the real *strabismus*, or the actual *exophthalmia*. Even the cases of accidental poisoning of children did not go to this extent.

In my studies of the action of *Spigelia* on the heart, I have often wondered why it has not been used in exophthalmia. It has all the necessary heart symptoms, but I cannot find any clinical cases reported where it has been used, nor is it recommended for exophthalmia. If Hahnemann had experimented on animals, this symptom, with all its concomitant conditions, would have been developed.

Dr. Harris' description of the movements of the heart of the frog is graphic and interesting. When we read the heart symptoms in our provings, side by side with it, we can better understand the manner in which the symptoms are produced.

The conclusions to which we must arrive are these: (1) *Spigelia* acts directly on the heart as an irritant, causing valvular inflammation. (2) It acts on the brain and the central nervous supply of the heart, causing various neuroses, neuralgias, and spasmodic movements. (3) It acts on the respiratory centres, causing paralysis, and this paralysis is so marked that the animal dies of arrest of respiration before the heart dies in diastole.

*Spigelia* can now be used more intelligently as a cardiac remedy, and its sphere is greatly enlarged.

It has large possibilities as a cerebral remedy, as in congestion, inflammation, meningitis, (basilar and cerebrospinal).

It should be considered in chorea, spinal irritation, rheumatic irritation of the brain and spinal cord, and lastly, for very many reflex symptoms caused by worms, and other forms of intestinal irritation.

# THE UNITED STATES MEDICAL INVESTIGATOR.

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Communications are invited from all parts of the world. Concise, pointed, practical articles 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.

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CHILDREN'S DISEASES take on the genuine entero-colitis form this year. There is little of cholera infantum, pure and simple; only occasionally do we meet the severe attack of vomiting and diarrhœa of that disease. A few of these were met in June, and they were readily amenable to treatment. The tendency to diarrhœa is the peculiarity. This may go on for a few days and the mother not think it at all serious, although the child steadily loses flesh. It grows thin apace, the mucous membrane grows anæmic, the tongue is red; by and by the stools become lumpy, they scald the child, it is restless and in distress. Now the disease takes one of two phases; either the enteric symptoms grow rapidly worse, and almost before we are aware, it is in a collapse, or the enteric distress is attended by wakefulness and active cerebral symptoms, and the child dies from cerebral stasis, and that suddenly. The suddenness of the taking off is characteristic of the sickness this year among children. The extra heat, long and steady this year, has been unusual, and the effect has been to evaporate and dry up the child so that there are not fluids enough for a long siege.

Now the treatment is as clear cut as the disease. First the child must be kept cool; second, it must be water-soaked. Some years it is not good to give children much water, but now they, like the grass, must get plenty of water. Put them in the bath tub twice a day, not to scour the skin off, but to water-soak them. They should be given a drink frequently; bathe the hands and feet frequently; put their

and see how they will enjoy it. The blood must have water to supply the serum that is washed out by the discharges.

The dress should be light, and still amply protective. To swathe a child in hot, thick flannels, is to hasten cerebral pressure. The more that they are bundled up, the sooner they die.

The remedies are few. Bryonia, Belladonna and Veratrum vir. for the acute attacks; then come Arsenicum, Mercurius, China, or Kali as reconstructives.

Of the foods, the new Malted Milk Food promises the best results.

T. C. D.

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WHERE SHALL THE INSTITUTE GO?—The American Institute of Homœopathy held another session in Saratoga. The result was grand, glorious and peculiar. The delegates who drop in on us give a varied report. To those who occupied the floor, and who captured the posts of honor, it was the best of meetings. But we learned that the attendance was meagre, the place was hot and disagreeable, the sessions were poorly attended, and the representation from the West was small. It is a mystery that the attendance from the West is as large as it is. To compel western physicians, nearly every year, to go a thousand miles, and lose a whole week, to accommodate a few who want the Institute where they can control it, and at the same time dodge home in a few hours and attend to business, is imposing on fair play and equal rights. THE INVESTIGATOR has always opposed the Institute meeting at watering places, where there is too much spirit of dissipation and high pressure, and too little contact with the forces that move the world. If we could meet near some large city, if not in it, it would not be so bad. We are of the opinion of many, that if the Institute met in the leading cities in different parts of the country, the meetings would be larger, the sessions more interesting, and the effects upon the cause would be greater from year to year.



We understand that the place for the next meeting was left with the executive committee. If so, we would humbly suggest that that they come to Chicago. In twenty years the Institute has not been west of Chicago but twice. We will then have the Auditorium completed, which will hold nearly the whole Homœopathic fraternity. If Chicago is selected, we want a verbal promise from every physician to come and bring his family, and especially his students. If that cannot be, we will get up a grand reception for the orator, and pack the Colosseum with enthusiastic adherents of the cause. We have halls enough for all the sections, hotels enough for all who attend, newspapers enterprising enough to publish the glad tidings to 30,000,000 of people—some, strange to say, never heard of Homœopathy. Come to the inter ocean town—the Convention City on “the unsalted sea.” There is here a healthy rivalry among the profession that will ensure the Institute the most cordial attention.

If Chicago is not selected, we would cast our vote for the twin cities of the northwest. If the thirsty members must have a watering place, where could a better one be selected than Lake Minnetonka; water, islands and hotels—many, much. Chicago can wait for 1890—when, “once in a score of years” for the great American Institute of Homœopathy to visit Chicago, may sound better.

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THE STATE MEETINGS this year have, as far as we have been able to learn, been unusually profitable. The attendance has been good, especially in all of the western states. Perhaps we should say central states, for the day has gone by when we can call Ohio, Michigan, Indiana, Illinois, or even Wisconsin, Minnesota, or Iowa western states. The West is now beyond the Missouri. In these first four states the representatives of our school are getting towards a thousand each, while in the three latter they are nearing the half thou-

sand line. When the representatives of four or five hundred active, able physicians get together, the result is interesting.

The sessions were very interesting, and the papers that have come to our hands are above the average. One peculiarity is noticeable about them, they are all concise and very practical. The days of long papers and long discussions, to fill up the time, are past. Now, if one has something to say, he feels that he must be brief and alive, clear and concise.

Perhaps no one thing has contributed more to the result of securing good meetings than the plan of publishing the reports and papers in our widely circulated journals.

We are pleased at the fact that our state societies grow in size and influence, for this journal has done what it could to encourage medical organizations within the states.

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### GLEANNINGS.

#### CONSUMPTION CURED BY ELECTRICITY.

Mr. Ransom interviewed Drs. Peterman, and wrote the following letter to the *Tribune*:

##### THE DRs. PETERMAN METHOD OF CURING CONSUMPTION.

TO THE EDITOR OF THE NEW YORK TRIBUNE:—Since my letter, relating to the cure of consumption with electricity, was published in the *Tribune*, I have received a large number of letters from the States and Canada, inquiring about processes, apparatus and the like. The discoverer of the system first preferred to publish his methods in some medical journal, but more carefully weighing the matter, he concluded that his first duty was to the people. Hence this letter to the *Tribune*, as its wide circulation will give it the largest possible publicity.

As consumptives are easily chilled, the patient should be taken into a very warm room and the chest stripped of clothing. Place the positive electrode—*always the Positive*—on

the lower cervical or upper dorsal vertebræ—at the base of the neck, between the shoulders—then pass the negative electrode over the front and sides of the chest. Healthy lungs are good conductors of electricity; but tubercular masses are strong non-conductors, and often the first indication of their presence is the arrest of the current, while the nerves are so benumbed that no pain is felt, though pain usually attends the first touch of the current. It is not unfrequently necessary to use the whole power of the battery for a considerable time to break through the obstruction, working around the margin of the deposit and encroaching on the mass until the current passes through every part. The aroused nerves very soon answer with a deep-seated, stinging pain; but this usually subsides after about the eighth treatment, after which the patient suffers little or nothing. When the location of the tubercular deposits is found the positive pole may be removed from the back of the neck and placed on the back, with the negative on the front, bringing the tubercular mass directly between the poles. Give the chief attention to the discovered masses, but go all over the chest, carrying the poles opposite to each other at every treatment, that no stray microbe may escape the blow that kills. The treatment should be continued from half an hour to an hour each day, until the patient begins to improve, when three times a week will do, but let there be no abatement of the time given to the treatment itself.

The discoverer of this system gives his patients deep inspirations of pure oxygen, taken at convenient intervals for half an hour after each electric treatment. This is not indispensable to recovery, as oxygen does not destroy, nor does it probably injure the tubercular bacillus, but it seems to aid powerfully in clearing out of the system the debris of the disease, while the nerves are wonderfully soothed and strengthened by its use.

I have tried to shun even the appearance of advertising in this letter, but in speaking of apparatus, it cannot be

avoided, for the simple reason that the great majority of devices now in the market are useless in this disease. Thus far *The Improved Harris Battery*, made by the *Physicians' Supply Co., Cincinnati, O.*, is the only one found which can always be depended upon.

Their *Nine-Coil Battery*—use no weaker one or failure will come—has a current of great intensity; yet its whole power is often taxed to the uttermost; but it kills the bacillus at last. The trial of all manner of electrical devices during thirty years compels this declaration, and I incline to the belief that consumption would have been cured at an earlier day had the proper battery been in existence. Not to mention this battery now, would be like prescribing for a patient and not naming the required medicine.

Excellent and proper appliances are furnished with the battery.

In giving this remedy to the public, I ask, in justice to the inventors—for it is more an invention than discovery,—that it may be known as the “Peterman System.” It is the result of thirty years’ labor and research by Dr. Hiram A. Peterman and his wife, physicians of high standing, formerly of Marshall, Mich., now of Akron, O.

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#### HOMCEOPATHIC MEDICAL DEPARTMENT STATE UNIVERSITY OF IOWA.

Since the announcements for the coming session were issued, the Board of Regents have appointed Dr. J. G. Gilchrist Professor of Surgery and Dr. C. H. Cogswell Professor of Obstetrics and Diseases of Children, thus establishing what has been long desired, viz.: four full chairs which include all therapeutic and clinical teaching. The course of instruction as heretofore published is, therefore, modified as follows: instruction in anatomy, physiology, chemistry and medical

jurisprudence will be given in the medical department, while all other instruction, both didactic and clinical, will be given by the Faculty of the Homœopathic Medical Department.

The Faculty are also prepared to announce that arrangements have been perfected by which it is confidently expected that a Homœopathic Hospital will be in full operation before the opening of the term. This hospital is to be under the exclusive control of the Faculty of the Homœopathic Medical Department, and will be open to all students of the Department for clinical purposes. The great desirability of such an arrangement has long been recognized, and now that it is about to be accomplished, we hope that its importance will be fully appreciated by the profession, and that every effort will be made by sending patients to the hospital, to provide the Department with ample clinical material.

Clinical instruction will be given as follows: Medical—Prof. Dickinson. Surgical—Prof. Gilchrist. Gynæcological—Prof. Cowperthwaite. Obstetrical—Prof. Cogswell.

The Professor of Surgery announces the following text books: Helmuth's System of Surgery. Erichson, Gilchrist's Minor Surgery, Surgical Emergencies and Surgical Therapeutics. Text books in other chairs will remain as heretofore.

For further information address the Dean,  
IOWA CITY, IOWA. DR. A. C. COWPERTHWAITÉ.

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## CLINICAL NOTES COLLECTED AT SOCIETY MEETINGS.

BY D. C. PERKINS, M. D., FAIRFIELD, ME.

“Baptisia is said to be of the very first importance in the treatment of typhoid fever.”

“Dr. Briry, of Bath, Me., gives Aconite and Spongia for croup, and says, ‘stick to them.’”

“Several cases of diphtheritic croup have been cured by

Lac canium in high potency. One is the son of an eminent Boston physician; another was a patient of my own cured in Nov. 1881."

"For hay fever, study *Arum triph.* and *Arum mac.*"

"For fetid perspirations study *Conium.*"

"Carbolic acid 3x (or higher) is almost a specific for whooping cough." (Verified in many cases.)

"*Baryta* 200 cures fatty tumors."

Study *Pinus sylvestris* for children who are late in learning to walk and talk."

"Dr. Barker of Illinois gives *Rheum* to thin scrawny children who are in an acid condition. His next best remedy is *Calc. carb.* (I should give the *Calc. carb.* first.)

"For ophthalmology of infants, *Argent. nit.* 30th internally and locally is said to give good results."

"For persistent sneezing, try *Rumex.*"

"Weak ankles are strengthened by *Brucea ant.*"

"Retention of urine after parturition is often cured by *Arsenicum.*"

"Dr. Cushing, of Massachusetts, gives *Verbascum* for nocturnal enuresis, and *Dioscorea* for colic."

"Dr. Briry, of Bath, Me., gives *Sarsaparilla* for renal colic (calculus), also *Opium*. Dr. Bell mentioned *Berberis* and Dr. Dodge spoke of *Senecia iris* for the same trouble."

"*Sanguinaria* is one of the best remedies for *Rhus rad.* poisoning."

"For soreness behind sternum study *Rumex.*"

"*Caladium* 2c, a dose once in two or three hours, cures pruritus vulvæ. [I have verified this clinically.]

"An old Homœopathic (?) physician in New Hampshire combines *Nux vom.* 3x and *Iris v.* 1x for bilious sick headache."

"Uncomplicated cases of gonorrhœa frequently yields to *Cannabis sat.* 3x to 30x. [Verified repeatedly.]

"Hydrocyanic acid is a first-class remedy for cancerum-oris."

“Sulphur 2c is the remedy for felons.” [Can anybody prove it?]

“For patients who cannot bear acids, examine Ant. crud.”

“For oversensitiveness to noises try Theridion.”

“For dribbling of urine after urination is, or should be, completed, Causticum is A1.”

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### CASES FROM PRACTICE.

BY J. G. SPEICHER, M. D., HUDSON, IOWA.

#### INGUINAL HERNIA.

CASE I. Male child. Offspring of uncle and niece in wedlock. When two weeks old the mother discovered a right inguinal (scrotal) hernia. This was reduced and intestine kept in place by truss. When the babe was four weeks old my attention was called to hydrocele and enlargement of the right testicle. Pulsatilla 2x cured this trouble. At two months the mother wanted to know the “cause of the hard lump which came on the child just behind the penis, and after a time would go away again.”

I found actual priapism. On examination I discovered phymosis. The preputial opening was very small. To relieve this, I decided upon circumcision, which was performed by grasping the elongated prepuce with plain artery forceps and removing with scalpel. Afterwards two or three fine sutures were added to keep in contact the edges of the wound. The result was all that could be desired. The child seems perfectly well to-day, at five months of age. Had the relation of the parents anything to do with the multiple of troubles?

#### GELSEMIUM IN FALSE PAINS.

CASE II. Mrs. M., æt. 30, pregnant, primipara, seventh month; uterine pains severe; bearing down. Os dilated as

large as silver half dollar. Gels. 1x, two drops every hour. Pains ceased. Woman went six weeks longer, and then was delivered of a fine healthy boy.

DON'T YOU DO IT.

CASE III. Mrs. S., æt. 28. Pregnant, third month. She has four children, the oldest only six years of age. Wants "help so she won't have to go to full time." Begs most piteously.

Now these cases are not infrequent, and there is always a good(?) excuse. And it requires nearly all of one's will power to withstand the entreaties of some of them, especially of those unfortunate girls who are unmarried, and are deserted by their pseudo-lovers. But boys, unless your aim in life is merely to make money, *don't you do it*. Don't begin taking innocent life, and you will never need discontinue doing it.

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THE STUDY OF THE MATERIA MEDICA.

BY J. D. CRAIG, M. D., CHICAGO.

I.

1. Great hoarseness in the morning.
2. Cough in the morning.
3. Cough in the evening after lying down in bed.
4. Cough, caused by tickling in the throat.
5. Tickling cough, with hawking of mucus, especially in the morning.
6. Shortness of breath, especially on ascending steps.
7. Sore pain in the chest.

II.

1. Spasmodic contraction of the glottis, with contracted pupils.
2. Hollow cough in long shocks, with cutting pain in the abdomen.
3. Deep hollow cough, always in three or four shocks.
4. Cough and much expectoration, with blueness of the face and involuntary micturition.
5. Extremely difficult and distressing respiration.
6. They seem in danger of suffocation, the respiration is so restricted.
7. A pressing pain in the region of the sternum, after eating and drinking.

III.

1. Oppressed breathing from a cold, with accumulation of much mucus.



2. Rough hoarse voice.
3. Cough, with expectoration of bright blood.
4. Loose, moist cough, worse indoors and at rest.
5. Excessive secretion of mucus in the chest.

## IV.

1. Speech very low, with sensation of weakness of the vocal organs.
2. Sticking in the chest from one side to the other.
3. Pain in the chest, like a shooting, from the front towards the back, which impedes respiration.
4. Sticking in the fore part of the right chest, passing downwards to the right lower ribs.
5. Sticking in the right side of the thorax.

## V.

1. Cough at night, frequent, which always wakes him, after which he again falls asleep.
2. Almost incessant cough while lying down, which disappears on sitting up.
3. Dry, spasmodic, persistent cough.
4. A dry, tickling, hacking cough, which seems to come from the air passages.

## VI.

1. Cough in children, produced by weeping and lamenting.
2. Cough is excited by cries, in children, when accompanied by anger and tossing about.
3. Cough produced by itching irritations in the upper part of the larynx during siesta.
4. Cough producing a feeling in the ribs as if all of them were bruised.
5. Constant dry cough which shook the whole frame.
6. Quite dry cough, produced by a titillation in the lowest part of the trachea.

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 REMEDIES IN MAY NUMBER.

- 1—Lycopodium. 2—Natum sulph. 3—Lycopodium. 4—Manganum.  
5—Merc. cor. 6—Mezereum.
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## *BOOK REVIEWS.*

**PRACTICAL URINE TESTING.** A guide to office and bedside urine analysis for physicians and students. By Charles Godwin Jennings, M. D. Detroit: D. O. Haynes & Co.

This is a book of one hundred and twenty-four pages of nicely printed matter. It is divided into two parts: part one, physiology and pathology of the urine; part two, practical urine analysis. It is very complete, and every one having urine to test should get one.

**ELECTROLYSIS, ITS THEORETICAL CONSIDERATION AND ITS THERAPEUTICAL AND SURGICAL APPLICATIONS.**—By Eobert Amory, A. M., M. D., member of the Massachusetts Medical Society; Fellow of the American Academy of Arts and Sciences; Fellow of the American Academy of Medicine, etc. Octavo, 314 pages. Illustrated by nearly one hundred fine wood engravings. Supplied only to subscribers for Wood's Library of Standard Medical Authors, for 1886, (12 volumes, price, \$15.00), of which this is Vol. VIII. New York: William Wood & Company.

This work contains a great deal of practical reading. There is no doubt electricity is a great help in the cure of some diseases, but should not be used as a cure-all. When used indiscriminately it may do much harm.

**A LECTURE ON HOMŒOPATHY, BEFORE THE MEMBERS OF THE BAYLESS MEDICAL SOCIETY.**—By C. Wesselhoeft, M. D. Third edition. Boston: Otis Clapp & Sons.

That any book should run to a third edition, is evidence it is being sought after. This book is designed for popular reading, and should be extensively circulated by being recommended by every physician of our school.

**TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.**

This book contains the proceedings and papers of the twenty-second annual session, for 1886, of this society. It is a very nice book, and contains some very interesting papers.

**SEXUAL HEALTH.**—A companion to "Modern Domestic Medicine." A plain and practical guide for the people in all matters concerning the organs of reproduction in both sexes and all ages. By Henry D. Hanchett, M. D. Carefully revised by A. H. Laidlow, A. M., M. D. New York: Charles T. Hurlburt. Chicago: Duncan Bros.

This is a book of eighty-six pages, and is issued as a companion to the author's work on "Modern Domestic Medicine." This book should be in the hands of every parent. Its instructions are plain and practical. It was a wise idea of the author to put this work in a separate volume.

**SPEECH BY SENOR DON MATIAS ROMERO.**—New York: Wm. Lowey. Printer.

This speech was given at the sixty-fifth anniversary of the birth of General Ulysses S. Grant, Celebrated at the Metropolitan Methodist Church of the city of Washington, April 25, 1887.

**WHAT TO DO IN CASES OF POISONING.** By Wm. Murrell, M. D., F. R. C. P. Edited by Frank Woodburn, M. D. Philadelphia: The Medical Register Co.

This is the first American, from the fifth English edition. Perhaps no physician but at sometime or another is called to a case of poisoning. What to do and how to do it should be known by every one. This book tells all about it, in a plain and practical manner. Every one should read it.

**TRANSACTIONS OF THE INTERNATIONAL HOMŒOPATHIC CONVENTION.**—

This book contains the proceedings of the society, held in Basle, August 1886. It makes quite a book, and contains three languages. It is very interesting reading.

**DISEASES OF THE JOINTS.** By Howard Marsh, F. R. C. S., senior assistant surgeon to, and lecturer on anatomy at, St. Bartholomew Hospital; Senior surgeon to the Hospital for Sick Children, and to the Alexandra Hospital for Hip Diseases. Philadelphia: Lea Bros. & Co.

This work contains sixty-four illustrations, and one colored plate. It is confined mostly to the description of the diagnosis and treatment of diseases of the joints. It is intended for the use of practitioners and students. It is a very readable book, and contains much that is practical.

**THE SEMI-CENTENIAL MEMORIAL OF CHICAGO,** with Portraits of the twenty-four Mayors. Chicago: Geo. W. Melville. Price, \$1.00.

It is quarto form and contains finely executed engravings of the twenty-four Mayors of Chicago with biographies of each. The typographical work of the volume is unusually fine. The designs are all from wood, and printed in numerous colors. The conception of the work is original, while its artistic execution does great credit to Mr. Melville's ability as a designer and engraver. The souvenir is sold for one dollar, merely the price of paper and printing.

PAMPHLETS RECEIVED.

**Feeding Patients against the Appetite.** By Ephraim Cutter, M. D., M.M.S. Reprint from the Medical Register. New York: W. A. Kellogg.

**On Some Important Points in the Treatment of Deep Urethral Stricture.** By F. N. Otis, M. D. New York: D. Appleton & Co.

**Seventeenth Annual Report of the Massachusetts Homœopathic Hospital and of the Ladies Aid Association.** Boston: Rand-Avery Company.

**The Technique of Tracheotomy and Intubation of the Larynx.** By Charles Goodwin Jennings, M. D.

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*MEDICAL NEWS ITEMS.*

**DR. SARAH A. COLBY,** removed from 17 Hanover street to 658 Tremont street, Boston, Mass.

**DR. ESTHER W. TAYLOR** removed from Hauson street to 658 Tremont street, Boston, Mass.

**DOUBLE UP.**—We think our readers will find so many good things in this number they will not find fault with us bringing out the two numbers in one. We want to catch up, and hope now to keep up. Changes in the printing office and other things have kept us back.

**THE Southern Homœopathic Medical Association** will hold its fourth annual meeting in New Orleans, Dec. 14 to 16, 1887. C. C. Fellows, M. D., Secretary, New Orleans, La.

**A MEDICAL DISCOVERY.**—The "literary editor" of the Hahnemann monthly reported to the Institute that "our journals need more and more

papers based on the practical experience of the writers, and less and less of book learning!" Sic! The "business manager's" opinion is that they need "more and more" subscribers, and those who pay promptly. Fatty degeneration ahead! It is money that makes the journals go. Therefore, my brothers, pay promptly.

PROF. E. H. PRATT will give, prior to the opening of the Chicago Homeopathic Medical College, a preliminary course of one week, on Official Surgery. This course is designed solely for practitioners who desire instruction in this branch of surgery in order to apply it in their own practice. For exact date and other particulars address E. H. Pratt, M. D., Central Music Hall, Chicago.

DIED.—Dr. F. H. Newman died August 17, of apoplexy, after an illness of an hour. We extend our sympathy to the bereaved wife.

DR. R. B. HOUSE has removed his residence from Tecumseh, Mich., to Springfield, Ohio, and entered into a copartnership with E. V. Van Norman, M. D., for the practice of medicine.

CONSUMPTION CURED BY ELECTRICITY.—The letter of Mr. Ransom to the New York Tribune will be of great scientific interest to owners of the Improved Harris Batteries, manufactured by the Physicians Supply Co., of Cincinnati, O. It sets forth a method by which consumption is surely cured by the use of this battery; and asserts that no other kind of battery, after repeated trials, has shown any efficacy in combating this dread disease. The method is strictly scientific, and consists of "striking with lightning" the bacilli tuberculosis, thus destroying them and preventing their multiplication. This, with other local and general treatment invariably effects rapid and permanent recovery. Only the fine, high-tension current of this Battery has been found to fatally attack and dislodge these microbes.

THE OXYGEN TREATMENT.—The time has come when enterprising and progressive practitioners are rapidly taking the "Oxygen Treatment" out of the domain of charlatany and placing it on a scientific and rational basis. It has proved itself an invaluable adjunct to the treatment of many diseases heretofore deemed quite intractable. Physicians who permit their former prejudices to prevent its candid investigation are depriving their patrons of a most potent and agreeable remedy.—Med. Progress.

THE  
UNITED STATES  
MEDICAL INVESTIGATOR.

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VOL. XXIII.—AUGUST, 1887.—No. 8.

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INSOLUBLE SUBSTANCES.

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

Read before the Wisconsin State Homœopathic Medical Association.

It seems to me that this subject so far as it concerns the *therapeutist* can be easily disposed of.

The nature of so-called insoluble substances, if treated of by the *chemist*, is a different matter, and one which does not concern the practitioner of medicine—especially the Homœopathist. We need not concern ourselves as to the question whether a given substance is soluble or insoluble in alcohol, water or other non-vital menstruum. We do not deal with the *chemical elements* of drugs. That belongs to the domain of chemistry. When we prescribe Sulphur, we do not prescribe or give its chemical elements into which it can be resolved in the crucible of the chemist. We give the *molecules*. These *molecules* are substantial things, not gases or salts. It matters not to us what becomes of these molecules—whether they go to the diseased tissues and work their curative action there *as molecules*, or whether they are actually dissolved in the fluids of the body, and act in such solution on the diseased tissues.

This much we do know, as all therapeutists of every school know, that the so-called insoluble metals do cure when

administered in a crude state. I do not believe, as Hahnemann taught, that besides the inorganic molecule and the chemical *atoms*, there is a spiritual or dynamic element in drugs. Such a theory is unnecessary, and does not accord with science. Even if it be proved that the contact of Mercury or Gold with the unbraided skin is capable of causing the medicinal effects of the metal, it does not prove that there is a dynamic or chemical absorption has taken place. The ultimate molecules are so small that they can be absorbed by the skin, and carried into the general circulation.

Prof. Headland, who was no visionary, believed that all medicines acted in this manner when taken into the stomach; that the substance parted with the molecules, and were carried to the tissues, and acted in a mechanical manner—in health and disease.

But suppose that this theory be not tenable, there is another which can explain the manner in which the so-called insoluble metals act. It is agreed by all physiological chemists, *that the vital fluids of the body are universal solvents*. No matter what metal, or “insoluble” substance is taken into the stomach, or interior of the body, it is acted upon by the vital fluids, and changed to chemical compounds, or held in *suspension* in those fluids. It matters not to the physician whether Mercury is changed by the Muriatic acid of the stomach into Mercuric chloride, or held in suspension by the chyle. We know it acts as Mercury on the human organism. Hahnemann’s methods of *trituration* and *dilution*, up to a certain point, were admirable processes by which the molecules of a drug were separated from each other, rendering them more easily assimilable, or soluble, or capable of being suspended in the vital fluids.

But there is a limit to the molecular divisibility of matter. Whether this limit is reached in the 12th or 30th is a mooted question. It cannot be the same with all substances, because the size of molecules are not the same with all. Now, if during the process of trituration molecular di-

vision is superceded by atomic division, no one at present can say. But it may be safely said that where there are no molecules there can be no atoms. I cannot see why there should be any difference in ultimate medicinal action, between Mercury as an elementary substance, and Mercuric chloride. The molecules of Mercury are present in both. Both reach the tissues for which Mercury has an affinity. The Chloride may, by virtue of being more soluble, reach there first. The molecules of Mercury may be slower in reaching there, but they will "get there all the same."

I desire to be practical in my remarks. Theory should hold a very subordinate position, until it has been proven beyond cavil. It has been proven that medicines act curatively according to the law of *similars*. It has been proven that the so-called insoluble substances will act curatively in their most crude condition. It has *not* been proven how they act, whether in their simple molecular state, or by forming compounds or salts in the fluids of the body. It has not been proven that a menstruum, in which molecules cannot be discovered acts medicinally.

Here ends my brief, and probably crude remarks, relating to the subject chosen for discussion by this bureau.

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## PHYSICAL SOLUTION IS A CONDITION OF MEDICINAL ACTIVITY IN DRUGS.

BY LEWIS SHERMAN, A. M., M. D., MILWAUKEE, WIS.

Read before the Wisconsin State Homœopathic Medical Society.

It has long been an unsettled question whether or not insoluble drugs can act as medicines. Solids, in large and in moderately small masses, pass unchanged through the alimentary canal, producing no perceptible effect beyond slight mechanical irritation. Such substances as charcoal, graphite, clay, sand, gold, platinum, etc., are innocuous and non-medicinal, when taken in the form of moderately fine pow-

der. Hahnemann claimed to have discovered that any and all of these so-called insoluble drugs can be dissolved in alcohol and water, after they have been subjected to trituration according to his peculiar method; and further, that when so treated these harmless substances become powerful medicinal agents. His proof consists of three parts. 1st. That when the third trituration (1 to 1,000,000) is agitated with a mixture of alcohol and water, not only the milk sugar, but the drug disappears from view. 2nd. That the trituration, when given either alone or mixed with alcohol and water is capable of poisoning the animal body. 3d. That these preparations when administered according to their poisoning properties are powerful curative agents.

In regard to the physical proof, it has been objected that although the fine particles of the drug in the third centesimal trituration are invisible under ordinary conditions when the sugar is dissolved, they still exist as minute solid particles which may be made visible by intense light either with or without amplification by a lens. This statement of the objectors is true. The charcoal, sand, gold, etc., are not liquified by Hahnemann's process; they are only sub-divided.

We must then either abandon or qualify Hahnemann's assertion regarding the physical condition of these prepared drugs. I think I am able to show that when the mist of obscurity is cleared from the original statement it will be found to stand on a firm base. It is necessary to define the word solution. A solid is dissolved when it is disintegrated or broken into small particles, and distributed through a liquid, as when a lump of clay is mixed with water. This is the old meaning of the word solution. Modern chemical writers use the term in a narrower sense, namely, liquefaction by contact with another liquid, as when pure sugar is dissolved in water. I use the terms *physical solution* and *chemical solution* to denote these two several processes.

The triturated drug is dissolved not chemically but physically. In other words the drug is brought into such a state



of subdivision that it may be readily dispersed through a liquid and more or less permanently suspended. It is evident from Hahnemann's writings that he did not clearly distinguish between physical and chemical solution, for he holds that the drugs dissolved by his process are further subdivided by the process of liquid attenuation. Still it must be conceded that Hahnemann made an important discovery in physics.

In chemical solution the solid substance becomes a veritable liquid with all that the name implies, and the process of subdivision is carried down to the liberation of the chemical molecule, and every part of the solvent gets an equal portion of the dissolved substance.

Chemical solution is liquefaction and diffusion. In physical solution the particles of the solid are reduced to an indefinitely small size. In chemical solution the molecules are set free. What concerns us as physicians is to know whether or not medicinal properties may be developed in a drug by physical solution. Premising that physical solution is only a relative term, that chemically-insoluble substances may be more or less communicated, and therefore more or less affected by the process of physical solution, we will consider the relation of physically-dissolved substances to the animal organism.

The food we eat is said to be dissolved by the acid of the digestive fluids, and to pass into the blood in a state of solution. This process is to a great extent one of physical rather than chemical solution; the oils, for instance, are not chemically dissolved in the water of the chyle, but simply broken up into small globules and mixed with the water. The blood itself is a stream of water holding in chemical solution sugar and albuminous substances, and in physical solution oil and various-sized corpuscles and granules of undissolved matter. Both the chyle and the blood are fluids containing floating solids. The solids as well as the fluids can under favorable conditions pass through the membranous walls of the small blood vessels, either inward or outward. If we can reduce

our insoluble drugs to such a degree of mechanical subdivision that physical solution is possible, we have brought these drugs to the condition of assimilative food. That which in mass is a bullet harmless in the alimentary canal may be in the condition of subdivision a dangerous poison or a useful medicine, as in the form of painter's lead. Mercury in mass will pass through the alimentary canal without absorption, but when subdivided by trituration with some inert substance, it becomes a potent drug capable of producing a long series of disturbances, and, if skillfully handled, of righting disturbances which proceed from other causes.

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### TREATMENT OF SORE THROAT.

BY GILBERT SHEPARD, M. D., LA CROSSE, WIS.

Read before the Wisconsin State Homœopathic Medical Society.

I will not dignify my subject by the name of diphtheria, for some wise ones will dispute my treating that disease, but I have had some cases of sore throat, lasting two and three weeks occasionally, but usually getting well in a week or less, and it is fair to say that some have been diphtheritic. As to treatment, in sore throat beginning on or confined to the right side, Bell. is my remedy. Some authors say that Bell. is of no use after exudation takes place; but my experience is that it is good in any stage if the case is right-sided. A similar condition, but beginning on or confined to the left side calls for Lach.

I used to treat all cases with these two remedies, giving in alternation when both sides were affected; but I have learned a better way. A general sore throat, especially if of bright scarlet color, is met by Apis m. Often in these cases, the exudation looks like half-cooked white of egg, and here Apis m. works well, but such cases are stubborn. These three remedies are my stand-bys, and but very few times have I used anything else. Repeat doses often, every quarter or

half hour. So long as there is any appearance of white in the throat I use a gargle of alcohol and water equal parts, as often as medicine is taken. In four or five cases, where the gargle seemed to make little impression, I used Sulphur, blowing it into the throat. My idea is that Alcohol, and in extreme cases, Sulphur, meets the local conditions, while the remedies antidote the blood poison and prevent the extension of the disease.

As to success, I have lost no cases of sore throat, diphtheritic or otherwise, except when the case had been three or four days without treatment when I first saw it, and then I have lost only such cases as have taken a croupous form, membrane apparently forming in the larynx. Such cases I have never seen cured, though I have read of it.

Cases of tonsillitis, I have seen aborted with *Phyto. d.*, if taken at once; and this is good in alternation with *Hepar s.* when suppuration must take place.

In conclusion, I would say, the stronghold in treating sore throats of whatever kind is to begin early and repeat often. If called within the first twelve hours, I have never felt afraid, though some of these have been hard cases; but if three or four days old, I dread them, for the poison seems to penetrate the whole system, and response to remedies is slow if at all.

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## CLINICAL REPORTS.

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

Read before the Wisconsin State Homœopathic Medical Society.

To an accurate observer, the average clinical report is accompanied by a feeling of distrust and dissatisfaction. Doubt hovers around, and uncertainty rests on the ground where he had fondly hoped to find clinical stability. A close and thoughtful study of the voluminous clinical reports scat-

tered throughout medical literature, positively tends to develop skepticism in medicine. This applies to all medical sects. In our own young and vigorous school, when the effort has been made to study therapeutics from a scientific standpoint, it is as true as in other schools.

Let us turn our attention to the field where these clinical records and reports originate. The retrospect demonstrates to a certainty that the therapeutic field is now as it has been for many years past the seat of long-continued bitter war. The subject of medicine has received well-deserved sarcastic thrusts, and inane drivellings. It has met honorable opposition and scurrilous attacks. Therapeutics have ever been the vulnerable point of medicine—the target towards which so many random shots have been directed. Some ammunition has been utilized, and much has been wasted in this direction by guns of large and small caliber. The assailants have come from without and from within the medical profession. The early extra-mural attack of Moliere was contained in his definition, “Physicians are they who give medicines, of which they know nothing, for diseases of which they know less.” This is no more severe than the intra-mural proposition by Dr. Holmes: “if all the medicine in the world were cast into the sea it would be better for mankind, but worse for the fishes.” Allegations of a similar character have emanated from all sources, professional, Homœopathic and non-Homœopathic, with like frequency. This would-be science of therapeutics is in a most unsatisfactory state. Medical opinions are conflicting and antagonistic. We see here much that is unscientific, chaotic and disheartening at the threshold; the student stands bewildered and discouraged. The war of the pathies waxes hot, then wanes to become again fanned into prominence, its partisans agreeing to disagree. As a consequence, the cold eye of science looks at medicine with distrust, and able thoughtful men ask themselves whether any kind of medication other than the *vis medicatrix naturee*, is of any real efficacy or avail in the cure of

disease. It has been said of Germany that the educated modern physician has become highly proficient in all branches of medical science, with the single exception of curing diseases.

Why this intense therapeutic strife? Why have these aspersions so frequently and so generally been cast on the medical profession from without? There are, in our opinion, very satisfactory reasons for this. A panoramic view of this subject reveals every conceivable substance as having been in the past or is in the present being used or recommended for the cure of disease; school after school has arisen and fallen, teaching its peculiar dogmas; medical systems that have divided and subdivided again and again, on unsettled therapeutic questions, such as the medicine, its dosage, manner of administration, and the indications for its use. We all know that these are still matters of dispute; drugs are discovered, lauded as being universal remedies for disease, used extensively and then dropped into oblivion. Medical history is constantly repeating itself.

Let us consider, briefly, some of the primary causes at work in this matter, the predisposing causes as it were of this therapeutic uncertainty. Imperfect medical training has been, and still is, a powerful cause, and one underlying all others. The educational foundation has, too often, been imperfectly laid. Good and solid material has not been laid in the north-east corner. An element is wanting. The point of departure for therapeutics is not well defined. An intimate knowledge of the natural history of disease is the nucleus around which to gather therapeutic truths. By this we mean, not the causes, course and symptoms alone, but the general history of a given disease, its natural terminations, and its degree of tendency towards recovery or death. Many diseases decline spontaneously, and recovery occurs independently of art or applied medicines, nay oftentimes in direct opposition to them. This class may, however, and should be, considered under the head of therapeutics, as an important branch of the subject. It may be termed natural therapeu-

tics, in contra-distinction to therapeutics proper, or therapeutics dependent upon art. The latter has found a prominent place in medical literature; has been taught *in extenso* in medical colleges, and has received exclusive attention in all classical reports. The subject of natural therapeutics has, so far as we know, received very little attention from the profession. A study of it demonstrates that we have to deal with:

1. Such diseases as recover spontaneously.
2. The reparative power of nature, which exists to a greater or less extent in every morbid process.

In the therapeutics of art we find:

First. Diseases included in the foregoing, in which art can hasten recovery.

Second. Diseases in which nature is inadequate to effect a spontaneous cure. Here, if life is to be saved, art must interpose, and it often does, successfully.

Third. Diseases in which nature and art combined are inadequate to effect a cure, but they go hand in hand in the alleviation of pain and suffering.

All that we can really claim for therapeutic art, therefore, is that in which nature fails from incompetency, and in which art succeeds in effecting a cure, or in affording relief from suffering. In all else, no matter how broad the field may be, art must count for nothing, except in respect to aiding nature. The intrinsic value of this aid to nature is very difficult of appraisal. The difficulty of discriminating between a cure and a recovery in a given case is very great. The same may be said of drawing the line between *post hoc* and *propter hoc*.

A large amount of the clinical experience that has gone on record has been elicited from such sources and under such difficulties as you now see. Its reliability is not its characteristic quality. The therapeutic differences existing among physicians have had their origin in this broad and uncertain field. The physician thinks to assist or supplement nature's

forces in repairing the ravages of disease, and the manner in which he does this fixes the species to which he belongs in the *genus homo*. Ignorance of the relations between the *vis medicatrix naturee* and the medical art has done much to produce the medical class of to-day. It has conspired to produce a belief in a possible prospective specific for every disease. It fosters the dogma that in therapeutics art, is the one primary all important factor, which may at times, perhaps, be assisted by nature. Medicine must in consequence of this, be developed into a system of specifics with which to cure disease quickly and well. Sequences must be written up as results and published in clinical records. Theories must be developed, substantiated and promulgated. Those who differ in opinion must be either converted to the true faith or ostracised as quacks, fanatics or fools, and their practice denounced as puerile, pernicious and punishable. This combative tendency does not often emanate from the most intelligent members of the profession, but from the narrow-minded and bigoted, who base their conclusions on mis-statements and false premises.

Suppose we take a comprehensive knowledge of the natural history of disease as the foundation for true clinical experience. Not only the etiology, symptoms, general course and pathological changes must be considered, but the common tendency of the disease, its natural issues, must be taken into consideration. The curative power of nature must be more thoroughly comprehended and recognized; it must be studied as it exists, independently of art, and uninfluenced by drugs. We should *know* what nature cannot do, before deciding what art *must* do. We must know what nature *can* do, before we can determine, surely, that which she *cannot* do.

When this is done, it will be possible to have a distinct idea of the point of departure of medical art. Then and not till then, will the practice of medicine be classed among the sciences. It will be demonstrated that a philosopher's stone

in therapeutics, with which to cure diseases instantly and infallibly, is a myth. It will be clearly apparent that art must not arrogate too much; she must be subservient to nature's ends. Clinical medicine and reports will have entered a new era, freed from error and misrepresentation; the therapeutic turbulence that has so long been dependent on these, will have been dissipated like the early morning dew. Art will occupy her proper place on the pinnacle of the column of medical knowledge, supported firmly from below by a thorough training in natural therapeutics, pathology and physiology, with accurate anatomical acquirements as a solid and enduring foundation.

It can then, regarding the medical profession, no longer be truthfully said, as of old, that "where three men guess *sometimes* one man knows." Clinical reports will then contain something more than empty words: "For where these most abound, much fruit of sense beneath is rarely found."

There has been, so far as I can learn, no easy method of recording clinical experience in individual practice, which is capable of universal application. As a consequence, very few of the multitude of busy physicians retain anything more than an indistinct recollection of cases treated, together with a few hap-hazard inferences, which make the sum total of present accumulated, individual medical experience. I wish to obviate these imperfections and call your attention to a system of recording clinical cases in a manner that is at once rapid, accurate and concise. One that will give a sufficiently comprehensive view of the general history, the special symptoms and daily progress of a given case. The varying conditions of calorification, respiration and circulation can be readily recorded and satisfactorily compared. The minute symptomatic changes noted, and the appreciable results from the administered remedy can be determined.



## TREATMENT OF CHOLERA.

BY Q. O. SUTHERLAND, M. D., JANESVILLE, WIS.

Read before the Wisconsin State Homœopathic Medical Association.

I approach the discussion of the treatment of so grave a disease as cholera, a disease which is said to have destroyed more than 50,000,000 people, with a great deal of modesty. It was here that our school of medicine first won her spurs. Yet any disease that puts a large number of healthy individuals in sudden jeopardy of their lives is to be dreaded.

Many die before it is possible to summon medical attendance. The best skill, representing the most approved systems of medicine is here often of no avail. In nothing has empiricism so stalked abroad. Here quacks have fattened and the patent medicine vendor grown rich. But the vagaries, empiricisms and absurdities have not been confined to the illiterate and irregular. The most learned seem to have vied with each other in advancing absurd theories of treatment.

Says one author, "Were it not for the seriousness of the disease it would be truly amusing to read of the many absurdities in practice during the different epidemics."

One American physician gravely proposed to cure cholera by plugging the anus with a velvet cork.

An English doctor proposed to cure it by keeping up a rocking motion from eighty to one hundred times per minute to insure equilibrium of circulation.

An English army surgeon says that cholera is nothing more than a bad joke intended to terrorize mankind, made up of colic, diarrhœa and fear, and all you have to do to be cured is to react from your fear and colic.

Another physician asserts that it is simply a displacement of the worms of which we are made up, caused by fear and indigestion; and that they leave their places, assail and suffocate the patient. To cure the patient he must have such treatment as will replace the worms.

Still another asserts that it is a spinal disease and can only be cured by ice-bags to the spine. The latest craze and the one that now explains nearly all diseased action is the bacterian theory—kill the bacteria and you cure the disease.

Much can be done by every physician in the way of prophylaxis during an epidemic. Damp houses should be ventilated and dried; if this can not be done, they should be abandoned. Stagnant pools should be drained if possible; if not the houses near them should be vacated. The sewerage of every house should be carefully looked over, and all imperfections corrected. Vaults should be cleaned and all water closets disinfected. The eating should be moderate and while no sudden changes in diet ought to be recommended, care should be taken to know that all food is of the best quality. No stale meats or vegetables should be allowed, and those vegetables containing a very large percentage of water, like cucumbers and melons, which have a known tendency to produce looseness of the bowels, should not be used.

The water supply should be looked after with great care, and where there is any doubt about its purity, it should be boiled before using.

Calmness of mind should be urged upon the sick and well alike. The word cholera should not be used in the sick room, and cheerfulness and hope should be read upon the faces of all the attendants. No case, however, should be abandoned until life is extinct. Many a case supposed to be dying has been left only to recover in the hands of another physician or nurse, or, as was supposed, by the administration of some single domestic remedy.

With the appearance of headache, vertigo, the slightest diarrhœa or any of the premonitory symptoms, absolute rest in a recumbent posture with perfect freedom from business cares should be enjoined. Attention should be particularly called to the danger of permitting the slightest diarrhœa to go unchecked. A looseness of the bowels that at other times

might be looked upon with favor, during an epidemic of cholera becomes an exceedingly dangerous symptom.

In the regular school the subject of medicinal treatment is in the most bewildering state of confusion. Almost every conceivable remedy and mixture has been recommended, tried and almost all abandoned. Whole pages of statistics are given to show that no medicinal treatment is preferable to any now in vogue.

In the Homœopathic School, while the treatment is far from satisfactory, the lines of our knowledge are sharply drawn, and the question of what to do and what not to do is thoroughly established.

And while we expect and hope that with every epidemic much that is new and valuable will be added to our present store of knowledge, one of the greatest advantages of our school of medicine consists in the fact that a remedy once thoroughly proven is valuable for all time, and it is not necessary to tear down and destroy the foundations already reared before anything new can be added. During an attack only bland liquid diet should be allowed, and that in as small quantities as is consistent with the length of the disease. The recumbent position should be insisted upon, even during vomiting and stool.

The remedies most useful are still those suggested by the immortal Hahnemann. Says Dr. Lobethal, who had charge of a large old school hospital during the epidemic of 1831 in Germany, and who treated an immense number of cholera patients Homœopathically, "It has been reserved to the 'specific' healing art generally known under the name of Homœopathy to stand the test of practical operation, and to demonstrate its superiority in combatting this fearful disease, the appearance of which, followed by an immense number of well-substantiated cures, has tended in the highest degree to the spread of the new healing art."

Camphor, Cuprum, Veratrum album and Phosphoric acid are probably the remedies most often indicated. While

such remedies as Arsenicum, Carbo veg., Ipecac, Secale cor., and a host of others will often be found useful.

The indications for these I had carefully studied and intended to produce here. But I find that it is so largely a repetition of our materia medica that I have concluded to omit them.

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### MECHANICAL SUPPORTS IN UTERINE DISEASES.

BY Q. O. SUTHERLAND, M. D., JANESVILLE, WIS.

Read before the Wisconsin State Homœopathic Medical Society.

The place that mechanical supports ought to occupy in the treatment of uterine disease varies in the judgment of the different men called upon to apply them.

With some they are the most important remedy in treatment.

Others never recommend or apply them. This difference of opinion is accounted for, largely, by the difference in the mechanical skill of those called upon to apply them. In the hands of a Hodge, Thomas or T. Addis Emmet, with hundreds of pessaries from which to select, with large hospital, dispensary and private practice from which to gain a familiarity with their use, added to fine mechanical skill, they may often have been a boon to suffering woman-kind. While in the hands of the ordinary family physician, without special training, with little mechanical ability, who seldom sees a pessary and only once or twice a year applies one, mechanical supports become an abomination and do incalculable mischief.

Without doubt any leading gynæcologist will tell you that pessaries, upon the whole, have done more harm than good. So has almost every known remedy for disease in the hands of incompetent men.

Still, no one thoroughly competent should be deterred on this account from their use. They will for a long time to come hold a "prominent position among surgical appliances as a means of procuring palliative or curative results."

Dr. Thomas says "I confess, that how pessaries can be dispensed with, is one of the unfathomable mysteries of gynecological practice. And why one should practice an art and ignore a means which properly mastered, constitutes one of the most powerful and reliable of its resources, is equally incomprehensible."

Mechanical supports in some of their numerous forms, have been in use since the dawn of civilization. We have records of the use of the pessary for 350 years.

To enumerate the different appliances, to even mention the articles introduced into the vagina; many of which are wholly ludicrous, would require more time than can be devoted to this paper.

The kinds most frequently used at present are abdominal bandages, perineal bandages, uterine supports which have their bearings outside the vagina and are usually attached to a band around the waist. Uterine supports that have their dependence upon the vaginal wall and intra-uterine pessaries.

Abdominal supports are used in cases of lax abdominal walls and must be applied low down about the body, and so made that their pressure will be upward and not downward as then they would be a positive harm. The perineal pad is now but little used, and then only when for some reason the operation for closure of the perineum is not advisable and support is necessary.

Formerly uterine supports were only used to prevent the descent of the uterus. Among the things most commonly used as supports were tow, cotton, balls of glass, metal, rubber, wedgewood, ivory, etc.

Since Dr. Hodge changed the ring into a lever, versions and flexions have come in for their share of attention. The lever pessary in all its modifications is now most frequently used.

Ten years ago the intra-uterine pessary was very much in use to correct versions and flexions, and by some it was so constructed as to be turned into a battery which was suppos-

ed to be run by the acid of the vagina. It is still in use but its favor is on the wane. When you have decided to use pessaries, first take a course of instruction under a competent teacher. No text book description will ever enable you to apply one well, unless you are a natural mechanic. When you are thoroughly prepared to do your work well and have found a displacement that needs a pessary, first examine the vagina and see that it is in a healthy condition. If it is not, treat it until all disease has disappeared. Then replace the uterus, and from a large number of pessaries which you ought to have on hand, select one for your case. To be suitable it must hold the uterus in its normal position and give no pain. If you have the size and it holds the uterus in place but is uncomfortable to your patient, mould it over a spirit lamp or in hot water (if it is of hard rubber) until it is right.

If you have not the mechanical skill to make it as it should be, give up the whole business and join the host who condemn them. Here you will be more successful than you will be if you make your patients wear ill-fitting pessaries.

When a pessary is applied see your patient frequently for the first few weeks, and if it gives pain or produces ulceration, remove it.

When the vagina is well again introduce one that will do neither and send her on her way rejoicing.

Do not lose sight of her until you are sure that everything is all right.

Every physician has removed pessaries, introduced perhaps, by leading gynecologists, that were doing mischief. This is often the fault of the patient in not returning as directed. Every one of us has been vexed beyond measure many times, I have no doubt, after explaining in the most careful manner to patients the necessity of returning within a day or two, to see nothing of them for weeks or months. Especially is this the case if the support gives relief and produces no uneasiness.

Do not be surprised to find ulceration in such cases. And

if they fall into the hands of your competitor before you see them, you must expect to be blamed. Instruct your patient carefully how to introduce and remove a pessary if she must wear one.

Do mechanical supports cure displacement of the uterus? Some times they do, so say our gynæcologists.

For myself I have but little confidence in their ultimate curative results. But there are, and always will be, thousands of women who have neither money nor necessary leisure to undergo proper treatment.

These with the uterus held in position by a proper pessary may often perform their duties with a great deal of comfort, and become valuable members of society, when without mechanical supports they would drag out a miserable existence.

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### TREATMENT OF CARBUNCLES.

BY E. F. STORKEE, M. D., MILWAUKEE, WIS.

Read before the Wisconsin State Homœopathic Medical Society.

In the progress and treatment of carbuncles, several dangers are to be apprehended. Among these, which may be prominently mentioned, are such as come from septic sources, rapid destruction of tissue, hæmorrhage, and exhaustion.

The usual methods of treatment so long in vogue, may at times, obviate these dangers to a greater or less extent. But however skillfully conducted, the treatment invariably suggests to the professional mind a necessity for an easier, safer, and more reliable mode of treatment. One which is at once thorough but conservative; active but soothing; simple but very effective, should be the *desideratum*.

In the adoption of such a treatment, we naturally avoid the knife, escharotics and other destructive measures. At the same time we secure a greater amount of good, with less suffering than has heretofore been attained. During the

last few years it has been my fortune to treat several severe carbuncles, with the greatest success. The method adopted may be briefly described as follows: As soon as a diagnosis has been reached and the numerous points of suppuration appear upon the surface of the carbuncle, a thorough and frequently repeated irrigation with a warm antiseptic fluid is to be instituted. By means of a fountain syringe containing two quarts of hot carbolized water, directed to a point of suppuration through a nozzle of very small calibre, this irrigation can be easily done. The amount of force required can be very gently adjusted by raising or lowering the reservoir. The frequency with which this should be repeated must of course depend upon the urgency of the symptoms, the amount of suppuration, the extent of disintegration and sloughing of tissue, and the amount of pain experienced. Generally speaking, the process should be resorted to, at intervals ranging from two to four hours. The painful burning and severe local symptoms will be very much mitigated by an occasional application of a 4 per cent solution of cocaine. A charcoal poultice may be mentioned as the most desirable of all local adjuvants. Of course the spheres of nutrition, secretion and excretion are to be treated conservatively; it is better to abstain from the administration of medicine in this class of diseases, than to disturb a struggling, physiological process by injudicious, inappropriate or untimely medication.

It may not be a work of supererogation to detail the facts relative to the last two cases of this painful malady treated by me. Mr. L. aged 60, while in a fair state of health, was in the spring of the year attacked upon the neck by an unusually vicious carbuncle. His experience upon several former occasions led him to seek medical advice at an early hour. The constitutional symptoms were of a pronounced character. Prominent among which, were chills, fever, general malaise, headache, impaired nutrition, and with all violent pain in the immediate vicinity of the inflam-



mation. The inflammatory blush involved the entire nape of the neck. The suppurative process announced itself by several minute openings in and about the storm center. The treatment mentioned was instituted with the most signal success. The suppuration became limited in extent and soon ceased. The pain was at once mitigated, the hæmorrhagic tendency ceased, granulations sprung up, and proceeded to a satisfactory completion, with no more loss of external tissue than was produced by the minute orifices leading into the honey-combed, and disintegrating cellular tissue.

The next case was an unusually ambitious and aggressive carbuncle which had attained very much more than the usual dimensions. It was oval in shape, and 6 and 10 inches in its diameters. Its central part was pierced by a score or more of openings of varying size. Issuing from these orifices was a sanguineo-purulent matter. The patient already enfeebled by poor health, over-work and the wear of 60 years, was rapidly becoming exhausted. The high temperature, chills alternating with profuse transpiration, and marked prostration, betokened the near approach, if not the actual presence, of a septic complication. The site selected by this carbuncle, being on the left lower dorsal and upper lumbar regions, prevented the patient from reclining easily in bed, and the intense pain prohibited her from assuming any other position. In consequence, of which her feebleness was augmented by her constant and painful sleeplessness. The treatment as already enumerated was instituted promptly and thoroughly with substantially the same results as described in the preceding case.

In recapitulation I wish to emphasize several points. Under this treatment the inflammation is rapidly lessened; the pain speedily mitigated; the suppuration quickly limited; the destructive disintegration soon stopped; septic absorption entirely prevented; the strength of the patient conserved; the tendency to hæmorrhage overcome; and what may be termed a subcutaneous process of repair by granulation, promoted.

## REPORT OF A CASE OF COMMINUTED NON-IMPACTED FRACTURE OF THE SKULL.

BY R. K. PAINE, M. D., MANITOWOC, WIS.

Read before the Wisconsin State Homœopathic Medical Society.

March 26, 1886, Mr. E. B., a German about 40 years of age, met with an accident while boring a well with horse power. The sudden unexpected starting of the horses caused the iron handle of a windlass which he held, to be jerked away from him, and at the same time he was thrown on his knees under the windlass and received a blow from the rapidly revolving iron handle near the top of his head, which stunned him for a moment or so. He was carried into the house and put on a bed, and a messenger dispatched to the city for me. I saw him within an hour after the injury was done. He was then somewhat dull and thick of speech, but he described the occurrence all right.

There was a long gaping wound of the scalp filled with blood, brain and hair, and a careful inspection showed that the wound extended through the skull into the brain large enough for me to put my thumb into, and measuring three inches in the scalp and two inches in the skull in length, and three-fourths of an inch wide in the skull. The end of the iron handle from which he received the blow was roughened from being struck with a hammer, and where it hit the skull it had comminuted it; this comminuted part was about an inch long and three-fourths of an inch wide, and was located in the right parietal bone, and extended diagonally from the longitudinal suture downwards into the posterior superior angle of that bone, in the region of the fissure of Rolando.

He complained of a little headache and was paralyzed in the left arm and leg, showing that the wound had entered the motor region of the brain, or the Rolandic region of the cortex. Sensation in the paralyzed parts was perfect, or nearly so.

As Mr. B. lived in the city and this accident took place three miles out in the country, and where there were no conveniences for taking care of him, I had him removed to his home, where later in the day, with the assistance of Dr. S. C. Blake, I carefully removed five pieces of bone from the wound; four of them of the outer table of the skull, and one of the inner table. The piece from the inner table was whole and rather larger than the opening in the outer table, making it quite difficult to extract without further injuring the brain. All of the membranes covering the brain were torn at one point, allowing the brain and arachnoid fluid to escape in small quantities; but no membrane was removed to the extent of leaving the brain uncovered.

Besides the five pieces of bone removed, there was an undetached piece about an inch long which was depressed at the opening where the pieces were extracted to the thickness of the skull; this piece was elevated to place, and a careful search made for spiculæ of the bone in the wound, and for rough edges of bone around the rim of the opening.

When bleeding had ceased and the wound had been thoroughly cleansed with carbolized arnica-water, the edges of the scalp wound were brought together with adhesive plaster, leaving only an opening at the open space in the skull for drainage and inspection.

During this operation no anæsthetic was used, the patient insisting that it was not very painful and that he could stand it. A carbolized absorbent cotten compress was put over the wound and a bandage applied to hold it. Aconite and Arnica were administered internally. During the night following, he slept well, and in the morning could move the arm somewhat.

For a week after the injury all went well; the temperature never rose over two degrees, and the pulse did not go more than 90 nor under 60. The arm improved rapidly and he could move the toes. But on the seventh day they sent for me in haste saying he was jerking all over. I found the

report true. He was considerably excited, had no pain anywhere and was fully concious. I removed the dressing and found a small lump of pus and membraneous shreds lying on the brain at the point where the membrane was torn; this being removed the convulsions ceased. But they recurred several times from the same cause during the next two weeks. I had been dressing the wound two or three times a day, carefully syringing it out each time, as there was much supuration from the scalp wound.

By the 29th of April, a little more than a month after the injury, the wound was healed and the man could sit up and move the leg about, but could not stand on it. The strength returned gradually, and from above downwards, the knee and foot being the weakest. On May 15th he was able to get out of doors on crutches; and by June 7th he walked to my office for electrical treatment for the weak foot and leg, which was continued a month or more, when he was so much better he could do any light work without much fatigue.

His general condition was very good all the time with the exception of headache on warm days in the sun, or whenever he got over-heated from work.

At the present time, more than a year since the injury, he has perfect action of the arm and leg, but the foot gets tired easily, and tends to drag in walking. There is a marked depression in the skull at the seat of the fracture, which seems to be filled partially with fibrous structure so as to feel quite firm. It is entirely free from tenderness, and he never has any pain in the head in that region.

The interest in this case is not so much that the man lived and regained his faculties so nearly, notwithstanding such recoveries are rare enough, as that it helps to prove that the motor centers of Ferrier, located in the Rolandic and marginal regions of the cortex, are really motor centers, as the loss of voluntary motion in the arm and leg attest. And it appears to me that it must also be a "sensori-motor" area as well as a psycho-motor when a slight irritation of the part

from a small lump of pus causes convulsive movements strong enough to shake the whole body.

A great deal of interest in this subject of the "Muscular Sense" has been excited by a paper and its discussion by H. C. Bastian before the Neurological Society of London, published in *Brain*, an English journal of Neurology, taking up nearly the whole space of the April number.

There is also a very interesting article on the same subject in the April number of the *Journal of the American Medical Sciences*, by Victor Hosley.

## THE ÆTIOLOGY OF SKIN DISEASES WITH TREATMENT.

BY J. W. DAVIS, M. D., DUBUQUE, IOWA.

Read before the Wisconsin State Homœopathic Medical Society.

The diseases of the skin have occupied the attention of a number of eminent physicians during this and the last century; but their classifications into genera and species, are not very satisfactory.

We may define cutaneous diseases to be an aberration of the skin, viewed from the health standard, as evidenced by alterations in the appearance, sensibility, functions and relations to the rest of the organism. We might discuss them under the head of diseases of nutrition, of circulation, and of sensibility. But, first, let us devote a few moments to the study of the anatomy of the skin; that we may be the better prepared, understandingly to enter upon the study of a class of diseases so common, and at times, so troublesome to both patient and physician.

Anatomists tell us that the cutaneous envelope is made up of at least four layers: 1st. The epidermis. 2d. The rete mucosa. 3d. The corpus papillare. 4th. The corium. And that these layers are separated from the subjacent parts by cellular tissue. The epidermis is a thin pellicle,

and a product of the derma, which it serves to envelop and protect. Many recent anatomists affirm that the dermis possesses a mucific apparatus for the secretion of mucous matter, that it has its organs of secretion, and that it has, also, excretory ducts, which issue from the organs, and deposit mucous matter between the papillæ.

The rete-mucosum, where the coloring matter of the dark races seem to be seated, and produced, is composed of glandular parenchyma, situated just below the papillæ, with its special excretory ducts, which pour out the coloring matter on the surface of the derma. The corpus papillæ is situated next below the rete-mucosum. This tissue has, also, been termed the nervous apparatus. It is composed of small papillæ, evidently the terminal branches of nerves and vessels, which, after passing through the coriums, are grouped in villi in an erectile tissue. These villi are the papillæ of the skin. The corium, or true skin, is the innermost layer, and consists of dense fibres interlacing each other in every direction, with here and there openings for the passage of vessels and nerves. The skin varies in thickness from  $\frac{1}{8}$  of a line to a line and a half. The chemical composition of the skin is very similar, if not identical, with those of the connective tissue, of which it is principally composed. It yields, on boiling, gelatine derived mainly from the white fibrous tissue.

The skin is the seat of a two-fold excretion, to wit: Of that generated or secreted by the sudoriparous and sebaceous glands. The fluid of the sudoriparous is secreted so gradually that the watery portion escapes by evaporation as soon as it reaches the surface, but at times, as after strong and violent emotions, or exercises, or when subjected to great external heat, collects on the surface of the skin, assuming the form of drops of fluid. When we remember that sweat contains urea, lactates and extractive matters, and that this exhalation from the body amounts to  $2\frac{1}{2}$  lbs. daily, we cannot fail to recognize the importance of su-

deriparous glands, and the very serious consequences that must result from a failure on the part of these glands to do the work assigned them in the animal economy. Moreover, it is claimed that the importance of the skin as a respiratory organ is far from being inconsiderable; that appreciable quantities of carbonic acid are exhaled hourly, and this is especially the case in amphibia, whose respiratory functions, or organs, are very active. The sebaceous glands secrete a semi-fluid, oily matter, which, when solidified, resembles a small whitish worm, or maggot. The microscope reveals to us cells containing fat, epidermic scales, and at times, crystals of cholesterine. The chemical constituents are nitrogenous matters (casein and fat), and earthy phosphates, and chlorides and phosphates of alkalies.

The ætiology of skin diseases embraces many of the causes which give rise to abnormal conditions of other organs of the body; the only difference consists in peripheral distribution, the action of atmospheric changes, and exposure, also to injuries and consequences resulting from frictional disturbances.

Where there is a serious defect in infancy, or youth, the skin being very tender, its powers of resistance feeble, is liable to become affected. Children, whose parents are weakly, are most prone to diseases of the skin, and this may result from unwholesome food taken from the mother. Such children are invariably subject to cutaneous diseases. The child's assimilative powers may be at fault, and the skin suffers in common with many of the important organs of the body. The physician is not surprised, when called to attend such children, to find them troubled with eczema, urticaria or erythema. Articles of food of a poisonous nature may cause eruptions of a troublesome, if not serious, character.

Addison's disease results from disturbances of innervation, and we see the resulting discoloration of the skin, or we may have an herpetic eruption. Struma, lepra vulgaris,

and hypertrophies, result from an aberration of nutrition, while on the other hand, deranged nutrition may yield an ichthyosis, alopecia and lupus erythematosus. Certain drugs have a specific action on the skin—iodine, bromine and cinchona may be classed under this head. Wilson claims that *diseases of nutrition* are consequent on aberration of nutritive functions; sometimes in the form of dystrophy, or altered nutrition, sometimes as atrophy, or absence of nutrition, and, again, as hypertrophy or excessive growth. We class under the head of dystrophic affection, lepra or psoriasis, struma or scrofula, lupus, lymphoma, ichthyosis and scleriosis, while under the head of hypertrophic affections, we include fibroma, mycosis, spilus, etc. *Diseases of the circulation* are the result of constitutional disturbances, or blood poison. Inflammation of the skin may result in erythema, eczema, anthrax and pemphigus. The erythematous group consists of erythema and erysipelas; the eczematous of eczema, scabies, impetigo and lichen. The anthracoid group consists of hordoleum, furuncles and anthrax. We have, also, the exanthematous group, composed of rubeola, scarlatina and variola. We have, in addition to the above, the syphilous group. *Diseases of sensibility* are the result of innervation, and may be comprehended under the head of pruritus, prurigo, neuroma and dermatalgia, with anæsthesia and hyperæsthesia.

The treatment of cutaneous diseases may be constitutional and local. The space allotted to us is too limited to undertake a profitable review of the treatment of diseases of the skin, as viewed from the standpoint of Homœopathic therapeutics. In the presence of so much uncertainty, and confusion, in this department of medical literature, we certainly hazard a good deal, should we attempt anything like a scientific arrangement, therapeutical, of skin diseases and their treatment.

The materia medica contains many valuable remedies for diseases of the skin; but we give them a fair trial, alas; for



the poor patient, and the physician, how often are we doomed to disappointment. Sulphur, Sepia, Arsenicum, Cal. carb., Nitric acid, Rhus tox., Mezereum, Staphysagria, Lycopodium, Ledum, Silicea and the different preparations of Mercurius have all been used with good results, where indicated. In hyperæmia we have never been disappointed when using *Aconite* from the 6x to the 30 cent. It is a precious remedy, especially in lichen and strophulus. *Furunculus* and *carbunculus* have yielded to Merc. vivus, Hepar, Arsen. Silicea and Acid phos. *Pemphigus* is readily cured by giving, not too low, Canthar., Dulcamara and Lachesis.

*Favus* yields to the galvanic current. I have not met with a single failure in many years. I will agree to cure every case of pure, uncomplicated scald-head with warm water and soap, to first cleanse the parts, and galvanism. I always give a simple dose of Sulph., high (200c), apply the current for a moment or two, using a gravity, or Bunsen's cells—say from 8 to 10 of the former and 2 to 3 of the latter. I am always careful not to repeat the dose of electricity too soon; but send my little patient home to rest for a week or ten days; and when I next see the case, I find that my treatment has set up a curative action that ends in complete recovery. The application of the galvanic current, Sulph. high, and cleanliness, does the work. Eczema yields to the same treatment, if taken in time. A crop of furunculus on the back of the neck or elsewhere, can be cured without very much trouble to either doctor or patient, with the Faradic current. This I have proved many times, beyond a peradventure—indeed I am always delighted when a patient calls, having either of the diseases above named.

It is to be understood that skin diseases may be cured with the appropriate remedy, and electricity as an adjuvant. The physician who employs the electrical currents, alone, to the exclusion of remedies, will meet with disappointment. Electrolysis is a grand aid in the treatment of skin diseases.

I trust the profession will give it the attention it merits.

## TOPICAL VS. INTERNAL MEDICATION IN THE TREATMENT OF UTERINE DISEASE.

BY ALMAH J. FRISBY, M. D., MILWAUKEE, WIS.

Read before the Wisconsin State Homeopathic Medical Association.

“Worth many a life is his,

The skillful leech, who knows with practiced hand  
To extract the shaft, and healing drugs apply.”

“A host of others is a man of medicine.”

“A good physician, skilled our wounds to heal,  
Is worth whole armies to the common weal.”

“Men are at no time so like the gods, as when they try to give health to other men.”

“Doctors are the best men we have in the world; they delight in healing—not in protracting illness.”

We could go on quoting indefinitely such flattering sentiments, which writers have given expression to concerning physicians from the time of Homer down to the present.

“Tis pity, and pity 'tis, 'tis true” that physicians do not always deserve such high encomiums. Unfortunately they are not always the benevolent, self-abnegating class of human beings that they are generally considered to be. There is occasionally a shrewd observer who has discovered that physicians, like other people, are fallible, as, for instance, the writer who observes that “physicians, of all men, are most happy; what good success soever they have, the world proclaimeth, and what faults they commit, the earth covereth.” Crankery is worse than quackery in medicine, for the quack usually passes for what he is, while the crank is often considered to be a reputable physician. The crank in medicine may be defined as one who attributes all the ills that flesh is heir to, to one cause or one organ. The gynaecological crank we have had with us for some time, and now we have the rectal cranks, who are laying open pockets, and snipping off papillæ from every poor wretch that falls into their hands.

The questions which my subject naturally suggest are: Are not diseases of the uterus amenable to rest, diet, internal medication, and general hygiene without so much local medication and manipulation? Is there any rational basis for the belief that one organ is so very different from all the other organs of the body? Why should not the Homœopathic law of cure be as potent in diseases of the uterus and its appendages as in diseases of the respiratory, circulatory, or alimentary tract? There are, to be sure, specialists in diseases of the respiratory organs, who resort more or less to local methods of treatment, but these measures are not nearly in such common use by the general profession as is local treatment in uterine disorders. A late president of the Obstetrical Society of London probably states the case mildly when he says: It has seemed to me in making a general survey of our ground, and weighing our present position, that the great impetus given of late years to the progress of uterine surgery has tended to throw the balance somewhat too much over to the surgical side of the scale, and that mechanical methods of treatment have displaced somewhat unduly and hurtfully, the medical and physical considerations in uterine cases." Another physician speaks of "the fearful tide of revolting mechanical treatment of the diseases of females which is the greatest medical scandal of the age." Thomas Skinner, M. D., of London, in a pamphlet on "Homœopathy and Gynecology," says: "I desire to think charitably of all men; but why, let me ask, is the term "*ulceration*" used for every, or no, diseased condition, if not for the purpose of preying upon the already morbidly excited fears and ignorance of the patient. I give it as my opinion, after 28 years special practice, that ulceration of the cervix-uteri is not only a rare affection, but when it does exist, it is much more generally confirmed, if not aggravated, by astringent or caustic treatment." The same writer decries what he aptly terms, "local medication and mystification." Anything like sham in medicine is greatly to be depreciated.

Somebody speaks of "respectable shams." It seems rather an incongruous use of the terms, but some of the medical shams have come into such general use, even among reputable members of the profession, that they have grown quite respectable, although, when candidly considered, every physician must admit that they are sham.

It is not possible to lay down any inflexible rule to say what may or may not be required in any or all cases; the only rule in this, as in many other things in life, is the golden one—do as you would be done by. Eliminating possible errors of diagnosis, to which all being fallible are liable, the physicians who live up to this rule cannot go far astray. You all of you know that you would not want to undergo treatment for a disease which you did not have, nor submit to operation or unnecessarily severe treatment when milder means would serve the end.

Professional honesty is the thing to be desired above all others.

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### ALBUMINURIA COMPLICATED WITH PSEUDO- ANGINA PECTORIS.

BY G. W. CHITTENDEN, M. D., JANESVILLE, WIS.

Read before the Wisconsin State Homœopathic Medical Association.

At the annual convention of the Homœopathic Medical Society of Wisconsin in 1885, I presented a report of this case, the patient being present.

A report of the same was continued at the session of 1886. (See THE INVESTIGATOR, Oct. 1886) As much interest was manifested in this I will add the final report:

In June, 1886, the patient took a journey to his native State, New Hampshire, and there spent several weeks.

During his visit east, at my suggestion, he took counsel of Dr. David Thayer, of Boston, who diagnosed his case as mitral insufficiency and albuminuria, advised the use of Verat. vir. 200, which was to be followed by Cactus 200.

This was continued some weeks with no apparent benefit. About July 25th an effusion of the lower extremities developed quite rapidly, with consequent diminished secretion of urine, and greater proportion of albumen. Apis 1st gave much relief temporarily to this condition.

The œdema, about the 20th of August, returned and extended to the body. Ars. Digitalis and Apocynum failing to give relief, I gave Elaterium in decided cathartic doses, resulting in reducing the effusion—Sept. 5th.

The dropsical symptoms very soon redeveloped, more rapidly, and an infusion of Stigmata of Maize was administered and followed by profuse flow of urine, and the distension again relieved. The effect was only temporary as was expected. At this time the strength of the patient was greatly reduced. On the 14th of September he went to his office, and did more than the usual amount of work, returning home much fatigued.

Rested fairly well during the night, but had slight vomiting spells about seven o'clock on the following morning, and soon after, while sitting up in his bed, in the act of washing his hands, he fell back and expired in a few moments.

The pain at the top of the right shoulder and that of the right inferior maxilla, aggravated by exercise, or rather reproduced by exercise, were the earliest, and for a long time the only symptoms noticed.

These continued persistently to the close of life, and from July, the evidences of valvular insufficiency were very pronounced and constant.

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### SCHOOL EDUCATION VS. EYES.

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

Read before the Wisconsin State Homœopathic Medical Association.

There are many questions of importance for thoughtful minds to contemplate when gauged by the utilitarian's

measure, but perhaps none more deserving of consideration by the people of this country at the present time than that relating to the education of our children. A school education is so generally regarded as one of the requisites to mental growth and culture, that it is seldom one is found sufficiently bold to deny its importance, or to advocate its abolition. But when examined by the light of a physician's knowledge of the defective physical condition of many of our children, there certainly are many exceptional cases where he would be justified in protesting against book education.

This question is practically a new one, and as such, deserves the serious consideration of every parent. The fact that compulsory education has many advocates in this country, shows that but little thought has been given the subject, beyond the one idea that it is desirable for all to be possessed of a thorough school education. Parents and teachers alike, act upon the principle that children are born with equal physical endowments and receptive faculties, and may therefore be subjected to the same rigid course of instruction. The farmer might as well train his draught horse for the race-course, as for the parent to attempt to give his child a liberal education when lacking in physical or mental qualifications for obtaining it. And while it is conceded that the discipline of schools and colleges is desirable, it is a fact which is being demonstrated daily, that the health of our children is often jeopardized in the acquisition of such knowledge, and I believe in very many cases it is undesirable and impolitic to subject delicate and imperfectly organized children to the discipline of the schools.

It is greatly to the advantage of those who have inherited feeble constitutions, or who are otherwise deprived of ordinary health and strength, to refrain from school work and engage in some mechanical or open air employment, which they will be likely to master in due time, and which promises to insure them a comfortable competence, better health, and a prolonged existence, rather than to spend

their flagging energies in obtaining a school education, which, with their bodily infirmities, they would be likely to be deprived the practical advantages of, after having mastered its requirements. There are so very few who are possessed of the necessary physical and mental qualifications to take up a college course and pursue its studies to graduation, without being permanently injured thereby—and which disability must forever handicap them in the struggle to obtain the necessities incidental and desirable to a physical existence—that it seems not only reasonable but advisable in conditions like those, for the child to pursue a course of action which will best preserve health and strength, and which will enable him to become self-supporting when matured, even though it be at the expense of deficient mental training; a practical education in the arts being frequently of greater value financially than the most complete college education. It has been said with a degree of truth, that much good has been accomplished in our prominent institutions of learning, by combining mental labor with physical exercise, and that bodily infirmities, inherited or otherwise, are not now materially increased or aggravated thereby; but that there is much more to be accomplished in this direction before our children in the aggregate can be safely intrusted to enter upon college courses, I sincerely believe.

Among the dangers attending the acquisition of a school education there is one, which on the whole is quite as serious as any, and which until recently has remained unrecognized, its importance not having been realized by those interested in school education, and it is to a consideration of this branch of the subject which I wish to call your attention to this time.

There is no doubt in the minds of those who have given the question special deliberation, that our present system of school education is the source from which arises the greater portion of the eye diseases which are so prevalent among children, and the middle aged, at the present time.

Is it not strange, that with the evidence we have of the large number of children, as well as adults, who suffer from defective refraction of the eyes, that our teachers have not taken cognizance of its importance ere this, in connection with school work? It is a subject which as yet has received but little attention from the educators, but as it is of such vital importance to the world at large, it is hoped they will become interested in the subject and that much good will be derived from a thorough discussion and elucidation of the question.

The universal prevalence of eye affections among the children of the better classes, can not be satisfactorily accounted for by any other theory, than that of the excessive use of the eyes upon near objects. To substantiate this, it may be stated as a fact, that *the studious children are those who suffer most*, and that those who from various causes have been deprived of the benefits of a school education, universally escape such affections and retain their visual powers unimpaired by disease; illiterate, uneducated and neglected children, generally wherever found, seldom suffer from disorders of vision except they be accidental, but the children of the wealthy and those in moderate circumstances are those most likely to suffer, and there are valid reasons why this is so.

The child of well-to-do parents, is provided with a nurse at an early age, whose special business it is to amuse it during its waking hours when not in its mother's arms; this usually consists in attracting its attention to picture books or toys, which are rendered as conspicuous as possible by being ornamented with bright colored pigments; the child is seldom left alone even for a moment, and is therefore almost entirely deprived of that quietude which is so essential to the development and growth of children in early life; its nervous system is kept at a high tension, and its eyes wearied and congested by being attracted to the colored toys, which are thrust in its face on every possible occasion; thus early in



life are sown the seeds, which develop later in the school-room, in actual diseased conditions.

The child of the poor parent receives much less attention, but far better treatment; being early thrown upon its own resources for amusement, without nurse or toys, it is fed upon the plainest of food and placed in its crib or couch and left quietly to itself, while its mother goes about her household duties. It thereby receives the necessary amount of rest and quiet, which is absolutely necessary to the development of healthy robust children, its eyes if used at all rest only on distant objects which it sees distinctly without effort, and consequently without detriment to its visual organs. The care of children in early life is a subject but imperfectly understood by physicians as well as by parents, and is a fruitful theme for investigation by those interested in pedology; it is becoming more and more apparent that many of the affections that half-grown children are subject to have their origin in improper care while they were infants; over-attentive nurses, imperfect and frequent changing of clothing, inadequate and improper food, with lack of physical exercise, are among the causes which produce effeminate and neurasthenic adults. It is evident that the American people as a nation, are becoming physically weaker and more nervous with each generation, and the care which our children receive during early life is without doubt an important factor in causing the same.

The normal human eye is so constituted that to see any object distinctly within a distance of fifteen feet its accommodation is brought into requisition, and the nearer the object is brought to the eye the greater the tax upon the organ; objects beyond that distance are observed with little or no effort, and the eyes are practically at rest, there being no convergence and but slight accommodation. If one is familiar with the fatigue experienced by the adult when reading for a few moments fine print at a distance of ten or twelve inches from the eye, he can better understand with

what difficulty the child, whose muscles are weak and undeveloped, gives his undivided attention to study as he is frequently obliged to do, for several consecutive hours, although restore eyes be possessed of greater accommodative power.

As soon as the children of the better class are out of the nurse's arms they are sent to the kindergarten, where their attention is drawn to diagrams more or less intricate and which they are taught to copy, or, they receive instructions in the artistic stringing of beads, or sewing designs upon perforated cardboard; these and a dozen other similar employments engage their attention during school hours, all of which must of necessity over-tax their undeveloped visual organs, and pave the way for an endless amount of trouble in after life.

What parent would be so lacking in judgment as to put an ax in the hands of his five-year-old boy, or a broom in those of his little girl of the same age, and expect them to accomplish work suitable for an adult? Would their undeveloped muscles be equal to the occasion? And would it not be injurious in the extreme to encourage them day after day, to exert their full amount of muscular power in the vain attempt to use these implements successfully? Would it not be more in accord with the parent's better judgment to provide them with exercise suitable to their undeveloped state, rather than to encourage them in the attempt to accomplish that which demands the strength of an adult? Then why should our children be encouraged, or even permitted to do work in the kindergarten, which an adult would shrink from performing? The little things that children learn to make at these schools are often pretty, and very gratifying to the ambitious parents, but when one considers the probable injury to the visual organs, that must of necessity have been over-taxed in their construction, they are hardly worth the cost.

If our eyes were only used upon distant objects, they

would seldom become wearied and such a term as asthenopia would be unknown. It may be said, and truly, that they were not designed to be put to the uses to which we subject them, else they would have been so constructed as to be at rest when observing near objects, as they now are when looking at distant ones.

After having graduated at the kindergarten, or the proper age having been reached, the child enters the public school where he is assigned a seat in a room with objects about him on which his eyes must rest if opened, the majority of which are within the above named distance; some hours being spent here his eyes become wearied even with little or nothing to do, but later being furnished with books or slate and required to give his undivided attention to them, his eyes show fatigue much quicker, especially so if the book be laid on the desk, or is held in the more common position with the top or one side several inches further from his eyes than that of the opposite one, he being obliged in the latter case to use his convergence almost to its limit, and his accommodation is changed with every word so read. Being required to undergo such exercise four or six hours a day, the only wonder is that there is a child with such perfect eyes as to be able to continue it without injury; but suppose the light is insufficient, as is frequently the case, or the print too fine or indistinct, then the book must be held nearer the eyes, or what is more commonly done, the head is bent forward towards the book. The injurious effect of this will be seen when it is known that every inch that the print is brought nearer the eyes, produces a corresponding amount of convergence and accommodation, consequently greater fatigue. One can better understand this by experimenting upon himself; at the ordinary distance of fourteen inches one can read for a long time without much fatigue, but when the print is brought within twelve inches of the eyes they tire much quicker, and at ten inches it will be next to

impossible for an adult with normal vision, to continue reading for more than a few minutes at a time.

If the child's eyes are emmetropic, or in other words, are perfect ones, they will bear such a strain a long time without much annoyance therefrom; but when it is understood that perhaps but one in a score belong to this class, the other nineteen being more or less imperfect in their organization, it will be inferred that the great majority of eyes will *not* bear such ill usage day after day without becoming seriously impaired in one way or another.

The slightest deviation from an emmetropic eye is sufficient to produce great annoyance, if the eyes are subjected to continuous usage upon near objects; for instance, we will suppose that the child's eyes are perfect in every respect, except the external recti muscles are slightly more powerful than their antagonists, but of so slight a degree that the eyes are parallel when looking at distant objects; it will be seen that convergence, by reason of weakness of the internal recti muscles, must be limited, and that if near work be continued, after a time the letters begin to blur, one letter running into another, which condition is accompanied by headache, and other disturbances which attend this not infrequent trouble; such eyes must have frequent rest after which they will again see perfectly for a short time.

What has been said of the external recti muscles is equally applicable to the internal, and is a condition which frequently results in cross-eyes or convergent strabismus, and where the sight of one of the eyes is almost certain to become impaired, vision being often limited to the seeing of the largest objects only.

The superior and inferior recti muscles are less liable than the above to deviations, yet they are not uncommon.

Irregularities of the shape of the eyeball are very common causes of imperfect sight; for instance, if the antero-posterior of the globe be deficient, we have what is known as hypermetropic eye, which is a condition where parallel rays

of light passing through the pupil would be focussed behind the retina if it were transparent, and in order to obtain sharp vision as in the emmetropic eye, the patient is obliged to use his accommodation, not alone for near objects but for all distances, and the nearer the object looked at, the greater the tax upon the muscles; this defect being of such proportions that near work can not be continued but for a short time without subjecting the person to the pains due to the over-use of his imperfect visual organs.

This peculiarity is very common, Jaeger having found it present in seventeen children out of a hundred examined, and strange as it may seem, there is no external indication or appearance which would lead one to suspect the real condition. The symptoms which are usually diagnostic of this imperfection of the eyes, are inability to read or sew without vision becoming indistinct or confused, a feeling of fatigue and tension in the lids and globe, causing the patient to rub the closed eyes, when work can be resumed; if work is continued the feeling of tension gives way to one of pain, the eyes becoming red and suffused with tears, etc.

If the eye-ball is too deep in its antero-posterior diameter, we have what is known as a myopic or near-sighted eye, which is always to be considered a diseased one; here parallel rays are focussed in front of the retina, and in order to see objects distinctly, the rays must be rendered divergent before entering the pupil; this is accomplished by holding objects very near to the eyes, or else by the use of negative spectacles. This defect is so very common, and is so apt to be induced by attendance at school, that you will pardon me for calling your attention to statistics prepared by Dr. Cohn, who has given much attention to the subject, in order to ascertain, if possible, what there was in schools which originated or increased near-sightedness.

The following are deducted from his data:

1. No school is without myopic scholars.
2. The number varied greatly in different schools.

3. The village schools having but few or only 1.4 per cent, while city schools had eight times as many, or 11.4 per cent.

4. In the city elementary schools, there were nearly five times as many as in the village schools of the same grade.

5. In the city schools there is a steady increase of the number of near-sighted children from the lower to the higher grades.

6. In the middle school, one-tenth of the pupils are near-sighted, and in the next above, one-fifth, while in the highest grade one-fourth of all the children suffer from this defect.

If this is not sufficient proof that excessive study increases near-sightedness, let us follow these students as they grow older.

Out of 410 students taken at random from Breslau University, but one-third had normal eyes; nearly two-thirds being short-sighted. This shows that it is a very frequent affection of the eye among students, and that it increases with age, and the number of terms of student life. In ordinary practice we do not see as many cases of myopia as we do of hypermetropia; from the fact that there is usually less discomfort and pain in cases of the former than in the latter, but according to the proceedings of the American Science Association for 1875, it is about as prevalent among children in the United States as in Germany.

Another condition which is quite common, and which is often present in both hypermetropia and myopia, is known as astigmatism, which is an irregular refraction of the eye; a person suffering from this affection will see some of the spokes of a printed wheel placed several feet distant, blacker or better defined than the others; this defect interferes materially with sharp vision, the patient being unable to distinguish the difference between letters having a similar shape, such as O and C, E and F, etc. With this affection the eyes are alternately accommodated from the

darkest to the less distinct lines in the letters, and if reading is long continued, results in pain, confusion of vision, and headache.

Teachers are too apt to act upon the supposition that children are equally strong, and that all have well-developed minds and active brains, and to place a child in school with one or more of these difficulties of vision to contend with, where he will be subjected to the same course of study as his more fortunate companions, who having perfect eyes experience little or no difficulty in accomplishing their school duties, is not only absurd but cruel, for if the child be at all ambitious, unaware as he is of the evil results therefrom, he will permanently injure his visual organs by continuing to use them after they have become excessively wearied,—congestion and inflammation of the deeper structures being almost certain to follow.

It is evident that children who have acquired, or who have inherited any of these defective conditions of eyes, ought not to be subjected to the same methods of instruction, or to a similar course of study, as those having perfect visual organs and yet handicapped as they are, as much is expected and as thorough work required of them in our schools, as those having the capacity, physically, for an unlimited amount of school work; the result being that scores of children in this and every other city throughout this great country, are suffering to-day from diseases of the eyes, which are likely to remain unrecognized until they become so grave as to be irremediable. These affections would not be so serious if they could be recognized in their incipiency, but scholar and teacher alike being ignorant of the true condition, they continue to suffer on till nature finally revolts and the child is obliged to discontinue study from physical inability to see the print.

It being apparent that diseased conditions are both produced and aggravated by use of the eyes for near work, and

that they are especially liable to occur in children while attending school, what is the remedy?

On considering this question at length, I have come to the conclusion that with our present methods of instruction, it is best to take the child from school on the first indication of eye trouble, and work should not again be resumed until every vestige of the disease has been eradicated. I believe the evil of sufficient magnitude and importance to demand of educators a radical change in school work, and for the want of something better, I offer the following suggestions:

No child under eight years of age should be required to read print, the letters of which are less than three-sixteenths of an inch in diameter, and all lessons should be printed on tinted paper with type having a heavy face, and placed at least four feet from the child, print of this size being easily read by a normal eye at ten feet. Children having perfect eyes will experience no difficulty in the study of such lessons even if continued for hours, and those with imperfect vision will be detected at once, it being difficult for a hypermetropic, astigmatic or myopic eye to see the letters distinctly at that distance if at all marked, and if of only slight degree no such strain of the eye will be apparent from the effort made to read, as when the letters of the usual size are held at twelve or fourteen inches of the eye.

The text books for children between eight and fifteen years of age should be printed with heavy faced type one-eighth of an inch in diameter, and may be held at the usual reading distance.

It will hardly be practicable to use books printed in such large type for older pupils, but if the letters adopted were half as large again as those used in the majority of our text books, it would be practicable, and I am certain much good would result therefrom. If our present system of book study is continued, as is likely to be the case, our teachers should receive such instructions in the normal school, as will enable them to detect ordinary affections of the eyes, which are liable



to be induced by close application to study, before permission is granted them to engage as teachers, and it should be the duty of the State to provide competent physicians to examine the eyes of the pupils of our public schools at least once every year, to detect abnormal conditions and to prescribe the necessary remedies before their visual organs become permanently injured.

In marked cases of imperfect vision—which will probably include one child in every hundred—I contend it will be far better to give them a practical education in the arts, where book learning is not one of the requirements, than to attempt to educate them in the schools under the present system, where children are put into book study at such an early age.

Studies are now pursued at ten which should properly be deferred till the age of fifteen. Teachers I believe as a rule are more to blame for this than parents, the rapid advancement of their pupils being too often the height of their ambition. Moderation in this as well as in other things should be advised, and rapid advancement discouraged. It certainly would be much better for the visual organs of our children to defer hard study till the age of fifteen is passed, after which the child's eyes are much less liable to suffer.

At the break-neck speed in which business and recreation, as well as education, is carried on in these days, it will not be easy to put such views into practice, and the majority of parents will still consider it essential for their children to obtain a knowledge of books at an early age, therefore such methods should be adopted in imparting such knowledge as will not over-tax and permanently injure their undeveloped and imperfect organs in acquiring it.

## FALSE HOMŒOPATHS.

BY W. D. GENTRY, M. D., KANSAS CITY, MO.

EDITOR OF THE INVESTIGATOR: A physician from a town in the interior of Kansas, called at my office to-day, and made the following statement: "My name is —, I am a Homœopathic doctor from —. I used to give small doses, but now I am beginning to understand human nature, and now I am giving larger and stronger doses, which satisfies them because they can feel the effects of my medicine. I give massive doses of quinine, and I give Smith's Tonic and Fowler's solution of Arsenic, Podophyllin, etc., which are usually used for the cure of chills and fever."

A client of mine living in this city, engaged in a large manufacturing enterprise, was called to visit the western part of Kansas last week, and while absent had an attack of pleuritis with Bryonia symptoms. He enquired for the leading Homœopathists in town, who gave him a mixture, *a la* Allopath, of Rhus tox. and Aconite. He mixed it up in a two dram vial and had the patient take five drops every two hours. Of course this, like all Allopathic prescriptions, failed to do anything more than to set up an opposite disease, which in this case was hyperidrosis. The patient continued to suffer with the pleuritis until he reached home, and received the true similia, which was Bryonia 30; this relieved him within eight hours.

The western country is filled up with such *pseudo*-Homœopathists. Can it be that these men practicing under the honored and revered name of Homœopathy are graduates of any Homœopathic school of medicine, or ever received the truth in their soul, the Homœopathic law *similia, similibus, curantur*?

If so they are like the apostle whom the Saviour addressed, "as the rock upon which he would build the foundation of his eternal church," purgered himself in the

anti-chamber of Caiphaz by denying the Master in whose service he afterwards suffered an infamous and horrible death. As Hempel wrote: "If there is a meanness on God's earth which I despise more than another, it is the canting hypocrite and arrogant, self-sufficient professional man." Behold by whom the ranks of the medical profession are filled! Those who practice this method are either frauds or ignoramuses, and I think there should be some way to force them to take down their false colors; they cannot cure disease by any such practice, and they are working mischief to the cause of Homœopathy.

These men are not Homœopaths.

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## *BOOK REVIEWS.*

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**HANDBOOK OF DIAGNOSIS, THERAPEUTICS, PRESCRIPTIONS AND DIETETICS.**  
By Richard J. Dungleison, A. M., M. D. Philadelphia: Press of Wm. F. Fell & Co.

That a third edition of any work is called for is a pretty good indication that it must have some merit. This edition is thoroughly revised and greatly enlarged. The book contains a large amount of general information for the practitioner.

**A MANUAL OF TREATMENT by Massage and Methodical Muscle Exercise.**  
By Joseph Shreiber, M. D. Translated by Walter Mendelson, M. D. Philadelphia: Lea Bros. & Co. Price \$2.75.

This work contains many useful hints. It is divided into five chapters as follows: Chapter one gives the definition of Massage. Chapter two, the physiological effect of Massage. Chapter three, the description of Mechanical interference. Chapter four, the active movements. Chapter five, the diseases suited to Mechano-therapy. The work is well illustrated.

**A PRACTICAL TREATISE ON OBSTETRICS. Vol. II. (4 vols.), The Pathology of Pregnancy.** By A. Charpentier, M. D., Paris. Illustrated with lithographic plates and wood engravings. This is also Vol. II. of the "Cyclopedia of Obstetrics and Gynecology" (12 vols.), issued monthly during 1877. New York: William Wood & Company.

This volume takes up pathology of pregnancy and is divided into six chapters, and like its predecessor is a very valuable volume.

**A PRACTICAL TREATISE ON OBSTETRICS. Vol. III. (4 vols.), The Pathology of Labor.** By A. Charpentier, M. D., Paris. Illustrated with litho-

graphic plates and wood engravings. This is also Vol. III. of the "Cyclopedia of Obstetrics and Gynecology" (12 vols.), issued monthly during 1887. Price of the set, \$16.50. New York: William Wood and Company.

This volume takes up the pathology of labor and the use of Ergot. It contains three chapters and they are interesting ones.

**A PRACTICAL TREATISE ON OBSTETRICS.** Vol. IV, (4 Vol.) obstetric operations. By A. Charpentier, M. D., Paris. Illustrated with lithographic plates and wood engravings. This is also Vol. IV of the "Cyclopædia of Obstetrics and Gynæcology," (12 Vol.) issued monthly during 1887. Price of the set, \$16.50. New York: William Wood & Company.

This is the last volume of this great work and is the most practical one of all. The four volumes makes a fine work and should be in every physician's library.

**A TEXT-BOOK OF PATHOLOGICAL ANATOMY AND PATHOGENESIS.** By Ernest Ziegler. Translated and edited for English students by Donald Macalister, M. D. Three parts complete in one volume. Octavo, 1118 pages, 239 illustrations. Price, extra muslin, \$5.50; sheep, \$6.50. New York: William Wood & Company.

This work is divided into twelve sections as follows: Section I takes up the malformations. Section II, anomalies in the distributing of the blood and of the lymph. Section III, retrogressive disturbances of the nutrition. Section IV, progressive, or formative disturbances of nutrition. Section V, inflammations and inflammatory growths. Section VI, tumors. Section VII, parasites. Then come special pathological anatomy and is divided as follows: Section I, blood and lymph. Section II, the vascular mechanism. Section III, the spleen and the lymphatic glands. Section IV, the serous membranes. Section V, the skin. Section VI, the mucous membranes. Section VII, the alimentary tract. Section VIII, the liver and pancreas. Section IX, the urinary organs. Section X, the respiratory organs. Section XI, the central nervous system. Section XII, peripheral nervous system. Then there is two hundred and eighty-nine figures, the whole making a splendid work of very great value.

**INSANITY, ITS CLASSIFICATION, DIAGNOSIS AND TREATMENT.** By E. C. Spitzka, M. D. Second edition. New York: E. B. Treat. Price \$2.75.

The author says in his preface: "The first edition was liberally patronized by the legal profession, and frequently used as a book of reference in medico-legal cases. The temptation to lay more stress on the medico-legal aspect of insanity was consequently great. But any attempt to reconcile the medical with the legal view of mental disorder under the existing system, with its varying and inherently inconsistent definitions, is doomed to failure. As the author has always held the province of the physician in medico-legal cases to be that of an advisor and not of a doctor, so he believes that a treatise on mental diseases ceases to be a medical work as soon as it enters the domain of jurisprudence in its present attitude." This work contains a great deal of information every physician ought to know. It is nicely gotten up and beautifully bound.

**INDEX-CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, UNITED STATES ARMY, Washington, D. C.**

This is volume eight of this great work. No one can have any idea of the labor and time it must take to get up such a volume. It is closely printed and nicely bound.

**A CYCLOPÆDIA OF DRUG PATHOGENESY.** London: E. Gould & Son.

This is part sixth from Chromium to Conium. We have often spoken of this grand work.

**APPLETON'S LITERARY BULLETIN.** Published quarterly containing announcements of new books.

**THE TREATMENT OF HÆMORRHOIDS.** By Silas T. Yount, M. D. Lafayette: The Recho Music Co.

It is said that every book is written for a purpose, and what that purpose is you can judge before you have read it through. One man rides one hobby, another rides another, and all may look like good horses to ride but the question is will they land you in the ditch before you have ridden far. One says, inject your cases of piles. Another says, never inject. Another says, use the clamp ligature. Another says never do. The late Dr. Wood said: "Show me a man or woman of middle age that has not external or internal piles, and I'll show you a duck that can't swim." There are some very good hints in this book.

**THE STUDENT'S GUIDE TO DISEASES OF THE EYE.** By Edward Nettleship, F. R. C. S. Philadelphia: Lea Bros. & Co. Price \$2.00.

This is the third American from the fourth English edition. This edition contains a chapter on color perception, by William Thompson, M. D., and adds very much to the value of the book. The work contains twenty-four chapters, a large number of cuts, and the whole makes a very practical work.

**ON THE PATHOLOGY AND TREATMENT OF GONORRHOEA AND SPERMATORRHOEA.** By J. L. Milton, Senior Surgeon to St. John's Hospital for Diseases of the Skin, London. Octavo, 448 pages. Illustrated. Price, bound in extra muslin, \$4.00. New York: William Wood & Company.

Chapter one of this work commences with the history of gonorrhœa. Chapter two, the pathology of gonorrhœa. Chapter three, four, five and six gives the treatment. Chapter seven gives the pathology and treatment of gleet. Then there is five chapters on spermatorrhœa, its history, pathology and treatment including impotence. If you want to know about this terrible disease buy this book and read it.

**MODERN MEDICINE.** By R. N. Foster, A. M. M. D.

This is President Foster's address delivered at the Illinois Homœopathic Medical Association. It is a masterly effort and should be read by everyone. Send a two cent stamp and we will send you one.

**OXYGEN AS A THERAPEUTIC AGENT.** By P. D. Rothwell, M. D. Denver: W. W. Rea, publisher. 50c.

This is a re-print from the Denver Medical Times. There is a good deal of interesting reading in this pamphlet.

## PAMPHLETS RECEIVED.

A review of the most important advances in surgery, medicine and pharmacy in the last forty years. By C. W. Moore, M. D. San Francisco: Pacific Record of Medicine and Surgery.

Peroxide of Hydrogen Solution. By Chas. Marchand.

Dynamization or Dematerialization. By J. P. Sutherland, M. D. Reprint from the New England Medical Gazette.

*MEDICAL NEWS ITEMS.*

W. H. MARTIN & Co., of New York, are authorized to act as our agents.

DR. THOMAS D. DOLAND has removed from Lawrence, Mass., to Hudson, N. Y.

P. DIEDRICH, M. D., of Wyandotte, Kan., made us a very pleasant call the other day. The doctor reports everything booming out in his town.

J. A. MACDONALD, M. D., of Lake Geneva, Wis., dropped into our sanctum the other day. The doctor has grown stout, but is the same jolly Scotchman.

DR. J. P. SUTHERLAND has taken rooms at 10 Park Square, Boston. He may be found at his office, room 1, from 8:30 to 9:30 A. M., and from 2 to 4 and 7 to 8 P. M.

THE HOMŒOPATHIC AID ASSOCIATION has not had a death since it was organized. Cheap insurance. One of the members writes: "No losses yet. Homœopathists must be healthy cusses."

A HIGH COMPLIMENT.—Prof. C. H. Vilas was at St. Paul a few days ago visiting his brother when a dozen or more of the members of the Alumni Association of the Hahnemann Medical College tendered him a grand reception and banquet at the Windsor Hotel.

MEMORIAL RESOLUTIONS.—At the regular meeting of the Homœopathic Staff of Cook County Hospital, Aug. 31, the following memorial resolutions on the death of Dr. F. H. Newman, were passed:

WHEREAS, Our colleague, Dr. Frank H. Newman, has been summoned by death from his field of labor,

RESOLVED, That we, the members of the Homœopathic Medical and Surgical Staff of Cook County Hospital, have heard with deep regret, of the sudden decease of Dr. Newman, and desire to express our sense of the loss sustained, not only by ourselves, but by his many friends, and the profession at large;

RESOLVED, That by his upright character, by his conscientious devotion to his duties, as well as by his great personal worth, he has established for himself a name which will ever be held in kindest remembrance;

RESOLVED, That we extend our sincere sympathy to his bereaved widow, and cause a copy of these resolutions to be sent to her, and to the Homœopathic journals for publication.

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CASE OF POISONING BY RHUS VENENATA.

BY W. A. OLIVER, M. D., CAMDEN, MICH.

Was called Sept. 1, 1886, to see Mrs. C., reported to be suffering from poisoning by *Rhus venenata* (poison sumach), indigenous to the swamps of Michigan and Indiana. Found her in bed unable to sit up, her eyes were swollen shut, a yellowish gluey pus exuding from the corner of her eyelids, lids bluish red and greatly swollen; skin upon the forehead tumefied and swollen to fully an inch in thickness; nose enormously swollen; lips swollen to fully an inch and a half in thickness; tongue swollen some; unable to utter a word intelligibly on account of swollen condition of lips and tongue; hands enormously swollen, so much so that she could not raise a glass of water to the mouth.

There was a yellowish vesicolor eruption upon the cheeks and forehead, some vesicles broken exuding a yellowish gluey serum which formed in yellowish and brownish crusts, other vesicles just forming, and others just ready to break. Temperature 100. Pronounced it a case of poisoning by *Rhus venenata*, and prescribed the following: *Rhus tox.* 3d dec. dil. twenty drops in half a glass of water, a teaspoonful once in two hours.

Applied cloths dipped in a solution of *Rhus tox.* as follows: *Rhus tox.*, thirty drops in a one-ounce vial filled

with alcohol, of this put twenty-five drops in half a teacupful of soft water, and moisten the cloths to be applied to the affected parts once in an hour, cloths to be soft linen or well worn cotton, applied singly or at most, double thickness, mixing fresh wash when necessary.

Sept. 2, Decided improvement, temperature 98. Can see the light some.

Sept. 3. Can open the eyes and talk; swelling in the hands and face rapidly decreasing, vesicles nearly all gone.

Sept. 5. Swelling in the hands all gone and only a very few traces of the poison remaining in the face, continue the Rhus tox. wash, but only wash the parts occasionally; gave internally Rhus tox. 3d dec. dil. on pellets and Sulphur 30th dil. on pellets two hours apart in alternation. On the seventh day no trace of the poison remains. I can verify this treatment with numerous cases.

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### CLEANLINESS IS NEXT TO GODLINESS.

BY W. P. ROBERTS, M. D., EVANSVILLE, WIS.

“Order is Heaven’s first law.” “Cleanliness is next to godliness.”

These united, we have a high standard of affairs in any department. In the preparing of remedies in the Homeopathic department they are absolute. Anything short of such a combination endangers life, and aborts the best efforts of the most skillful and careful prescriber of the profession. Not long since I visited one of our large cities, and while there I called upon several of the well reputed pharmacies. While in one of them, a circumstance occurred that gave me an insight into the inner workings of their laboratory. Here amid an atmosphere saturated with foul odors, such as volatile drugs, coal gas, etc., I saw a dirty looking man sifting from a large box of what purported to be “*pure sugar of milk*,” such as is packed in one-pound packages for the trade



and used for our triturations. At this combined odoriferous and ocular manifestation my soul cried out (or rather whispered within:) "Is this the reason of some of the failures in our best efforts to save life and promote the principles promulgated by Hahnemann?"

This discovery led me to keep silent and watch further. In another department I heard something as of grinding. I followed the sound and saw several mortars with pestles arranged to move by power other than human muscles. They were in such close proximity that of necessity the dust of the contents together with the dust of the constantly wearing iron gearing must mix each with the other, and when put into packages for the trade, what are we hard working doctors that strive to be honest dealing out? Who can tell?

Surely, these things ought not so to be, and I trust will not longer continue. If our medical societies would appoint a committee to look after such matters that would drop into these shops unawares and keep the profession posted as to our interests. We pay for purity, let us demand it, in the medicines we deal out to the afflicted.

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### THAT CASE OF FEVER.

BY C. H. LEE, M. D. NEW CASTLE, PA.

In a late number of your journal a case is reported by E. W. Clark, M. D., of Neenah, Wis., headed "A case of Catarrhal Fever." I have read it over two or three times, and I can not see how the doctor makes out a case of catarrhal fever. It may have been so in the first attack in January, but his patient took a trip and, I suppose, returned in good health, he takes sick again with acute rheumatism, then after nine weeks was accounted well. Then he has an attack of intermittent fever followed with typhlitis. With that and the *treatment* the patient was surely a tortured man.

I would like to know if the doctor is an Allopathist or

Homœopathist. I am surprised that the Wisconsin State Homœopathic Medical Association would allow such an article to be read and endorsed by that body. Taking his case from a Homœopathic standpoint, it is a *regular bungle*. I hope the Editor will not allow such articles in his valuable journal. I said *valuable* journal. I mean just what I said. I think it one of the best clinical journals we have, and do not like to see it marred by such articles as above. We want true Homœopathy.

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### HOW TO SEE WITH THE MICROSCOPE.

The following letter from Prof. Smith relating to his valuable work on the microscope, explains itself, and we publish it with pleasure.—[EDITORS INVESTIGATOR.]

DEAR DOCTOR DUNCAN:—I have received during the past nine months many letters from physicians and others enquiring as to the advent of the next edition of "How to See with the Microscope."

Quite a proportion of physicians can be reached through the columns of THE INVESTIGATOR, and to such I desire to say as follows:

There are some important investigations interesting to the microscopist—for instance, the bacteria question—which are not at present fully developed, and probably will not be for a year hence. Outside of these investigations, nothing particularly novel or valuable in microscopy has come under my observation, hence it is my present intention to delay the next edition of my book until something "novel or valuable" can be incorporated therein.

In any event, very much of the matter contained in the present edition will be retained in the next one, for example the chapter on selection of stands, the lessons on the handling of wide-angled objectives, the instruction given in *uros-*

*copy*, have just as much force to-day as when written, and will be retained in forthcoming editions.

On the other hand, there is a good deal of the controversial in the book that I can at this date well afford to "cut," having successfully carried my points, which are to-day admitted by microscopists throughout the world; furthermore, there are some typographical errors in the present book that will meet with future attention.

Another point, Mr. Editor; I do not really know if there remain any unsold copies of the present edition; being the publisher, you probably know, and will you be kind enough to inform your readers as to the facts?

Very Sincerely Yours,  
J. EDWARDS SMITH, M. D.,  
151 Windsor avenue, Cleveland, O.

Replying to Dr. Smith's interrogatory, we will add that copies can be obtained at any Homœopathic Pharmacy or first-class book store.

DUNCAN BROS.

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## GALVANISM.

BY H. L. GODDEN, M. D., PEORIA, ILL.

In the May number was an article from Dr. Danforth's pen on galvanism in interstitial fibroids. It is to be hoped no one has followed him in the practice.

I do not wish to be understood as decrying galvanism in fibroid tumors, for I am most decidedly in favor of it. Dr. Danforth either had a very much run-down or dirty battery and one that would generate very little effective current, or he did not apply galvanism as he says he did. Few if any vaginæ would stand the current from 16-gravity cells even, and if the cells were of the ordinary zinc-carbon type, which generate four or five times as much current when fresh and clean, his statement is still more out of the way, for sixteen

such cells would be sufficient to destroy mucous membrane if applied by means of a naked rectal electrode.

If any one doubts this statement, let him take the ordinary hand electrodes, connected with sixteen fresh zinc-carbon cells, such as McIntosh, Kidder or Stohrer uses, and simply hold them in the moistened hands for fifteen minutes—one-half the time Dr. Danforth says he applied the current to the cervix. I think he will be satisfied, provided in addition to having his battery in good order, his cords and connections are also in good order.

Right here I wish to mention a prominent fault with all who report cases treated with electricity in any form, and that is lack of accuracy. After reading such a report no one knows from *that* how to go to work to treat a similar case. The books are nearly all just as bad, for they give no exact data as are given in all the writings on electricity in any other branch.

This arises from the almost complete ignorance of the average practitioner in regard to the foundation principles of the science; also to the almost total lack of information in the books as to exact methods. To state the number of cells is next to no guide unless the condition of the cell as well as its size and elements is stated; also the kind of cords used and their condition. I will say here tinsel cord ought not to be used even for the galvanic current, and it would be better not to use them at all, for they get out of order so easy, one or two wettings being sufficient to spoil them.

Again, the size of the sponge and the thoroughness with which it is wetted, what it is wet with, (salt or fresh water,) whether a patient is lean or fleshy and the distance apart of the electrodes, all have a very great influence on the amount of current that a patient gets.

It is possible, by using rusty or dirty connections, to take both electrodes, or, rather, the wires from them, into the mouth when connected to 16-zinc carbon cells and not get any uncomfortable sensation, even though the cells them-

selves are in first-class condition. If good cords and clean connections are used, a current is got from such cells that would be unbearable on the tongue even for a minute, and would burn and destroy more or less deeply the mucus membrane that it touched.

It may seem a little egotistical to criticize so great a man as Dr. Danforth, but such men are the ones who are followed and should be most accurate.

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### A SEVERE CASE OF TYPHOID FEVER.

BY J. R. SIMSON, M. D., TONAWANDA, N. Y.

Was called Sept. 21, at 7 P. M., to see Carrie D., aged 12, a small brunette of nervo-bilious temperament. She had been ailing for some time, did not know just when she began to feel badly. Her pulse was 144, temperature 105 2-5. She was completely exhausted, and was hardly able to get home from school which she had attended that day, but had to leave before its close. The high temperature and rapid pulse and the chilly sensations experienced would give the impression of its being a severe cold and preclude the idea of typhoid although all the other symptoms were indications of it. Her pulse came down to 110 to 120 during the next twenty-four hours, while the temperature remained at 104½ morning, to 105 2-5 evening, for several days, when it commenced coming down gradually until it receded to 102 morning, and 103½ evening, where it remained for nearly three weeks. On the third day roseola spots made their appearance, and the abdomen commenced to bloat, when there could be no more doubt about the true character.

The bowels at first inclined to be loose, but at the end of the first week became constipated and she did not have a movement for two weeks. The abdomen became quite hard in the fore part of the third week, but it gradually relaxed and the bloating entirely disappeared, although she experi-

enced pain from pressure upon either inguinal or hypogastric region until the latter part of the fourth week.

She had epistaxis several times before she was taken down and several times during the first and second week, also during convalescence. Pulmonary complications supervened in the forepart of the second week and became serious by the middle of the third week. She was compelled to lie upon the right side for nearly a week for fear of suffocation, and was unable to bear the least pressure upon the chest, not even the ear or stethoscope, on account of dyspnoea.

At first there was a fine crepitant rale over the left lung, which soon extended to the right, which soon changed to a coarse bubbling over the whole chest. She was entirely unconscious at this time; stools and urine passed unconsciously. This condition remained several days after the temperature had fallen nearly to normal, and I was beginning to have fears of her ever regaining her full mental power again, even if she survived. But at the end of the third week she commenced to improve every way, and I was in hopes of a speedy recovery, when at the end of the fourth week nephritis set in very severely. She was unable to lie on either side, and the pain was so severe that she could not bear to be turned or allow the least pressure over the kidneys, and for three days the urine was suppressed. But this finally passed off, and at the middle of the sixth week I discharged her, as her temperature was normal both morning and evening.

But a few days after I was called to see one of her little sisters who had just come down with the disease, when I found Carrie's temperature up to  $103\frac{1}{2}$  again, and pulse faster than it had been during any time of the attack. The skin on her arms and legs was dry and wrinkled, of a dull pale color, and was exfoliating in scales of all sizes up to an eighth of an inch; but the skin on the abdomen and chest was as red as though she had scarlet fever; in fact, if I had seen her now for the first time, and not known of her previous history, I would have pronounced it scarlet fever. The abdomen was

very sensitive to contact. She could not bear to have the hand passed over the chest or abdomen ever so lightly. This tenderness lasted for several days, while the redness lasted over two weeks.

Another pathological condition that I never saw before, and I have seen a great number of typhoid cases, was rupture of the muscles, in at least fifty places, on the external side of the thigh from knee to hip, the muscles were ruptured. The ruptures were from one-fourth of an inch to an inch in length, and the larger ones separated fully a quarter of an inch and seemed to be quite deep when passing the finger over them. The little finger could be pressed into them a quarter of an inch. It was not very sensitive to pressure. The space seemed to fill with a dark colored fluid which turned redder at first, and finally paled off very slowly and left a scar the same as though it had been cut. The skin was not broken in a single one.

She carries the scars yet, and it is nearly a year since she was sick. The ruptures did not seem to retard her convalescence or the use of the limb. She sweat a great deal during the whole attack. I never saw a case break out with the sudaming as she did. She was completely covered, even on the thighs. The contents of the little blisters was strongly acid. I have searched several authors and have not found one that mentions the rise of temperature with the deep scarlet color of the skin during the exfoliation. Panelli is the only author that mentions the exfoliation. Almost all of my cases had it last year. Panelli and Pepper are the only ones that speak of the rupture of the muscles. I was surprised not to find it in Arndt, Raue or Baehr.

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### EXPERIENCE WITH BERGEON'S METHOD.

BY JOHN C. KING, M. D., BANNING, CAL.

In view of the persistency with which our "regular" brethren decline to make straightforward experiments with

Homœopathy, it is quite remarkable that, as a medical body, they can be so readily involved in more ordinary, yet less promising, innovations. All who admit the possibility of future discoveries in the realms of art and science should be willing to test whatever new thing is offered with evident honesty. And yet it is a trifle comical to read, in twenty medical journals, the enthusiastic reports of Bergeon's gas by men who would ridicule the use of Calcium sulphide, provided the user should call it Hepar. The Sulphides—Calcium and Hydrogen—are fashionable and "regular." Hepar is unfortunately "*distinctive*." The treatment of phthisis is so unsatisfactory to the average practitioner that he warmly welcomes any agent, from Phenic acid to Oxygen gas, that offers a chance for his patient—and, of course, a chance to hold him.

An "old-school" friend, whose devotion to his code prevents him from even investigating Homœopathy, pays a royalty on a patented pneumatic cabinet without scruple. His code is like a strictured gut—call the stricture *Homœopathy* and we find the gut can be distended at any other point. Doubtless Phenic acid, Oxygen and the cabinet are useful; but I cannot understand how any intelligent physician can apply each or all of them to a general run of consumptives, without loss of self-respect.

When, a few months ago, Dr. Bergeon announced his alleged discovery, the profession (and the instrument makers) immediately began to prophesy a reduced death rate. My patients insisted that gas would cure them, and I was willing to have them try it. From several directions came admonitions not to allow another patient to die from consumption. One good friend, back east, (who is determined that my patients shall recover, regardless of cavities,) kindly purchased and sent to me the apparatus made by Queen, of Philadelphia, which, by the way, I consider the best make among several that have been used by my cases.

I prepared and used the gas as follows: The Sulphuric



acid, C. P., was diluted by adding four parts of water to one of acid. Squibb's Sodae bi-carb. q. s. was acted upon by the dilute acid until the receiver was filled with Carbonic acid gas. Before injecting into the bowel this gas was passed through a wash bottle containing Sodium sulphide. The amount of this Sulphide varied from five to fifteen grains in different cases. At times five grains of Sodium chloride, and again ten minims of Hydrochloric acid, were added to the contents of the wash bottle. I could never discover that these additions, or the amount of Sodium sulphide used, made one particle of difference to the patient. At times the wash bottle would be cleansed, and its contents renewed, after each injection; at other times I simply added an additional quantity of Sodium sulphide. The latter plan I found was productive of more or less colic.

The most convenient method of administration was to keep the apparatus on the floor, beside a low sofa upon which the patient lay on the left side, with the lower extremities well flexed. The quantity of gas injected varied from one-half to two gallons. One or two patients could never take more than, perhaps, three quarts without pain; in all others the amount was soon increased to the maximum. Distention of itself never seemed to produce pain. Usually the injection was made slowly, requiring from twenty-five to thirty-five minutes; again, however, the reservoir was emptied in from ten to twenty minutes. As a rule, the longer the time the less the pain, although distention seemed as great, when equal quantities of gas were used.

If the bowels had not moved for twenty-four hours or more, the injection was sometimes difficult and painful, so much so that I soon ordered a daily injection of warm soap suds for constipated patients. At no time was pain severe, nor did it ever continue more than from one to two minutes. At times the wash bottle was placed in warm water, but it seemed to have no effect on the amount or character of pain felt. Some little colic occurred in about twenty per cent. of

the injections given. The injections were, in all cases, administered twice per day, always avoiding meal time. The reaction between the Hydrogen sulphide, exhaled from the lungs, and Acetate of lead was present every time the test was applied. Others report its presence in only about one-tenth of the cases.

Except in one case, the immediate results of the injection were merely reduction in the frequency of the pulse; in that one case, when, perhaps, half a gallon of gas had been used, the patient partially collapsed, the radial pulse became almost extinct, the patient cold, faint and dizzy; in a few moments a cold perspiration ensued. Soon the man recovered and the injection was continued. The respiration was apparently unaffected, there was no loss of consciousness, nor any secondary effects.

In a recent number of the *Medical Current* Prof. Mitchell reviews the possibilities of poisoning in connection with the Bergeon method. Fortunately no such incident has occurred among my patients. Those who recommend this treatment lead us to expect prompt results, and, to a degree, permanent ones. They claim that fever, cough, expectoration and night sweats are greatly moderated or entirely relieved. The Hydrogen sulphide is supposed to act directly upon the bacilli as a germicide, and to effect its results in consequence of the destruction of these organisms. American observers, however, (even those most enthusiastic regarding the treatment) have failed to discover any decrease in the number of bacilli, so that the original theory respecting the mode of action of the gas is not substantiated.

The specific effect of this agent remains, therefore, the only ground upon which its beneficial action can be explained. The elements entering into its composition are sufficiently well known to lead us to expect valuable results from their combination. With me personally this expectation has been disappointed; and I believe the disappointment will continue until some means less crude shall have been devised for the

administration of the remedy. The consensus of opinion among our old-school friends seems favorable to the treatment. At the meeting of the Association of American Physicians, held in Washington City, June 2, Dr. E. T. Bruen, of Philadelphia, reported sixty-one cases, of which forty-four had improved. Dr. F. C. Shattuck, of Boston, reported seven cases, practically without result. Dr. Wm. Pepper, of Philadelphia, reported twenty-four cases, and concludes the treatment is of no real value. Dr. H. C. Wood, of Philadelphia, administered the Hydrogen sulphide in Carbonic acid water, by the stomach, and claimed good results. Dr. Beverly Robinson, of New York, considered the method a valuable adjunct. Dr. Geo. L. Peabody, of New York, had followed the details of the method, and had used the water of Carbon, as Bergeon recommended, without much result. Dr. Forsheimer, of Cincinnati, had obtained as good results from the injection of atmospheric air as from Carbonic acid gas, etc. Dr. Las. T. Whittaker, of Cincinnati, thought it mitigated cough, lessened night sweats and relieved fever, but was not a specific. Dr. Whittaker had also used it by inhalation, with as good results; had also found records of two cases in which fatal results had followed. Dr. L. Solis Cohen, of Philadelphia, reported great amelioration in fifty per cent. of his cases, and slighter amelioration in twenty-five per cent. more. I regret that I am unable to report the slightest benefit from the use of this method in any one case. It may be that my mode of using it has been faulty, although I am unable to detect the fault.

From my experience I pronounce the method worthless. Indeed, I consider it more than worthless. Three of my patients, who were previously doing well, became promptly worse while taking the injections; cough, fever, night sweats, prostration and emaciation increased alarmingly. This, of course, may have been coincidental, but I am inclined to attribute the evil result to the irritating properties of the gas. I am more than ever convinced of the futility of treat-

ing phthisis by any such pseudo-scientific measures. The multiplicity of such measures is in itself only an evidence of the poor results ordinarily obtained.

The only sound treatment is to send the patient, in the initial stages of the disease, to a climate similar to that of Banning—high, dry, equable, warm and pure—to cut him off from the business and associations that have engaged and surrounded him prior to and during the prodromal period of his disease; to surround him with cheerful, agreeable associations; to make him live as he ought to live; to eat and sleep and dress and exercise in accordance with the requirements of his case; to administer such remedies as the pathology of his disease (as represented by its signs and symptoms) requires.

And of all these I consider change of climate the most essential. I have recently written much upon this subject in general, but I do not wish to be understood as advertising any particular locality—beyond the legitimate circulation of facts regarding it. At the same time I am anxious that physicians who seek the benefits of climate for their patients should familiarize themselves with the climatic conditions of the locality they may select, and not send a sick man to Florida, the Mediterranean or California supposing that one climate pervades any one of those regions. A distance of twenty miles will frequently change climatic conditions in toto; it is therefore the location, not the region, that must be studied. A few years of time, owing to bad drainage or other cause, will sometimes change a locality from a state of healthfulness to the reverse; therefore the study of the locality is continuous, never final.

Consumption is, par excellence, the disease amenable to climatic influences. Cases of neurasthenia are often benefited by change of surroundings merely, by change of residence, by travel; but phthisis requires certain conditions, altitude, freedom from moisture, and so on. We should learn to study climate as we do drugs, learn to know just what the patient

needs—and just where to find it. There is no other one department of medicine, equally important, that is equally neglected.

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### CARIES OF STERNUM—A NOTABLE SURGICAL CASE.

BY G. M. DIXON, M. D., SACRAMENTO, CAL.

February 28, 1883, being then a resident of Chicago, I was called to Maywood—a suburb of Chicago—to see Mr. F. A. M., a resident of the place, married aged forty-nine, a native of Maine, occupation coal dealer. I learned that in December previous he began to suffer severe pain in the chest, radiating chiefly to the left side, and was treated by his family physician—an Allopath—for angina pectoris, without benefit. In January the pains markedly increased, attended with an annoying cough, with expectoration, thick, grayish, semi-purulent in character. In the absence of his family physician, the professor of diseases of the chest in a Chicago medical college—old school—was called. He diagnosed “organic disease of heart complicated by sub-acute bronchitis,” for which he treated him nearly two months, the principal ingredient of most of his prescriptions being Digitalis, given in enormous doses. No improvement resulted, however, the patient steadily declining until his condition was considered desperate in the extreme.

By careful enquiry I elicited the following history: Family history on both sides superb. Ancestors, immediate and remote, long lived. A large family of brothers and sisters healthy and unusually rugged, and the patient himself had uniformly, until present illness, enjoyed vigorous health, presenting a remarkably florid, robust appearance, his usual weight being one hundred and eighty pounds. In 1850, when sixteen years of age, while assisting in unloading a large paving stone from a cart in Portland, Maine, the stone

slipped and struck him a sharp blow in the center of the chest; but the injury was regarded as trivial in character, although from that time through life the part injured remained slightly tender to touch or pressure. In November, 1881, was thrown from his carriage, striking the hard, frozen ground full upon his chest; but while his fall was a severe one, no immediate serious results followed, and in a few hours he was about attending to business as usual. Thirteen months later the chest pains developed as recorded.

I found the patient confined to his bed or room, pale, emaciated and with a peculiar anxious expression of countenance; and he constantly restricted his respiration as much as possible, saying he "dared not take a full breath on account of his diseased heart." A thorough physical examination showed a steady, regular but rather full pulse, beating at 90; temperature 100; skin relaxed, with an occasional tendency to cold perspiration; heart's action uniform, free and steady; the valvular sounds natural; position and size of organ normal, in fact seemed sound in every respect. The lungs were resonant; respiration labored and accompanied by bronchial rales. The thorax in form presented a peculiar appearance, for while being broad and full, it at the same time showed a slight resemblance to the "chicken breast;" a portion in line with center of sternum appearing to bulge forward slightly, over which the integument was somewhat reddened. This part was particularly tender to touch, in fact more or less tenderness was manifest over entire anterior surface of thorax, especially on left side of sternum, and the patient complained of a constant sensation of constriction, as if an iron band was drawn about the chest—a sensation which was painful in the extreme to him.

I saw at once that I had an unusual case before me, and not being a "professor in a medical college," I was naturally cautious, and declined to give a positive diagnosis until my next call. I, however, plainly and confidently assured the patient that he was *not* suffering from disease of the heart

and could so far as that organ was concerned breathe as freely as he chose. The change in his expression of countenance upon this assurance was remarkable; the haggard, anxious look vanishing to be succeeded by a relieved and rather hopeful expression. He then little knew the grave nature of his disease or anticipated the long period of severe suffering before him.

In the interval before my next call I thoroughly searched the medical and surgical annals for light on his case, but with meager results indeed, and it is with the hope of giving light to some other searcher in future that I thus minutely detail this case. Much study and anxiety would have been saved to me had I had the aid of even one published detail of a similar case.

Thoughtful deliberation and another examination of the chest on the following day convinced me that my patient was suffering from disease of the sternum, primarily; that the bone structure was breaking down, and ultimate death of a large portion of the bone was probable. I so diagnosed the case; ordered large flaxseed poultices applied to anterior surface of the thorax and informed the patient that I expected to develop pus at the bulging portion of sternum in two or three days. On the third day fluctuation was evident, and on introducing the lancet pus flowed freely, identical in character with that raised by the patient through the bronchial tubes for a period of about six weeks previous.

The cough ceased immediately and there was no further expectoration, demonstrating that attachments had formed between the chest wall and the lung tissue, and a sinus resulted allowing the pus from the carious sternum to escape through the bronchia, only to be relieved when an external passage was secured by surgical means.

Cautious but thorough probing of the pus cavity showed that the gladiolus or central portion of sternum was rapidly undergoing carious degeneration, the bone being so soft and crumbling that the probe readily penetrated in all directions

Minute particles of bone were present in the pus, and occasional cancellated fragments the size of a kernel of wheat or a pea could be found.

I continued the poultices, which greatly relieved the distress of the patient and promoted the free discharge of pus. I prescribed Aconite, Arnica, Arsenicum, Bell, Hepar s. Calc. c. and Silicea, as their several indications from time to time were manifested. By the use of a syringe I daily cleansed the cavity, by injecting in a careful manner Carbolized water, but this process was attended with much difficulty, owing to the fact that the fluid would readily pass through the sinus referred to, in the bronchia, producing an irritating cough.

After pursuing this line of treatment with various minor modifications for about eight weeks, it became evident that the destruction of bone was so extensive and the undermining of the skin and superficial fascia so general, it would be necessary to make a free incision enlarging the opening sufficiently to permit of the immediate removal of the mass of carious bone and allow proper applications to be made directly to the parts diseased.

In accordance with this conclusion, on April 26, assisted by Dr. L., a former family physician, (old school,) the patient being placed under the influence of ether, I made an incision about four and one-half inches in length, in line with and directly over the middle section of sternum and removed a considerable mass of disintegrated bone and connective tissue.

Inspection showed that the disease had extended widely, it appearing probable that the entire sternum was involved, and in the process of destruction would be rapidly separated from its attachments; in fact I found that the second, third and fourth ribs on the left side, and the second and third on the right side were already detached, so that by introducing a finger under the extremity they could be sprung outward. The opposite walls of the incision separated, leaving an open space averaging an inch in width, which space visibly



widened and narrowed in harmony with the regular process of respiration.

At the base of the cavity there was nothing between the heart and other thoracic organs and the outer world but the thickened pleura and a thin layer of connective tissue, presenting a granulating surface.

The prognosis was certainly dubious in the extreme. It did not seem at all probable that life could be sustained and the integrity of adjacent tissues preserved during the process of separation and elimination of the dead bone, to say nothing of the reproduction of tissue necessary to recovery. The assisting physician referred to above declared emphatically that the case was utterly hopeless, and that nothing could be done other than to render the patient as comfortable as possible.\*

Considering the good constitution of the patient and his exceptionally good family history, I could see some reason to hope for a favorable result, and I determined to make a persistent effort to effect a cure. The patient rallied well from the etherization and operation, and stated that the sensation of an iron band about his chest, which had been so distressing for weeks, had entirely vanished.

The free incision had relieved the tension of the swollen tissues, but I now had presented to me the difficult work of maintaining comparative immobility of the anterior thoracic wall while allowing for reasonably free respiration—a difficult matter at any time, but especially so when engaged in dressing the diseased parts.

After thoroughly cleansing the cavity with carbolyzed water, I packed it with absorbent cotton saturated with Cal-

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[\*A few months later, when in the progress of the case recovery seemed possible, if not probable, this physician so far forgot his professional dignity as to visit the patient without invitation, and solicit the management and treatment of the case.

He did not attain his object, but he furnished a good example of the professional dishonesty guiding some members of the Allopathic school in their relations with members of the Homœopathic school.]

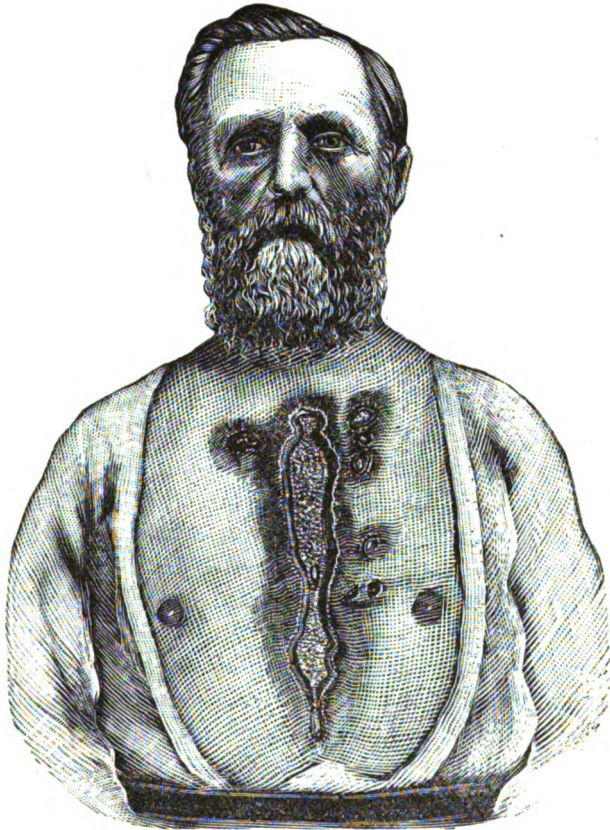
endula, covering this and the entire sternal region with a firm compress, retaining all in place by a broad bandage snugly drawn around the thorax and fastened so as to considerably restrict the freedom of expansion, thus forcing the patient to expand the lungs by action of the diaphragm and abnormal muscles.

Not deeming it safe to attempt to remove the remaining portions of diseased bone by use of the gouge or by other direct surgical means, I determined to employ dilute Sulphuric acid, to hasten the elimination, and this I applied at regular intervals to all parts of the cavity where I noticed indications of the presence of dead bone, so long as such indications existed. The application was made by means of a syringe, and was a valuable agent in the treatment at various times for nearly a year. Calendula, Carbolic acid, Arnica, Vaselinę and Oxide of zinc ointment were used from time to time in the topical treatment, and as soon as the conditions would permit, the irregular walls were at each dressing approximated as closely as possible by means of narrow strips of adhesive plaster, overlapping each other web fashion, supplemented by a broad strip extending laterally to the borders of the thorax.

The discharge was profuse and very offensive, necessitating daily, and often, during the hot weather, more frequent dressings. Abscesses formed in the mamubrium or upper section of sternum, also at the points of attachment of the costal cartilages to sternum in several instances, and at six or seven points, notably on the left side, abscesses formed at the attachment of costal cartilages to ribs. The pus, as a rule, found its way from these various centers to the main cavity, but as the superficial tissues became undermined, they would sink in, the skin turning purple and sloughing, so that after an experience with one or two of these side abscesses, I opened them as soon as fluctuation was manifest and treated them independently.

In the main cavity and at the other centers of suppura-

tion, as soon as the diseased bone was eliminated, a new provisional tissue gradually formed, peculiar in character, resembling neither cartilage nor flesh, but being a sort of cross between the two, not firm, yet quite well organized and sen-



AFTER SIX MONTHS.

[From Photograph.]

sitive. In July, during the hot weather, a decided tendency to erysipelas developed from time to time, the tissues of anterior thorax being much swollen, red, and tender to touch,

and finally extensive sloughing took place about the main cavity, involving not only nearly all new tissue formed, but the soft parts over the manubrium. Pus also gradually worked its way along the ensiform appendix pointing at its extremity, and in August, about six months after development of the first abscess and recognition of the true character of the disease, the case presented the general appearance represented in above cut. The outlines of the central opening, having the general form of the sternum, show the irregular walls which were about an inch in depth, and the granulating surface is also shown at base of cavity—an insecure surface certainly upon which to build new tissue. The five or six openings showing on either side of the sternal line are where the lateral abscesses had formed, at union of the ribs with their costal cartilages.

A portion of the manubrium remained intact, sufficient only to preserve the clavicular attachments, also a narrow margin of the right border of gladiolus, along the attachments of fourth and fifth ribs. A narrow portion also bridged across the chasm to point of attachment of the fifth rib on left side. These small sections, although well undermined, remained practically firm and intact throughout, and constituted all the sternum not destroyed.

Up to this time, and for several months thereafter, the physical sufferings of the patient had been and were intense, and comparative rest and sleep could only be secured by the use of anodynes. For a period of about ten months, Morphine was daily administered, subcutaneously, in doses of one-eighth grain or less, but at no time during this period was more than one grain given in twenty-four hours, and after its use was discontinued, the strong will of the patient enabled him to successfully resist the desire for the drug, so that no opium habit was formed.

The patient was now greatly emaciated, the continued physical and mental suffering and constant drain of the system attending the suppurative process having gradually reduced

him from a weight of 180 pounds to 105 pounds. While appetite and digestion were fairly good under the circumstances, assimilation of food was not equal to the excessive waste.



**AFTER RECOVERY.**

(From Photograph.)

To secure better nutrition we now confined our patient strictly to the "Saulsbury diet," the meat being prepared with great care and taken at regular intervals with a very little stale bread or cracker, toasted, and, when desired, small

quantities of acid fruits, while for drink nothing was allowed but hot water, taken one hour before or two and one-half hours after eating.

In the topical treatment of the chest up to this time we virtually exhausted the usual applications, antiseptic and otherwise, but in looking over an old medical journal one day I noticed a short paragraph referring to the virtues of Oil of cade (*Oleum Cadinum*) applied locally in the treatment of ulcerating surfaces, and I determined to give it a trial.\*

I applied the oil by pouring it freely into the main and lateral cavities and packing them with absorbent cotton, and also applied it to the swollen and more or less inflamed tissues adjacent to the abscesses, placing over all, as before, the adhesive strips, compress and chest bandage.

The result was marvelous; the offensive odor of the discharges vanished; the irritable redness and swelling of the tissues largely subsided; the cavities rapidly filled with a soft but well organized tissue, which, as new skin formed over it, seemed gradually to change into a firm, dense tissue resembling cartilage. The patient under the change of diet slowly but surely improved in strength and weight, and in a few months returned with satisfaction to usual and ordinary food.

Nature had a big contract on her hands to close up the deep and extensive cavities with sound, permanent tissue, but was equal to the occasion, and in March, 1885, two years from date of my first visit, the chest had gradually healed and presented the appearance shown in following cut, the chest

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[\*This remedy was formerly much used in France, and to some extent in this country, but like many other excellent remedies, has been largely superseded by newer and more highly, if not more justly, lauded remedies. It has marked antiseptic properties, and when applied to an ulcerating surface is very soothing, allaying irritation and promoting healthy granulation. So valuable has it proved in my hands, I now use it almost daily in surgical practice and believe it to occupy a field of usefulness not covered by Calceola, Carbolic acid, Iodoform, and other standard remedial agents.]

being round and full although deeply furrowed on the superficial surface by the cicatrization; the ribs re-attached, the new tissues having become quite firm and resistant, so that respiration was free and natural, while the patient's weight had increased to one hundred and seventy-five pounds, he being able to attend to the usual duties devolving upon him in the management of an extensive business.

In the spring of 1886, one year after practical recovery, Mr. M. desired to obtain additional life insurance if possible, and in furtherance of that object made a thorough physical examination of his chest and found to my surprise that the new provisional tissues had rapidly ossified and seemed likely to soon become as firm and dense as originally. I also found that the long continued compression of the chest and enforced abdominal respiration had depressed the lungs; that is had forced them downward behind the stomach and liver to the extent of about three inches, and the apex of each lung was also somewhat lower than normal. Aside from this change of position, the organs of the chest were normal, and after a personal examination by the medical examiner in chief of the insurance organization, Mr. M. was accepted as a good and safe risk—a fact which is evidence conclusive of the radical nature of the cure effected.

I attribute much of the success attending the treatment of this truly remarkable case, to the action of the indicated Homœopathic remedies administered, and I believe that without these a successful termination could not have been attained.

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### PATHOGENETIC SYMPTOMS WHICH MAY BE ACCEPTED AS SURE INDICES FOR THE REMEDY.

BY EDWARD F. BRADY, M. D., KANSAS CITY, MO.

Read before the Missouri Institute of Homœopathy, at St. Louis, Mo.

Children wake suddenly at night, *terrified* and *trembling*, covered with *cool, clammy sweat*.—*Actæ rac.*

Disposition to *grasp* the seat of the water-closet tightly while at stool; perspiration breaks out, and the patient despairs of having a stool.—*Alumina*.

Can scarcely retain the urine a moment, and when *passed*, *scalds* severely. Feels as if he could not take another breath.—*Apis mel*.

Discharge of *pure blood* from rectum. Heart pains come on slowly, increase up to a certain point, and then as gradually subside. Constriction is the key note.—*Cactus grand*.

Flashes of light shoot up from the eyes, then break and fall down in a shower of sparks. Patient feels better in every way when constipated. Strangury brought on by standing on cold damp pavement.—*Calcarea carb*.

Headache at night; has to sit and hold head with both hands to prevent it from falling to pieces. Deafness; she can hear human voices in the room with her, but cannot tell from whence the sound comes.—*Carbo animalis*.

Excessive lachrymation in orbital neuralgia; the tears fairly gush out, and eyes cannot bear the least light. Flying out of detached lumps of mucus on coughing; the cough re-echoes in the stomach.—*Chelidonium*.

Constant protrusion and retraction of the tongue like a snake. In epilepsy aura begins at knees, ascending until it reaches the hypogastric region, when unconsciousness occurs, foam at the mouth, and falling down convulsed. Soon as patient goes into a high ceiling room the head reels and she loses her senses.—*Cuprum acet*.

After confinement patient has colicky bearing down pains, each pain accompanied by a gush of blood which relieves the pain momentarily.—*Cyclamen Europ*.

She awakens at night with hands feeling twice their natural size, so that she cannot make any use of them. Toothache occurs every day at precisely the same hour, aggravated by lying down.—*Aranea diadema*.

Shuddering in the mammæ; feels as if the heart would stop beating if she dared to move.—*Digitalis*.



In "ague," patients want to be *held* during the shakes; sleep throughout the heat; thirst during sweat; muttering delirium when half awake. Fears that unless constantly on the move, her heart will cease beating.—*Gelsemium*.

She imagines she is especially singled out as an object of divine vengeance. Thinks all her friends have deserted her. Extreme *drowsiness*; constant hacking cough proceeding from the chest during pregnancy. Irresistible desire to urinate, but no flow except after great urging, and then with difficulty.—*Kali brom*.

Sensation as if a stick extended from throat to left side of abdomen with ball on each end of stick. Belching putrid gas like rotten eggs. Stomach feels as if it would surely burst. Hard, white, round *masses* fly from mouth when coughing or hawking.—*Kali carb*.

The least movement causes feeling of suffocation around the heart. Intolerable pinching and itching in spots on lower extremities, relieved only by plunging in *cold* water, worse after sleep.—*Lachesis*.

Sensation as if *hot balls* dropped from each breast through to back, running down back, along each leg to heels and dropping off at heels. This sensation alternating with feeling as if balls of ice followed the same course. The fœtus seems to be constantly turning summersaults within the womb. Especially useful in dry cough, day and night, in feeble, emaciated boys. Chill every seventh day.—*Lycopodium*.

All the time keeps pushing his fingers down his throat, or keeps *clawing* at his mouth. Typhus: stupid sleep; while awake, unconsciousness; loud moaning; lower jaw dropped, sliding down in bed.—*Muriat. acid*.

Sensation of a body rising up to throat, and extending to both ears, pressing up into them, causing swallowing, which makes it descend, soon to return; worse from 9 A. M. to noon.—*Plumbum acet*.

Pain in occiput from right to left, as if a piece of wood was laid on back of head. Eructations like rotten eggs. Has

stools smelling like rotten eggs; soft stool is voided with difficulty from *weakness*. Normal stool, but passed in a great hurry, can hardly reach the water-closet, with quantities of flatus. Must keep the arms spread wide apart in order to breathe freely. Want of breath in the open air, has to hurry home and lie down in order to breathe freely, *weakness* of all the joints as if they would not hold together.—*Psorinum*.

Superficial pains upon the external chest, of a *sharp, shooting, sticking, tearing* character, coming in paroxysms.—*Ranunc. bulb.*

Speechless and breathless from violent pleuritic pain, running downward in the left anterior chest after standing on cold ground. Paroxysmal chorea, *left arm, leg* and *face* on approach of a storm. Cannot get to sleep, or remain asleep, unless the legs are crossed.—*Rhododendron*.

Urine dribbles while sitting; but when standing it passes freely. Feels as if bound down to the bed by a powerful *suction*, with sharp pains in back and shoulders.—*Sarsaparilla*.

Child coughs till breath is gone, and then gags and vomits mucus, cough constant when the child is laid down.—*Sepia*.

Most horrible erections at night, causing the patient to *swear* most vehemently.—*Picric ac.*

So much pain when he passes urine as to cause him to *dance* around the room in agony.—*Petrosel.*

Great difficulty and pain in passing urine; he cries out, and can only emit urine when on his knees, pressing his head against floor. Urine smells strongly of ammonia, and contains a quantity of viscid, thick, white mucus, pain in thighs.—*Pereira brava*.

Facial neuralgia, with a stupid, stunning headache; begins every morning after breakfast; copious urination and disposition for stool.—*Iris v.*

Watery gushing diarrhoea in morning; awakened with violent tenesmus, which prevents her rising; later, burning in abdomen, nausea, and violent straining to vomit.—*Kala b.*

Pains occur at irregular times, continue for no definite period; come suddenly or gradually and leave as uncertainly. Pains are worse when sitting bent, yet feels as though it were necessary to do so; relieved by sitting or standing upright. Wandering rheumatic pains in region of heart when pains suddenly leave limbs and go to heart. Severe pain in cardiac region, with slow, small pulse; attacks of angina pectoris.—*Kalmia lat.*

Milk is forcibly ejected soon after it has been taken; the child is weak and *drowsy*. On awaking will nurse or feed again, only to vomit it soon after. Face wears an expression of anxiety, with well marked linea nasalis; puffed, spotted red; pale.—*Aethusa cynap.*

Stools three or four times daily, very dark, fetid, partly formed, containing much mucus, expelled with difficulty, and followed by smarting and burning at anus, but no tenesmus; stools always occurred immediately on having the head washed. Has been successfully used to produce euthanasia in tuberculosis.—*Tarentula.*

Irresistible, almost maniacal, desire for ardent spirits; has to get completely drunk, and feels afterward distressed—wants to be brought to an insane asylum; most pronounced at the menstrual period. Irresistible desire to lie down and sleep; strength suddenly leaves him.—*Selenium.*

Sore nipples; when the child draws on the nipples a pain which is excruciating runs through to corresponding scapula.—*Croton tig.*

Feeling as if a stream of fire passed through the abdomen and as if the bowels would come out.—*Asclepias tuberosa.*

Cannot bear the sound of scratching on linen or any similar substance. Dull roaring of the left ear like a distant wind storm; in right distinct singing sensation as if the skin were stretched over the right external ear. *Unconquerable longing for alcohol.* Imagines he is hovering in the air like a spirit, when walking in the open air. At the appearance

of the menses, violent pain in small of back, which scarcely permits her to breathe.—*Asarum Europ.*

Sensation as if something the size of a fist were rolling around in the abdomen. Sings involuntarily, on hearing even a single note sung, laughs at herself, but soon sings again in spite of her determination to stop.—*Crocus sativa.*

Violent-twisting colic, occurring in violent regular paroxysms, with remissions.—*Dioscorëa v.*

Teeth show dark specks and begin to decay as soon as they appear. Menses too early, too profuse and too protracted; followed by acrid smelling bloody ichor, with itching and biting in the parts; now intermits, at times almost ceasing, and then recommencing; orifice of uterus wide open, almost everted, its inner surface like a cauliflower. Scirrhus of vagina, painful to slight touch, violent itching between labia and thighs.—*Kreasotum.*

Stools with green scum like that of a frog. Neuralgic pains, shooting like lightning, worse on left side, worse in draught, from change of temperature, from touch; must get out of bed and walk the floor. *All her symptoms are aggravated every third week.*—*Magnesia carb.*

Sensation of something pulling at the umbilicus, with actual retraction of the naval. Abdomen hard as stone; knots in recti muscles; anxious, with cold sweats and deadly faintness. Paralysis; preceded by mental derangement, trembling spasms, or by shooting tearing pains; the parts emaciate; wrist drops; caused by apoplexy, sclerosis of the brain or progressive muscular atrophy; alternating with colic. The ailments develop themselves slowly and intermit for a time.—*Plumbum met.*

A full distended feeling of all parts of the body, conscious pulsations over whole body, and out-pressing in the hands and arms, as if blood would burst through the vessels. Heart feels as if squeezed in a vice. Disposed to curse, to strike, to think of obscene things; as these mental states came uterine irritation abated. Fear of insanity.—*Lilium tig.*

Canine hunger even when the stomach is full of food. Sensation of a round ball in forehead, sitting firmly there even when shaking the head. Ailments from indignation with vexation or reserved displeasure. Styes, nodosities, chalazæ on eyelids, one after another, sometimes ulcerating.—*Staphisagria*.

Sensation of trembling without visible trembling. Violent protrusion of inguinal hernia; has reputation of being a specific for cure of hernia.—*Sulphuric acid*.

Vertigo, particularly when lying down or when turning over in bed. During micturition, flow intermits; tumors in mammæ, with piercing pains, worse at night, gland abnormally tender. Cancer of the lips from pressure of the pipe.—*Conium*.

Excessive nausea and vomiting when riding in a carriage or when becoming cold. Cutting and rubbing in the abdomen as of sharp stones. Sleeplessness from night watching.—*Cocculus*.

Loquacious delirium, worse from looking at shining objects; in the dark when alone. Mania for light and company; cannot bear to be alone; runs about; rage; proud; haughty; merry; exaltation; strange, absurd ideas; thinks herself tall, double, or lying crosswise, one-half of body cut off, etc. If jealousy is connected with the mania, *Apis mel.* will cure. Useful in *chorea, hysteria, spasms, epilepsy and catalepsy*.—*Stramonium*.

Continuous anxious nausea, straining to vomit, with perspiration on the forehead; vomiting in any position except lying on right side. *Catarrhal croup of adults, child breathless and pale when born*.—*Tartar emet.*

Stools forcibly expelled; copious. Gurgling like water from a bung-hole. Fixed ideas, as if a strange person was at his side; as if soul and body were separated; as if made of glass; as if a living animal were in abdomen; sycosis.—*Thuja*.

Cold sweat on the forehead. Intestinal catarrh, coming on suddenly at night in summer; vomiting and purging.

Never speaks the truth; does not know herself what she is saying. Mania; with desire to cut and tear, especially clothes; with lewdness and lascivious talk; consequences of injured pride or honor.—*Veratrum album*.

Urine passes unconsciously day or night. Great weakness of lower extremities. Sensation as of a splinter in the throat. She is in constant motion from the time she comes out of one spasm until she goes into another. Chronic laryngitis of singers; raising the voice causes cough.—*Argentum nitricum*.

Strange temper; she laughs at serious matters and is serious over laughable things; thinks herself a demon; swears. Dyspeptics, with peculiar mental crookedness. Great and urgent desire for stool, but with the effort the desire passes away without an evacuation; the rectum seems powerless, with sensation as if plugged up.—*Anacardium orientale*.

Clergyman's sore throat where constrictions exist; constriction and crawling sensation in larynx; cough aggravated by warmth and lying down. Cough comes in violent paroxysms at intervals of about four hours. The sick involuntarily support the larynx on swallowing or coughing.—*Drosera rotundifolia*.

Bladder-like appearance of the uvula, with much swelling but very little redness. All secretions from mucous membrane are ropy and tough. Hawks copious, thick, blue mucus in the morning. Early formative stage of croup; worse 2 to 3 A. M.; the tough mucus strangles him; insidious approach, fat, chubby, light-haired children.—*Kali bich*.

Cannot keep still; skin dry, hot and burning; excitement without cause; everything startles him. Numbness in left arm, can scarcely move the hand; croup; awaking in first sleep; child in agony, impatient, tosses about; every expiration ends with a hoarse hacking cough; after exposure to cold, dry winds.—*Aconite*.

Complaints from sunstroke. Terrible crushing, sinking headache. Brain feels too large; bursting headache. Throbbing of arteries. Brain seems to be moving in waves; all the

blood seems to be pumped upward; holds the head with the hands.—*Glonoins*.

Spasmodic motions; from simple involuntary motions and jerks of single muscles, to a dancing of the whole body; involuntary movements ceasing during sleep. Soreness and aching along spine and limbs; sensation of ants creeping along spine; spine sensitive to touch; every motion, every turn of the body causes pain in spine; worse mornings and at the approach of a thunder storm.—*Agaricus muscarius*.

Labor. A state of hyper-excitation; normal uterine; contractions are spasmodic, painful and intensely powerful; but intermitting with cramp in extremities. Specific in rheumatic fever characterized by suddenness of onset, severity of manifestation and location in large muscles. Sleeplessness is the key-note of the melancholy which this remedy cures.—*Actea racem*.

Copious, thin, ichorous, bloody discharge from the nose, without fetor. Dizzy, face hot, cannot sit up; drowsy yet very restless and anxious. Insensible with muttering delirium; recognizes no one; scarlatina. Electric thrill, starting from brain to extremities; jerking cramp of limbs during sleep. Useful in low adynamic forms of disease. A very characteristic symptom: Intolerable pain in the back of the neck, upper part of the back and the right hip joint.—*Ailanthus*.

Diarrhœa of children, chronic diarrhœa of adults, sexual desire lessened, almost lost. Penis so relaxed that voluptuous fancies excite no erection. Testes cold, swollen, hard; penis small flacid. "Old Sinners" with impotence and gleet. Voice sounds as if passing through wood.—*Agnus cætus*.

Dryness, heat and constriction of the rectum; rectum feels as if full of small sticks; prolapsus ani after stool; dull backache. Key-note: Throbbing in the abdominal and pelvic cavities, especially the latter.—*Æsculus hip*.

Great thirst with dropsy; skin pale and waxen; general anasarca and dropsical affections of abdomen and legs with

great thirst. Sphere of action: hemorrhages, dropsy, typhoid fever, croup. Is an antidote to all anæsthetic vapors.—*Acet. acidum*.

Paralysis of inner organs. Hyperæmia of brain, medulla and spine.—*Absinthium*.

Gout in wrists and ankles, after suppressed gastralgia; inflammatory rheumatism before the swelling commences; face wrinkled as if old; skin flabby, hangs loose; marasmus; ravenous hunger all the while emaciating.—*Abrotanum*.—*H. M.*

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CLINICAL REPORT.—Not much sickness here now. We are having an unusual cold spell.

KIRWIN, Kans.

N. B. HOMAN.

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OBSTINATE VOMITING IN PREGNANCY.—In obstinate vomiting in pregnancy, and after seeing all the seeming indicated remedies fail in my hands as well as others, I have invariably controlled it by giving Claret wine, a wine glass half full every two to four hours. WM. M. BALDWIN.

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WHERE TO SEND INVALIDS.—AIKEN, S. C., Oct. 19, 1887.  
—DEAR DOCTOR DUNCAN: Here am I with my invalid son. I would like to have my retirement from college work to *this resort* noticed in THE INVESTIGATOR. I hope to have some work to do among the many that come here. Anything you can do to forward my desire will be gratefully appreciated. I am not able to quit work if I so desired. I have a family to keep. I will serve patients committed to my care to the utmost of my ability. I have a hope that the knowledge of my being here may influence some of my medical brethren to send invalids here. I will be glad to aid any who may write me, in securing boarding, etc. Fraternally Yours,

O. B. GAUSE.



## NERVOUS CONDITIONS CAUSED BY PHIMOSIS AND GENITO-URINARY IRRITATION.

BY W. D. GENTY, M. D., KANSAS CITY, MO.

EDITORS OF THE INVESTIGATOR: A call was made in THE INVESTIGATOR many months since for information on the subject of phimosis, and as I have paid considerable attention to the subject for the past ten years, I have concluded to write a short article.

When I see a boy or young man suffering with any of the following conditions: stunted growth, unhealthy, "old-man" look, nervous derangements of any kind, such as sleeplessness, chorea, spasmodic neuralgia, neuresthenia or nervous prostration, recurring convulsions, epilepsy, defective articulation, squinting, factitations, paralysis, locomotor ataxy, inco-ordination and similar trouble, I am always led to believe that such a person is affected with phimosis or some unnatural condition of the genito-urinary organs, and if called upon to treat such a case, the first thing I think of is an examination. Either phimosis or adhesion of the prepuce to the glands will result in producing some reflex nervous lesion, because the genitals of either male or female are the centers of the nervous system, and any diseased conditions there will always result in some nervous or mental affliction.

At the last meeting of the Kansas State Homœopathic Medical Society I presented three boys as typical cases for the inspection of the members of that society: two cases of phimosis, and the other a case of long lasting irritation of the glands caused by neglect or ignorance. I will give the history of these cases.

CASE I. Eddie O., aged thirteen. I was first called to treat this boy two years ago. I found that the boy was almost completely paralyzed in his right side, his right arm hung loosely at his right side; he could raise the arm and

work the elbow, but was unable to straiten the hand, which hung down bow-shaped at the wrist. On measuring, I found that his right arm was three-quarters of an inch shorter than his left; he could hold nothing in his hand; it was of no use to him; it hung at his right side all the time. His right leg was about one inch shorter than his left, which caused him to limp and half-way drag his foot, throwing it forward loosely as he would step. His speech was difficult, his articulation imperfect, his tongue drawn down to the right side. On examination I found that he had phimosis, and that the prepuce was adhered firmly to the gland, leaving the orifice about the size of a number one catheter, urination being difficult, slow and frequent. He appeared to be at the time no more than seven years old, but his real age was eleven years. In his infancy he was healthy, vigorous, and nothing was noticed wrong with the boy until he reached his fifth year; then he commenced showing signs of some nervous disease, the trouble assuming the form of chorea.

He had been treated by a number of physicians for chorea and for paralysis, but no beneficial results were obtained.

Placing the boy under an anæsthetic, being assisted by Drs. M. T. Runnels, W. A. Forster and E. S. Northrup, we proceeded to operate by amputating the prepuce as far back as the corona-glandis, after which we proceeded to dissect the adhering membrane from the gland, and completing the operation by inserting four silken sutures. The wound healed up in seven or eight days and the boy allowed to take outdoor exercise. This was in September, 1885. He was directed to exercise his arm and leg twice every day by massage and movement.

In one month's time the boy commenced to show signs of having better use of his limbs and tongue. In six months he was able to use his right hand in eating, and in one year he had recovered entire use of both his limbs, and could talk as plainly as any boy, and to-day (two years after the operation) there is no difference in the length of his limbs, and, as you

see, he is a bright and intelligent boy, with fair prospects of becoming a good and useful man.

CASE II. Freddie F., aged 13. I was called to see this handsome boy one cold night in February, 1886. He had just recovered consciousness from an attack of epilepsy. On inquiry I learned that he had been subject to these attacks for seven years, and had been treated by a number of our most prominent physicians, who thought that the spasms were caused by worms, irritable stomach, constipation, malaria, or some spinal trouble, and he had been treated for all of these.

The boy, although nearly twelve years old, looked to be no more than eight years, although he had a dwarfish, "old-man" look. The capillaries of the skin were contracted, he was restless and nervous in all his actions; sleep disturbed; was far behind boys of his own age at school; he was unable to grasp ideas suited to boys of his age.

As soon as I saw the boy and heard the statement of his trouble, I was convinced that the trouble was caused by irregularity of the sexual organs.

The parents were astonished when I made known to them my opinion, and said that they had never noticed anything wrong, and that nothing of the kind had ever been hinted at before. I insisted upon an examination, which was finally submitted to, and to the parents' astonishment we found that the prepuce was completely and firmly attached to the glands, so much so that the meatus urinarius was hidden from view, and that the prepuce was so contracted that it was with difficulty a small-sized pocket probe could be introduced.

This derangement was evidently the cause of the epilepsy, for his whole nervous system and brain were affected by it. The next day we proceeded to operate and remove the adhesion by dissection and removing the prepuce. In one month's time the boy exhibited signs of improvement in his general health and appearance, which has continued until now, fifteen

months after the operation, and he has grown eight inches in stature.

He has not had an attack of epilepsy for twelve months, and we think that he has entirely recovered from his difficulty. He has attended school regularly since last fall, taken an inter-rest in his studies and is advancing as rapidly as any boy could do.

CASE III. Frankie W., aged seventeen. Four months ago I was called to prescribe for this boy—I would say young man if he had had his proper growth, but, as you see, he does not appear to be more than twelve or thirteen years of age, although he has grown four inches in stature since I commenced treating him. When I was first called to see him, he could not speak so that anyone could understand him, on account of the branches of the pneumogastric nerve supplying the organs of speech being so weak. He had locomotor ataxy, with considerable inco-ordination, so much so that he could not walk straight without assistance. He was restless and most of the time unable to sleep; appetite poor, constipated. I at once attributed the cause of his trouble to the sexual organs. Upon examination I found that they, like himself, were dwarfed; they had been entirely neglected from infancy. Matter had accumulated between the prepuce and glands, and this was as hard and solid as a piece of clay baked in the sun; there were no adhesions nor any evidence of phimosis, but there was considerable (chronic) inflammation. The parts were cleansed, appearing as a piece of raw beef. I sprinkled some Hydras.  $\frac{1}{2}$ x trit. upon the inflamed surface, and gave Nux 3x every four hours, and placing the negative to his feet, I applied the positive to his spine, manipulating his forehead, neck and spine with a Faradic current, every other day for three months, or up to one month ago. He commenced to improve within two weeks after the first treatment, and in one month was able to speak so that he could be understood, and walk without assistance. You see now that he is well and hearty, can run and jump, and speak as

plain and sleep as soundly as any boy, and I think with the lesson he has learned the improvement will continue until he has attained the stature of manhood.

The reader will bear in mind that in June last these three boys stood before the members of the Homœopathic Medical Society of the State of Kansas, as I gave the history of each.

With these cases and the earnest advice to all practitioners to be certain to call the attention of all mothers who have male children born to them, to the importance of being certain that no accumulation of filth be allowed to accumulate between the prepuce and the glands, and to teach their children, when old enough, the danger of neglecting this important matter, the object of my paper is attained; and in conclusion I would state that if phimosis is found present in any case, there should be no delay in removing it.

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#### THE STUDY OF MATERIA MEDICA.

BY J. D. CRAIG, M. D., CHICAGO.

##### I.

1. Cough and oppression.
2. Dry spasmodic cough.
3. Bloody expectoration, with dry cough, with burning and sore pain in the chest, morning and evening, always before and during the menses.
4. Respiration oppressed and difficult.
5. Tightness of the chest two evenings in succession, with dull sticking and pressure in the middle of the sternum, with small, rapid pulse.
6. Burning in the right chest.
7. Burning in the left chest.

##### II.

1. Asthma; looks as if dying, worse in the autumn, wet weather or after loss of fluids.
2. Oppression of the chest; also evening when lying down.
3. Nightly suffocation fits; from mucus in the larynx.
4. Hemoptyses, with subsequent suppuration of the lungs; stitches in the chest, worse from the slightest touch.
5. Cough with granular expectoration during the day or evening; none at night or morning.
6. Cough worse from touching the larynx, drafts of cold air; after being awakened.

## III.

1. Hoarseness and roughness in the larynx, with great weakness in the chest.
2. Great accumulation of mucus in the trachea, easily detached by a slight cough.
3. Scraping cough, with profuse greenish expectoration.
4. Dry cough in the evening, in bed, till midnight, with scanty expectoration.
5. Short cough, from weakness of the chest, having a hoarse, weak sound.
6. Constant hacking cough caused by a tickling in the chest, as from mucus.

## IV

1. Expectoration; yellow, foul tasting; grayish thick mucus and blood; greenish profuse; taste putrid, sweet or salty.
2. Dyspnoea and want of breath on ascending, or from the slightest motion.
3. Dyspnoea in the evening; must loosen the clothing.
4. Sensation of great weakness and emptiness in the chest.
5. Oppression of the chest, as from constriction and anxiety, with disposition to take a deep breath.
6. Sensation of great soreness in the chest.
7. Sharp, cutting stitches in the left side of the chest.

## V.

1. Voice rough and hoarse, especially mornings; aphonia.
2. Roughness and scraping in the throat, with much mucus in the chest, causing cough.
3. Shortness of breath from talking, or when walking.
4. Dyspnoea; oppression and anxiety.
5. Attacks of suffocation, especially at night, in bed; wants doors and windows open.
6. Dry cough in the evening, in bed, or waking from sleep at night.
7. Dry cough, with hoarseness, dryness in the throat and watery coryza,
8. Cough caused by rawness in the larynx.

## VI.

1. Hoarseness, with roughness in throat and larynx.
2. Shortness of breath.
3. Cough from irritation in the chest, with expectoration in the morning of dark blood, or of a thin yellow, blood-streaked mucus of a sourish taste.
4. Belching after tee cough.
5. Cough with hemoptyses.

# THE UNITED STATES MEDICAL INVESTIGATOR.

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Communications are invited from all parts of the world. Concise, pointed, practical articles 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.

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OUR COLLEGES.—As far as we can learn, all our colleges have a large class, some claim more this year than ever. Does this look like Homœopathy is dying out?

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HOMŒOPATHS AS READERS OF SCIENTIFIC MEDICAL WORKS.—A prominent publisher of regular medical works said that he sold more books, proportionately, to Homœopaths than to regular physicians. We believe the time is not far distant when we can say the same of the regular physician.

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WHEN SPECTACLES SHOULD BE USED.—A prominent writer in the *Medical Summary* says that spectacles should be used when we are compelled to remove small objects a considerable distance from the eye. When we find the light insufficient. When the object appears blurred, cloudy, or has a mist before it. When the letters of a book run together or appear double or treble. When the eyes become fatigued after reading or other exercise. These rules answer in many cases, but not always. Never choose a pair of spectacles when the eye is fatigued. Wait an hour or two after; you can be better suited. The tired eye needs rest, not glasses, and if they are purchased when the eye is excited or tired, errors are certain to occur in selecting the proper glasses. Wait patiently for an hour or two, or better still, three.

### MULLEIN OIL IN ENURESIS.

It is not probable that it will prove a specific in every case, but it should be added to the list as an agent liable to do good work in time of need. Dr. Cushiug, of Lynn, Mass., who has made this remedy something of a pet, made a proving of it a number of years ago, and found dribbling of the urine a prominent symptom. "Since that time," he writes, "I have treated many cases of enuresis, mostly nocturnal, some of which had resisted years of treatment, both by old school and new, and I do not know of one thus treated that has not been cured."

The dose will vary somewhat with the caprice of the prescriber. We would suggest a dilution of the oil in alcohol—one part of the oil to fifty or a hundred parts alcohol. Of this give five or ten drops at a dose, repeating four or five times daily.

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### WOOL FOR SURGICAL USE.

At a recent meeting of the Gynæcological Society of Boston Dr. H. O. Marcy exhibited specimens of wool for surgical use prepared by the Globe Pharmaceutical Company, and said: "Absorbent cotton, as is well known, is the pure fiber, freed from the vegetable oil which, in an extremely thin layer, covers each filament. For certain surgical purposes this is unequalled by any other material. However, the fibers mat together in such a way that the secretions from wounds permeate the dressing imperfectly, and, drying, cause an incrustation which prevents the escape of fluids and thus retards rapid repair, even in aseptic wounds. More recently wool fiber has been recommended and received the approval of a considerable number of prominent surgeons. The wools which I have used have been so imperfectly prepared that I have found them objectionable. These specimens from the Globe Pharmaceutical Company merit your



commendation as being clean, free from oil and therefore absorbent, although in a less degree than cotton and aseptic. The fiber is carefully carded and is separable into sheets as desired and impregnated with mercuric bichloride 1-2.000. As a vaginal packing, by its elasticity, it often aids materially in the retention of a replaced uterus, while it is more comfortable than the cotton tampon and more easily permeated by fluids. Because of its greater porosity it admits of a much freer drainage, thus rendering it especially adapted as a dressing for wounds, fitting irregularities and much less liable to displacement. As a padding for splints, especially with fixed dressings—for example, plaster—it leaves little to be desired. Wool receives and retains the various antiseptics better than cotton, particularly iodiform, which is distributed through it better than through cotton, even when woven into the thinnest gauze fabrics. Wool dressings, when properly prepared, deserve to receive a permanent place in the armamentarium of the modern surgeon.”—*Jour. Am. Med. Assoc.*

[For sale by Duncan Brothers.]

### BOOK REVIEWS.

THE JOURNAL OF MORPHOLOGY. Edited by C. O. Whitman, Director of the Lake Laboratory, Milwaukee, Wis., recently of the Museum of Comparative Zoology, Cambridge, Mass. Crown 8vo. Two numbers a year of 100 to 150 pages each, with from five to ten double plates. Subscription price, \$6 00 a year. Single numbers, \$3.50.

The inaccessibility of our zoological literature, scattered as it is among the various publications of so many societies and institutions, and mixed up with a mass of heterogeneous matter that has no value for a zoologist, is notorious. Valuable papers are often delayed a year or more in reaching the workers, or, in consequence of the meagre facilities for publishing, may never appear. It has been decided, therefore, to establish a journal of animal morphology, devoted principally to embryological, anatomical and histological subjects. Cordial promises of support have been received from many of the most eminent investigators in this department. The Journal will be issued in the best style, with elaborate lithographic plates.

Contents of number 2, September, 1887: 1. Prof. R. Ramsay Wright, and A. B. Macallum, of University College, Toronto, Canada. *Sphyrnura Osleri*,

a contribution to American Helminthology. 2. Dr. J. S. Kingsley, Editor of the American Naturalist. The Development of the Compound Eyes of Cran-  
 yon. 3. Dr. William Patten, Assistant in the Lake Laboratory, Milwaukee  
 Eyes of Molluscs and Anthropods. 4. Dr. G. Baur, Assistant in Yale College  
 Museum. On the Phylogenetic Arrangement of the Sauropsida. 5. C. O.  
 Whitman, Director of the Lake Laboratory, Milwaukee. A Contribution to  
 the History of the Germ-layers in Clepsine. 6. Prof. E. B. Wilson, Bryn  
 Naur College. The Germ-bands of Lumbricus. 7. Dr. William Patten, As-  
 sistant in the Lake Laboratory, Milwaukee. Studies on the Eyes of Anthro-  
 pods. (I) Development of the Eyes of Vespa, with Observations on the Ocelli  
 of some insects. This number will contain seven double lithographic plates  
 and one heliotype plate.

Ginn & Co., Publishers, Boston, New York and Chicago.

Agent for Great Britain: Wm. P. Collins, 157 Great Portland St., London.  
 Agents for Germany: Friedlander & Sohn, Berlin, N. W. Carlstrasse, 11.

**PHYSICAL CULTURE FOR HOME AND SCHOOL.** By Prof. D. L. Dewd, of New  
 York.

This is both a scientific and practical work. When by this method the  
 author developed his chest expansion from  $4\frac{1}{2}$  to 11 inches, it will be seen  
 that we have something noteworthy. The chapters on vocal culture and deep  
 breathing are specially practical. The exercises for stoop shoulders, spinal  
 curvature and bow legs are scientific, and should be familiar to physicians.  
 Many cases of curvature could be controlled and fully cured if managed prop-  
 erly. There are more cases of incipient deformity in children than most phy-  
 sicians are aware of. They would win the lasting gratitude of parents by  
 correcting those, as may be done without hideous braces. This book costs  
 only \$1.50 and should be mastered by every physician. For sale by DUNCAN  
 BROS.

**TAKING COLD: (The Cause of half our Diseases:)** Its Nature, Cause, Pre-  
 vention and Cure. By John W. Haywood, M. D., M. R. C. S., L. S. A.,  
 M. D., (Hon.) New York: Homœopathic College. London: E. Gould &  
 Son. Chicago: Duncan Bros.

This is the seventh edition, revised and enlarged. In this edition several  
 additions have been made. No doubt a large number of diseases can be  
 traced to taking cold. It is designed for popular reading, and is a very good  
 one.

**HOW TO STUDY MATERIA MEDICA.** By C. Wesselhoft. M. D. Boston: Otis  
 Clapp & Son.

The author says in the preface: "The following pages contain a corrected  
 and revised reprint from the 'New England Medical Gazette' (Vol. XXII,  
 Nos. 4, 5 and 6,) of several lectures delivered from time to time at the Boston  
 University School of Medicine. These lectures were published at the re-  
 quest of graduates; and it is the hope of the author that they will be of assist-  
 ance to students, not only by suggestions, rules for the study of *Materia*  
*Medica*, but also by facilitating this study with explanations of the reasons

or the methods employed." Dr. Wesselhoeft has no doubt struck the right key. Every one must be a "prover." To prove means to test or to try a thing; in this case it means to try medicines upon yourselves. Now let us have a grand army of provers. We believe that all our colleges should have pharmacology taught in them.

**OTIS CLAPP & SON'S VISITING LIST AND PRESCRIPTION RECORD. PERPETUAL.** Boston: Otis Clapp & Son. Chicago: Duncan Bros.

This is a very handy book. One good feature about this book is that it can be used any number of years is perpetual. Then another thing: it is not filled up with things not needed in such a book.

**CARIES OF STERNUM—A Notable Surgical Cure.** By G. M. Dixon, M. D., Sacramento, Cal.

This is a reprint from the "California Homœopath."

**A PRACTICAL TREATISE ON THE DISEASES OF THE HAIR AND SCALP.** By George Thomas Jackson, M. D. New York: E. B. Treat. Chicago: Duncan Bros. Cloth, \$2.75.

The work is divided into four parts as follows: Part I. takes up anatomy of the hair. Part II. takes up essential diseases of the hair. Part III. parasitic diseases of the hair. Part IV. diseases of the hair, secondary to diseases of the skin. The whole contains twenty-five chapters, and makes a book of 356 pages of nicely printed matter. It is full of very interesting reading which should be known by every one.

**THE TREATMENT OF HÆMORRHOIDS.** By Charles B. Kelsey, M. D. Detroit: Geo. S. Davis. Chicago: Duncan Bros. Paper, 25c; cloth, 50c.

This is No. 1 of The Physician's Leisure Library. There are twelve to be issued during the year—one each month. It is a very interesting book, and as the author has had quite an experience in rectal diseases it makes it the more valuable at this time, when we hear so much about the diseases of the rectum. In his experience he does not favor the injection of Carbolic acid as a medical cure. He believes in the clamp to all other for a radical cure. The book is more than worth the money. Send for it and read it carefully.

#### PAMPHLETS RECEIVED.

**RESEARCHES INTO THE ETIOLOGY OF DENGUE.** By J. W. McLaughlin, M. D., of Austin, Texas.

This is a reprint from the Journal of the American Medical Association for 1886.

**A SUCCESSFUL CASE OF PARTIAL EXCISION OF THE LARYNX ON ACCOUNT OF INTRA-LARYNGEAL EPITHELEOMA.** By Lennox Browne, R. C. S. Ed.

This is a reprint from the British Medical Journal.

**NINTH ANNUAL REPORT OF THE PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL, OF BALTIMORE, MD.**

*MEDICAL NEWS ITEMS.*

DR. GEORGE B. RICE has removed from Marlboro' to Wollaston, Mass.

DR. JOSEPH CHASE, Jr., has removed from Concord, N. H., to East Weymouth, Mass.

CLARA D. REED, M. D., has removed from Bellows Falls, Vt., to Newton, Massachusetts.

DR. MAUD KENT, class '86, Boston University School of Medicine, has located at Walpole, Mass.

DR. H. K. BENNETT will be at his office in Boston on Mondays, Wednesdays and Saturdays, from 12:30 to 4 P. M.

DR. LUCY APPLETON, class '87, Boston University School of Medicine, has located at No. 77, Waltham St., Boston.

DR. D. S. WHITTEMORE has removed to Central Falls, R. I. His office is located at corner of Cross and Clinton streets.

DR. RICHARD QUAIN, editor of Quain's Dictionary of Medicine, died recently in London at the age of seventy-one.

DR. AUGUST A. KLEIN has opened an office at 228 Tremont street, where he treats diseases of the eye and ear exclusively.

DR. W. JOHN HARRIS has removed from Easton avenue to his new office and residence, No. 3107 Morgan street, St. Louis.

DR. J. S. BISHOP, class '87, Boston University School of Medicine, has removed from Hancock, Mich., to Orange, Mass.

MARRIED.—Dr. A. T. Cole and Mrs. S. A. Dieterich were married Oct. 4, 1887, at Jacksonville, Fla. Accept congratulations.

J. W. BARNSDALL, M. D., has established a private Surgical and Obstetrical Hospital at 505 North 16th street, Omaha, Nebraska.

SPECIAL OFFER.—Be sure and take advantage of the special offer on another page. If you have not paid up, please do so at once.

DR. GERTRUDE GOODING, Class '84, B. U. S. of M., has removed from Philadelphia to corner Spring and Pelham streets, Newport, R. I.

DR. MARY K. GALE has disposed of her practice in Wollaston, and has located at 521 Columbus avenue, Boston. Her office hours are from 7:30 to 9 A. M., and 2 to 4 P. M.

GRAY'S ANATOMY.—We understand a new edition of this old and popular work will soon be ready. We are told the whole of the work has undergone a careful revision.

DR. CAROLINE E. HASTINGS has opened an office in Associates' Building, Milton. Her office hours at Milton will be from 10 A. M. to 12 M., on Tuesdays, Thursdays and Saturdays.

THE SOUTHERN HOMOEOPATHIC MEDICAL ASSOCIATION will hold its fourth annual meeting in New Orleans December 14, 15 and 16, 1877. C. G. FELLOWS, M. D., Secretary, New Orleans, La.

DR. ED. ULRICH from Ogden, Utah, to San Jose, Cal.

THE HOMOEOPATHIC MEDICAL SOCIETY OF THE STATE OF KANSAS will hold its next annual meeting at Wachita, commencing the first Wednesday in May, 1888.

DR. FRANCES M. MORRIS has located at Hotel Berkeley, Boylston street. She will make diseases of women a speciality. Office hours 9 to 10 A. M., 2 to 4 P. M.

DR. GEORGE O. WELCH, class '87, Boston University School of Medicine, has been appointed to the position of interne and pathologist at the Westborough Insane Hospital.

DR. EDWARD H. WISWALL, class '87, Boston University School of Medicine, has been appointed to the position of, and is now serving as, interne at the Westborough Insane Hospital.

DR. F. D. LESLIE has opened an office at No. 118 Boylston street, Boston, where he will pay special attention to the diseases of children. His office hours at Boston are from 11 A. M. to 1 P. M.

DR. H. L. F. WRIGHT has removed from New Bedford to Boston, she having accepted the position of house surgeon at the Murdock Hospital, corner Huntington avenue and Gainsborough street.

DR. SARAH SWEET WINDSOR has located at Hotel Berkeley, Boylston street. Office hours 11 to 12 A. M., 4 to 5 P. M. She will give exclusive attention to obstetrical practice, having made special preparation with that object in view.

DR. SAMUEL A. KIMBALL has removed his office and residence to No. 124 Commonwealth avenue, between Clarendon and Dartmouth streets, Boston. His office hours are now from 8 to 10 A. M., 2 to 4 P. M.; Sundays 12 to 1. His telephone number is 4,321.

THE GENUINE SUCCUS ALTERANS.—The genuine preparation SUCCUS ALTERANS gives me the greatest satisfaction in the treatment of syphilis and rheumatism. I have in many such cases given the SUCCUS alone, and I am convinced that it serves me always as the best alterant in treatment of blood diseases.

Yours Respectfully,

FREDERICK OBERD, M. D., Hot Springs, Ark.

We are pleased to learn that Dr. Annie E. Fisher has so far regained her health as to admit of her return to practice. She will be at home at the Cluny, Copley Square, after November 1, where until later in the winter she will see patients at her office only, and only during office hours (from 11 to 1), except by special appointment.

We chronicle with pleasure the fact that our esteemed colleague Dr. Thomas Nichol, B. C. L., of Montreal, has lately received from McGill University the degree of D. C. L., in evidence of his having successfully passed the examination prescribed by the university as its test of qualification for that honor. The thesis presented in this connection by Dr. Nichol was an able and interesting one "On the Laws of Blockade."

PROF. LOISETTE'S MEMORY DISCOVERY.—Prof. Loissette's new system of memory training, taught by correspondence at 237 Fifth ave., New York, seems to supply a general want. He has had two classes at Yale of 200 each. 850 at Oberlin College, 300 at Norwich, 100 Columbia Law Students, 400 at Wellesley College, and 400 at University of Penn., etc. Such patronage and the endorsement of such men as Mark Twain, Dr. Buckley, Prof. Wm. R. Harper, of Yale, etc., place the claim of Prof. Loissette upon the highest ground.

## SPECIAL OFFERS FOR 1888.

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Prejudice is a thief and will rob you of many good things. Prejudice and ignorance often lead us to stubbornly oppose and condemn that which we heartily endorse when we have gained accurate knowledge. The race is not always to the strong. Brains are often as good as legs, and a little common sense may put many cents in your pocket. Economy is wealth—let your head fill your purse. Do not wait, but take advantage of the following SPECIAL OFFER AT ONCE:

- Small's Practice of Medicine, \$6.50, with The Investigator, \$6.00.  
 Gregg's Illustrated Repertory, \$1.00, with The Investigator \$2.00.  
 McNeil's Diphtheria. \$1.00, with The Investigator, \$2.00.  
 Gatchell's Doctor—What Shall I Eat? \$1.00, with The Investigator, \$2.00  
 Small's Decline of Manhood, with The Investigator, \$2.00.  
 Smith's How to See with the Microscope, \$2.00, with The Investigator, \$3.00.  
 Kippax on Skin Diseases, \$2.00, with The Investigator, \$3.00.  
 Gilchrist's Minor Surgery, \$1.25, with The Investigator, \$2.25.  
 Gilchrist's Surgical Emergencies, \$4.50, with The Investigator, \$5.50.  
 Armstrong's Diseases of the Heart, \$1.50, with The Investigator, \$2.50.  
 Eggert's Uterine Displacements, \$1.00, with The Investigator, \$2.00.  
 Ockford's Hand-Book of Practice, \$2.50, with The Investigator, \$3.50.  
 Thomas, Morgan, Koerndoerfer and Farrington on the Pancreas, 50 cents, with The Investigator, \$2.00.  
 Hoynes' Clinical Therapeutics (student's edition), \$5.50, with The Investigator, \$6.50.  
 Oxygen in Therapeutics, \$1.00, with The Investigator, \$2.50.  
 Pratt's Orificial Surgery, \$1.50, with The Investigator, \$3.00.

If you wish to take more than one journal, send us the names and we will make you special prices.

This is an old and popular Journal, and many of our subscribers write: "Every number is full of meat," "The best clinical Journal in our school."

The best men in the profession contribute to this journal. No wide awake physician can afford to be without it.

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We have greatly increased our facilities for making triturations, and are now able to make the following low prices:

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It cures Hemorrhoids, or Piles, Ulceration, Fissures, Proccentia Recti, Rectal Neuralgia, Itching and Blind Piles.

It is a purely vegetable compound, acts upon the parts affected, at once contracting the veins to their normal and healthy condition, and thoroughly eradicating the disease from the affected parts. Try a Box. Only 50 cents

## OXYGEN.

We have received several letters from physicians all over the country 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. Full directions on each bottle. Price, \$1.00; to physicians, 75c per bottle. The inhaler is also 75c. All orders cash or C. O. D.

**OXYGEN WATER IN DIABETES.**—The successful experiments of Le Bland, of Paris, in cures of diabetes were conducted with a simple oxygenated water, and not with peroxide of hydrogen. The latter remedy proved wholly inert, while with water simply charged in the ordinary manner with Oxygen he was successful in curing three out of four cases. This water is carefully prepared by DUNCAN BROS. 56 State street, Chicago, and the price is 75 cents a bottle to physicians. Full directions on each bottle.

## TRITURATIONS.

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One-half pound	- - - - -	50 cents
One pound	- - - - -	80 cents

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# The United States Medical Investigator,

A MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

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Terms: \$2.00 a Year Payable in Advance.

D. DUNCAN, M. D., Managing Editor.

DUNCAN BROS., Publishers,

T. C. DUNCAN, M. D., Associate Editor.

56 State Street.

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Chicago, September 15th, 1887.

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**\$250 IN CASH,** 3 Worcester's and 3 Webster's Dictionaries, worth \$89, and 4 Dictionary Holders, worth \$15.50, given as PRIZES for best essays answering the question: "Why should I use a Dictionary Holder?" For full particulars, send to La Verne W. Noyes, 99 & 101 W. Monroe St., Chicago, the maker of Dictionary Holders. Or inquire at your Bookstore.

**FOR SALE CHEAP.**—A splendid practice in a growing town of California, 3000 inhabitants. 66 miles from San Francisco. No other Homœopath. Rents cheap. A most desirable opening for a good Homœopath. Address, A. G. Bowen, Healdsburg, Cal.

**FOR SALE.**—A yearly practice of \$2,000 cash, in a town of 4,000 inhabitants, will be sold cheap to the right man, with house and lot if wanted. Address, P. O. Box 273, Ballston, N. Y.

**FOR SALE.**—A practice of \$5,000 a year at Lake Geneva, Wis. The only Homœopath in that part of the county. Custom first-class. Good reasons for leaving. John A. MacDonald, M. D., Lake Geneva, Wis.

**NOTICE.**—All books for review, articles and items for this journal should be addressed to D. Duncan, M. D., 56 State street. All subscriptions and business correspondence to Duncan Bros., 56 State street, and not to the editors.

**WANTED.**—We wish every physician, would send us, a report of some case. The very case you might not think worth reporting, may be the one your brother physician has been long looking for. If you see something in a paper to interest mark it, and send to us also in a journal.

If you have a new instrument, you would like to have the profession know about send us a cut, and description of it. If you have an article that wants illustrating send it to us, with the drawings, and we will get the cuts made at our own expense.

**WANTED.**—Every one to read the advertisements over carefully, and if you answer any say where you saw it please.



THE  
UNITED STATES  
MEDICAL INVESTIGATOR.

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VOL. XXIII.—OCTOBER—NOVEMBER, 1887.—No. 10—11.

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THE EYES IN THEIR RELATION TO GENERAL  
DISEASES.

FROM A SERIES OF CLINICAL LECTURES DELIVERED IN THE EYE  
AND EAR CLINIC OF THE HAHNEMANN HOSPITAL, BY C. H.  
VILAS, M. A., M. D., CLINICAL PROFESSOR OF EYE AND EAR  
DISEASES IN THE HAHNEMANN MEDICAL COLLEGE AND HOS-  
PITAL, OF CHICAGO, ILLINOIS.

I intend calling to your notice a class of troubles which have attracted much attention from those making a special study of the eye, resulting in discoveries and effecting cures the nature of which should be thoroughly diffused among practicing physicians and the laity. I refer to headaches, neuralgia of the eye and general system, cross-eye, spinal irritation, nervous prostration, choreic spasms, sleeplessness, depression of spirits, irritability of temper, inability to concentrate the attention and apply the mind, and other oculo-nerval reflexes, produced or sustained by a faulty shape of the eye and weakness of the ocular muscles. I shall then proceed to tell you how these troubles may be cured, and explain in detail the agents used.

Naturally you would expect that to cure so formidable an array of troubles, intelligent study and careful attention would be required. To this end I shall first refresh your memory with a few preliminary definitions:

By refraction is understood the faculty the eye possesses of focussing certain rays of light upon the retina; this is due to the shape of the globe and the refracting media, and is independent of the accommodative apparatus. By accommodation is understood the voluntary action whereby the eye becomes adjusted for vision of points nearer than is possible under refraction alone.

The exact method of accommodation is not fully settled, but the most learned theories are those of Dudgeon and Helmholtz.

In viewing any point beyond about eighteen feet, the refraction alone is used, and the accommodation (or the eye sometimes) is said to be at rest; points nearer require the aid of the accommodation. Any object situated more than eighteen feet distant from the eye is said to be at an infinite distance; nearer, at a finite distance.

Emmetropia is a term for perfect refraction, that state in which parallel rays are brought to a focus upon the retina when the accommodation is at rest. Ametropia is a term for imperfect refraction, and embraces astigmatism, myopia, hypermetropia and presbyopia.

Asthenopia is a very common trouble, and is caused, as its name indicates, by a lack of strength. Frequently it is due to some error in the refraction or the accommodation. It is also due to such a multiplicity of other causes, however, principal among which are muscular debility from any cause, as diphtheria, typhoid or other fevers; uterine diseases, constitutional troubles, etc., that a thorough knowledge of general medicine and surgery, in their details, is essential to finding and removing these causes. There is no more pitiable spectacle than to see a blind and ignorant dosing of a patient thus afflicted, or a case treated by a "general expectant" policy or by local blisters and "eye-washes." You should ascertain the cause, lay out a definite plan of treatment, and not wander up and down the whole medical field in the vague hope of doing some good. When once the case has settled into a

chronic one, it is often difficult to cure at all, hence the importance of an early recognition and suitable treatment of this trouble.

Astigmatism is that state of refraction, when, the accommodation being at rest, rays of light emanating from a point are not reunited at a point. It is caused by asymmetry of refracting surfaces, whence no image is correctly formed on the retina. It may be congenital or not, and generally is; when not, it is due to the results of inflammation of the cornea, defective union of the cornea after cataract operations, etc.

Its symptoms subjectively are generally that the eye sees more than one image, and these distorted in shape and position. Objectively, with the ophthalmoscope, distortion of the fundus is seen; and, with oblique illumination, irregular corneal reflections and changes of curvature are easily noted. The principal meridians are those of greatest and least curvature; different focal lengths of principal meridians cause regular astigmatism; differences of refraction in the same meridian cause irregular astigmatism, which is incurable by glasses, though improved by stenopaic apparatus occasionally. Regular astigmatism is called simple when one principal meridian is emmetropic and the other ametropic, as simple myopic astigmatism, or simple hypermetropic astigmatism: compound when both are hypermetropic or myopic, but the defect is greater in one than the other, as compound myopic astigmatism, or compound hypermetropic astigmatism; mixed, when one principal meridian is hypermetropic, the other myopic, as mixed astigmatism with predominant myopia, or mixed astigmatism with predominant hypermetropia.

When the accommodation is at rest, and parallel rays of light entering the eye are focused in front of the retina, the condition is called myopia, divergent rays being focused upon the retina. The cause is that the optic axis is too long, a too high refractive power. It is often hereditary. Anything that favors congestion of the globe, as straining the eyes at

fine work; reading by too dim a light; reading in a recumbent posture; stooping over at the desk, etc., may cause it.

In myopia the far point lies nearer the eye than in emmetropia. A myopic eye is often considered as necessarily of strong sight, and hence not regarded as unsound. This is erroneous. While a stationary myopia of low degree may not necessarily be a serious matter, it must always be regarded as liable at any time to become progressive; a progressive myopia of high or low degree is a serious matter. One of high degree, accompanied by staphyloma, is dangerous to vision in advanced life, always affecting the sight more or less; one of high degree, accompanied by posterior staphyloma and attendant atrophy of the optic nerve, not infrequently ends in blindness. The latter grades are nearly always attended by asthenopia, much irritation, and amblyopia.

Myopia is often confounded with spasm of the ciliary muscle, and the latter diagnosed as myopia. Spasm of the ciliary muscle is curable by medicines; myopia is seldom, if at all. The two may be associated; the spasm being overlooked, an improvement of the myopia is supposed to be accomplished by medicines, whereas it is the spasm that is relieved.

Myopia may be diagnosed by the ophthalmoscope, in which case the details of the fundus can be seen by the direct method a short distance away; carrying the ophthalmoscope to one side, the fundus is seen to move in the opposite direction. On a nearer approach, a concave glass will be required to get a clear, erect image. By the indirect method the details of the fundus seem smaller than in an emmetropic eye.

The distance of the far point determines the degree of the myopia. A patient who does not see clearly beyond 32 inches is said to have myopia equal to 1-32; beyond 12 inches, myopia equal to 1-12, etc.

A stationary myopia through youth has a compensation in that the necessity for lenses for advancing age does not

exist until the error due to the myopia is overcome by the senile change. Sometimes this never happens, hence lenses are not required—a seeming miracle to the laity. Much in the way of medical treatment can now be accomplished by one familiar with what is known and should be tried before any lenses are ordered.

When the accommodation is at rest, and parallel rays of light are focused behind the retina, the condition is called hypermetropia. Convergent rays are focused upon the retina. The cause is that the optic axis is too short; when caused by senile changes in the eye, aphakia, or absence of the lens, there is low refractive power. It may be hereditary.

In hypermetropia the eye cannot see distant objects without using a certain amount of the accommodation, or what optically amounts to the same thing, a convex lens; in emmetropia no accommodation is used for distant objects, the refraction alone sufficing. This abnormal use of the accommodation overtasks the eye, causing spasm of the ciliary muscle, strabismus, etc. Latent hypermetropia is that which is habitually concealed, and only revealed by the use of a strong mydriatic; manifest hypermetropia is that which is present without the use of a mydriatic. The latter is represented by the strongest convex lens through which the patient sees distant objects most acutely; the total hypermetropia by the strongest convex lens through which the patient sees distant objects most acutely after a strong mydriatic has acted; the difference between the two represents the latent.

Of late years the subject of hypermetropia has been greatly elucidated, and strabismus, blepharitis, many so-called scrofulous troubles, etc., have been found to originate therein, as I shall illustrate to you.

Hypermetropia is divided into three kinds: facultative, that in which the patient sees near and far objects clearly with or without convex lenses; relative, in which the patient sees near and far objects clearly, but only by converging the visual lines to points nearer than the objects, giving the eyes

a periodic squint; absolute, in which neither near nor far objects can be seen clearly without convex lenses.

In examining patients, it should be borne in mind that the two eyes will often be found to differ greatly, either in grade or kind of defect. One eye may be myopic and the other hypermetropic, or one eye emmetropic and the other hypermetropic or myopic, forming anisometropic myopia; or similarly hypermetropic, anisometropic hypermetropia, etc.

Hypermetropia may be diagnosed by the ophthalmoscope, with which the details of the fundus may be seen some distance away; carrying the ophthalmoscope to one side, the image of the fundus moves in the same direction. On a nearer approach, a convex glass will be required to get a clear, erect image. By the indirect method, the details of the fundus look larger than in an emmetropic eye.

I will now call your attention to a few cases, which I have selected from my clinical record, before I show you those present. I do this that you may note that time proves the cures—an impossibility to demonstrate in these new cases. The next year's class will profit by the cases before us.

**YOUNG LADY**, aged nineteen years. For many years she had been troubled with headaches, mainly about the frontal region. One doctor thought they were due to her menstrual function, but as they came at other times, she could not associate them with that period. Another suggested indigestion; "but I never had any," she said. Another said: "See an oculist," but she rebelled. Finally meeting a very intelligent practitioner in an adjoining state who inspired her with confidence, she came to me. Hypermetropia to a degree of 1-12 was found in each eye. But she declared she would not wear lenses, "as spectacles made her look horrid." As there was no other remedy, although I always dislike to prescribe them, I ordered +12 lenses for her, and told her to wear them long enough to convince her that they would cure her headaches: after that she might leave them off if she chose to do so. This she consented to do. The relief was immediate, and continued as long as she wore them. As the headache returned on removing the lenses, she concluded to wear them, and has worn them some eight years with perfect relief.

**WOMAN**, aged thirty-two years. This patient was a slightly-formed lady of very intelligent and prepossessing appearance. She had a sympathetic husband, plenty of money, leisure, and everything with which to enjoy life, except health. She had grown weary of life, nervous and irritable, and despaired of enjoying all the blessings with which she was surrounded. It was the old, old story, resulting in consulting an oculist. Both eyes were myopically astigmatic, with insufficiency of the internal recti muscles. A proper correcting glass was given for each eye, and a generous diet and quiet enjoined. In a week's time the freshness of life was upon her, and her husband relieved as well as herself. All spinal irritation ceased, a healthy sleep supervened, and she was, as they all usually are, "another woman."

**MEDICAL STUDENT**, aged twenty-two years. For some months this patient had noticed his eye-lids were red along the edges and swollen. This he thought was due so the use of his eyes, although he was not conscious of excessive fatigue. But, hearing a lecture on the subject, he called to have his refraction tested.

Hypermetropia was found to exist equally, 1-20. Convex glasses, +18 power, were ordered, were borne, and all redness and swelling disappeared in a short time, and he has never had any return of the troubles.

**GIRL**, sixteen years of age. For about ten years she had been cross-eyed. Her parents have taken her to several physicians and one oculist, who said: "Wait; she will outgrow it." Having waited as long as they desire to do, they again start on a voyage of discovery. Her eyes are carefully tested by me and found to be hypermetropic, or over-sighted, a 12 lens being required for each eye. A pair of such lenses were ordered for her. Her eyes straightened at once under their use.

I saw her to-day; she has worn them over eight years without the slightest return of the trouble.

**MAN**, aged twenty-nine years. For several years he has had sick-headache periodically, with nausea, vertigo and all the concomitants of this distressing trouble. From a careful attempt to discover the cause of them, he had noticed that a protracted use of his eyes, as in casting up accounts, etc., had seemed to precipitate the trouble, and he called to see what could be done. Twitchings in his left eye-lids and down his shoulders were present also.

Myopia of 1-24 in one eye, and hypermetropic astigmatism of 1-36 in the horizontal meridian in the other, were found to exist. A correction of these troubles by lenses removed all irritation, and his troubles are a thing of the past.

GIRL, aged fifteen years. Some two years since her mother noticed that this patient, a strong, healthy girl, began to have choreic movements, slight at first, but more pronounced after a little. Her mother thought they were due to the incipient menstrual function of her child and tried by kindness and patience to soothe them down, and took her out of school. The jerkings ceased and she put her in school again, when they again began. She then took her east for a rest and change. While there some one told her to have the eyes of her child examined, and on her return she brought her to me. Mixed astigmatism was found in each eye. Lenses were fitted, worn, and in a few weeks all choreic movements ceased.

But I shall not weary you with reciting cases, but content myself with remarking that many hundreds similar could be cited by me, and would be found but confirmatory of what I have said. We will make a practical application of the use of our remedies in the sub-clinic room, and you can note the results.

I now will speak of our remedies. First of all let us study together lenses and their application, for as you have recognized by the cases seen and mentioned, they are applicable to the great majority of cases, and well worthy all the time and attention necessary to the full mastery of their uses.

For many years after their discovery, no special advancement was made, and the use of lenses remained confined to supplying the deficiencies of the eye consequent on age. During the past half century, however, and especially during the last quarter, the subject has been carefully studied by men eminent in the known sciences. That use which was based on a simple accidental discovery, has been supplanted by one controlled by unvarying laws solved by the higher mathematics. Opinions based on the knowledge of past years should be discarded. No age is now necessarily implied by their



use. They may be worn by any one at some period of life, for one or more of the many affections to which they give relief.

These researches have also shown that a large class of troubles, hitherto numbered among the incurable, are readily amenable to treatment by lenses alone; and diseases formerly allowed to go on for the want of a remedy, are now by their use promptly arrested. Many who are totally unconscious that their sight is defective, are relieved of troubles and made to see in a manner they never deemed possible. Many who have been obliged to abandon occupations on account of supposed failing sight, can now return to them. Indeed, most of the troubles heretofore mentioned can be cured by the proper adaptation of lenses.

It was but comparatively recently that the inheritance of an optical defect was one of the most unfortunate hereditary calamities. This thorough study of the laws governing the use of lenses, however, has wrought one of the pleasantest, as well as one of the most remarkable, of changes. By it, members of the same family may be placed upon widely differing planes of life; for occupations closed to the older members by reason of such inheritance, are open to the younger. Inability to use the eyes for near work from inherited defects, has, in nearly all cases, become a thing of the past. Furthermore, it is clearly demonstrated that it is as useless to expect to do away with lenses for eyes requiring them as it is foolish to attempt it.

The value of lenses to every one at some period of life, and their absolute necessity to many at all times, should do away with all prejudices against their use, and lead to its study. Such study will not only remove erroneous notions, but, by awakening interest in newly discovered optical laws, stop the impositions of prowling pretenders. The optician's trade is no part of the oculist's profession, but the optician bears the same relation to the ophthalmologist as the seller

of apparatus does to the surgeon, or the druggist to the physician.

From youth nearly all have been familiar with the fact that lenses have been worn as aids to sight; but nearly all have confused notions regarding their functions. Indeed, it will not be far out of the way to say that a large proportion know almost nothing of their uses beyond that they help the aged and the weak-sighted. So strong have these notions become implanted, that it is not infrequent to find employers declining to engage an applicant wearing glasses; or those needing them going without them, because of a silly idea that they impart a tinge of age or indicate a lack of capacity.

In the hands of a skillful ophthalmologist there is no one remedy at this day which will, in its varying combinations, correct so many nervous troubles and restore good sight, as suitable lenses.

The causes for the use of lenses are found in the defects of refraction and accommodation, short-sight, or myopia, hypometropia, or brachymetropia, being that condition where the focus of parallel rays of light is situated anterior to the retina; oversight, or hypermetropia, that condition where the focus of parallel rays of light is situated posterior to the retina; old-sight, long-sight, or presbyopia, that condition where there is a deficiency in the powers of accommodation, and possibly also in the refraction, and irregular sight, or astigmatism, a condition due to a lack of symmetry between the different meridians of the refracting surfaces.

Of other causes are the the common weak sight, or asthenopia; and double sight, diplopia, where the visual lines of the eyes are not directed to the same point of an object.

To overcome myopia, concave spherical lenses are used, because they render parallel rays of light sufficiently divergent to impinge sharply on the retina; to overcome hypermetropia, convex spherical lenses are used, because they produce the opposite effect optically; presbyopia is corrected by convex spherical lenses, because they supply the deficien-

cies of accommodation and refraction; astigmatism is corrected by concave or convex cylindrical glasses, with or without a combination with the other kinds as may be indicated, by restoring the symmetry of the different meridians of the refracting surfaces; and asthenopia, or weak-sight, by a suitable adjustment of the required kind or kinds hitherto mentioned.

Were a pause made here and the troubles mentioned alone cured, the great value of lenses would be seen. But when it is understood that other diseases, unsightly and dangerous to vision, as well as numbers of lesser ones, caused by errors in refraction and accommodation, are cured by the relief afforded by lenses, there opens a far larger field to their usefulness. Myopia alone is a study for months; combined with hypermetropia, in its far-reaching effects and anomalous conditions, it can be made a special study, and is with difficulty comprehended in the short time usually allotted by many to the supposed mastery of the whole specialty. Astigmatism, though seemingly the most difficult, is by far the easiest of these three anomalies to understand, so far as they at present are known.

Hand-in-hand with the notions regarding lenses, as part of the common ignorance concerning their uses, has gone the idea that all persons can choose their own. Many persons who evince a decided repugnance to wearing ill-fitting ready-made clothing, without thought or in confirmation of a profound conceit, select their own lenses without an apparent idea of the incongruity or danger of thus treating an organ whose mechanism is of the most delicate nature, and whose use to most is as valuable as life itself. It must not be inferred that I think nearly all seriously suffer by such a course, but that a large number do there is no doubt. It is far better to consult an oculist; in cases where trouble is experienced, it should never be omitted. It has happened to all oculists to meet with those whose selection of glasses for a rapidly advancing old-sight, has hastened a glaucoma which has rendered

them hopelessly blind. I may say in passing that inasmuch as lenses are so useful it follows that in a large class where colored glasses are required great care should be exercised in selecting those which have no focus. Blue coquilles are much worn, but in all troubles of the delicate internal parts of the globe, may be injurious unless without focus. Plain glass, or that without focus, does not distort or dim the objects seen through it. Non-focal glass may be recognized by holding it up to the light and noting if a perpendicular line move with the glass when it is slowly moved from right to left, or the reverse. If it does, or move in an opposite direction, or if images are distorted, the glass is not a safe one to wear. The common, cheap coquilles, and by these are meant the common curved blue glasses so generally worn in the country, but not what are known as goggles, which never should be habitually worn in eye disease, and not at all unless by direct order of some physician, are made of pressed or molded glass, and it is quite rare to find such without focus, nearly all presenting a negative meniscus. This defect can be obviated, however, by purchasing a pair of glasses of this which have been correctly ground, not molded. The effect of such imperfect glasses is to render the eye hypermetropic, over-sighted, and still farther endanger an increase of the disease by adding another cause of irritation.

The colors proper for these glasses, and their correct adaption to the various diseases, will be considered at another time; but this caution should be borne in mind, for it is extremely rare to find anyone who has any suspicion that such glasses are in any manner injurious to the eye or sight. It is not at all uncommon, however, to find cases where the deeper portions of the eye are kept in a state of chronic irritation from their use, by which other parts of the eye, from what is known as reflex action, are sympathetically injured.

The ordinary double-convex or double-concave lenses are alike on both sides, the convex lenses being convex on both sides, the concave lenses concave on both sides. Periscopic

lenses are concave on one side and convex on the other, the concavo-convex having a shorter radius of the convex surface; the convexo-concave a longer. Could it be done, all lenses would be put into the eye, so that they would really become an integral part of the eye-globe. Such not being possible, they are placed directly in front of the eye. Unfortunately they cannot move with the eye, and hence when the axis of vision, owing to the turning of the eyes, is no longer directly in front through the centers, as is often the case, they prevent free vision in a greater or less degree, according as they are stronger or weaker in power. To overcome this trouble, one must turn his head rather than his eye. With periscopic lenses, less of this trouble is noticed, for there is a freer range of the eye behind the glass, thus permitting a clearer view of objects lying in an oblique field of vision.

The question of material for the composition of the lenses must be decided by the use to which the glasses are to be put. Whole cities and country districts are now and then agitated by the arrival of some self-styled "distinguished Russian" (from New York?), or "celebrated Pole" (from Chicago?) who has brought unfriended and alone, regardless of health and happiness, and actuated solely by the love of his fellowmen, a peculiar and hitherto unknown kind of pebble, from which, by reason of his great love to his fellowman, and some ten to twenty times the commercial value of the same article, he is willing to sacrifice a few pairs, positively the last he has, to as many dear friends as he can find before leaving for the next town, there to repeat the swindle. Probably this state of affairs will long continue, and cannot be arrested by the ordinary dissemination of knowledge. But it might save much vexation of spirit and some money, were it generally known that all lenses are made from two materials, glass and rock crystal, the latter being the material generally known as pebble, the distinctive adjective usually being taken from some remote district of high-sounding name.

In this country Brazillian pebbles, Russian pebbles, etc., are vaunted. It was interesting to me to learn when I made a visit to foreign countries, that North American pebbles, Colorado pebbles, etc., were esteemed the most valuable!

The great object is to select that material which disperses light the least in proportion to its refractive power. The preference for pebbles is often claimed on the ground that the polish on their surfaces is higher, and hence they do not scratch as easily; and that the material is perfectly white and transmits a pure light, while even the best glass has a greenish tint. Formerly this remark about the non-transparency of glass was true, but a perfectly transparent glass is now readily and cheaply available to all opticians, and transmits a pure, clear light. In this preference the greater object should overcome the lesser one; hence for glasses of high power, and especially concave ones, crown glass should be selected; for weak ones, and especially weak convex ones, one may with safety indulge in any prejudice for pebbles. By the use of the pebble-tester, however, one often will find his supposed pebbles to consist of glass, and thus his ideas of the relative value of the different kinds encounter a rude shock. All opticians should have this apparatus for testing of lenses, and allow anyone to use it, or what is still better, be honest enough not to misrepresent the quality of their goods.

This test consists of two plates of tourmaline, between which the lens is placed, and then held up to the window. If the lens is pebble, the light is polarized, and colored rings appear; if it is glass no effect is produced. Pebble is also a better conductor of heat than glass, hence a lens made from it will seem colder to the tip of the tongue than one made from glass.

Furthermore, in order that a pebble lens may be of its greatest value, it is essential that its axis be at an exact right angle to the axis of double refraction, this double refraction being a peculiarity of pebble in one direction. But if care

is taken in this respect, not so many lenses can be cut out of one piece of crystal, hence it is sometimes disregarded, and in consequence the image seen through them is more or less blurred and fuzzy on its edge. Resource being again had to the pebble-tester, the defect can be easily detected; for if the lens is rightly cut the rings of colored light will be circular; if not they will be more or less irregular or elliptical in shape, or as opticians usually say, prismatic colors will be abundant.

Different opticians often obtain great reputation by pretending to have superior glasses under the names of "clearers," "restorers," and such nonsense. A favorite trick also, with the unprincipled, is to give too strong glasses; these for a short time seem to make the sight better, and long certificates are given of their wonderful virtues, but they quickly fail to be valuable and cause the eyes to ache. It is best not to deal with those whose reputation is not known.

The proper kind of glass having been determined upon, it is important that the correct frame is selected. It is not enough that the lens is correct, its erroneous adaptation to the eye may defeat much gained by its use. The distance between the eyes should be considered, in connection with the shape and style of the nose, and an adaptation be made of some one of the kinds. The material for the construction of the frames, is a matter of taste. Gold is too heavy for some kinds of eye glasses, and inclines one to look older; rubber has the advantages of little weight, with no troublesome reflection of light from its surfaces, but is clumsy; the same remarks apply to horn or bone.

When glasses are to be worn for seeing at a distance, the connecting bridge should be longer than when they are to be worn for near vision, because the visual lines are practically parallel; if for both near and far, a medium should be sought after. In addition, the lenses of the first should be set high, in order that they may correspond to the planes of the pupils, and for this purpose what is known as an X nose piece is required. To see near objects, however, the lenses

should be set low, and the lower edge of the lenses inclined backwards.

Sometimes when a person has presbyopia, old sight, supervening on hypermetropia, over-sight, or has absolute hypermetropia, complete oversight, it is convenient to have two pairs of lenses in one frame, the lower half of the lens stronger than the upper; or if myopic, short-sighted, with diminished range of accommodation, the upper half concave and the lower half convex. Such glasses are known as Franklin glasses, or glasses of double focus, and may be ground directly, or made of the half of two lenses cut horizontally and mounted in the same frame. If suitably adjusted, they are very convenient, and often greatly liked by the wearer, but in the hands of some require such careful adjustment, constantly maintained, to keep each kind in place, that they weary and annoy. These glasses derive their name from the philosopher, Franklin, who being slightly myopic with diminished powers of accommodation, required concave lenses for distance, and convex for the near point.

The natural stimulant to the special nervous elements of the retina is sunlight, which is reflected by objects in their different colors. If blue-tinted glasses be ordered, certain colors are changed or shut out. This is often desirable for very nervous persons, or when traveling on lakes, where the reflection from the water is strong, or in some morbid states of the retina. Formerly green glasses were almost universally used, but they have been generally displaced by blue; for while the reflected green light is agreeable, transmitted is not, but rather irritating. But if it is not desirable to so shut out or change certain colors, it is necessary to order the lenses in a neutral tint known as London smoke, for these glasses exclude each color of the solar spectrum in equal proportions and so simply soften the light.

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## FACTS AND FALLACIES IN CLIMATOLOGY.

BY H. E. BEEBE, M. D., SIDNEY, O.

Read before the American Institute of Homeopathy 1887.

In performing the duties of Chairman of the Sanitary Science Section of this Institute, it is made imperative upon



me to lay before you a resume of the progress made and new discoveries announced in this branch of study during the year. It is not deemed practical to incorporate all the recent advances in sanitary work, nor to discuss a question of such magnitude in the short time at my disposal. Suffice it to say, investigators have devoted much time to the continued study of the germ theory of disease, only to have fewer advocates as to the germs being the origin, but confirming the belief in the minds of many that they are the products of disease. Preventive medicine is not making many new discoveries, though it is making greater progress than any other branch of study in our profession. Its importance is considered more than ever before. Results in warding off disease have been attained that add to our already extensive accumulations. The studies regarding sewage, drainage, the purities and impurities of the air, the water, the food we eat, infection, contagion and zymotic influences are vigorously prosecuted. Cholera is as yet kept from our shores, and prophylactic measures are adopted on all sides against foreign diseases.

The first duty of our profession is the prevention rather than the cure of disease, by disseminating to the masses proper instruction in the right living, and to demand from our government wise sanitary laws, both state and national. The people make a great mistake in thinking that sanitary matters belong exclusively to the medical profession. "Without obedience to the laws of health it is impossible to secure the highest culture of the citizens, physical, moral and intellectual, and perpetuate the prosperity, freedom and glory of the state." The people must be and are being educated to this standard. Sanitary organizations, sanitary conventions, sanitary books and periodicals, as well as professional and popular interest in sanitary knowledge and work, are daily increasing. It is less than a score of years since systematic sanitary work, with State aid, was commenced<sup>1</sup> r

the United States. Now nearly all the states have Boards of Health doing efficient work.

An effort has been made to induce the Signal Service Bureau to add to its facilities, apparatus, and report matters as should enable its observer to keep an accurate and full report of ozonic and electrical conditions in this connection. This Bureau, in this way, might be able to ascertain what relation exists between meteorological conditions and the origin of disease. Michigan and Tennessee are keeping such reports. There has been some doubt as to the value of ozonic observations, due many times to errors in the test. These tests are probably as trustworthy as temperature, and more so than test for atmospheric pressure. Medical meteorology is becoming a scientific study. The special topic selected for consideration, by this bureau, is one of much importance to the physician. I regret that there is possibly no other branch that receives so little attention. We have endeavored in this report to obtain the practical views of leading physicians in the different regions of the country. There is no scarcity of literature on climatology, but so little of it rests upon a truly scientific basis. The authors are too often enthusiasts, real estate speculators, and novelists; or the writings are quasi-advertisements for special health resorts or sanitary institutions. One becomes almost disgusted while searching for authentic works on this subject. At the same time we do find some trustworthy authorities. During the past year a number of writers have come prominently forward whose ideas are worthy of our consideration.

Dr. McLean, of London, has written a valuable work on climate, consisting of lectures delivered at the Army medical school. They consist of practical hints and instructions of how to meet those tropical diseases which often prove so fatal in decimating the British army.

“Discussion on Climate and Cosmology” is a late work of value to the student of science. The author argues that the warm and cold periods which have alternately prevailed dur-

ing past ages are simply the great secular summers and winters of our globe. The third edition of "Alpine Winter in its Medical Aspect," recently issued, strongly urges more attention being paid to house ventilation in mountain winter resorts.

This author does not claim everything for these localities. In the 32d bulletin of the Geological Survey of the United States, Dr. Albert C. Peale gives a list and analyses of the mineral springs of the country. The list swells to 235 octavo pages. The author refers in the text to its incompleteness, and entitles it a preliminary study. The full list includes 2,822 localities, over 600 of which are places of resort, and more than 200 sell the waters. The American Medical Association for 1880 enumerated only about 500. Bell's Climatology mentions only 173. The American Climatological Association, organized in 1884, is doing some valuable work in the field of climatology. The published yearly transactions contain papers and discussions of such merit that they should be read by all physicians, and thus become better informed on this important subject, and be more able to investigate for themselves.

While mentally viewing almost any special topic we find erroneous theories advanced, proven to be so by the absence of facts to substantiate them. This need not debar us from speculating, also, at the same time, in doing so, we should remember that a line divides the known from the unknown, and that special facts can be classified by discussing them and giving each its just value, so that logical available conclusions can be drawn from them. Huxley says: "Whatever may be a man's speculative doctrines, it is quite certain that the order of nature is constant, and that the chain of natural causation is never broken." This is doubly true in our studies of climatology, for it is but a study of nature and nature's laws. Man, a child of nature, lives, moves and has his being at the bottom of a vast ocean of vital air, that is susceptible to great variations in its tides and currents, all

influencing its life-sustaining properties. This ocean and its phenomena are a complex study; beside the many elements of life, it contains swarms of microscopical living organisms, hardly outnumbered by those of the watery sea. Death and eternal silence would reign over all the earth if it were deprived of the atmosphere surrounding it. It is truly the breath of the planet, and is the principal agent in nature's laboratory. Walsh defines climatology as "the sum total of the extrinsic physical influence amid which we breathe." These influences being many, climatology is dependent upon, as Bell well says: "The sum of the influences exerted upon the atmosphere by temperature humidity, pressure, soil, proximity to the sea, lakes, rivers, plains, forests, mountains, light, ozone, electrical conditions of which we have no knowledge."

When we admit all this, we see man is unable to render himself independent of the climates and physical conditions of the country which he inhabits. In health he can accommodate himself to all of these surroundings, but let his constitution become diseased, and his mastery of variety and extremes of climate ceases. Now his physician is counseled to decide what change, if any, is necessary. I am sorry to say he, too, often is at as much of a loss as the patient. Health resorts are apt to be the last resorts of both the patient and his doctor. What a responsibility, when this advice may be death to the invalid, if the physician is not able to individualize in this prescription. "A change of air" may mean a great deal when the patient is sent thousands of miles away to die. A patient should seldom leave home unless able to care for himself. If attendants be required, let them be at home with friends. The American physician does not study climate and health resorts as his European brother does. He has the climates of that country unusually well classified, and his patients are subject to restrictions of which the American invalid knows nothing. His patients visit health resorts for health, and not through fashion nor pleasure. In this country the caprices of fashion in medical, as in other

matters, rather than a search for health, often have too much influence in determining the health resort for the invalid.

Dissipation and frivolity are the leading features of the place, and patients acquire disease or return home worse from these causes. It has been said Americans, as a people, have never yet been acclimated, and that it seems doubtful whether they ever shall be, as the climates of the country are continually changing. This is also due largely to our mode of living, sanitary regulations, etc. The seeker for health, in choosing a climate, until climates are better individualized, is frequently trying an experiment, and, that this experiment may be a success, he must first consider the sanitary conditions of the locality, the meteorological changes, and the annual mortality reports, especially as regards his special complaint. When he arrives at this new home he must consult a competent physician, and be under his watchful care, at least until he is acclimated. We ought to know when to send a patient away from home, where to send him, and how to send him. The medical attendant at the resort ought to know how long he should remain, when a change is necessary and much other needed advice in his new home.

It is very important that persons suffering from consumption, that dread monster that is carrying to their grave one-eighth of the inhabitants of the United States, should remain in the localities where they reach complete recovery, and even then they are in danger on returning to their former localities. Consumptives should never be permitted to travel unless in the quiescent stage of the disease. It is doubtful if any climate will cure or permanently benefit tubercular phthisis in the second or last stages. These cases should have home cares, and not be allowed to die away from home. The family physician should feel guilty under these circumstances. Even the advocates of the most noted health resorts for phthisis will prefix an if—"if the patient comes soon enough." This advice should be well considered at both ends of the journey. Few persons affected with serious forms of throat and lung disease fully recover in the climate in

which their disease commenced. Persons have contracted consumption in Colorado, have gone to other regions and have been cured. One patient needs the cold, bracing, clear atmosphere of Minnesota, another the high altitude of Colorado, or the peculiar dry air of New Mexico or Texas. Others will derive benefit by going to a moist, warm atmosphere, such as is found in Florida and on the coast of southern California; again a maritime climate is wanted. In the United States we have as great a diversity of climates as the earth affords; but to utilize them we must endeavor to individualize.

A dry air, a moist air, a high altitude, a medium and low altitude, a cold or a warm climate, each has its special advantages. When the thorax is contracted, or there is a predisposition to phthisis or asthma, and after pleurisy, inspiration of rarefied dry air in high altitudes or even artificially produced is beneficial. But if there be insufficiency of the lesser circulation manifest by dyspnoea of almost every origin, whether it be of cardiac origin or from chronic inflammatory processes of the lungs, rarefied air is counter-indicated, and condensed air is required.

Pneumonia is one of the curses of high altitude; probably because it taxes the circulation. It is a fact that a large per cent. of the localities which enjoy an immunity from consumption are mountainous, and that these resorts do yield strikingly favorable results in arresting the disease prior to the destruction of the lungs by softening and excavations. With all this, it is a question whether these results are due wholly to altitude, but are attributable to causes which some localities at the sea level possess in common with mountain resorts. The altitude of immunity from consumption lessens from the equator to the poles, while the diminished pressure of the air is the same for equal elevation, whether at the equator or at the poles. If altitude had a marked effect upon health, it would be easily shown by comparing Denver with our leading commercial cities, the most of which are located on low ground, and generally less than a thousand feet above

sea level. In fact, high altitudes seem to be detrimental to most or all forms of advanced organic disease. The benefits derived are in the so-called functional disease. This class of diseases requires bracing climates to restore the general tone of the system. Pure aseptic atmosphere and sunlight are the first requirements for lung disease, whether it be on the mountain top, sea level or in the valley.

There are a few places below sea level noted for their absence of consumption. We must not forget that it is a wet soil, rather than a moist air, which is so injurious to health, and that to make a place healthy one of the requisites is to drain the subsoil if it be wet. The air from the ocean, that great equalizer of climate, is beneficial in many diseases, though it is essentially damp; but, if the soil in the vicinity be bad, it is unhealthy. Pure air is the life of lung tissue. Both prevention and cure of consumption are due largely to dry soil, pure air and outdoor exercise. It is largely a disease of indoor life. Rosseau said "cities are the graves of the human race." In one or two generations this race would become extinct if all lived in cities. The native Indian and frontiers-men seldom suffer from consumption, but a transition from savage to civilized life often brings its ravages.

Dr. Osgood shows that our home statistics prove the percentage of deaths by consumption in each state bears an exact proportion to the greater or smaller number of inhabitants who follow indoor occupations, and is higher in the factory districts of New England and in the crowded cities of our central states. In Great Britain the rate increases with the latitude, and attains its maximum light in Glasgow, where windows are open one day for every two in Birmingham, and every three and a half in London; but going farther north, the percentage suddenly sinks from twenty-three to eleven, and even to six if we cross the fifty-seventh parallel, which marks the boundary between the manufacturing countries of central Scotland and the pastoral regions of the north. Experiments have shown that if an animal be kept

confined in a narrow, closed apartment, so that the air supplied is always more or less vitiated by carbonic acid, it expires, however well fed that animal may be, consumption will develop in about three months. Phthisis among the men who live in the open air in the Swiss Alps is very rare, while among the women who are employed indoor it is very prevalent.

The office of the lungs being as it is, the largest number of cases that require climatic treatment are diseases of the respiratory organs; though there are few diseases that are not influenced by climatic surroundings. The mineral springs of this country, like its climates, are legion, and, I fear, are too little appreciated by us. Their physiological and therapeutic effect have not been sufficiently investigated. The virtues of many of these mineral springs were known to the aborigines of this country. Often these waters contain the very finest solutions of mineral substances; elements that we know possess, both singly and combined, curative properties. Indiscriminate use of them is like the trial of all expectant remedies, liable to do as much or more harm than good. Doubtless many times their benefit is due to hydropathic measures and hygiene, independent of any ingredients the waters possess; yet the same can be said of climate, or, in fact, almost any of our remedial agents used in treating disease.

Dr. C. C. Rice, in a paper before the American Climatological Association for 1886, on "How the therapeutic value of our mineral springs may be increased," reaches the following conclusions:

1. Physicians should make a careful analysis of our mineral springs.
2. The medical value of the waters should be tested by clinical investigation, and the conclusions published for the benefit of the profession.
3. If the waters are found to present marked merit, the physician should interest himself in developing the springs, improving the bath houses, etc.



4. Physicians, in sending patients to the springs, should be more careful to select the proper water, and should send with the patient the diagnosis and history of the condition, for the benefit of the physician at the baths.

5. The patient, while at the resort, should be under a more rigid medical discipline.

6. The social life of our watering places should be re-organized.

Most of these rules will apply to all health resorts. It is a well proven fact that climate has a very decided influence in the causation, progress or arrest of kidney lesions, especially Bright's disease. Consumption is not more influenced by changes of weather. A mild and dry atmosphere, with a light sandy soil, is to be preferred for this disease. Climate exercises an important influence on the occurrence of aneurism and urinary calculus, both of which are far more frequent in cold than in hot countries. To what difference are owing is impossible to say. Persons with bilious disorders should avoid low marshes and malarious regions. It is considered that where there is most malaria there is least consumption, and *vice versa*. Yet we would not like to advise a patient with either trouble to consider this in searching for a suitable climate for his case. A good climate should be free from both.

Moderate cold is favorable to nutrition. Man and all animals are fatter in winter than in summer, and in the north than in the south. The temperature most grateful and invigorating to the human system ranges from about 60 degrees to 65 degrees F. Dr. Geddings, in a paper before the American Climatological Association, says: "The inhabitants of a dry climate are, as a rule, thin and sallow, while those living in a moist, insular country, have well developed figures and fresh, ruddy complexions. Dry climates, by diminishing the water in the blood, act as a powerful stimulant to the nervous system, increasing its functional activity. Hence these climates, although admirably adapted to the treatment of pulmonary diseases, are contra-indicated in many nervous affections.

The three climates of the earth, each impresses certain peculiarities on the people who inhabit them, and each has its special classes of diseases. In warm climates the inhabitants are indolent and apathetic; the functions of the skin and liver are peculiarly active, thus exposing them to severe disease of these organs. The digestive functions are sluggish, and the nervous system is alternately excited and depressed, inducing malaria and enteric diseases. The temperate climate for the acclimated inhabitants. They possess vigorous constitutions, sanguine temperaments, great muscular development, active, digestive function and sluggish nervous systems. The variation in the line of magnetic equilibrium have much influence on the nervous system.

Every province, city and hamlet has its own peculiar local climate. There is nothing permanent about it. It varies every moment. The pernicious influence of local climate can often be remedied by proper hygienic and sanitary regulations. If not remedied, persons suffering from its influence are often benefited by a change of but a short distance. Many unhealthy climates are so from unsanitary environments. Climates are incessantly modified in a more or less sensible manner over all points of the terrestrial surface, because the physical phenomena are incessantly changing.

The labors of mankind have a large share in these modifications. Man is gradually molding nature to his will and caprice. Climatic and hydrological conditions of the soil are slowly, but surely, being modified. At the same time diseases, are modified. The mere fact of the pioneer clearing some virgin soil may effect a change in the network of isothermal lines which pass over the country. These changes sometimes improve and again injures the climate. As forests disappear and drainage increases we find less malaria, but more typhoid and catarrhal disease. The signal service shows that blizzards come from the treeless northwest; even originate in the plains of the British possessions. They increase the winter mortality of children and old people. This will apply to other countries, some of which are increasing

their forests for climatic reasons. In some places, it is said, malaria now exists where before the removal of forests it was unknown. This must be accounted for by some unsanitary condition, for this one rule does not always solve the problem.

It is disappointing to learn that the eucalyptus has had no visible effect on the banishment of malaria from the Roman Campagna, and that whatever has been done in that direction must be credited to drainage and the ardent rays of Old Sol.

The climate of any country depends much upon the amount of sunlight it possesses. The flora of two countries, the temperature of which is the same, may be entirely different, depend upon difference in the amount of sunlight. The heat is the same, but the sunlight is very different. Climate is as essential to the welfare of some individuals as it is to the perfection of many plants. The relation of ozone—oxygen in an active electrical state—to health and disease is an unsettled question. We consider it the greatest natural disinfectant known. We also recognize that in certain regions, especially in the more densely populated parts of our larger cities, hardly a trace of ozone, or other oxidizing agent, is to be detected at any part of the year, while free and albuminoid ammonia, resulting from the decomposition of organic matter, is seldom absent in the same localities. How far these conditions favor disease can be determined only by protracted and systematic observations. In doing this we should always try and discriminate between meteorological and transitory local conditions before coming to definite conclusions. It is believed that ozone chemically purifies the air, and, in normal quantities produces no pathological phenomena on the healthy. If it be in excess it affects the respiratory organs, inducing catarrhal disease. If deficient, intestinal diseases prevail. Prof. Draper, in a report from the New York Meteorological Observatory, in 1885, shows that for eight years there was a very close connection between ozone at a low temperature and the deaths from

pneumonia. This is one reason why pneumonia is more prevalent in high altitudes. Few claim that ozone is a primary cause of pneumonia. Atmospheric pressure, humidity and temperature probably have a greater effect in its etiology. The gastric diseases prevalent when there is a deficiency in ozone commence with the occurrence of continuous high summer temperature, depending not so much upon the degree of heat as its duration, thus simulating disease of hot climates. The reserve ozone seems to be exhausted. In all our studies of climatology there are continually new features coming forward, only prove that the effects of varieties of climate upon human health are an important study, and that enquiries and discussions in this field cannot be without benefit at the same time. Dr. Bell, in his work on Climatology, sums it all up in his final conclusions, when he says: "After all that has been stated of the effects of the atmosphere in high altitudes, or at the level of the sea, the influence of forests and ocean, of sea-coasts and interior places, humidity and dryness, cold and heat, the winds, electricity and ozone, and no matter what of other conditions, the paramount consideration for the promotion of health are an *abundance of pure air, sunshine and outdoor exercise*. Without these no climate is promotive of health or propitious for cure of disease, and with them it is safe to say the human powers of accommodation are such that it is difficult to distinguish the peculiarities of any climate by their joint results on the health and longevity of its subject."

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#### CASE FOR COUNSEL.

EDITOR INVESTIGATOR:—I have a patient who has a sore spot on left side of his tongue. This is only at times. He says sometimes it awakes him from sleep with a sensation as though a spark of fire or a particle of red hot iron touched it, and the burning sensation lasts only a few moments, but after

it ceases a sore feeling remains. He says he thinks he bites his tongue in his sleep, and I am almost sure that is one cause of the trouble. He used to smoke cigars, but was quite temperate, never smoking more than three a day, and lately he does not smoke at all. He is a staunch temperance man, drinks neither tea nor coffee—florid complexion, sandy hair and whiskers, rotund in form and a genial, happy fellow.

I have given him a little Ign., also some Thuj., and am giving Hydrastin 1x. now. I wish some of the fraternity would give me a hint on this subject about treatment. Any one who has had any experience with such a case can aid me one who much by reporting the same and I will be deeply grateful.

#### ICTERUS AND TREATMENT.

By the way, we have been having an epidemic of icterus among the children, and some adults have been quite sick with it. I think nearly half the children in the community have been sick with it. Many people have asked me if it was "catching," as it seemed to go through a family when once started in. They are taken with some fever, loss of appetite, pain in bowels with some, nausea and vomiting, very tired weary feeling, and in a day or two the skin looks yellow, also whites of eyes, which is soon followed by improvement and a furious appetite. I have given Acon. followed by Merc. sol. 3x and Nux 3x in every case with gratifying results.

G. A. CORNING.

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#### DIABETES MELLITUS.—SIZYGIUM.

BY A. B. KINNE, M. D., SYRACUSE, N. Y.

During the summer of 1885 Mr. G., aged 65 years, consulted me, complaining of great thirst, dry skin, gnawing pain in stomach, dry, red tongue, frequent urination, passing large quantities of urine. On examining I found urine containing one and a half per cent. of sugar. I put him on a

strict diabetic diet and gave Nit. uran., which gradually caused disappearance of sugar and all other symptoms. I instructed my patient to adhere to the strict diet, which he did until the spring of 1886.

In June of 1886 he again consulted me, with some symptoms as before, with two per cent. of sugar in urine. I at once put him on strict diet and gave him Nit. uran., with no benefit, the amount of sugar steadily increasing. I also gave Helonias and Phos. acid, with no benefit, until in September the urine contained eight per cent. of sugar with a specific gravity of 1040, and amounted daily to three quarts. I then gave Sizygium jambolanum, 1st cent. dilution, five drops four times daily. The amount of sugar gradually decreased, and in six weeks none could be found; quantity of urine normal and specific gravity 1020. I have examined the urine every month since, and found it in normal condition in every respect up to the present time, nearly eight months. Patient still adheres to the strict diet, and is feeling well and strong.—*H. M.*

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## ELECTRO THERAPEUTICAL TREATMENTS.

BY J. EDWARDS SMITH, M. D., CLEVELAND, OHIO.

EDITOR INVESTIGATOR:—In your current No. for Sept. I notice Dr. Godden's criticism of Dr. Danforth's "Galvanism."

Dr. Godden very justly rebels against the lack of accuracy exhibited in reporting cases treated by galvanism, and he enumerates several conditions contributing to inaccuracy in many published reports of electro-therapeutical treatments.

Dr. Godden's contribution however is incomplete, because, 1st, he fails to mention a frequent and *occult* source of perplexity and one liable at any moment to deceive the practitioner and, secondly, he fails to suggest the proper remedy.

The purpose of this article is to fill the "aching void."

Regarding my first proposition—suppose that Dr. Danforth used a series of sixteen cells, and that fifteen of these cells were in perfect order but from some unknown cause his sixteenth cell was seriously impaired, a situation always liable to occur when using cells in “series.”

The result would obtain that attempting to use the sixteen cells “in series” the effective force of the fifteen good cells would be cut down to the level of that of the poor cell. Dr. Haynes gives as an illustration the fact that the flow of water through a series of pipes, each of varying calibre, will be gauged by the quantity flowing through the smallest pipe. (Electro-therapeutics, p. 100)

Now as to the remedy—as Dr. Godden says that the “books give no exact data,” I will quote from Dr. Ranney. (Electricity in Medicine) p. 34,—“as well can I conceive of a boiler without a steam-gauge, or of a drug-store without a scale, as of a galvanic battery without a galvanometer. \* \* \* The scientific world has accepted the “milleampere” as the standard unit of current strength, a milleampere-meter is therefore the instrument which you should own.” Again: p. 106; “put a milleampere-meter as well as the patient’s body into circuit, and record all your observations respecting the current-strength employed from its scale.” Thus much from “the books.”

No matter *what’s* up or down, or *how many* imperfect conditions are present, the milleampere-meter records the “grand total” viz: the *actual strength of the current received by the patient.*

Next in importance comes the “standard rheostat,” which is so convenient as almost to become a necessity. By the use of both instruments the practitioner can quickly determine the electro-motive-force of each cell in his battery, ditto, the varying resistances of the patient’s body; furthermore, he can inform himself daily of the condition of his battery and also report his cases with scientific accuracy, in which event Dr. Godden, as well as some of the rest of us, will be (as we deserve to be) “happy and serene.”

In conclusion, I advise my brother practitioners to read Prof. Ranney’s book. It is full of good things and at a low cost.

THE  
UNITED STATES MEDICAL INVESTIGATOR.

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Communications are invited from all parts of the world. Concise, pointed, practical articles 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.

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THE INVESTIGATOR is an experience meeting, Get right up and give us your experience, brother. Send in your short reports on common every day diseases. We can all profit from them. Don't be bashful.

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HINTS ON THE TREATMENT OF CHILDREN.—Messrs. Editors, U. S. MEDICAL INVESTIGATOR: I regret to see our veteran editor Prof. Duncan is getting on the retired list. For one I should like to have him give us some hints on the treatment of children. He has perhaps given the subject as much attention as any other man in our ranks. I have all his writings on Diseases of Children and I appreciate them highly, but there are two points that I never can know enough on, *i. e.* 1st. the artificial nourishment of children and 2nd. infantile therapeutics. Others may not have had trouble on these subjects but I believe I voice the feeling of the younger readers of this journal when I make this request. It seems to me that this branch has not received the attention in the journal that its importance merits. To succeed with children, is I believe the key to a big practice. I hope I am not asking too much.

Yours Fraternally

H. J. C."

[It is pleasant to be appreciated and after being in the editorial harness for 22 years, it is but natural that a desire



to rest and retire would be felt. When one's editorial compeers have all dropped out or dropped off, some of them suddenly, it is but natural that the oldest editor should also want to step down. You know the mental strain of an editorial position and it is not well nor best that it should be protracted. This invitation from an old friend however, touches a vulnerable spot. Pædology has been a study and deilght for years and if I can light up any subject, by a few observations I shall be only too glad to help my young friends. Send on your questions and I will try to contribute something each month, practical, and I hope interesting to the readers of THE UNITED STATES MEDICAL INVESTIGATOR,]

T. C. D.

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**INFANTILE ANURIA.**—One of the first troubles we meet in infantile treatment is suppressed or retained urine. Usually it is the latter and due to one of two causes, inflammation or nervous spasm. In girl babies I think it is usually the former, while in boy babies it is often due to spasm. The nurse is some times not as careful as she might be in washing and soap irritates the infant urethra.

Irritation means hyperæmia, if not inflammation and consequently a narrowing of the canal by both the injection and spasm. Here the remedy is *Aconite*. It allays the inflammation and at the same time controls the spasm. If we remember that the whole mucous membrane undergoes a physiological hyperæmia, we can understand why retained urine is a symptom in the new born. I always inquire the next visit "Has the child passed urine?" An indifferent answer will no satisfy me. I order the nurse to find out. Those nurses who have served under me before, are ready to notify me, on the second visit as to this function. If it has not urinated then I always leave *Aconite* and a dose or two usually suffices. If it does not, then I find out if it is retained from spasm or suppressed. I have not room here to differentiate, (see my works on Dis-

eases of Children.) The next remedy may be *Hyoscyamus* or *Apis*. *Hyos.* stands at the front for purely, spasmodic retention and as we know most of the infant's physiological functions are spasmodic this is a frequently indicated remedy. In the Chicago Foundling's Home, I found *Hyos.* the chief remedy for anuria. It sometimes starts the urine even when suppressed, doubtless due to its action on the ureters. The sleeplessness, startings, graspings of the hands and other nervous manifestations clearly indicates it. The sharp startings and the frightened cry with an œdematous appearance of the privates or face, mean serious trouble and will distinguish for *Apis*.

T. C. D.

ACONITE RESTLESSNESS.—“Do you know” said Dr. Hedges “that I use Aconite more and more every year. Take the one illustration of restless children. The mothers may have given Chamomilla, Coffee and other things and they come to me and say “Doctor I wish you would give me something for baby, it is nervous, restless and does not sleep good I have given it everything I know but they do no good.” I give the mother a vial of Aconite 30 and they report wonderful effects. They hoard that “quieting” medicine carefully and years afterward come back for some more. Aconite is a wonderful remedy.

If we remember that the first wide-awake sense is “feeling” and that Aconite affects the nerves of sensation, we can understand its good results, even when there is little or no fever. Such a child the more it is handled the more nervous it becomes. At the bottom of the nervousness may be a fright. How often have I had to prescribe for a child after rough handling. There is if we may so use the term a physical fright. A few rough handlings will make a child so restless that the mother can do nothing with it. In such cases remember Aconite. A dose or two will be all that will be needed.

The fever in children is often due to deranged sensation, a sort of irritative fever. In such cases Aconite will soothe the systemic storm and awake the thanks of the ever grateful mother.

T. C. D.

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### WILL HOMŒOPATHY WIN?

BY CHAS. M. KOIER, M. D., CHICAGO.

Yes it will win, if we make it. A neuralgic head-ache of twelve years standing completely cured in five weeks.

I was called in great haste on the fourth of May, to see Mrs. W. Mother "sick, nearly dying," was the only answer I could get from the messenger. Off he went I followed him. Out in front of his house I could hear the shrieks of a woman "It is mother, the boy cried" On entering I found enough bottles for a good sized drug store, five so-called Regulars, had their work there that night, but to no avail, complaint was of the left ear, I remembered Prof. Buffums' remedy, I took one tablespoonful of warm water and five drops of Aconite tincture and put this in the ear and no more crying, the ear-ache stopped immediately.

When the head of the house seen this he said, "I see now that Homœopathists know more than the others do" and he told me about the neuralgic head-ache of twelve years standing, symptoms as follows: Mrs. W. was confined twelve years ago has had Allopathic treatment. Neuralgic pain first started in right little toe from thence it went into the left illiac region, from there into the left side of the head and there continued about eight years then it went over to the right side and generally kept up four or five days every month especially at time of her menses, cold chills commenced at the two dorsal vertebra downward, feet and hands as cold as ice, but no pain; menses regular but very painful. I made an examination per vaginum found womb five inches long and about three inches thick, interwov-

en with heavy blue veins, I diagnosed these neuralgic headaches from reflex action of the sub-involution of the womb.

*Treatment.*—Cotton tampons saturated with five parts of Glycerine and one part of Fl. Ext. Witch Hazel. Internally Capsicum, 30x. and Strychnia val. 3x. morning and evening.

The lady has had her menses twice since but no more pains or neuralgic headaches, she has gained seven pounds in weight. At the last examination, womb was three and one half inches.

Since then I have gained admission to eighteen families, where the so-called Regulars have had full sway, but they had to run from the little pill doctor.

Homœopathists take courage, we will gain the golden door knobs.

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#### HATCHING MACHINES FOR BABIES.

It may not be generally known that hatching machines have been recently introduced in the Paris lying-in hospital for the saving of infants prematurely born or otherwise deficient in vitality. The system appears to have been eminently successful. The object of the machine is to supply the weak little things with the heat necessary to attain strength and maturity. New born babies weighing from two to two and one-half pounds, instead of four and a half pounds, the average weight, and which were condemned to early death, have been placed in these machines, and in a short time come out strong and healthy. The apparatus is similar to the egg hatching machine. It is in the form of a large wooden box divided into two compartments; one is filled with warm water and the other contains a basket filled with wadding into which the infant is deposited. The lid is supplied with a glass pane to enable the movements of the little inmate to be watched. The machine is under the constant surveillance of the nurse, who reports to the medical director the various phases of incubation. Dr. Pinard of the Lariboiseire hospital and Dr.

Tarnier of the Maternite have several of these machines working under their care at the present moment.—*Pall Mall Gazette*.

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### INVITATION TO PHYSICIANS.

While the United States has an average of one physician to every six hundred inhabitants, Russia has but one doctor to every six thousand two hundred and twenty six people. Therefore if you feel over crowded, just step across the fish pond and enter the service of the Czar. You will be welcome for the Russian Autocrat has especially invited American practitioners to settle in its domain.

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### INJURIOUS EFFECTS OF CHEWING GUM.

BY F. L. DOLBEARE, M. D. OSHKOSH, WIS.

For many years the habit of chewing gum has been prevalent among children, and now it is considered fashionable with those of older growth. The manufacture of the article varies from purifying the crude gum and producing it into marketable forms, to the making of those mysterious compounds known only to the manufacturers themselves. There is no doubt that the sweetened, flavored ingredients works more direct injury than the simple gum.

Without entering into the chemical action that these various gums produce, doing more or less injury, let us look at the damage done by the excessive mechanical action, the jaws are called upon to perform by chewing. The regular confirmed gum-chewer, excited by the habit, induced to follow the fashion, however foolish, and advised that it is healthy by those corrupted by the same passion, wants no excuse to work the jaws over the false *pabulum* in private or public places. The result is the salivary glands instead of being called upon to pour forth their products three or four times a day, are

worked and excited to their utmost capacity. Now the damage done by this simple process is two-fold. It vitiates the saliva, and weakens the action of the stomach. The parotid and-maxillary glands, to a greater and less degree produce the most saliva; and the peculiar active principle of saliva, ptyaline, a substance which converts hydrated starch (cooked starch) into sugar.

It seems singular that the manufactured gum should make demands on both of these organs. It excites the action of the parotid, while the sense of taste acts on the other. Now a person masticating all day weakens the chemical action of the saliva. It is produced in too great quantity, and at the expense of the active ptyaline, for the watery element is in excess of the usual proportion. The result is that when food is masticated it receives a weakened saliva, and consequently enters the stomach ill-prepared for action there. The nervous temperament of the mouth is deadened by the highly flavored gum, until there is no relish in food unless it is over-spiced. During the interim between meals the gum-chewer is pouring into the stomach the vitiated and weakened saliva, until that organ becomes a sewer of discharge, instead of a quiet, respectable organ working eight hours a day. No wonder it strikes sooner or later, and the end is, that the advice of the friends brings the sufferer to an unhealthy condition, where pepsin, Nux vomica and diet alone bring relief.—*The Archives of Dentistry.*

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#### VESICAL IRRITATION IN WOMEN.

Letter from J. B. Bolton, M. D., Eureka Springs, Ark. In the June "Archives" is a communication from Dr. Virgil O. Hardon on "Vesical Irritation in Women;" his views accord with mine so closely, I felt it my duty to make them known.

I have not for many years treated any woman for uterine or vesical diseases but what I have found there was some ir-

ritation in one dependent upon the other. I have two patients now who, when they come to be examined, told me they had been suffering from bladder troubles for years, had taken great quantities of medicine prescribed by various physicians but to no avail. They complained most of frequent micturition, the quantity voided being very small. Upon examination I found no real vesical disease but a displaced uterus, and upon replacing the uterus the vesical irritation ceased almost immediately, and now instead of urinating from 20 to 25 times in the 24 hours, it is from 6 to 8 times, and without any pain smarting, or straining. Then again you will find this vesical irritation, although brought on from a displaced uterus does not subside after the womb is replaced, but requires treatment. I find in these latter cases that there is frequently a stricture of the urethra or the meatus. In a case of intense vesical irritation, when she passed her urine she would almost go into convulsions. I found upon close examination a tight stricture in the meatus, and upon the divulsion of the stricture relief was marked, and she made a good recovery; and I believe the day is not far distant that the female urethra will be examined for stricture, and its normal calibre ascertained, as much so as the male urethra is to-day. F. N. Otis hit the key-note when he found the natural calibre. I claim that vesical irritation is very uncommon, unless produced by a displaced uterus, stricture or some rectal disease.

*Archives of Gynecology.*

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### THE WEDDING TRIP.

The French medical journals and some of the English have been lately calling attention to the evils of the wedding trip.

There are few physicians who will not recall many cases in which a girl, perfectly healthy till her marriage and a long wedding trip, is never healthy again. The number of women who date a life of chronic invalidism to a wedding trip is not small. So apparent have been these evils, that it is re-

ported that a custom has arisen by which the demands of fashion for a wedding trip shall be complied with, and yet the newly-married couple enjoy a period of repose and quiet all by themselves. The plan is to make ostensible arrangements for a trip, and even drive to the station, but in reality turn back to a hotel or some intimate friend's, in which, all alone by themselves, the newly-married couple shall begin their life journey.

Marriage is one of the epochs of life. It is peculiarly related to the physical well-being of both parties and to the unborn. To the young wife, there has been long and exhausting excitements in arranging for the event. To this is added an entrance upon physical relations utterly new to her. Surely this is enough to bear in the retirement of a quiet home, or away from inquiring acquaintances. Surely this is enough without the discomfort of railway travel, the exhaustion of hurrying from place to place, the excitement of new scenes and people, and the exposure to extremes of heat or cold, of storms, and all sorts of annoyances inseparable from long journeys.

We have often thought that physicians, by giving a word of friendly advice to such of their patients as chanced to be about to enter upon a married life, might be the means of saving such persons from future misery. Family physicians are the ones to reach these cases. True, they would have to combat social customs, but after all we think that in the end they would win.—*American Lancet*.

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## ELECTRICITY IN CONSUMPTION.

BY H. TAYLOR WILCOX, M. D. ST. LOUIS, MO.

ED. INVESTIGATOR:—In your July issue "Consumption cured by Electricity" and Drs. Peterman given priority of discovery.

I wish to say I reported a case last May to THE PEOPLE'S



HEALTH JOURNAL, cured by this means. The inhalation of oxygen I gave credit of aiding much, but to say *electricity* cured the case alone, I am not able to, but I do know it would not have been a cure without *electricity*.

I give preference to static electricity. Battery patented by Dr. Atkinson and manufactured by McIntosh & Co. I also used the twelve cell McIntosh Battery occasionally alleviated with his Faradic current. I think Istatic electricity will supersede the other currents in this disease in the future.

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### PROGRESS OF THE MEDICAL SCIENCES.

*Radical Cure of Fistula in Ano.*—First trace fistula with flexible probe. Wash out the track with a 5 per cent. solution of hydrogen peroxide. Then inject a 95 per cent. solution carbolic acid, plus equal quantity of a 19 per cent. solution of muriate of cocaine. Draw about 10 to 15 minims in the syringe. Push the flexible needle to the depth of the fistula, and then inject slowly as you withdraw the needle. Within two hours inject oleum eucalyptus and glycerine, equal parts, and the operation is finished. Keep patient quiet for forty eight hours.—*Technics*.

*Ammonium Borate in Phthisis.*—Lashkevich (*Lancet*) has found this salt of great value in phthisis. He gives 5 grains three times a day, in solution, alone or with codeine, hyoscyamus, or some other sedative. It reduces expectoration and in some cases, in the early stage, the fever. Inhalation of a spray of the solution also reduces expectoration and alleviates the irritating and painful conditions of the mouth and throat.

*Thallin Sulphate in Gonorrhœa.*—Dr. E. Kries has ascertained that thallin sulphate, even in dilute ( $\frac{1}{4}$  to  $\frac{1}{2}$  per cent) solution is a rapid destroyer of the gonococcus. Prof. Gohl has utilized this observation in practice, and has found that the

treatment of most of gonorrhœa may be very materially hastened by injections of solution of thallin sulphate. It is recommended that the first injection of about  $\frac{1}{2}$  fluidounce be allowed to run out, and that a second one be then immediately injected as far back as possible. The results so far reported are very favorable.

*Castration of Criminals.*—The following is the recommendation of an enthusiastic sociologist who proposes castration as a means of limiting crime. The good effect of this kind of punishment upon the criminal class would be four-fold.

1. No offspring with an inherited tendency to commit crime.
2. An added terror to the punishment inflicted for breaking the laws.
3. A gradual improvement in time of the morals of the public at large.
4. An improvement in the disposition of the person operated upon.—*Medical News.*

School teacher to anxious parent: "Your son is bright, intelligent, and getting along well in everything but handwriting." Parent: "That's all right; his writing doesn't matter. I am going to make a doctor of him."

A lady, consulting an eccentric Boston physieian, said; "The trouble is, doctor that I can neither lay nor set." "Then madam," was the reply, "I would respectfully suggest the propriety of roosting." To which the editor of the "Med. Classic" adds that he evidently had her "fowl."

A MRS. PARTINGTONIAN old lady, being asked her opinion of the relative merits of Homœopathy and the regular school, answered, that for *infantry*, Homœopathy might be good enough, but for *adultery*, she preferred the good, old-fashioned doctor.

*BOOK REVIEWS.*

**SIX HUNDRED MEDICAL DON'TS OR THE PHYSICIANS UTILITY ENHANCED.** By Ferd. C. Valentine M. D. New York: G. W. Dillingham.

Six hundred don'ts is a nicely gotten up book. It is intended for the lay reader and contains some very good advice and also some that had better been left out. The advice to call a physician is good and not wait too long before doing so. The book is well worth reading.

**TREATISE ON HUMAN PHYSIOLOGY FOR THE USE OF STUDENTS AND PRACTITIONERS OF MEDICINE.** By Henry C. Chapman, M. D. Philadelphia: Lea Bros., & Co.

Perhaps no man is better able to write a work on physiology than Dr Chapman. The work is well written and the illustrations are both numerous and nicely executed. It contains fifty six chapters of closely printed matter and nicely printed and bound. The whole makes a work of 945 pages.

**PHYSICIANS LIST AND POCKET REFERENCE.** By Robt. Faulkner M. D. Second Edition. Philadelphia: Boericke & Tafel.

Without doubt this is one of the best visiting lists we have. It contains a calendar which is good till the end of 1890, also an obsteric calendar, Poisons and their antidotes. The ready method for Asphyxia, Table of the Pulse Repertory. On one page is for the daily engagements and the other for prescription record. It also contains a pocket and blank leaves for ready use.

**A CLINICAL MATERIA MEDICA.** By E. A. Farrington, M. D. Philadelphia: Sherman & Co., Price cloth, \$6.00.

This book contains seventy two lectures delivered at the Hahnemann College at Philadelphia. They were reported by C. Bartlett, M. D. and revised by our old friend S. Lillenthal, M. D. with a memorial sketch of the author by Aug. Korndorfer M. D. It is evident that in perusing these lectures that the author was a hard student. It is to be regretted his life was not spared to finish this great work so nobly begun. Every physician shou'd possess this work.

**A COMPLETE HAND-BOOK OF TREATMENT.** Arranged as an alphabetical Index of Diseases, to facilitate references and contains nearly one thousand formulas, by A. D. Rockwell A. M. M. D. New York: E. B. Treat Price, \$2.75.

We understand this work is composed of the chapters on treatment taken from the seventh (latest) edition of Dr. Aitkens Encyclopædic work on the Science and Practice of Medicine, which chapters have been revised and re. arranged so as to make them more avrivable for reference. The work does not only embrace the experience of its distinguished author, but also that of every known authority.

**DRUITT'S SURGEON'S VADE MECUM.** A Manual of Modern Surgery. Edited by Stanley Boyd, M. B. B, S. Lond., F. R. C. S. Philadelphia: Lea Bros. & Co.

This is the twelfth edition with three hundred and seventy three wood engravings. Perhaps no work on Surgery is better or more widely known than this one. We are told that the Government gave one to each Surgeon serving in the Federal Army during the Civil War. It is divided into four parts and contains fifty five chapters. In this edition seventy two new wood cuts have been added, and among them an almost complete series illustrating the ligation of arteries. The work is nicely printed and bound.

**ANATOMY, DESCRIPTIVE AND SURGICAL,** By Henry Gray, F. R. S. Philadelphia: Lea Bros., & Co.

This is the new American from the eleventh English edition. Thoroughly revised and re-edited, with additions by Wm. W. Keen, M. D. to which is added Landmarks, Medical and Surgical, by Luther Holden F. R. C. S. with additions by Wm. W. Keen, M. D. In this edition the whole of the arteries, veins, and nerves in the wood cuts have been colored which gives additional clearness to the illustrations and very much enhances the value of the work. This new and revised edition without doubt stands without a rival as a text book on anatomy.

#### PAMPHLETS RECEIVED.

**Diet in Cancer:** by Ephraim Cutter, A. M. M. D. L. L. D., New York.

**Facts and Fallacies in Climatology:** By H. E. Beebe, M. D., Sidney Ohio.

**Diseases of the Male Urethra: and their treatment, by means of the Antrophor**

**Ovarian Tumors and Remarks on Abdomsna! Surgery, with the result of fifty cases,** by Edward Borck, A. M., M. D., St. Louis, Mo.

**AMERICAN NEWSPAPER ANNUAL.** Philadelphia: Ayer & Sons. This annual contains a catalogue of American Newspapers, a carefully prepared list of all newspapers and periodicals published in the United States Territories and Dominion of Canada, with valuable information regarding circulations issue, date of establishment, political or other distinct features. names of editors and publishers, and street address in cities of 50,000 inhabitants and upwards, together with the population of the cities and towns, as well as the counties in which the papers are published. This book contains 1170 papers nicely printed and bound.

**VICK'S FLORA GUIDE.**—In the way of Catalogue, Vick's Floral Guide is unequalled in artistic appearance, and the edition of each year that appears simply perfect, is surpassed the next. New and beautiful engravings, and

three colored plates of flowers, vegetables and grain are features for 1888. Its lavender tinted cover, with original designs of most pleasing effects, will ensure it a prominent place in the household and library. It is in itself a treatise on horticulture and is adapted to the wants of all who are interested in the garden or house plants. It describes the rarest flowers and the choicest vegetables. If you want to know anything about the garden see *Vick's Floral Guide*, price only 10 cents including a certificate good for 10 cents worth of seeds. Published by James Vick, Seedsman, Rochester, N. Y.

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### *MEDICAL NEWS ITEMS.*

C. M. DINSMOOR M. D. of Omaha, made us a pleasant call the other day.

A NEW EDITION of *Feeding and Management of Children* is in preparation by the author.

J. W. BARNSDALL, M. D. of Omaha, reports his Surgical and Obstetrical home in a flourishing condition.

C. J. PEARSON, M. D., formerly of Morrison, Ill., has returned from his trip to California, and settled in Chicago.

A CHILDREN'S HOSPITAL.—A movement is on foot to organize a Hospital, for sick children in Chicago. Fuller details will be given subsequently.

W. P. ROBERTS, M. D. of Evansville, Wis., reports in person on his way from visiting a patient in Iowa. Dr. R. has an extensive practice and is doing well.

SALEM, ILL., is a good opening for a Homœopathic physician, and any one wishing to locate there, may receive information by addressing C. A. Dean, M. D., Edgan, Neb.

CHICAGO GYNECOLOGICAL INSTITUTE for the treatment of the medical and surgical diseases of women, No. 5306 Jefferson Avenue, Hyde Park. Under the charge of Dr. Lucy Waite and Dr. Clara W. Peaslee.

PROF. J. EDWARDS SMITH, has promised us some very interesting articles on the use of electricity, during 1888. The doctors' long experience in this treatment will make his articles very valuable to the profession.

TO OUR READERS—On account of the failure of the firm that was doing our work, is the reason we are late with this issue. Being a large firm they had many creditors and it took a long time to please them all. Nothing could be done, or taken out until it was settled. We are sorry this delay occurred. We hope our readers will bear with us and we will soon be on time again. We wish all would contribute something. Those who are in arrears would confer a great favor if they would send it in.

# 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. I.) with the *MEDICAL INVESTIGATOR* (Monthly \$3.00), Vol. XII; Commencing January, 1876.

Terms: \$2.00 a Year Payable in Advance.

D. DUNCAN, M. D., Managing Editor.  
T. C. DUNCAN, M. D., Associate Editor.

DUNCAN BROS., Publishers,  
56 State Street.

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CHICAGO, October–November 15th, 1887.

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**FOR SALE.**—Books, carpets, medicines, etc., in a very desirably-located office with low rent, in the rapidly growing town of Grand Rapids, Mich. Also one good horse, phaeton, cutter and robes also for sale. After the transfer of the above at a fair price,—say half cash and balance on time, if desired, the purchaser, if well qualified, will receive the good will of the office, and an introduction to a paying practice. Address "A," Duncan Bros., Chicago, Ill.

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**\$250 IN CASH,** 3 Worcester's and 3 Webster's Dictionaries, worth \$89, and 4 Dictionary-Holders, worth \$15.50, given as prizes for best essays answering the question: "Why should I use a Dictionary Holder?" For full particulars, send to LaVerne W. Noyes, 99 & 101 W. Monroe St., Chicago, the maker of Dictionary Holders. Or inquire at your Bookstore.

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**FOR SALE.**—A practice of \$5,000 a year at Lake Geneva, Wis. The only Homœopath in that part of the country. Custom first-class. Good reasons for leaving. John A. MacDonald, M. D., Lake Geneva, Wis.

**NOTICE.**—All books for review, articles and items for this journal should be addressed to D. Duncan, M. D., 56 State Street, All subscriptions and business correspondence to Duncan Bros., 56 State Street, and not to the editors.

**WANTED.**—We wish every physician, would send us, a report of some case. The very case you might not think worth reporting, may be the one your brother physician has been long looking for. If you see something in a paper to interest, mark it, and send to us also in a journal.

If you have a new instrument, you would like to have the profession know about send us a cut, and description of it. If you have an article that wants illustrating send it to us, with the drawings, and we will get the cuts made at our own expense.

**WANTED.**—Every one to read the advertisements over carefully, and if you answer any say where you saw it please.

THE  
UNITED STATES  
MEDICAL INVESTIGATOR.

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VOL. XXIII.—DECEMBER, 1887.—No. 12.

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PROCEEDINGS OF THE WISCONSIN STATE HOMŒO-  
PATHIC MEDICAL SOCIETY.

The Twenty-fourth Annual Session of the Homœopathic Medical Society of the State of Wisconsin was held in the Plankinton House, Milwaukee, May 23 and 24, 1888.

The convention was called to order Wednesday, May 23, at 10 o'clock A. M., by the president, Q. O. Sutherland, M.D., of Janesville.

The following were present during the session:

O. W. Carlson, M.D., Lewis Sherman, M.D., E. F. Storke, M.D., Joseph Lewis, Jr., M.D., F. M. Hinz, M.D., E. W. Beebe, M.D., W. Danforth, M.D., H. W. Danforth, M.D., A. A. Allen, M.D., F. D. Brooks, M.D., Birney Hand, M.D., Almah J. Frisby, M.D., Julia Ford, M.D., A. Grob, M.D., H. C. Block, M.D., W. C. Raynor, M.D., M. S. Ertl, M.D., Milwaukee; Q. O. Sutherland, M.D., Janesville; C. H. Hall, M.D., Delia G. Lyman, M.D., Madison; S. J. Martin, M.D., J. J. Davis, M.D., Racine; W. W. Goff, M.D., J. D. Lindores, M.D., Stevens Point; S. E. Hassell, M.D., Lancaster; W. H. Glasier, M.D., Bloomington; J. S. Daniels, M.D., Omro; W. A. Reed, M.D., Berlin; H. B. Dale, Jr., M.D., Oshkosh; Ann E. Churchill, M.D., Monroe; C. H. Kaetel, M.D., Mayville; M. L. Huntington, M.D., Darlington; A. G. Leland, M.D., Whitewater; C. L. Crandall, M.D., Burlington; L. Taber, M.D., Stephenville; J. W. Overpeck, M.D.,

LaCrosse; J. P. Parmley, M.D., Mifflin; D. S. Smith, M.D., E. S. Bailey, M.D., Sheldon Leavitt, M.D., T. S. Hoyne, M.D., C. H. Vilas, M.D., W. J. Hawkes, M.D., H. B. Fellows, M.D., Tappen Halsey, Chicago.

The following were elected to membership during the session:

	RESIDENCE.	GRADUATE OF	YEAR.
C. M. Babcock, M.D.,	Columbus,	Hahnemann Med. Col. of Chicago,	1887
Jno. P. Parmley, M.D.,	Mifflin,	" " " " "	1880
H. B. Dale, Jr., M.D.,	Oshkosh,	{ Rush " " " "	1887
		{ Chicago Homœopathic, Med. Col.,	1888
H. C. Block, M.D.,	Milwaukee,	" " " " "	1886

On motion the reading of the minutes was omitted.

The report of the treasurer, H. M. Bingham, M.D., was read, as follows:

Balance on hand at last report .....	\$52.24
Received during the year.....	81.00
	<u>\$133.24</u>

DISBURSEMENTS.

Dr. Bingham for postage, book for treasurer and express...	\$4.00
Dr. Lewis for postage and express .....	16.00
Duncan Bros., 205 copies of Transactions, 1887 .....	35.25
Tainsh & Co., on acc't of programmes and notices.....	4.00
	<u>\$59.25</u>
Balance in treasury.....	\$73.99
Due Tainsh & Co.,.....	7.00

The report was referred to the auditing committee, consisting of Drs. Storke, Hall and Sherman, who reported the same to be correct.

The treasurer, H. M. Bingham, M.D., not being present, having moved to Denver, Colorado, the president appointed Almah J. Frisby, M.D., treasurer, pro tem.

L. Sherman, M.D., committee on necrology reported that the Society had sustained the loss of two prominent members, by death, during the year:

H. E. Boardman, A.M., M.D., Monroe, and  
Geo. Fellows, M.D., Waukesha.

Dr. Boardman was born in Rutland, Vermont, May 18, 1835, and died at Larned, Kansas, February 26, 1888. He graduated at Middlebury (Vermont) College in 1857, was Associate Prin-



cipal of Chester Academy till 1858, then Professor of Mathematics and English Literature in a Missouri college for a year and a half; subsequently he studied medicine and graduated from the Hahnemann Medical College of Chicago in 1867, locating in Menasha; moved to Sun Prairie in 1869 and in 1878 he went to Monroe, where he resided until the fall of 1887, when his health failed to the extent that he was compelled to give up practice, and went to live with his son at Larned, Kan, where he remained until his death.

He joined the society in 1870, and has always been an active and useful member. He filled the president's chair with honor in 1886. His uprightness of character, and his kind manner had made him dear to us all.

Dr. Fellows was born at DePeyster, N. Y., May 21, 1830, and died of apoplexy at Waukesha, Jan. 31, 1888. At the age of sixteen he came to Wisconsin and has been a resident of this state ever since. In 1851 he began the study of theology, graduating at the Garrett Biblical Institute at Evanston, Ill., in 1860, and was active as a minister of the Gospel for upwards of thirty years. While stationed at Oshkosh his health failed and he commenced the study of medicine, graduating at the Hahnemann Medical College of Chicago in February, 1885. He located at Waukesha, Wis., the same year and joined the society in June. In 1886 he established the Waukesha Sanitarium and conducted it up to the time of his death.

Dr. C. H. Hall, chairman of the committee on legislation, reported that in accordance with the instructions of the society he had labored to defeat the passage of the Medical Bill before last legislature. He read the text of two bills that had been prepared, but after some discussion the matter was referred back to the committee with instructions to report later.

The committee on publication reported that the Transactions had been published in THE INVESTIGATOR, and that the publishers had furnished the society with 205 reprints, bound in board, at a cost of \$35.25, and that a copy of the latter had been mailed by the secretary to each member.

The Bureau of Ophthalmology, Otology and Laryngology was

then called and Dr. E. W. Beebe read a paper on "The Treatment of Cataract."

In discussion, Dr. Allen stated that he had had good results in the treatment of cataract by remedies, when there were symptoms of inflammation present. Phosphorus in his hands had alleviated and even worked a partial cure.

*Dr. Bailey* commended the paper and said that he was glad that the doctor emphasized the present tendency of ophthalmic surgery to simplicity of detail, and considered the use of transparent plaster to protect the eyes after operations a decided step in advance.

*Dr. Sherman* stated that as mercury caused deposits of lymph, and as cataract is a slow deposit of lymph in the lens, we might expect good effects from its use in many cases. Had seen the case mentioned in Dr. Beebe's paper and was a witness to the good results.

#### AFTERNOON MEETING.

Under the Bureau of Gynæcology, the following papers were read:

*Delia G. Lyman, M.D., Madison*, "Reflex Disorders Arising from Uterine Diseases." A paper by *S. E. Hassell, M.D., Lancaster*, on the same subject.

*O. W. Carlson, M.D.*, "Endo-Metritis."

*Ella J. Clarke, M.D., Milton*, "Reflex Nausea."

*E. S. Bailey, M.D., Chicago*. "The Extensive Lacerations of the Cervix Uteri."

*Dr. Fellows* said that it was important to find the origin (often remote) of symptoms in diseases of women, and that by removing the cause many cases could be relieved.

*Dr. Leavitt* has made operations on the cervix uteri, and in some cases the operation was followed by disappearance of the abnormal symptoms, but that in other cases it had proved disappointing. He mentioned one case in which he operated for lacerated cervix, which was followed by apparent shrinking of the canal, leaving it so small that the patient suffered with dysmenorrhœa. He dilated gradually and the patient was relieved.

*Dr. Ford* believes that menstrual headaches, in a majority of cases, depend on irregularities of diet. Says that since she has

given attention to the diet in these cases, has had better success in their treatment. She especially aims to stimulate hope in her patients.

*Dr. Lyman* asked for counsel in regard to a case of obstinate constipation consequent upon subperitoneal fibroid. *Dr. Leavitt* recommended Caulophyllin.

*Dr. Churchill* asked the members for their experience in the treatment of critical hæmorrhages at climacteric.

*Dr. D. S. Smith* stated that he had had good results from the use of *Secale 3x* in these cases, with attention to the diet. He spoke of a case which was diagnosed epithelioma and unfavorable prognosis given by eminent gynæcologists, but which had disappeared and the patient still lives. Another case of supposed schirrus with fissure of cervix, which was operated upon unsuccessfully, was cured with medicines. He dwelt upon the importance of properly affiliating the remedy to the case,—if which is done he believes many cases that are now looked upon as hopeless would prove curable.

*Dr. Sherman* then read a paper by *Dr. E. M. Hale* on "Glonoin" and a paper by himself on "Insoluble Drugs."

*Dr. Hoyne* does not agree with *Dr. Sherman* in regard to *Carbo veg*. He has seen undoubted good effects from the use of *Carbo veg 200*. A case of croup in particular which appeared hopeless was helped by this remedy in the 200th potency. Had witnessed good results from the use of the same medicine in varicose and syphilitic ulcers.

After further discussion by *Drs. Danforth, Lewis* and others, the papers were referred to publication committee.

#### EVENING MEETING.

The evening meeting was called to order by the vice-president, *Dr. Beebe*, and the president, *Dr. Sutherland*, delivered the annual address, which was referred for consideration to a committee consisting of *Drs. W. Danforth, S. J. Martin* and *J. Lewis, Jr.*

After some remarks by *Drs. Fellows, Hawkes* and others, the society and friends repaired to the Commercial Club rooms, where a banquet had been prepared by the physicians of Milwaukee. After

full justice had been done to the eatables, speeches and music were the order of the evening till a late hour.

THURSDAY MORNING.

Meeting was called to order by the president and the committee appointed to report upon the president's address presented the following:

The committee to whom was referred the consideration of the president's address most cordially endorse its tone and teaching and unreservedly approve of it as worthy of the occasion and the times upon which we have fallen, and commend its perusal by every member of the profession.

W. DANFORTH,  
S. J. MARTIN,  
Jos. LEWIS, JR.

The Bureau of Clinical Medicine being next in order, *Dr. E. F. Storke* read a paper on "Clinical Mistakes."

*Dr. W. Danforth* commended the paper and made some remarks to show the degree of responsibility attaching to a physician who simply gives an opinion. He spoke of a case which had recently been through the courts, in which a man had sustained an obscure injury of the leg. *Dr. A.* was called, who pronounced it no fracture but simply a bruise. However, as *Dr. B.* was passing, he called him in, and he agreed with him. *Dr. A.* placed a long splint upon the leg and told the patient he would be around in ten days; but a third physician was called later and he found a fracture of femur through the condyles with deformity, and after four months, *Dr. B.*, who simply gave a hasty opinion in passing, was waited upon with a polite demand for \$5,000 damages.

*Dr. Danforth* emphasized the importance of being conservative in statements, and of watching the case carefully.

*Dr. Hawkes* called the attention of those present that the mistakes mentioned were not those of prescribing, but in diagnosis. Mistakes will always be made. It would be impossible to do otherwise with our finite mind. Other things being equal the best symptomatologist would be the best diagnostician. Drugs do not produce the disease, but they do produce the nervous phenomena,

which are the surest indications for treatment. Error is more likely to be made in diagnosis, than in the symptoms of the disease.

After further discussion by Drs. Sherman and others the paper was referred to the publishing committee.

*Dr. H. W. Danforth* read a paper detailing treatment of bad case of burn of the leg, and introduced the patient to the society for their inspection.

The committee on legislation presented the following report, which on motion was adopted:

Your committee to whom was referred the questions relating to medical legislation begs leave to report as follows:

“We would recommend that the licensing power be taken from all medical societies within the state, except the Wisconsin State Medical Society and the Homœopathic Medical Society of Wisconsin.”

We would further recommend the passage of the following resolution stating our position in regard to the passage of a new medical law.

*Resolved*, That we hereby declare our willingness to accept and aid the passage of any good and sufficient medical bill which contains a guaranty of fair and equal examination of all applicants for license to practice medicine and surgery.

C. H. HALL.  
L. SHERMAN.  
E. F. STORKE.  
J. LEWIS, JR.  
O. W. CARLSON.

*Milwaukee, May 24, 1888.*

#### AFTERNOON MEETING.

The secretary not being present, Dr. O. W. Carlson was appointed secretary *pro tem*.

On motion the Bureau of Obstetrics was postponed to give place to the election of officers, which resulted as follows:

#### OFFICERS FOR 1889.

*President*—E. W. Beebe, M.D., Milwaukee.  
*First Vice-President*—C. H. Hall, M.D., Madison.  
*Second Vice-President*—Julia Ford, M.D., Milwaukee.  
*Recording Secretary*—F. D. Brooks, M.D., Milwaukee.  
*Corresponding Secretary*—C. L. Crandall, M.D., Burlington.

*Censor* (For three years)—W. A. Reed, M.D., Berlin: making the Board of Censors as now constituted: L. Sherman, M.D., Milwaukee; A. G. Leland, M.D., Whitewater; W. A. Reed, M.D., Berlin.

COMMITTEES TO REPORT IN 1889.

*Committee on Necrology*.—L. Sherman, M. D., Milwaukee.

*Committee on Publication*.—Drs. Brooks, Sherman and Lewis.

*Committee on Legislation*.—Drs. Hall, Carlson, Sherman, Storke, and Lewis.

*Committee on Code of Ethics*.—Drs. Hall, Storke and Leland.

CHAIRMEN OF BUREAUS FOR 1889.

*Gynæcology*.—C. H. Hall, M.D., Madison, Wis.

*Anatomy, Physiology and Pathology*.—Almah J. Frisby, M.D., Milwaukee.

*Materia Medica and Pharmacology*.—L. Sherman, M.D., Milwaukee.

*Clinical Medicine*.—J. Lewis, Jr., M.D., Milwaukee.

*Surgery*.—W. Danforth, M.D., Milwaukee.

*Obstetrics*.—Julia Ford, M.D., Milwaukee.

*Ophthalmology, Otology and Laryngology*.—E. W. Beebe, M.D., Milwaukee.

The committee on Code of Ethics, through Dr. Hall, chairman, reported as follows: "Your committee to whom has been referred the Code of Ethics recommend the adoption and publication in our transactions of the Code of Ethics adopted by the American Institute of Homœopathy, with the following addition in Section III of Part 2, after the words 'by particular diseases': *Further than to barely mention in his physician's card the specialty in which he may wish to engage.*"

C. H. HALL,  
E. F. STORKE,  
A. G. LELAND.

Motion was made to accept and adopt the report. Dr. Sherman suggested that the adoption would be out of order because the society had already formally adopted this Code of Ethics, and any modification would require a year's notice in writing before it could

be acted upon. Dr. Hall then, on behalf of the committee, offered the proposed amendment for action of the society at the next annual meeting.

Dr. Sherman proposed the following amendment, viz: "That Section III of Part 2 be made to read as follows: 'The physician should not resort to public advertisements, nor private cards or hand-bills inviting the attention of persons afflicted by particular diseases *further than to barely mention in his professional card some specialty in which he may wish to engage, provided that he can show a certificate from some competent college or examining board that he is qualified in such specialty.*'"

The Bureau of Obstetrics was then called, and F. D. Brooks read a paper on "Positions in Obstetrics," and Dr. Julia Ford on the "Hygiene of the Lying-in Room," which were fully discussed by Drs. Leavitt, Clark, Lyman and Danforth.

Motion was made and carried extending a vote of thanks to the proprietors of the Plankinton House, the different railroads, and to the press, for their kindness to the society in various ways, after which the society adjourned to meet in Racine in May, 1889.

JOSEPH LEWIS, JR., *Secretary.*

### THE PRESIDENT'S ADDRESS.

LADIES AND GENTLEMEN OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF WISCONSIN:

For the honor that you have conferred upon me, in electing me to the highest office within the gift of this association, I return to you my most heartfelt thanks.

I esteem this honor all the more highly because it came during my absence, and was wholly unsought by me.

We are again assembled in the capacity of a medical society, as conservators of the health of the people, to discuss those vital questions that deeply concern the human family.

To renew our allegiance to the cause we have espoused and exchange fraternal greetings.

Let us be lifted ourselves and assist others in getting out of those professional ruts into which every medical man, working alone, without censor and opponent, is likely to fall.

Here let us lay aside the burdens of the sick room and enter freely into all the discussions of the hour.

Do not spare your criticisms, but let them be given as tokens of friendship, in a friendly spirit, and let them be so received.

If a member comes here with a "cure-all," a "hobby" or a pet theory not in harmony with the broadest culture, and not approved and adopted after a careful investigation and painstaking study, it is your duty to tear away the webs that bind him (who would otherwise be a giant, perhaps,) and send him home a free man.

With neither night nor Sabbath for rest from professional cares, with long jaunts, exposed to wind and weather of all kinds, irregular hours for sleep and study, and that oftentimes when suffering from excessive fatigue of body and mind, we should be all the more careful that our conclusions are drawn from facts based upon careful observations.

To us, unguarded, there is the greatest danger that with the utmost confidence of our patients, we may fall into erroneous methods of thought and unscientific ways of treatment.

The volume of business of most physicians prevents them from giving that prolonged study and thought which many important cases demand. We must, therefore, learn to think rapidly and correctly.

These meetings, properly improved, will yearly be of as much benefit as a course of lectures to us. They should prevent our flying off on a tangent or becoming "cranks."

Each Bureau ought to come here with properly prepared papers upon practical every-day topics. Men should be appointed to discuss them who have previously been notified of their contents and have made careful preparation; after which they should be opened for general discussion. Care should be taken to make the papers practical and not bookish.

Our society should be so conducted as to be of the greatest benefit to the greatest number.

While we should exercise the greatest liberality toward all persons and all methods, and the inventions of all men, and all proposed remedies should be honestly and thoroughly investigated, our time should not be monopolized by the medical professor who discusses a paper in a way to advertise his college, by the specialist in riding his "hobby," the instrument man in showing his inventions, or the crank in airing his notions and whims. These may all be heard, but the time of this society should mainly be devoted to practical papers and in intelligent discussion of them.

Those persons to whom these meetings would be of the greatest benefit are frequently not present. We ought to reach them and if possible inspire them with a desire to study and investigate, for they, of all men in our profession, need it most.



Almost every preceding president has given his ideas of the best methods of reaching this class of practitioners. To what has been already said I have only one more suggestion to add. I would appoint a committee to prepare an annual banquet to be held the first evening of the session, to which the members, their wives and friends should be invited; the same to be paid for by those who participate. The tickets should be placed at some moderate price, say one dollar per plate. Many will come a long way to attend a banquet who would not be present for simple routine business or for professional improvement. Once present and interested, they would become valuable additions to our society.

The joy of this annual meeting for social intercourse and mutual improvement is marred by the loss of two of our noblest and best men. Drs. H. E. Boardman and George Fellows are no more. We can never again take them by the hand in exchange of greetings; their voices will no longer be heard in our discussions. They have passed on into the future and have entered upon their rewards at an age when we had a right to expect the most of them. Both of them were men of ripe scholarship and of deep religious convictions. They were men whose integrity was never doubted; whose judgments were seldom questioned. Both died suddenly. It was my fortune to know them well.

Dr. Boardman, after graduation at literary college, spent several years as teacher, then studied medicine, and for about twenty-five years practiced the profession in this state. He was a member of this society, and two years ago its honored president. He was faithful here as elsewhere. No duty assigned him ever went undone. About one year ago he commenced to be troubled with vertigo. The physician whom he consulted did not think him seriously sick. He was taking a much needed rest in the far West when, without warning, death came. As a husband, father, citizen and friend, too much cannot be said. As a physician he was successful. He was modest and unassuming, a careful student, and a man of deep convictions. Those who knew him best appreciated him most.

Dr. Fellows, after finishing his literary studies, which included a course in theology, entered the ministry of the Methodist Episcopal Church. There he took a high standing, filling some of the best appointments in this state acceptably. Failing health obliged him to take a superannuated relation to the conference with which he was connected.

When his son studied medicine he accompanied him to college, graduated, and has since resided in and practiced at Waukesha. For the last three or four meetings he has been with us. Restored health brought renewed vigor of body and mind.

Active, energetic, a good listener, a ready talker, a close student, he gave promise of great usefulness. As a Christian man, husband, father and friend, no eulogistic words of mine could do him justice. He was as far as known enjoying usual health when the sudden summons came that called him hence.

Now I invite your attention for a few moments to the question, "What has Homœopathy done" ?

I am not a partisan, nor do I believe in keeping our peculiar beliefs constantly before the people.

But there are times when it is well to take a retrospective view of our work, and even applaud ourselves when we have done well—To examine carefully the ground on which we stand as a distinctive school of medicine.

When any new system of religion or philosophy, any innovation in a science seeks acceptance of the people—if by such acceptance the old systems are to be replaced or discarded, to the new belongs the burden of proof. The new must show why it claims sufferance and what right it has to supplant the old. We are innovators and must give our reasons for being. I can not enter into anything like a full discussion of this subject to-night.

Dissatisfied with the uncertainty of medical remedies, the indefiniteness of the whole science, Hahnemann, the father of Homœopathy, gave up medicine in disgust. This was the darkest day that medical therapeutics ever saw. The profession had reached the very acme of cruelty in treatment. To be sick, to call a physician, was to pass through tortures too intolerable to now even contemplate without discomfort.

While experimenting with Cinchona, he discovered that taken in large doses by the healthy it produced the same symptoms which it was known to remove. Other remedies, after careful experiment, he found would do the same.

Then, finally, he found all remedies that he had an opportunity to prove conformed to the same law; the law of similars.

The promulgation of this law maddened the physicians and pharmacists, who saw that its acceptance would change the whole structure of medicine.

Sneered at by friends, persecuted by physicians and pharmacists who would not examine his discovery, he was forced to move from place to place. A man of less zeal would have abandoned the practice which he now renewed.

But Hahnemann was made of different stuff. Added to persistency he was a man of the profoundest knowledge, the broadest culture.

Such an one could not long remain without devout disciples

and a large following. His very persecutions succeeded in disseminating a knowledge of his discovery over a wider field. Even in those days there were men who believed that an all-wise Creator, who had made a path for every planet; who had laid the rocks in strata; who had given each plant a definite method of growth; who had, in fact, made all heaven and earth according to a definite plan, had not made man, sinful though he be, and placed him here subject to so many ills, without providing for him some definite method of cure.

Just as religion is broader than the creed of any church, so medicine is broader than the formulated statement of any school.

Believing this, I freely admit the great intelligence, the good work of the men of all schools; and cover what I believe to be their errors with the broadest mantle of charity. Yet, claiming allegiance to the Homœopathic school of medicine because I believe it to be the most progressive, and the only one whose therapeutic methods stand on a scientific basis.

With the Allopathic school all is empiricism. A remedy or method of treatment is recommended to-day and discarded to-morrow. What is allowed by one is prohibited by another; what is recommended by one is condemned by another.

While great advancement has been made in all the collateral branches, the one most important of all, the curing of the sick by remedies, the universal method, is admitted by all their great writers to be in as unsatisfactory a condition as it was a century ago.

Our therapeutics are founded on the unchanging law of similars. Our remedies are proven singly on the healthy before they are given the sick, and we know what result we shall obtain. A remedy once proven and its sphere of action once rightly understood, remains unchanged. If a thousand Homœopathic physicians were to prescribe for the same case, and all had the same amount of knowledge, however much they differed in other respects, all would give the same remedy.

No such scientific uniformity is claimed, or can ever be reached by any other school. Seldom can any two men be found, even if they take exactly the same view of a case, who would make the same prescription.

Then, the first thing that Homœopathy has done is, it has established a universal law of cure and reduced the prescribing of remedies to a scientific basis.

The small doses and single remedies of Homœopathy make it necessary that the medicine should be of the best quality, prepared with the utmost care, from the best material, and each one kept by itself.

The old-fashioned pharmacist, accustomed to compounding numerous crude drugs in a crude way, treated with scorn all attempts of the physician to correct his slovenly ways, thinking them simply fastidious.

He could not appreciate the fact that a little foreign material, an uncleaned mortar or percolator, might entirely change the action of the best selected remedy, and declined to take the pains that the Homœopathic physician thought necessary. Hence, for years he collected and prepared his own remedies. Out of this demand grew the Homœopathic pharmacist, a man ever on the alert to have his drugs prepared carefully, of the best material, each one by itself, who has made a study of the best manner to prepare each drug. This influence has obliged all pharmacists to raise their standard of excellence.

The second thing that Homœopathy has done, it has elevated and purified pharmacy.

The accumulated superstitions of the ages a century ago heaped upon the human sick more than they could bear. Seton, cauterly, blistering, purging and vomiting, the use of the vilest compounds, in the mildest cases of disease, the prohibition of water, the lack of attention to diet, cleanliness, pure air and sunlight, the fact that every returning year brought some more powerful compound or new method of torture, made the practice of medicine cruelty.

Had all these so-called improvements come at one time, the world would have arisen in arms against them.

But we do not have to go back a century to find a well-defined dread of the methods of the old-school physician.

You who were in the last war remember with what fear the common soldier entered the hospital. He preferred to suffer in the tent or on the battlefield rather than enter one.

The history of the late cholera epidemic in Spain tells us that physicians were mobbed at sight and that the people chose to brave that terrible disease alone, unaided, rather than take their chances in the hands of one.

In Homœopathy all of these unnecessarily severe measures are repudiated and we have made them not only unpopular but almost criminal.

The experiments that followed the use of the single proven remedy showed that when the body is in a condition of health it can bear a large dose of medicine without material injury, but when in a highly sensitive condition produced by disease, that a small dose will produce a decided effect.

This suggested the idea of small doses. When your hand is well it will bear quite a blow, but let a boil be there and it will take

but little to cause great pain. So smaller doses followed at once as a corollary to the law of similars.

The third thing that Homœopathy has done is to get rid of all severe measures and heroic doses in treatment. The old-time physician, ever busy with his powerful compounds and depleting measures, which he thought ought to cure, gave little heed to anything else. To the Homœopath, with his small doses and very little auxiliary treatment, surroundings, sunlight, fresh air and cleanliness became at once important factors. Without these our remedies could not be expected to cure. And these have been insisted upon from its earliest introduction.

Again, if Homœopathy is not the founder of antiseptic and hygienic medicine, it has made their introduction possible and necessary.

One of the greatest benefits that it has conferred is that wherever it has been accepted it has repudiated the use of those vilest of all compounds, "patent medicines," of which there are now thirty-five thousand kinds in the market. Recommended as "cure-alls," taken by the patient for something—he does not know what, perhaps a guilty conscience—they over-stimulate and cause disease in every organ.

These changes from harsh to gentle measures have had a refining influence on the doctor. The old-style man who found it necessary to be rough and unpolished, to enforce his treatment by brute force, is now a thing of the past.

The doctor is to-day a welcome visitor at every sick-bed.

It is now ninety years since Homœopathy was first practiced. Busy years they have been.

The founders abandoned all attempts to force nature, and tried to find out the line along which she was working and simply assist her.

She works by established laws, and the closer we follow her the nearer we can reach perfection. Her therapeutic law we believe we have found, and are attempting to follow.

There were no journals, no books, no schools, no hospitals.

A handful of scattered men against the world, at such distances from each other that consultation was next to impossible.

For the first few years all spare time was devoted to building up a materia medica.

That fairly accomplished, attention was turned to the collateral branches. To-day we have a wealth of good literature in all branches where the question of treatment is involved.

Of properly equipped colleges we have an abundance, all of

which compare favorably, and some are in advance of any others in this country.

All of the states and large cities and some of the territories and counties have flourishing medical societies.

Our National Society is the oldest of any similar association in the country. We also have a large number of hospitals in a prosperous condition.

But a therapeutic law, with literature, schools, associations, and hospitals, would be of no avail without a clientage. Here, were we inclined, we could be boastful.

Wherever Homœopathy has unfurled her banner she has drawn to her the *elite*, intelligent, and wealthy. And in this great Northwest, although we have not more than one-tenth of the physicians, the wealth represented by our patients is probably equal to that of any other school.

But prouder still and more boastful can we be of the class of men who represent us.

The late lamented Dr. Chadbourne, while president of our State university, once said to the class of which I was a member:

“I do not believe in Homœopathy. I know nothing of its doctrines. I have never studied them. But this thing I have noticed: When a man leaves school in the freshman or sophomore class to study medicine, he usually becomes an Allopath. If he graduates, a Homœopath.” So noticeable has this been that it has excited frequent comment. To-day the percentage of college-bred men who practice Homœopathy is much larger than in any other school. These men have demanded better education for physicians, and the colleges in this country to-day that require the highest entrance examinations, the most rigid course of study, are teaching Homœopathy.

But Homœopathy has not had smooth sailing while she has been making these innovations.

With the bad in medicine a century ago there were some things very good.

The wealth, numbers, and prestige of ages were with the dominant school.

To step aside was to bring down upon one's-self scorn, calumny, sarcasm and social ostracism.

To be deprived of the aid of other physicians—to have every death charged up to Homœopathy by a band of influential men who despised her teachings.

To be a Homœopath then required an amount of heroism that cannot be understood now.

There were enemies within as well as enemies without; enemies who tried to be her fastest friends.

The discovery that small doses given according to a fixed law would produce a cure, induced a class of theorists to attenuate their remedies until the impurities of the medium were thousands of times more potent than the remedy.

Because their patients recovered much sooner than those subjected to the regular methods they attributed it to extreme potentization.

Many of these men were zealous teachers and writers, wielded a powerful influence, and did much to bring ridicule upon the school.

Another injury was a lack of culture among a part of its early exponents. So great was the demand for Homœopathic remedies and practice that men who bought a domestic book and case in the country for family use prescribed for their neighbors.

Practice and study brought them into demand. The people, ever quick to perceive, soon learned that the Homœopathic farmer with his domestic case and book was a quicker, safer healer than the ordinary physician.

There grew out of this demand a class of earnest exponents of Homœopathy whose early medical training was not gained in the technical schools of learning but in the hard school of experience. They were valuable men, strong men for their times. They made the best and quickest cures of the age.

Yet the fact that they were not trained in professional schools threw opprobrium upon Homœopathy. We have outlived this state of things and now there are almost none practicing without diplomas.

The undivided attention which was given to building up therapeutics for a time made our school neglect surgery. Even as late as forty years ago nearly all the distinguished operators were in the dominant school.

This fact gave our enemies an opportunity to reproach us.

To-day many of the boldest operators are Homœopaths; and our surgeons will compare favorably with those of other schools.

Hahnemann was so far in advance of his age, stood out as such a prodigy upon the pages of medical history, that there have not been lacking those who deified him and believed that with the promulgation of his law the summit of medical progress had been reached. They could not realize, and some cannot now feel, that it was honor enough for him to discover the law, and that it belongs to us to apply and develop it; that a century has revolutionized medicine as well as other sciences; and to claim that all of Hahnemann's theories of disease were correct, and that to be Homœopathic

we must accept them, is as foolish as to say we must accept chemistry or any other science as it was a century ago.

We live and move in an age of progress and if we would not be left behind we must ever be on the alert. Quick to detect and reject error, but equally quick to accept truth from whatever source.

To-day the objects of medicine, the prevention of disease, the prolongation of human life, the alleviation of human suffering, can all be better accomplished with less injury to the human system by the mild scientific treatment of Homœopathy than by any other.

Should our school close its history here and be blotted out of existence by one stroke of a master hand, the modifying and beneficial influence which it has exercised on medicine would make its remembrance pass down through the ages as one of the greatest blessings of time.

But Homœopathy has just commenced to spread her wings.

Each age will bring new thoughts and grander developments, until upon the law "*Similia Similibus Curenter*" will stand the grandest science of medicine the world will ever see. Toward building this in a way that will benefit all humanity let us now turn our attention.

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## GLONNOIN IN DISORDERS OF THE HEART.

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

Read before the Wisconsin State Homœopathic Medical Society.

This substance—named *Glonoin* by Hering—is pure *nitro-glycerine*. The Homœopathic school was the first to use it, and its use by Hering was according to the law of *similia*. The Allopathic school a few years ago commenced its use, but in a different manner. After a study of its physiological effects they commenced its use as an antipathic remedy. Both schools use it successfully to combat many troublesome and even grave disorders. It affords an example of the beneficial effects of a drug used in opposite directions. Those of you who have studied its pathogenesis by Hering and others, must have a very clear idea of its effects on the human system. But the pathogenesis cannot be perfectly understood until we study it in the light of modern pathology. Without this light the symptoms of *Glonoin* seem to resemble a purely vascular stimulant. The heart seems to be excited to unwonted action and to throw the blood to all



the organs of the body, especially the brain, with such energy as to cause active congestion.

But the fact is that it does not primarily stimulate the heart by acting directly on it. The fact is that Glonoin acts primarily and directly upon the vaso-motor centres in the brain. It causes a paralysis of the vaso-constrictor nerves. The result is paralysis of the involuntary muscular tissue in the blood-vessels. This causes a dilatation of the blood-vessels and an immense increase in the *area vasculosa*.

So soon as the vascular area is largely increased, the demand for blood by the dilated blood-vessels is increased, and the heart is stimulated by the decreased resistance. The result is that the action and power of that organ are enormously increased. In this manner is explained the apparent congestion, the increased action of the heart, and the vascular turgesence. The object of this paper is not to give the general therapeutic power of this drug, but to point out the cardiac disorders in which it will prove useful.

*Angina pectoris* is the first disorder to which I call your attention. It seems to have been demonstrated by the researches of Potain, Huchard, Herard, and others, that real angina is caused by an *ischaemia* (narrowing) of the blood-vessels of the heart itself. This narrowing may be caused by a spasm of the vaso-motor constrictor nerve of the myo-cardium, or an ossification of the coronary arteries. In the latter case all medicines are powerless. In the former, Glonoin,—or its sister drug, amyl nitrite,—are potent remedies. They are not primarily Homœopathic to such a condition, but secondarily. Even if only physiologically indicated, the fact remains that it is invaluable as a palliative, and will often snatch the patient from death. By its power of dilating the arteries—or paralyzing the vaso-motor constrictors, it allows the blood to re-enter the arteries, and the terrible heart-pang is relieved.

For similar reasons, Glonoin is potent to relieve those cases of cerebral anæmia due to aortic constriction and insufficiency. This cerebral ischæmia causes those sudden faintings, syncopal attacks, and so-called heart-failures, which are so dangerous unless promptly relieved.

*Cardiac Dyspnœa.*—There are cases of terrible cardiac dyspnœa which are promptly relieved by Glonoin. This form of dyspnœa is caused by a constriction of the arteries in the lungs. The heart is powerless to overcome the obstruction, and the patient is in imminent danger of suffocation. The proper doses of Glonoin in a few minutes remove this serious condition by dilating the closed blood-vessels.

*Palpitation of the Heart.*—This disturbance of the heart's action is often caused by vaso-motor constriction. In such cases the face, hands, and other surfaces of the body are cold, and a cold sweat bathes it. Meanwhile the heart is beating rapidly and wildly, vainly striving to throw the blood into the capillaries. If not relieved, the heart often dies—paralyzed in diastole. Here a physiological dose of Glonoin dilates the closed capillaries, the heart is quieted and a great danger averted.

But we are not restricted to the above class of cardiac disorders, for we can use Glonoin in many cases where an opposite condition of the arteries occurs, namely: in paralysis of the vaso-constrictors. This is its Homœopathic use. The old school not believing in the law of *similia*, considers it contra-indicated in such cases, and even dangerous. So it is in tangible or physiological doses, but not so in minute doses, as the clinical records of our school show.

There are many cases of cerebral congestion due to paresis of the vaso-motor constrictors of the cerebral blood-vessels. They then allow the heart to throw into the brain an undue amount of blood. In young persons this condition is not often dangerous, but in the old, who have weak or brittle arteries, it may result in apoplectic extravasation. In such case, we find in the third centesimal dilution of Glonoin a specific remedy.

*Cardiac Dilatation*, with thinning of the walls of the heart, is another condition to which Glonoin is perfectly Homœopathic. Concomitant to this dilatation, there is a lax condition of the coats of the arteries, because the heart is too weak to fill them. In such a state Glonoin alone will palliate and aid a true cardiac tonic like *Digitalis* or *Strychnine* to aid the heart to regain its power.

*Cardiac Irritability.*—When this condition is caused by long-continued mental strain, or abuse of alcohol or tobacco, Glonoin has

in my hands proved one of the most valuable remedies we possess. I have the records of many cases, but owing to lack of time I cannot transcribe them. However, I beg leave to present several cases similar to my own, reported by Dr. Jas. K. Crook. The doses used by him were the same I have found most useful.

CASE I. *Cardiac irritability due to the excessive use of tobacco.*  
T. B., male, aged seventy-one. Applied for treatment December 21st, 1886. This patient was formerly an excessive chewer and smoker of tobacco. Ten years ago he suffered severely from attacks of pain over the lower end and to the left of the sternum, together with severe cardiac palpitation. By medical advice he discontinued the use of tobacco, when the trouble gradually subsided. He resumed the tobacco several months ago. Within a week the cardiac trouble reappeared, and soon became worse than ever. He then diminished the daily quatum of the weed, but did not abandon it altogether. At this time, he informs me, the attacks come on with unprecedented severity, and he seldom passes an hour without feeling something wrong with his heart. On physical examination this organ was found to be normal in size but irregular, and dropping about two beats to the minute. Patient was ordered to desist from tobacco, and was prescribed one drop of the centesimal alcoholic solution of Nitro-glycerine three times a day. December 28th. Patient informs me that he has found it impossible to relinquish his tobacco, but that he has taken the medicine regularly as prescribed. He expresses great relief; says that for the past two or three nights he has been able to sleep on his left side without inconvenience. The spells are greatly mitigated in severity. On physical examination also the heart is found to be more regular and less intermitting than at his previous visit. The patient continued to improve until the middle of January, 1887, when the cardiac trouble had almost completely disappeared, notwithstanding the fact that he persistently declined to abandon the use of tobacco. At that time he disappeared from observation, and has not since been seen, so that I am not prepared to say how long the relief continued. Unfortunately, Glonoin does not always act as well in such cases. I have tried it faithfully in another case of cardiac trouble, plainly due to the effects of tobacco, but with entirely negative results. An account of this

case will be introduced here, although considerably out of chronological order.

CASE II. *Cardiac irritability and palpitation due to tobacco.* P. M., aged thirty-seven. Came under observation November 17th, 1887. This patient has used tobacco constantly since he was ten years of age. Sometimes he will renew his quid every ten minutes during the day, and also smokes several times daily. For the past eight or nine years he has been troubled with cardiac palpitation. His heart will often become excited and beat with painful rapidity without apparent cause. On examination this organ was found to be normal in size but rather weak in its action, and beating at the rate of eighty-six per minute. Patient was advised to desist from the use of tobacco, and was prescribed one drop of the one per cent. solution of Glonoin three times a day. November 29th. The patient has taken the drug as prescribed with great regularity. He states that he has diminished his daily quantity of tobacco, but was unable to leave it off altogether. There has been no improvement whatever in his symptoms. He says he has had one spell of cardiac distress since his previous visit, which eclipsed all others in severity. The medicine always gives him a headache a few minutes after being taken. Ordered Glonoin continued in double doses (gtt. 2 cent. sol. t. i. d.), and again insisted upon the necessity of discarding tobacco. December 3d. Patient still finds no relief whatever, although he has taken the medicine in exact accordance with my instructions. He has limited himself to three chews of tobacco daily, but can't stop its use altogether. Physical examination shows heart to be beating at the rate of ninety-four per minute. Ordered Nitro-glycerine increased to three drops three times per day. Even this amount has failed to improve the excitable and irritable condition, and it has been discontinued and replaced by compound spirits of ether. The latter drug has also failed to produce any relief so far. It is possible that no improvement will occur in the case until the complete discontinuance of tobacco.

CASE III. *Double aortic lesions complicated by intense paroxysms of angina pectoris.* J. M., aged forty. This patient was first seen February 22d, 1887. He was found to be suffering from double lesions of the aortic valves, with advanced cardiac hypertrophy and

dilatation. The case was marked by most distressing spells of angina, which frequently came on several times a day. The patient was afraid to go to bed, as the seizures were especially severe at night, and frequently rendered sleep impossible. These attacks presented the principal indication for treatment, as the disease had evidently progressed too far to admit of any hope of re-establishing cardiac compensation. As the patient was under my constant observation until his death, on the 20th of September, ample opportunity was given for comparing the effects of different remedies for angina pectoris. Among the medicaments prescribed for this complication were several preparations of opium, the Iodide of Potassium, the Bromides, Hoffman's anodyne, Valerian, Asafoetida, and finally Nitro-glycerine. All these remedies were eventually abandoned except the latter. It was found to be the only agent which would arrest or ameliorate the paroxysms with any degree of certainty. It was at first prescribed in drop doses of the one per cent. solution three times a day, and one drop every fifteen minutes at the supervention of a paroxysm. In this manner the attacks were rendered far less frequent and their severity greatly diminished. Before the patient's death, however, it was found necessary to greatly increase the dose. Sometimes as much as fifteen or twenty drops of the usual solution would be required to tide him over a paroxysm. It is my belief that the patient's life was considerably prolonged by the use of Nitro-glycerine. His last days were certainly rendered far more comfortable.

CASE IV. *Aortic stenosis with weak heart and severe breast-pang.* J. M., aged fifty-four. Applied for treatment March 31st, 1887. This case presents no features of special interest beyond the fact that Nitro-glycerine was found very efficient in relieving palpitation and sensations of impending death, with which the patient was frequently troubled. Its effects were not permanent, however, as the patient when last seen (in September) still had occasional very severe visitations of the attacks of cardiac pain and dyspepsia.

CASE V. *Simple cardiac palpitation of neurotic origin.* J. S., aged twenty-five. Came under observation May, 1887. This was a case of ordinary nervous cardiac irritability due to mental anxiety

and a somewhat hypochondriacal disposition. A physical examination showed the heart to be quick, sudden and over-forcible in its action, but there was no evidence of organic disease. This patient is still under my observation. He has taken various remedies for the palpitation, but none has produced such good results as Glonoin given in the usual dose and manner. He claims to have practically recovered, but at long intervals he begins to feel a return of the trouble, when he immediately applies at the clinic for a renewal of the remedy.

CASE VI. *Chlorotic anæmia with intense seizures of thoracic angina.* Cora F., aged nineteen. This patient has been attending the clinics at the Post-Graduate School since the summer of 1885. She has had chlorosis of a most obstinate type for several years. Her disease is characterized by extremely violent attacks of cardiac distress, which sometimes approach very nearly to true angina in severity. She will attend the clinics with great regularity for a few weeks, become somewhat improved, and then disappear, not to return again until the symptoms are as severe as ever. This has been her history for the past two years. Various sedatives, antispasmodics and diffusible stimulants have been prescribed, but with only temporary relief. I finally resorted to Nitro-glycerine, and with such success that I have so far found no occasion to prescribe any other remedy for the cardiac symptoms since the beginning of its exhibition. It has seemed to me to act more efficiently and speedily than any other agent which I have used for the case. Taken at the beginning, it will almost surely abort an attack or greatly ameliorate its violence. These spells have ceased altogether for ten days or two weeks at a time while the patient was under close observation. It is my belief that the vigorous exhibition of some reliable preparation of iron such as the Bland pill, together with Nitro-glycerine, for a few months would go far toward effecting a permanent cure in this case.

CASE VII. *Simple nervous palpitation arrhythmia.* T. K., aged twenty-seven. Applied for treatment Nov. 12, 1887. This patient has suffered from cardiac palpitation and præcordial distress for more than a year past. He finds it impossible to sleep on his left side. Various remedies have been prescribed, but with very little

benefit. He is familiar with most of the ordinary remedies for cardiac palpitation. The patient is a man of good habits, and uses very little tobacco or alcoholic stimulants. On examination the heart was found to be quick and nervous in its action, and very intermittent, dropping from five to seven beats per minute. The pulsations would be very rapid for ten or twelve beats and then become slow and apparently labored. There was no murmur nor any enlargement or other evidence of valvular lesions. Ordered Nitro-glycerine in the usual commencing doses. November 15th. The medicine has been taken according to directions. It has caused rather more headache than usual, but the palpitation has been greatly benefitted. Patient says he could sleep on his left side last night for the first time in months. Ordered Nitro-glycerine continued, together with a laxative for the bowels. Heart not examined. November 22. Patient has become very enthusiastic with reference to the virtues of Nitro-glycerine. It has relieved him more than any remedy he has ever taken. An examination of the heart sustained this favorable account of the drug. It was found to be more regular in its action and less intermittent, losing but four beats per minute. The head symptoms produced by the medicine have become scarcely perceptible. Ordered Glonoin continued in double doses. November 26th. The improvement has continued. The palpitation is greatly abated, and the heart loses but two pulsations per minute. This patient has been seen twice subsequently. Early in the present month he stopped the Nitro-glycerine for a few days, when there was almost at once an exacerbation of the symptoms. He is at this time (December 17th) taking the remedy in two-drop doses four times a day, and is apparently steadily improving.

The foregoing cases, seven in number, sufficiently illustrate the action of Nitro-glycerine in the ordinary forms of heart-disease met with in practice. I have observed the effects of the drug in twenty-eight different cases, and in only four has it absolutely failed. In all the others more or less relief was obtained, and in some the effects were most gratifying. As far as I have been able to judge, however, its effects are only temporary, even in cases independent of organic lesions. It may be regarded simply as a symptom medicine, and one which probably exerts little, if any, permanent effect.

on the course of diseases of the heart. It undoubtedly has its sphere in the treatment of painful and irritable conditions of this organ, however, and for the temporary relief of these conditions it has seemed to me to be rather more reliable than any other single remedy.

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## THE PHYSIOLOGICAL AND THERAPEUTIC ACTION OF INSOLUBLE DRUGS.

BY LEWIS SHERMAN, M.D., MILWAUKEE, WIS.

Read before the Wisconsin Homœopathic Medical Society.

The internal use of medicines of this class is confined almost entirely to the Homœopathic school. Several drugs belonging to this class were proved by Hahnemann and his immediate followers. They are such as AURUM METALLICUM, CUPRUM METALLICUM, BARYTA CARBONICA, and MERCURIUS VIVUS, which in the ordinary form are physiologically inert, or have only a mechanical action. By his peculiar method of treatment, these drugs are rendered capable of absorption. (Hahnemann said "dissolved.") The pharmaceutical preparations of this class of drugs has been considered in previous reports of this Bureau. We propose now to consider the physiological and therapeutic action. The most striking peculiarity of the action of an insoluble drug is its slow, gradual, insidious, cumulative development. The prover may take the drug daily for weeks without experiencing any discomfort. The poisonous action of a soluble substance commences as soon as absorption takes place, which is in a few minutes at the most. The difference is, that the insoluble drug is slow of absorption. The rapidity of absorption depends on the fineness of the particles. We may expect, therefore, a more speedy action from the triturations prepared by the improved processes of the present day. The dose is of little consequence, for the greater portion passes out through the *prima viæ*. The administration must be persistently repeated till a certain degree of saturation can be attained.

Second. The next striking peculiarity is the duration of action. When the effects come, they come to stay. The insoluble particles get stored away in the tissues, areolar, muscular, cartilaginous, cutaneous or osseous, and there they remain till removed by chemical



solution or by breaking down of the tissue. The therapeutic action of insoluble drugs is correspondingly slow in development and lasting in its effects. And their applications are to chronic rather than acute disorders; to organic rather than functional defects.

The insoluble drugs, therefore, cover a class of cases which can scarcely be reached by the older vegetable and animal and soluble mineral substances.

These generalizations are based on theory, but an examination of the pathogeneses of our well-known drugs seems to accord with the theory so nicely, that there is little doubt of its correctness.

ANTIMONIUM CRUDUM produces corns, callosities, pustules.

AURUM METALLICUM, induration of glands, caries of bones, exostosis, periostitis, chronic inflammation of eyelids, ozena, and loosening of the teeth.

NITRICUM ACIDUM, ulceration of *primæ viæ*.

BARYTA CARBONICA, glandular hypertrophy and atony of lymphatics.

CALCAREA CARBONICA, non-ossification, rhachitis, caries, atony of lymphatics, obstruction and non-development of cartilaginous tissues.

CARBO ANIMALIS, induration and hypertrophy of mammae, testicles, and parotid glands. Earthy copper-colored spots on the skin and loosening of the teeth.

CARBO VEGETABILIS, spongy gums, bleeding on the slightest touch, alveolar abscess (.)

GRAPHITES, lymphatic induration, moist sticky eruptions, cracks, fissure ulcers on the skin.

HEPAR SULPHURIS CALCARIUM, lymphatic congestion, induration, suppuration from slight injuries.

MANGANUM, fatty degeneration of the liver, periostitis, fissures, excoriation and suppuration, inflammation of skin, inflammation and caries of bones, mucous ulcers, eczema.

PLUMBUM CARBONICUM, fatty degeneration of brain and muscles, followed by paralysis and atrophy.

SILICEA, inflammation, ulceration and caries of bones, lymphatic congestion, hypertrophy and suppuration, pustular inflammation of the skin.

STANNUM METALLICUM, convulsions and paralysis.

## IMPROVED METHODS OF TREATING CATARACTS.

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

Before entering into a discussion of the management of these cases, it may be well, perhaps, to consider briefly the anatomy of the lens and its adjacent structures, including its functions in health and changes when cataracts are being developed.

The lens is a transparent body lying immediately behind the iris and anterior to the vitreous humor, the anterior surface of which is flatter than the posterior, and lies in contact with the iris; it is about one-fourth of an inch in thickness and three-eighths in transverse diameter and is held in position by the suspensory ligament, and by which it is attached to the ciliary body which surrounds it. It is composed principally of lens fibres and a capsule which forms a sack enclosing the whole.

The lens fibres are long, flat and hexagonal in shape and are very numerous. The outer portion of the lens, which is the softer of the two, is known as the cortical substance, while the inner or nuclear portion is apparent only after about the fortieth year.

In early childhood the lens is more nearly globular in shape and much softer than in adults; the color is also whiter; that of old age approaching an amber hue and is also flatter and harder.

The function of the lens is to focus rays of light upon the retina; in this it is aided by the cornea, aqueous and vitreous humors, and in the perfect or emmetropic eye the parts are so harmoniously adjusted that when the eye is in a state of rest parallel rays are focused exactly without any effort of the accommodation. When, from any cause, the lens or its capsule becomes opaque, such condition is known as cataract. An injury of the lens sufficient to rupture its capsule results in a cataract, the aqueous humor having the power when in contact with the cortical substance to change the transparent lens fibres into opaque ones.

Cataracts are also congenital, children being born, occasionally, without vision from an opaque condition of the lens. Consanguineous marriages are supposed to be productive of such results.

The nutrition of the lens is accomplished through the intracapsular layer of epithelial cells and the suspensory ligament—it is

not derived directly from blood-vessels but is supposed to receive its nutrition from the aqueous and vitreous humors. It is not difficult to understand, then, how with the various diseases affecting the circulation to which mankind are subject, that this peculiar and important portion of the body becomes but imperfectly nourished in certain favorable cases, and that this might terminate in a sclerosed and opaque condition of the individual lens fibers.

It is not essential, nor is it desirable at this time, to enter into a discussion of the many varieties and forms of cataract which are sometimes seen, it being my purpose simply to present to your notice one of the more common forms which I believe to be more or less remediable if carefully treated during its early stages—I allude to hard or senile cataract. The symptoms of this form of cataract is a progressive dimness of sight occurring in persons of forty years and upwards—a frequent change of spectacles being necessary, and the patients are frequently annoyed by the distortion of light from irregularities in the opaque lens. But very little pain is experienced, but occasionally photophobia is somewhat annoying.

Such symptoms being present in a given case the ophthalmoscope should be resorted to at once, which is the only correct and sure means of diagnosis known to the profession.

The light being reflected into the eye with the ophthalmoscopic mirror, and the centre of the pupil appearing dark, while around this a circular ring of red reflex is seen, we may be pretty certain we have a case of "senile cataract." On the other hand, if *striae* are seen commencing at the circumference of the lens and converging near the centre, it is about certain that the case is one of "cortical or mixed cataract."

It is in these two forms of the disease where I have seen the best effects from treatment, but it is absolutely necessary that the diagnosis be made early, for a fully developed cataract is probably incurable save by an operation.

It is asserted by all authorities of the "regular school" that cataracts are incurable by medicines at any stage, but I believe the followers of Hahnemann have demonstrated the fact that they can and are curable in many cases.

For a period of five or six years past it has been my custom to

recommend treatment in such cases as above described, and I am satisfied that in fully eighty per cent. of the cases I have treated the opacity has been held in check, and frequently vision greatly improved. A case which I will briefly detail will serve to show the beneficial effects of treatment in such cases.

Four years since Mrs. H——, a prominent lady of this city, aged about sixty-eight years, found her vision failing, and by the advice of friends she consulted an oculist of this city, and was told, very much to her surprise, that she was going blind, and that when that interesting condition became fully established he would operate for her relief with a fair prospect of success. Being now thoroughly frightened she consulted another specialist, who not only confirmed the diagnosis, but agreed also that nothing could be done to prevent complete blindness. Like the drowning man, she, in her extremity, consulted the writer, and was told that without doubt the diagnosis was correct, but the prognosis was too grave; that there was still a chance to prevent blindness. She went under treatment at once, which was followed up occasionally for perhaps a period of three months.

While under treatment she received a note from the oculist first consulted, saying she was exceedingly foolish to throw away her time and money in the vain attempt to cure her cataracts—that nobody but quacks attempted such things in these days, and that it was not in the power of man to give her relief until her cataracts were matured. She continued the treatment, however, regardless of the protests of this man, until the sudden illness and subsequent death of her husband cut short her attendance.

A few months since (a period of three and one-half years intervening) I had occasion to fit the lady with a pair of spectacles previous to her departure to a Southern clime for the winter, and on an examination of her eyes I found her vision had increased considerably since my last examination, notwithstanding the conditions had been most unfavorable by reason of grief and anxiety to which she had been subjected by the sickness and death of her husband.

This is but one of many treated successfully when seen during the premonitory stages. I do not think it possible to cure all such

cases, but I do believe that a sufficient number are curable to warrant physicians in making the attempt.

In the treatment I attempt to restore the nutrition of the lens, the loss of which is supposed to be the cause of the opacity. This I do by the use of hot baths and fomentations applied to the eye one or more times daily. If there are catarrhal inflammations of the lids requiring the local use of remedies, Acon. tinct., Cham. or Pinus can. are added to the above,—from ten to fifteen drops to a pint of hot water.

I also make use of the galvanic current, one or two applications daily,—the positive pole to the eye and the negative to the mastoid region of the opposite side. Five minutes to each eye and five minutes on the temples, one on either side, is sufficient for each sitting, and the current only sufficiently strong to produce a moderate pricking sensation, never so as to produce giddiness. From two to four cells will usually be sufficient.

And last, but not least, I use remedies which seem applicable to the case on general principles. Gels. seems adapted to the nervous symptoms present in many of these cases, and it is a remedy I use oftener, perhaps, than any other. I use it usually in the third attenuation. Other remedies are frequently suggested, such as Ergot, Phos., Silicia, Cannab., Con., and Sulphur.

The symptoms are usually so meagre in cataract that one must carefully study the cases in order to make an appropriate selection.

The treatment of mature cataracts after extraction has undergone a radical change in the past year or so. The method which has been followed universally by all operators from the earliest period to the present time consists, as you remember, in carefully adjusting a thick pad of lint or cotton beneath the compress bandage on both eyes, placing the patient in bed, where he must lie for a period of from seven to ten days with all light carefully excluded from the room. He must neither turn to the right or left, but lie directly upon his back day and night. All dressings must be made by the aid of a candle or lamp carefully shaded by the hand of the nurse, etc.

To Chas. Michel, of St. Louis, we are indebted for the improved and every way more desirable method of after-treatment. In place of the heavy pad and compress he simply closes the lids by means

of a single piece of isinglass plaster, and in place of the dark room he allows his patients the same light rooms they were used to before the operation, and they are allowed to be dressed and are free to turn upon either side, sit or walk, as they desire, after the first twelve hours. In five days the plasters are removed and the patient uses his eye to walk about.

In the few cases where I have had the opportunity of using this method I am much pleased with it, not only for the comfort and convenience of the patient but for the physician as well. The plaster being transparent the least swelling or discharge can be seen at once and measures taken to counteract impending dangers. I also am of the opinion that many times when the old compresses were used they actually prevented good results by impeding the circulation within the eye.

Cataract operations may now be said to be shorn of their terrors, —the discovery of cocaine, by which the operation is rendered painless, and the liberty accorded patients afterwards by the method of Dr. Michel.

In a recent case where the above conditions were complied with the patient, an old gentleman of seventy-five, stated that he suffered no pain, was in his room conversing with his friends as usual, slept well every night, had a good appetite all the time. Plaster removed from well eye (which was also blind) the third day and the other the fifth, and on the sixth he walked to my office without assistance, a distance of six blocks, and on the eighth day went home to the country.

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#### A CLINICAL CASE.

BY H. W. DANFORTH, MILWAUKEE, WIS.

On May the 3rd, 1887, I was called to the Passivant Hospital to see a man who had been working in one of our large manufactories, and about two weeks before had the misfortune to step into a vat filled with boiling water. His left limb was scalded about two inches above the knee.

When I first saw him the limb had all of the skin and subcutaneous tissue removed and the muscles were exposed, a raw and bleeding surface exuding a great quantity of pus, so much that it

was necessary to have the applications removed several times a day, and the limb cleansed. He was very weak, perspiring very freely nearly all the time, had no appetite, and the limb was the source of great suffering to him. I first had him given a light nutritious diet, eggs, milk, etc., and then began to use white lead paint, which has been used with excellent results; but it did not answer the purpose here, for the discharge was so free that in two or three hours it would be all washed away.

I next painted the limb with Nitrate of Silver, twenty grains to the ounce of water. This application answered a very good purpose inasmuch as it stopped the very free discharge. This I continued for two or three days, when his appetite had improved very much and the pain almost entirely left him; he could sleep very well.

I then made a mixture of the best white glue, fifteen ounces; cold water, two pints; soften, melt, and add glycerine, two ounces; carbolic acid, two drachms; put in a water bath while using and apply with a broad brush. This I applied twice a day, morning and night, and after ten days the discharge had almost entirely ceased, there being but a drachm or two each day; and in a very short time his limb began to heal, but the healing was very slow, and to encourage it, I undertook to practice skin grafting.

I grafted nine pieces, all of which adhered and did very nicely, and at the time he left the hospital he had eight centres all growing in a very satisfactory manner. In July he thought if he could get home he would do better, and went, with an unfavorable result; for the limb commenced to suppurate freely, which was controlled with the aid of the Nitrate of Silver as before, and it ceased to disturb him much and the healing process continued. On July the 28th I ceased to attend him, as he had learned how to do for himself. The muscles in the posterior femoral region had contracted somewhat, drawing the limb up to a slight extent. The limb was doing very nicely when I saw him at his home last. He continued applying Nitrate of Silver and the healing went on for about one month, and six or seven weeks after this he walked into my office. I examined the foot and found it healed very nicely, except a space of two inches by three over his instep that had not healed. We applied electricity

to this space with good results. He returned in one week, and it had diminished one-fourth in size. He returned once more, and since that time I have not seen him.

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### REFLEX NAUSEA.

BY ELLA J. CLARKE, M.D., MILTON, WIS.

Let me first trace the nerve supply of the uterus to its several centres.

The spinal nerves sending branches to the genital organs are the fourth anterior sacral and the internal pudic.

The fourth anterior sacral divides into several branches, one of which is sent to the viscera of the pelvis and communicates with the hypogastric plexus.

The internal pudic arises from the lower part of the sacral plexus, takes the course of internal pudic artery and supplies the genital organs.

In dealing with reflex nausea we are more interested in the sympathetic nerve, so-called from the opinion entertained that through it is produced a sympathy between the affections of distant organs.

The sympathetic system consists of a series of ganglia extending along each side of the vertebral column from head to coccyx, connected together by intervening cords, communicating with all the other nerves of the body and distributing branches to all the viscera. Each ganglion may be considered as a distinct centre giving off branches in four directions; superior, to communicate with ganglion above; inferior, to communicate with ganglion below; external, to communicate with spinal nerves; and internal, to communicate with the sympathetic filaments of the opposite side, and be distributed to the viscera.

The sympathetic nerves have a great tendency to form plexuses.

The ones we have to deal with are the solar plexus, renal plexus, and ovarian plexus. The semi-lunar ganglion is a large, irregular, gangliform body, pierced by numerous openings, and appearing like the aggregation of a number of smaller ganglia,



having spaces between them. It is situated by the side of the cœlic axis, and communicates with the ganglion of the opposite side both above and below that trunk, so as to form a gangliform circle, from which branches pass off in all directions, like rays from a center. Hence the entire circle has been named the solar plexus. The solar plexus receives the great splanchnic nerves; part of the lesser splanchnic nerves; the termination of the right pneumogastric nerve; some branches from the right phrenic nerve, and sometimes one or more filaments from the left. It sends numerous filaments, which accompany, under the name of plexuses, all the branches given off by the abdominal aorta and usually take the name of the artery they accompany.

The renal plexus is formed chiefly by the lesser splanchnic nerve, but receives many filaments from the solar plexus. The ovarian plexus is formed principally by filaments from the renal plexus.

Nerves have been compared to telegraph wires, and a very good comparison it is. The intricate way in which they cross each other and by that crossing affect each other; the inconvenient manner in which one little insignificant nerve can upset the whole nervous system reminds one very forcibly of the result we get when two wires touch each other where they cross or where a wire is broken, thus upsetting the whole telegraphic line for the time. When we can see and understand how all the organs are bound together by the nerves, is it any wonder that disease in one organ will cause pain and disturbance in another organ. Especially is this true with regard to the stomach and reproductive organs. The solar plexus lying back of the stomach and sending filaments to all the viscera reflexly disturbs the stomach when any of the pelvic viscera is diseased.

Arndt in his System of Medicine says: "The act of vomiting is produced by an excitation of the vomiting center, located according to Budge in the right corpus striatum. The co-ordination of the movements rests within a nerve center on the floor of the fourth ventricle in the medulla oblongata, from which the impulses are sent by the intercostal, phrenic, and pneumogastric nerves. Vomiting may be caused by excitation of the great nerve centers, by reflex

action or by peripheral irritation from the various viscera of the body. Among the cerebral causes we enumerate nearly all the diseases which affect the brain or its membranes, such as cancer, tubercle, inflammation, hæmorrhage, apoplexy, and so forth; also Menière's disease, injuries to the brain or head are very likely to excite vomiting. The same effect is produced by the action of narcotic poisons upon the brain, and by the disordered conditions of the blood which are found in typhus, yellow fever, cholera, and even in the cold stage of intermittent fever, not to forget certain functional disorders of the nervous system which result from fright or shock, and the pain caused from hurts or operations. Unpleasant odors, the sight of nauseating objects, and even the thought of them, act upon the brain through the nerves of special sense and produce nausea and vomiting. General nervous derangement of a functional character, as found in hysteria, long-continued swaying movements of the body, also the sight of objects in motion, very frequently result in vomiting. Car-sickness and sea-sickness are a common experience in travel and are probably due to disturbance of the vomiting center through irritation of the optic nerve.

The causes which constitute peripheral irritation from different viscera embrace an almost interminable list of different diseases which produce irritation of the nerve branches that control the various organs. Irritation of branches of the glosso-pharyngeal nerve supplying the soft palate, root of the tongue, and pharynx, whether by tickling with finger or feather, or by inflammatory action in those parts, produces vomiting; the same effect is caused by irritation of the gastric branches of the vagus, of the sympathetic, and of the nerves which supply the liver, gall-duct, intestines, kidneys, bladder, uterus and ovaries. Vomiting by irritation of the gastric nerves may be produced by inflammation, congestion, or a catarrhal condition of the stomach; by the presence of poisons, scirrhus affections; pressure from within or without may produce this symptom. There are many other conditions which produce vomiting as a reflex symptom. Among these we find uterine affections, pregnancy and ovarian inflammation. It is not always easy to decide whether vomiting arises from cerebral or reflex causes. All the attendant symptoms must be studied, and if the cause is not

found to be gastric irritation or cerebral, we must then look for some affection that in a reflex manner produces this symptom. Nausea and vomiting are associated with pregnancy and diseases of the uterus, but these symptoms are not always present in pregnancy or cases of uterine disease. It is believed by many writers that the cause of nausea and vomiting in pregnancy and uterine disease is the same; certainly it is caused by irritation of the nerves, but whether due to evolution or pressure of some of the nerves, authors differ. James Oliver thinks the nausea of pregnancy is caused by evolution, and supposes that the nerve center which regulates the process of assimilation is either in apposition, or at least in direct communication with that which presides over the organs of generation. Considering the close relationship that exists throughout life between the two processes of assimilation and reproduction, there can be no doubt that the representative nerve centers act and react upon each other. So, when the uterus is disturbed either by pregnancy or disease, the disturbance is transmitted to the pneumogastric and induces either a feeling of nausea or actual emesis. Some authors give as a reason that the nausea of pregnancy usually comes on in the morning is because, on the patient's rising, the change in position causes more direct pressure on the nerves by the dropping of the uterus in the pelvic cavity; others claim that the change from the recumbent to the erect position after sleep renders the whole nervous system more liable to disturbances, and thus a pregnant woman suffers more from nausea on first rising.

Some believe that nausea during pregnancy does not occur in persons entirely healthy, and that by seeking for it we will find some pathological condition sufficient to explain it. Some believe that the uterus is more or less inflamed, especially the cervix, and that the morbid condition of the uterus gives it greater sympathetic influence over the stomach, or that the liver is torpid or deranged in some manner, as the effect of pregnancy. At any rate, we seldom find a case of pregnancy without more or less nausea, whatever the cause. In some cases, the nausea can be traced to one cause, and in others it may be something entirely different. It is our duty as true physicians to seek for the cause in each case, and remove it, as far

as possible, either by remedies or local treatment, when due to flexions, as is sometimes the case.

Graily Hewitt says there is a very close connection between nausea and vomiting and flexions of the uterus, though it by no means follows that every case of flexion will be attended with nausea and vomiting. Nausea is more likely to occur in cases where the flexion, by constriction, causes the retention of the secretions of the organ. The os and cervix uteri in flexions are very commonly congested and otherwise changed. The fullness, congestion, or so-called inflammation of the os and cervix uteri, has been noticed in connection with obstinate vomiting, and has been assumed (by some writers) to be the cause of the symptom.

In retroflexions we get the most aggravated cases of nausea, because we have added to the flexion the pressure upon the rectum, causing constipation and reflex trouble in that way.

In cases where pregnancy occurs while the flexion exists, the nausea and vomiting are very much aggravated, sometimes even causing miscarriage before the uterus rises out of the pelvic cavity.

Other conditions beside flexions cause nausea by pressure of nervous tissue. Fibrous tumors, swelling and tumefactions of uterine tissues, however produced, cause nausea.

I shall not undertake to give treatment for nausea and vomiting, each case having its own cause and requiring treatment peculiarly its own.

## BOOK REVIEWS.

**THE CASE OF EMPEROR FREDERICK III.**

This book claims to be a full official report by the German physicians and by Sir Morell Mackenzie. The report of the German physicians translated by Henry Schweig, M.D. It contains 276 pages and is very dry reading and little of practical value in it except to those who are closely interested.

**THE PHYSICIAN'S LEISURE LIBRARY.** Published Monthly by Geo. S. Davis, Detroit, Mich., at 25cts. each, in paper binding.

Each month one is issued on some special subject and written by a well-known physician. Those who want to read up on special subjects at a small cost should buy these parts. If you will send to the publisher he will send you the title of each book for the years they have been issued.

**EATING FOR STRENGTH; OR FOOD AND DIET IN THEIR RELATION TO HEALTH AND WORK,** together with several hundred recipes for wholesome foods and drinks. By M. L. Holbrook, M.D., New York: M. L. Holbrook & Co.

"Read and you will know." Ask and ye shall know is very good advice. In looking over this book it is very evident Dr. Holbrook spent a good deal of time in getting together so much valuable knowledge. Every physician should have one of these books. The book contains 236 closely printed pages and is nicely gotten up.

**REPORT OF THE CALCUTTA HOMŒOPATHIC CHARITABLE DISPENSARY FOR THE YEAR 1887-8.**

This is the fourth report of this growing institution and is a good showing for Homœopathy.

**DOMESTIC COOK BOOK.** A companion to Pulte's Domestic Physician. Being a practical guide in the preparation of food for the well and the sick, and containing also useful hints for the household. By Mrs. Dr. J. H. Pulte, Cincinnati: Geo. W. Smith.

It is said you can reach a man through his stomach easier than any other way. A good cook is rare. Mrs. Pulte has done a noble work. Bro. Smith deserves the thanks of the entire profession for bringing out such a work and in such good style. Every physician should recommend it to their families. Buy one and give it to your cook. Eat, drink and be merry.

**IN THE SICK ROOM.** What to do, how to do, and when to do for the sick. The art of nursing. By Elisabeth Robinson Scovil, Springfield, Mass.: Clark W. Bryan & Co. Price, 50 cents.

This is a book of about one hundred pages, very nicely gotten up, bound with paper. There is some very good hints in this book. It is evident from the reading of this book that the author is not acquainted with Homœopathy. We believe the physician should be very careful what book he recommends in the sick room, as we believe a good many times they do a great deal more harm than good.

## NOTICE TO SUBSCRIBERS.

The undersigned have disposed of their entire interest in the United States Medical Investigator to Dr. W. E. Reed, of this city. After this date all subscriptions, articles for publication, books for review and all communications whatever, should be sent to his address, Central Music Hall, Chicago. Wishing to close our subscription books, we trust all who are in arrears will remit at an early date.

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*Chicago, Ills., Jan. 15, 1889.*

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Having purchased the interest of Duncan Bros. in the "United States Medical Investigator," I take this opportunity to solicit the continued support of subscribers and contributors. With the exception of the January number, THE INVESTIGATOR will be issued regularly about the 15th of every month. Those choosing to renew their subscriptions at once, are assured of receiving the journal regularly. Articles for publication, news items, or anything that will go to make up a bright, useful journal to the busy doctor, are solicited. Hoping for a renewal of your interest and support, I am,

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W. E. REED, M.D.

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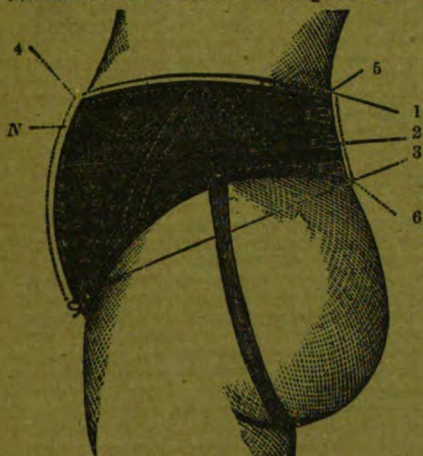
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3. Circumference of the body on a level with the bones in front.
4. Distance from bones in front to navel. (N.)
5. Distance from bones in front over point of hip to middle of back on a level with first measurement.
6. Distance down the back from first to third point of measurement.

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Nothing should constrict so as to prevent the bowels from being lifted to place. Corsets as a rule should be dispensed with and a snug fitting waist worn, to which the skirts should be buttoned.

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